

WHO STEPS Instrument

(Core and Expanded)



The WHO STEPwise approach to chronic disease risk factor surveillance

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For further information: www.who.int/chp/steps

STEPS Instrument

Overview

Introduction

This is the generic STEPS Instrument template which sites/countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes)
- Response options for Step 1, Step 2 and Step 3

Core items

The Core items for each section ask questions required to calculate basic variables. For example:

- Current daily smokers
- Mean BMI

Note: All the core questions should be asked, removing core questions will impact the analysis.

Expanded items

The Expanded items for each section ask more detailed information. Examples include:

- Use of smokeless tobacco
- History of raised blood pressure

Guide to the columns

The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Site Tailoring
Number	This question reference number is designed to help interviewers find their place if interrupted.	Renumber the instrument sequentially once the content has been finalised.
Question	Each question is to be read to the participants	<ul style="list-style-type: none">• Select sections to use.• Add expanded and optional questions as desired.
Response	This column lists the available response options which the interviewer will be circling or filling in the text boxes. The skip instructions are shown on the right hand side of the responses and should be carefully followed during interviews.	<ul style="list-style-type: none">• Add site specific responses for demographic responses (e.g. C5).• Change skip question identifiers from code to question number.
Code	The column is designed to match data from the instrument into the data entry tool, data analysis syntax, data book, and fact sheet.	This should never be changed or removed. The code is used as a general identifier for the data entry and analysis.

Note: It is recommended that you use both the core and expanded questions.



WHO STEPS Instrument

for Chronic Disease

Risk Factor Surveillance

<insert country/site name>

Survey Information

Location and Date		Response	Code												
1	District code	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					I1								
2	Centre/Village name		I2												
3	Centre/Village code	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					I3								
4	Interviewer Identification	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					I4								
5	Date of completion of the instrument	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>dd</td> <td>mm</td> <td colspan="4">year</td> </tr> </table>							dd	mm	year				I5
dd	mm	year													

Consent, Interview Language and Name		Response	Code						
6	Consent has been read out to participant	Yes 1 No 2 If NO, read consent	I6						
7	Consent has been obtained (verbal or written)	Yes 1 No 2 If NO, END	I7						
8	Interview Language [Insert Language]	English 1 [Add others] 2 [Add others] 3 [Add others] 4	I8						
9	Time of interview (24 hour clock)	<table border="1"> <tr> <td></td> <td>:</td> <td></td> </tr> <tr> <td>hrs</td> <td></td> <td>mins</td> </tr> </table>		:		hrs		mins	I9
	:								
hrs		mins							
10	Family Name		I10						
11	First Name		I11						
Additional Information that may be helpful									
12	Contact phone number where possible		I12						
13	Specify whose phone	Work 1 Home 2 Neighbour 3 Other (specify) 4	I13						
		Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							I13 other

Record and file identification information (I6 to I13) separately from the completed questionnaire.

Step 1 Demographic Information

CORE: Demographic Information				
Questions		Response		Code
14	Sex (Record Male / Female as observed)	Male 1 Female 2		C1
15	What is your date of birth? Don't Know 77 777 7777	<div><div><div></div><div></div><div></div></div><div>dd</div><div><div></div><div></div><div></div></div><div>mm</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>year</div><div>If known, go to C4</div></div>		C2
16	How old are you?	Years	<div><div></div><div></div><div></div></div>	C3
17	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	<div><div></div><div></div><div></div></div>	C4

EXPANDED: Demographic Information		Response		Code										
18	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> <u>background</u> ?	<i>[Locally defined]</i>	1	C5										
		<i>[Locally defined]</i>	2											
		<i>[Locally defined]</i>	3											
		Refused	88											
19	What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling	1	C6										
		Less than primary school	2											
		Primary school completed	3											
		Secondary school completed	4											
		High school completed	5											
		College/University completed	6											
		Post graduate degree	7											
		Refused	88											
20	Which of the following best describes your <u>main</u> work status over the last 12 months? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> <i>(USE SHOWCARD)</i>	Government employee	1	C7										
		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											
21	How many people older than 18 years, including yourself, live in your household?	Number of people <table><tr><td> </td><td> </td><td> </td></tr></table>					C8							
22	Taking the past year , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>Go to T1</i>											C9a
		OR per month	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>Go to T1</i>											C9b
		OR per year	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>Go to T1</i>											C9c
		Refused	88	C9d										
23	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it <i>[INSERT QUINTILE VALUES]</i> <i>(READ OPTIONS)</i>	≤ Quintile (Q) 1	1	C10										
		More than Q 1, ≤ Q 2	2											
		More than Q 2, ≤ Q 3	3											
		More than Q 3, ≤ Q 4	4											
		More than Q 4	5											
		Don't Know	77											
		Refused	88											

