

Pan American Version of the STEPS Instrument (Core and Expanded)



The WHO STEPwise approach to chronic disease risk factor surveillance (STEPS)

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



Pan American STEPS Instrument

Overview

| | |
|-----------------------------|--|
| Introduction | <p>This is the generic STEPS Instrument which sites/countries will use to develop their tailored instrument. It contains the:</p> <ul style="list-style-type: none">• CORE items (unshaded boxes)• EXPANDED items (shaded boxes). <hr/> |
| Core Items | <p>The Core items for each section ask questions required to calculate basic variables. For example:</p> <ul style="list-style-type: none">• current daily smokers• mean BMI. <p>Note: All the core questions should be asked, removing core questions will impact the analysis.</p> <hr/> |
| Expanded items | <p>The Expanded items for each section ask more detailed information. Examples include:</p> <ul style="list-style-type: none">• use of smokeless tobacco• sedentary behaviour. <hr/> |
| Guide to the columns | <p>The table below is a brief guide to each of the columns in the Instrument.</p> |

| 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 finalized. |
| 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. C6).• 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. |



Pan American STEPS Instrument for Chronic Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

| Location and Date | | Response | Code |
|-------------------|--------------------------------------|--|------|
| 1 | Cluster/Centre/Village ID | <div><div></div><div></div><div></div><div></div></div> | I1 |
| 2 | Cluster/Centre/Village name | | I2 |
| 3 | Interviewer ID | <div><div></div><div></div><div></div><div></div></div> | I3 |
| 4 | Date of completion of the instrument | <div><div><div></div><div></div></div>dd<div><div></div><div></div></div>mm<div><div></div><div></div><div></div><div></div></div>year</div> | I4 |

Participant Id Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| Consent, Interview Language and Name | | Response | Code |
|--|--------------------------------------|--|------|
| 5 | Consent has been read and obtained | Yes 1 No 2 If NO, END | I5 |
| 6 | Interview Language [Insert Language] | English 1 [Add others] 2 [Add others] 3 [Add others] 4 | I6 |
| 7 | Time of interview (24 hour clock) | <div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div> <div>hrsmins</div> | I7 |
| 8 | Family Surname | | I8 |
| 9 | First Name | | I9 |
| Additional Information that may be helpful | | | |
| 10 | Contact phone number where possible | | I10 |

Record and file identification information (I5 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> | <div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><i>If known, Go to C4</i></div></div> <div>ddmmyear</div> | | C2 |
| 13 | How old are you? | Years <div><div></div><div></div></div> | | C3 |
| 14 | 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> | | C4 |

| EXPANDED: Demographic Information | | | |
|-----------------------------------|---|--|----|
| 15 | What is the highest level of education you have completed? [INSERT COUNTRY-SPECIFIC CATEGORIES] | No formal schooling 1 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 | C5 |
| 16 | What is your [insert relevant ethnic group / racial group / cultural subgroup / others] background ? | [Locally defined] 1 [Locally defined] 2 [Locally defined] 3 Refused 88 | C6 |
| 17 | What is your marital status ? | Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabitating 6 Refused 88 | C7 |
| 18 | Which of the following best describes your main work status over the past 12 months? [INSERT COUNTRY-SPECIFIC CATEGORIES] (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 <div><div></div><div></div><div></div></div> | C9 |

Question

Code

Taking **the past year**, can you tell me what the average earnings of the household have been?
(RECORD ONLY ONE, NOT ALL 3)

Go to T1

Go to T1

Go to T1

| | |
|---------|----|
| Refused | 88 |
|---------|----|

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
[INSERT QUINTILE VALUES IN LOCAL CURRENCY]
(READ OPTIONS)

1

2

3

4

5

77

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.

Code

Do you currently smoke any **tobacco products**, such as cigarettes, cigars or pipes? (USE SHOWCARD)

1

2

1

2

How old were you when you **first started** smoking daily?

