



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance



<Georgia 2016>



Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID	_ _ _ _ _ _ _	I1
Cluster/Centre/Village name		I2
Interviewer ID	_ _ _	I3
Date of completion of the instrument	_ _ _ _ _ _ _ _ _ dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 IF NO, END	I5
Time of interview (24 hour clock)	_ _ : _ _ hrs mins	I7
Family Surname		I8
First Name		I9
Personal ID Number		I9a
Additional Information that may be helpful		
Contact phone number where possible		I10

Step 1 Demographic Information

Demographic Information		
Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year	C2
How old are you?	Years _ _ _ _	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years _ _ _ _	C4

Demographic Information		
What is the highest level of education you have completed?	No formal schooling 1 Not completed primary Primary school (1-6 years) 2 Main secondary (7-10 years) 3 Secondary school completed (11-12 years) 4 Professional education 5 University completed 6 Post graduate degree 7 Refused 88	C5
What is your ethnical background?	Georgian 1 Armenian 2 Azeri 3 Ossetian 4 Russian 5 Other 77 Refused 88	C6
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your main work status over the past 12 months? <i>(USE SHOWCARD)</i>	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
How many people older than 18 years, including yourself, live in your household?	Number of people _ _ _ _	C9

Step 1 Behavioural Measurements

Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 _ _ _ <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i>	In Years _ _ _ <i>If Known, go to T5a/T5aw</i>	T4a
<i>Don't know 77</i>	OR in Months _ _ _ <i>If Known, go to T5a/T5aw</i>	T4b
<i>Don't know 77</i>	OR in Weeks _ _ _	T4c
On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓	
	Manufactured cigarettes _ _ _ _ _ _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes _ _ _ _ _ _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco _ _ _ _ _ _ _ _ _ _	T5c/T5cw
	Cigars, cheroots, cigarillos _ _ _ _ _ _ _ _ _ _	T5d/T5dw
	Number of Shisha sessions _ _ _ _ _ _ _ _ _ _	T5e/T5ew
	Other _ _ _ _ _ _ _ _ _ _ <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify): _ _ _ _ _ _ _ _ _ _	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2 <i>go to T7</i>	T6
During the last 12 months which methods to quit smoking did you use?	Consultation at the Primary Healthcare level 1 Nicotine Replacement Therapy 2 Drugs (Bupropion, Tabex) 3 Telephone consultation 4 Electronic Cigarette 5 Other, Specify----- 77 None 88	X2
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you ever smoke any tobacco products? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

Tobacco Use		
Question	Response	Code
How old were you when you stopped smoking?	Age (years) Don't Know 77 _ _ _ _ If Known, go to T12	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago _ _ _ _ If Known, go to T12	T11a
	OR Months ago _ _ _ _ If Known, go to T12	T11b
	OR Weeks ago _ _ _ _	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2	T13
On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Snuff, by mouth _ _ _ _ _ _ _ _ _ _	T14a/ T14aw
	Snuff, by nose _ _ _ _ _ _ _ _ _ _	T14b/ T14bw
	Chewing tobacco _ _ _ _ _ _ _ _ _ _	T14c/ T14cw
	Betel, quid _ _ _ _ _ _ _ _ _ _	T14d/ T14dw
	Other _ _ _ _ _ _ _ _ _ _ If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify): _ _ _ _ _ _ _ _ _ _ If T13=No, go to T16, else go to T17	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes 1 No 2 If No, go to T17	T15
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18

Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits or <i>Chacha, Nalivka</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to D1</i>	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 _ _	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 _ _	A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 _ _	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 _ _	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i>	Monday _ _	A10a
	Tuesday _ _	A10b
	Wednesday _ _	A10c
	Thursday _ _	A10d
	Friday _ _	A10e
	Saturday _ _	A10f
	Sunday _ _	A10g

Alcohol Consumption, continued		
I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.		
Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to A13</i>	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) <i>Don't Know 77</i>	Homebrewed spirits, e.g. Chacha, Nalivka _ _	A12a
	Homebrewed beer or wine _ _	A12b
	Alcohol brought over the border/from another country _ _	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves _ _	A12d
	Other untaxed alcohol in the country _ _	A12e

Alcohol Consumption		
During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15

Diet		
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ If Zero days, go to X3	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 _ _	D4
In a typical week, on how many days do you eat meat or meat products ?	Number of days Don't Know 77 _ _ If Zero days, go to X4	X3
In a typical week, on how many days do you eat fish or sea products ?	Number of days Don't Know 77 _ _ If Zero days, go to X5	X4
In a typical week, on how many days do you drink milk or milk products ?	Number of days Don't Know 77 _ _ If Zero days, go to X6	X5
In a typical week, on how many days do you eat bread or bread products ?	Number of days Don't Know 77 _ _ If Zero days, go to X7	X6
In a typical week, on how many days do you eat sugar or sweet products ?	Number of days Don't Know 77 _ _ If Zero days, go to X8	X7
How many times a day you usually eat?	I don't eat everyday 1 Once a day 2 Twice a day 3 3 times a day 4 4 times a day 5 More than 4 times a day 6 Don't Know 77	X8
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as marinade vegetables, smoked meat, smoked cheese, adjika, tkemali etc., and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6

