



**Pan American STEPS Instrument
for Chronic Disease
Risk Factor Surveillance**

Grenada

Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID		11
2	Cluster/Centre/Village name		12
3	Interviewer ID		13
4	Date of completion of the instrument		14

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Participant Id Number _____

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	15
6	Consent has been obtained (verbal or written)	Yes 1 No 2 If NO, END	16
7	Time of interview (24 hour clock)	: hrs mins	17
8	Family Surname		18
9	First Name		19
Additional Information that may be helpful			
10	Contact phone number where possible		110

Record and file identification information (15 to I10) separately from the completed questionnaire.

Step 1 Demographic Information

CORE: Demographic Information			
Question		Response	Code
11	Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
12	What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _ _ _ _ _ _ _ dd mm year <i>If known, Go to C4</i>	C2
13	How old are you?	Years _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years _ _	C4
EXPANDED: Demographic Information			
15	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 National College completed 5 University completed 6 Post graduate degree 7 Refused 88	C5
16	What is your <i>ethnic group / racial cultural background</i> ?	Negro/African 1 Caucasion 2 Indian 3 Refused 88	C6
17	What is your marital status ?	Never married 1 Married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	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
19	How many people older than 18 years, including yourself, live in your household?	Number of people _ _	C9

EXPANDED: Demographic Information, Continued			
Question		Response	Code
20	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 _ _ _ _ _ _ _ _ _ _ <i>Go to T1</i>	C10a
		OR per month _ _ _ _ _ _ _ _ _ _ <i>Go to T1</i>	C10b
		OR per year _ _ _ _ _ _ _ _ _ _ <i>Go to T1</i>	C10c
		Refused 88	C10d
21	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 IN LOCAL CURRENCY]</i>	≤ 2,499 (Q1) 1 More than 2,499, ≤ 9,999 (Q2) 2 More than 9,999, ≤ 24,999 (Q3) 3 More than 24,999, ≤ 74,999 (Q4) 4 More than 74,999 (Q4) 5 Don't Know 77 Refused 88	C11

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.

Question		Response	Code
22	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1	T1
		No 2 <i>If No, go to T6</i>	
23	Do you currently smoke tobacco products daily ?	Yes 1	T2
		No 2 <i>If No, go to T6</i>	
24	How old were you when you first started smoking daily?	Age (years) _ _ <i>If Known, go to T5a</i> Don't know 77	T3
25	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years _ _ <i>If Known, go</i>	T4a
		OR in Months _ _ <i>If Known, go</i>	T4b
		OR in Weeks _ _	T4c
26	On average, how many of the following do you smoke each day? <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i>	Manufactured cigarettes _ _	T5a
		Hand-rolled cigarettes _ _	T5b
		Pipes full of tobacco _ _	T5c
		Cigars, cheroots, cigarillos _ _	T5d
		Other _ _ <i>If Other, go to T5other, else go to T9</i>	T5e
		Other (please specify): _ _ _ _ _ _ _ _ _ _ <i>Go to T9</i>	T5other

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
36	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider or stout? <i>[USE SHOWCARD OR SHOW EXAMPLES]</i>	Yes 1 No 2 <i>If No, go to D1</i>	A1a
37	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If No, go to D1</i>	A1b
38	During the past 12 months, how frequently have you had at least one alcoholic drink? <i>(READ RESPONSES, USE SHOWCARD)</i>	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
39	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 <i>If No, go to D1</i>	A3
40	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
41	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? <i>(USE SHOWCARD)</i>	Number Don't know 77 <input type="text"/>	A5
42	During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A6
43	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7

EXPANDED: Alcohol Consumption			
44	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
45	During each of the past 7 days , how many standard alcoholic drinks did you have each day? <i>(USE SHOWCARD)</i> <i>Don't Know 77</i>	Monday <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	A9g

CORE: Diet			
<p>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.</p>			
Question		Response	Code
46	In a typical week, on how many days do you eat fruit ? <i>(USE SHOWCARD)</i>	Number of days <input type="text"/> Don't Know 77 <input type="text"/> <i>If Zero days, go to D3</i>	D1
47	How many servings of fruit do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings <input type="text"/> Don't Know 77 <input type="text"/>	D2
48	In a typical week, on how many days do you eat vegetables ? <i>(USE SHOWCARD)</i>	Number of days <input type="text"/> Don't Know 77 <input type="text"/> <i>If Zero days, go to D3</i>	D3
49	How many servings of vegetables do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings <input type="text"/> Don't know 77 <input type="text"/>	D4