Step 1 Behavioural Measurements

CORE: Tobacco Use												
Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.												
Questions	Response	Code										
24 Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	Yes 1 No 2 <i>If No, go to T6</i>	T1										
25 <u>If Yes.</u> Do you currently smoke tobacco products daily ?	Yes 1 No 2 <i>If No, go to T6</i>	T2										
26 How old were you when you first started smoking daily?	Age (years) <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a</i> Don't remember 77				T3							
27 Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't remember 77	In Years <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a</i>				T4a							
	OR in Months <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a</i>				T4b							
OR in Weeks <table border="1"><tr><td></td><td></td><td></td></tr></table>				T4c								
28 On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE) Don't remember 77	Manufactured cigarettes <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5a							
	Hand-rolled cigarettes <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5b							
	Pipes full of tobacco <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5c							
Cigars, cheroots, cigarillos <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5d								
Other <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If other, go to T5 other</i>				T5e								
Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											T5other	

EXPANDED: Tobacco Use						
Questions	Response	Code				
29 In the past, did you ever smoke daily ?	Yes 1 No 2 <i>If No, go to T9</i>	T6				
30 <u>If Yes.</u> How old were you when you stopped smoking daily ?	Age (years) <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T9</i> Don't remember 77				T7	
31 How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't remember 77	Years ago <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T9</i>				T8a	
	OR Months ago <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T9</i>				T8b	
OR Weeks ago <table border="1"><tr><td></td><td></td><td></td></tr></table>				T8c		
32 Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	Yes 1 No 2 <i>If No, go to T12</i>	T9				
33 <u>If Yes.</u> Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T12</i>	T10				

EXPANDED: Tobacco Use, contd.				
Questions		Response		Code
34	On average, how many times a day do you use (RECORD FOR EACH TYPE) Don't Know 77	Snuff, by mouth	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	T11a
		Snuff, by nose	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	T11b
		Chewing tobacco	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	T11c
		Betel, quid	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	T11d
		Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <i>If Other, go to T11 other</i>	T11e
		Other (specify)	<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	T11other
35	In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily ?	Yes	1	T12
		No	2	

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Questions		Response		Code
36	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the past 12 months ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes	1	A1
		No	2 <i>If No, go to D1</i>	
37	In the past 12 months, how frequently have you had at least one drink? (READ RESPONSES USE SHOWCARD)	Daily	1	A2
		5-6 days per week	2	
		1-4 days per week	3	
		1-3 days per month	4	
		Less than once a month	5	
38	When you drink alcohol, on average , how many drinks do you have during one day?	Number Don't know 77	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A3
39	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the past 30 days ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes	1	A4
		No	2 <i>If No, go to A 6</i>	
40	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day? (RECORD FOR EACH DAY USE SHOWCARD) Don't Know 77	Monday	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A5a
		Tuesday	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A5b
		Wednesday	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A5c
		Thursday	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A5d
		Friday	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A5e
		Saturday	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A5f
		Sunday	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	A5g

EXPANDED : Alcohol Consumption							
Questions		Response	Code				
41	In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of standard drinks together?	Largest number <table><tr><td></td><td></td></tr></table>			A6		
42	For men only: In the past 12 months, on how many days did you have five or more standard drinks in a single day ?	Number of days <table><tr><td></td><td></td><td></td><td></td></tr></table>					A7
43	For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day ?	Number of days <table><tr><td></td><td></td><td></td><td></td></tr></table>					A8

CORE: 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.				
Questions		Response		Code
44	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days	<div><div></div><div></div></div> If Zero days, go to D3 Don't Know 77	D1
45	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings	<div><div></div><div></div></div> Don't Know 77	D2
46	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days	<div><div></div><div></div></div> If Zero days, go to D5 Don't Know 77	D3
47	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings	<div><div></div><div></div></div> Don't Know 77	D4