Don't know 77 If Known, go to T5a

Don't know 77 If Known, go to T5a

Do you remember how long ago it was?
(RECORD ONLY 1, NOT ALL 3)
Don't know 77

In Years If Known, go to T5a

OR in Months If Known, go to T5a

OR in Weeks | | |

On average, **how many** of the following do you smoke each day?

(RECORD FOR EACH TYPE, USE SHOWCARD)

Don't Know 77

Manufactured cigarettes

Hand-rolled cigarettes | |

Pipes full of tobacco | |

Cigars, cheroots, cigarillos | | |

Other If Other, go to T50ther,
else go to T9

Other (please specify):
Go to T9

| EXPANDED: Tobacco Use | | | | |
|-----------------------|---|---|--|----------|
| Question | | Response | | Code |
| 27 | In the past, did you ever smoke daily ? | Yes 1 No 2 If No, go to T9 | | T6 |
| 28 | How old were you when you stopped smoking daily ? | Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T9 | | T7 |
| 29 | How long ago did you stop smoking daily? | Years ago <input type="text"/> <input type="text"/> If Known, go to T9 | | T8a |
| | (RECORD ONLY 1, NOT ALL 3) | OR Months ago <input type="text"/> <input type="text"/> If Known, go to T9 | | T8b |
| | Don't Know 77 | OR Weeks ago <input type="text"/> <input type="text"/> | | T8c |
| 30 | Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]? (USE SHOWCARD) | Yes 1 No 2 If No, go to T12 | | T9 |
| 31 | Do you currently use smokeless tobacco products daily ? | Yes 1 No 2 If No, go to T12 | | T10 |
| 32 | On average, how many times a day do you use (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77 | Snuff, by mouth <input type="text"/> <input type="text"/> | | T11a |
| | | Snuff, by nose <input type="text"/> <input type="text"/> | | T11b |
| | | Chewing tobacco <input type="text"/> <input type="text"/> | | T11c |
| | | Betel, quid <input type="text"/> <input type="text"/> | | T11d |
| | | Other <input type="text"/> <input type="text"/> If Other, go to T12other, else go to T13 | | T11e |
| | | Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Go to T13 | | T11other |
| 33 | In the past , did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily ? | Yes 1 No 2 | | T12 |
| 34 | During the past 7 days, on how many days did someone in your home smoke when you were present? | Number of days Don't know 77 <input type="text"/> <input type="text"/> | | T13 |
| 35 | During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present? | Number of days Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/> | | T14 |

| 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 <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES) | Yes 1 | A1a | | |
| | | No 2 <i>If No, go to D1</i> | | | |
| 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? (READ RESPONSES, USE SHOWCARD) | 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 <table><tr><td></td><td></td></tr></table> | | | 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? (USE SHOWCARD) | Number Don't know 77 <table><tr><td></td><td></td></tr></table> | | | 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 <table><tr><td></td><td></td></tr></table> | | | 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 <table><tr><td></td><td></td></tr></table> | | | 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? (USE SHOWCARD) Don't Know 77 | Monday <div><div></div><div></div></div> | A9a |
| | | Tuesday <div><div></div><div></div></div> | A9b |
| | | Wednesday <div><div></div><div></div></div> | A9c |
| | | Thursday <div><div></div><div></div></div> | A9d |
| | | Friday <div><div></div><div></div></div> | A9e |
| | | Saturday <div><div></div><div></div></div> | A9f |
| | | Sunday <div><div></div><div></div></div> | A9g |

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.

| Question | | Response | | Code |
|----------|--|-------------------------------------|--|------|
| 46 | In a typical week, on how many days do you eat fruit ? (USE SHOWCARD) | Number of days Don't Know 77 | <div><div></div><div></div><div></div></div> <i>If Zero days, go to D3</i> | D1 |
| 47 | How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't Know 77 | <div><div></div><div></div><div></div></div> | D2 |
| 48 | In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) | Number of days Don't Know 77 | <div><div></div><div></div><div></div></div> <i>If Zero days, go to D3</i> | D3 |
| 49 | How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't know 77 | <div><div></div><div></div><div></div></div> | D4 |