EXPANDED: Diet			
50	What type of oil or fat is most often used for meal preparation in your household? <i>(USE SHOWCARD)</i> <i>(SELECT ONLY ONE)</i>	Vegetable oil 1 Lard 2 Butter 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5
		Other _ _ _ _ _ _ _ _ _ _ J	D5other
51	On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 _ _	D6

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. <i>[Insert other examples if needed]</i> . 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.			
Question		Response	Code
Work			
52	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>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 4</i>	P1
53	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days _	P2
54	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P3 (a-b)

55	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? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P 7</i>	P4
56	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
57	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.			
58	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 <i>If No, go to P 10</i>	P7
59	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
60	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)

CORE: 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 (<i>leisure</i>).			
61	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 <i>If No, go to P 13</i>	P10
62	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

63	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)
64	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, volleyball</i>] for at least 10 minutes continuously? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P16</i>	P13
65	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
66	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)

EXPANDED: 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.

[*INSERT EXAMPLES*] (*USE SHOWCARD*)

67	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P16 (a-b)
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CORE: History of Raised Blood Pressure

Question		Response	Code
68	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
69	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
70	Have you been told that you have raised blood pressure or hypertension in the past 12 months?	Yes 1 No 2	H2b

EXPANDED: History of Raised Blood Pressure			
71	Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	H3a
	Advice to reduce salt intake	Yes 1 No 2	H3b
	Advice or treatment to lose weight	Yes 1 No 2	H3c
	Advice or treatment to stop smoking	Yes 1 No 2	H3d
	Advice to start or do more exercise	Yes 1 No 2	H3e
72	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
73	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes			
Question		Response	Code
74	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to M1</i>	H6
75	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 M1</i>	H7a
76	Have you been told that you have raised blood sugar or diabetes in the past 12 months?	Yes 1 No 2	H7b

EXPANDED: History of Diabetes			
77	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes	1
		No	2
	Drugs (medication) that you have taken in the past two weeks	Yes	1
		No	2
	Special prescribed diet	Yes	1
		No	2
Advice or treatment to lose weight	Yes	1	
	No	2	
Advice or treatment to stop smoking	Yes	1	
	No	2	
Advice to start or do more exercise	Yes	1	
	No	2	
78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1
		No	2
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1
		No	2
80	When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 years	1
		More than 2 years ago	2
		Never	3
		Don't know	77
81	When was the last time your feet were examined as part of your diabetes control?	Within the past year	1
		More than 1 year ago	2
		Never	3
		Don't know	77

EXPANDED: History of raised total cholesterol				
Questions		Response		Code
82	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes	1	L1a
		No	2	
83	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes	1	L2a
		No	2	
84	Were you told that you have raised cholesterol in the past 12 months?	Yes	1	L2b
		No	2	

Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
89	Interviewer ID	_ _ _ _	M1
90	Device IDs for height and weight	Height _ _ _ Weight _ _ _	M2
91	Height	in Centimetres (cm) _ _ _ _ . _	M3
92	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M4
93	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5
CORE: Waist			
94	Device ID for waist	_ _ _	M6
95	Waist circumference	in Centimetres (cm) _ _ _ _ . _	M7
CORE: Blood Pressure			
96	Interviewer ID	_ _ _ _	M8
97	Device ID for blood pressure	_ _ _	M9
98	Cuff size used	Small 1 Medium 2 Large 3	M10
99	Reading 1 (After participant has rested for 15 minutes)	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
100	Reading 2 (After participant has rested for another 3 minutes)	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
101	Reading 3 (After participants has rested for another 3 minutes)	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	M13b
102	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			
103	Hip circumference	in Centimeters (cm) _ _ _ _ . _	M15
104	Heart Rate		
	Reading 1	Beats per minute _ _ _ _	M16a
	Reading 2	Beats per minute _ _ _ _	M16b
	Reading 3	Beats per minute _ _ _ _	M16c

Step 1 Optional module

Section: Health Screening		Response	Code
117	Have you ever had your feces examined to look for hidden blood?	Yes 1 No 2	S1
118	Have you ever had a colonoscopy?	Yes 1 No 2	S2
119	<u>This question is for men only:</u> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
120	<u>The following questions are for women only:</u> Have you been shown how to examine your breasts?	Yes 1 No 2	S4
121	When was the last time you had an examination of your breasts?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S5
122	When was the last time you had a mammogram?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S6
123	When was the last time you had a Pap test?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S7