EXPANDED: Diet											
48	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD SELECT ONLY ONE)	Vegetable oil 1	D5								
		Lard or suet 2									
Butter or ghee 3											
Margarine 4											
Other 5 <i>If Other, go to D5 other</i>											
None in particular 6											
None used 7											
Don't know 77											
		Other <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									D5other

CORE: Physical Activity

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. *[Insert other examples if needed]*. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

Questions	Response	Code
Activity at work		
49 Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P 4	P1
50 In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
51 How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
52 Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P 7	P4
53 In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
54 How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
Travel to and from places		
The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[insert other examples if needed]</i>		
55 Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 If No, go to P 10	P7
56 In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
57 How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)
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 (<i>leisure</i>), <i>[insert relevant terms]</i> .		
58 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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P 13	P10
59 In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P11
60 How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)

CORE: Physical Activity (recreational activities) contd.			
Questions		Response	Code
61	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking, (<i>cycling, swimming, volleyball</i>) for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
62	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P14
63	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> <div>hrs mins</div>	P15 (a-b)
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, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping. [INSERT EXAMPLES] (USE SHOWCARD)			
64	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> <div>hrs mins</div>	P16 (a-b)

EXPANDED: History of Raised Blood Pressure			
Questions		Response	Code
65	When was your blood pressure last measured by a health professional?	Within past 12 months 1 1-5 years ago 2 Not within past 5 years 3	H1
66	During the past 12 months have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2	H2
67	Are you currently receiving any of the following treatments for raised blood pressure prescribed by a doctor or other health worker as well as any advice?		
	Drugs (medication) that you have taken in the last 2 weeks	Yes 1	H3a
		No 2	
	Special prescribed diet	Yes 1	H3b
		No 2	
	Advice or treatment to lose weight	Yes 1	H3c
		No 2	
	Advice or treatment to stop smoking	Yes 1	H3d
		No 2	
	Advice to start or do more exercise	Yes 1	H3e
		No 2	
68	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
69	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

EXPANDED: History of Diabetes			
Questions		Response	Code
70	Have you had your blood sugar measured in the last 12 months?	Yes 1 No 2	H6
71	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	Yes 1 No 2	H7
72	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker as well as any advice?		
	Insulin	Yes 1 No 2	H8a
	Oral drug (medication) that you have taken in the last 2 weeks	Yes 1 No 2	H8b
	Special prescribed diet	Yes 1 No 2	H8c
	Advice or treatment to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
	Advice to start or do more exercise	Yes 1 No 2	H8f
73	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1 No 2	H9
74	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H10

Step 2 Physical Measurements

CORE: Height and Weight		Response	Code
75	Interviewer ID	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M1
76	Device IDs for height and weight	Height <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M2a
		Weight <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M2b
77	Height	in Centimetres (cm) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M3
78	Weight <i>If too large for scale, code 666.6</i>	in Kilograms (kg) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M4
79	(For women) Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5
CORE: Waist			
80	Device ID for waist	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M6
81	Waist circumference	in Centimetres (cm) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M7
CORE: Blood Pressure			
82	Interviewer ID	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M8
83	Device ID for blood pressure	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M9
84	Cuff size used	Small 1 Medium 2 Large 3	M10
85	Reading 1	Systolic (mmHg) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M11a
		Diastolic (mmHg) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M11b
86	Reading 2	Systolic (mmHg) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M12a
		Diastolic (mmHg) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M12b
87	Reading 3	Systolic (mmHg) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M13a
		Diastolic (mmHg) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M13b
88	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	M14

EXPANDED: Hip Circumference and Heart Rate				
89	Hip circumference	in Centimetres (cm)	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M15
90	Heart Rate (Record if automatic blood pressure device is used)			
	Reading 1	Beats per minute	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M16a
	Reading 2	Beats per minute	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M16b
	Reading 3	Beats per minute	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose		Response	Code
91	During the last 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
92	Technician ID	_ _ _ _	B2
93	Device ID	_ _	B3
94	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
95	Fasting blood glucose	mmol/l _ _ . _ _	B5

CORE: Blood Lipids			
96	Device ID	_ _	B6
97	Total cholesterol	mmol/l _ _ . _ _	B7

EXPANDED: Triglycerides and HDL Cholesterol			
98	Triglycerides	mmol/l _ _ . _ _	B8
99	HDL Cholesterol	mmol/l _ . _ _	B9