Physical Activity, Continued		
Question	Response	Code
Recreational activities		
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure)		
Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [<i>running or football</i>] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _ _	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, [<i>cycling, swimming, and volleyball</i>] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _ _	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P15 (a-b)

Physical Activity		
Sedentary behaviour		
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P16 (a-b)

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months?	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	H3
What is the regime of taking drugs?	Everyday despite the blood pressure numbers 1 When the pressure is high 2 Irregularly, when remember 3	X9
Which drug do you take? (note all drugs respondent mentions)	1 2 3 4 5	X10
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin/Rosuvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19
Have you ever been told by a doctor or other health worker that you have Atrial Fibrillation/?	Yes 1 No 2	X11
Have you ever been told by a doctor or other health worker that you have chronic vein vessel disease or varicose veins of lower extremities or deep vein thrombosis (DVT)?	Yes 1 No 2	X12
Are you currently taking anticoagulants (Aspirin/Heparin) prescribed by a doctor or other health worker?	Yes 1 No 2	X13

Lifestyle Advice		
During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 <i>If C1=1 go to X14</i> No 2 <i>If C1=1 go to X14</i>	H20f

Mental health / Suicide		
The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.		
Question	Response	Code
During the past 12 months , have you seriously considered attempting suicide?	Yes 1	MH1
	No 2 <i>If No, go to MH4</i>	
	Refused 88	
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes 1	MH3
	No 2	
	Refused 88	
Have you ever attempted suicide ?	Yes 1	MH4
	No 2	
	Refused 88	

Injury		
The next questions ask about different experiences and behaviours that are related to road traffic injuries.		
Question	Response	Code
In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1	V3
	Yes (as passenger) 2	
	Yes (as pedestrian) 3	
	Yes (as a cyclist) 4	
	No 5	
	Don't know 77	
	Refused 88	
The next questions ask about the most serious accidental injury you have had in the past 12 months.		
In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1	V5
	No 2	
	Don't know 77	
	Refused 88	
Please indicate which of the following the cause of this injury was.	Fall 1	V6
	Burn 2	
	Poisoning 3	
	Cut 4	
	Near-drowning 5	
	Animal bite 6	
	Other (specify) 7	
	Don't know 77	
	Refused 88	
Other (please specify) _ _ _ _ _ _ _ _	V6other	

Violence		
The following questions are about different experiences and behaviours that are related to violence.		
Question	Response	Code
In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never 1 <i>go to SH1</i> Rarely (1- 2 times) 2 Sometimes (3 – 5 times) 3 Often (6 or more times) 4 Don't know 77 <i>go to SH1</i> Refused 88 <i>go to SH1</i>	V11
The next questions ask about the most serious violent incidence you have had in the past 12 months.		
Please indicate which of the following caused your most serious injury in the last 12 months.	Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Don't know 77 Refused 88	V12
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authorities 7 Other (specify) 8 Refused 88	V13
	Other (please specify) _ _ _ _ _ _ _ _ _ _	V13other

Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	M6b
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M7
Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	_ _ _ _	M9
Device IDs for height and weight	Height _ _ Weight _ _	M10a M10b
Height	in Centimetres (cm) _ _ _ _ _ _ _ _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ _ _ _	M12
Waist		
Device ID for waist	_ _	M13
Waist circumference	in Centimeters (cm) _ _ _ _ _ _ _	M14

EXPANDED: Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) _ _ _ _ _ _ _	M15
Heart Rate		
Reading 1	Beats per minute _ _ _ _	M16a
Reading 2	Beats per minute _ _ _ _	M16b
Reading 3	Beats per minute _ _ _ _	M16c

Step 3 Biochemical Measurements

Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	_ _ _	B2
Device ID	_ _	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
Fasting blood glucose	mmol/l _ _ . _ _	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
Blood Lipids		
Device ID	_ _	B7
Total cholesterol	mmol/l _ _ . _ _	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10
Technician ID	_ _ _	B11
Device ID	_ _	B12
Time of day urine sample taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B13
Urinary sodium	mmol/l _ _ _ . _	B14
Urinary creatinine	mmol/l _ _ . _ _	B15
Triglycerides and HDL Cholesterol		
Question	Response	Code
HDL Cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _ . _ _ mg/dl _ _ _ . _	B17