EXPANDED: Diet

EXPANDED D10:

| | | | | | | | | | |
|----|--|---|----|--|----|--|--|--|--|
| 50 | What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE) | Vegetable oil 1 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 | D5 | | | | | | |
| | | Other <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | |
| 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 <table><tr><td></td><td></td></tr></table> | | | D6 | | | | |
| | | | | | | | | | |

| CORE: Physical Activity | | | |
|---|---|--|----------|
| <p>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.</p> <p>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.</p> | | | |
| Question | Response | | Code |
| Work | | | |
| 52 | <p>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?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> | <p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p> | P1 |
| 53 | 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 |
| 54 | How much time do you spend doing vigorous-intensity activities at work on a typical day? | <p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p> | P3 (a-b) |
| 55 | <p>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?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> | <p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p> | 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? | <p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p> | P6 (a-b) |
| Travel to and from places | | | |
| <p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>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></p> | | | |
| 58 | Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places? | <p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p> | 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? | <p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p> | 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 (leisure), <i>[Insert relevant terms]</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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i> | Yes 1 No 2 If No, go to P 13 | | 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 <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> | | P11 |
| 63 | How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? | Hours : minutes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div> | | 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>[INSERT EXAMPLES] (USE SHOWCARD)</i> | Yes 1 No 2 If No, go to P16 | | 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 <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> | | 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 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div> | | 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. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i> | | | | |
| 67 | How much time do you usually spend sitting or reclining on a typical day? | Hours : minutes | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div> | P16 (a-b) |

| 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 | H1 |
| | | No 2 <i>If No, go to H6</i> | |
| 69 | Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? | Yes 1 | H2a |
| | | No 2 <i>If No, go to H6</i> | |
| 70 | Have you been told in the past 12 months? | Yes 1 | H2b |
| | | No 2 | |

| 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 | H3a |
| | | No 2 | |
| | Advice to reduce salt intake | 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 | |
| | Have you ever seen a traditional healer for raised blood pressure or hypertension? | Yes 1 | H4 |
| | | No 2 | |
| 73 | Are you currently taking any herbal or traditional remedy for your raised blood pressure? | Yes 1 | H5 |
| | | No 2 | |

| 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 | H6 |
| | | No 2 <i>If No, go to M1</i> | |
| 75 | Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? | Yes 1 | H7a |
| | | No 2 <i>If No, go to M1</i> | |
| 76 | Have you been told in the past 12 months? | Yes 1 | H7b |
| | | No 2 | |

| 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 | H8a |
| | | No 2 | |
| | Drugs (medication) that you have taken in the past two weeks | Yes 1 | H8b |
| | | No 2 | |
| | Special prescribed diet | Yes 1 | H8c |
| | | No 2 | |
| | Advice or treatment to lose weight | Yes 1 | H8d |
| | | No 2 | |
| | Advice or treatment to stop smoking | Yes 1 | H8e |
| | | No 2 | |
| | Advice to start or do more exercise | Yes 1 | H8f |
| | | No 2 | |
| 78 | Have you ever seen a traditional healer for diabetes or raised blood sugar? | Yes 1 | H9 |
| | | No 2 | |
| 79 | Are you currently taking any herbal or traditional remedy for your diabetes? | Yes 1 | H10 |
| | | No 2 | |
| 80 | When was the last time your eyes were examined as part of your diabetes control? | Within the past 2 years 1 | H11 |
| | | 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 | H12 |
| | | 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 <i>If No, go to F1a</i> | |
| 83 | Have you ever been told by a doctor or other health worker that you have raised cholesterol? | Yes | 1 | L2a |
| | | No | 2 <i>If No, go to F1a</i> | |
| 84 | Were you told in the past 12 months? | Yes | 1 | L2b |
| | | No | 2 | |
| Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker? | | | | |
| 85 | Oral treatment (medication) taken in the last 2 weeks | Yes | 1 | L3a |
| | | No | 2 | |
| | Special prescribed diet | Yes | 1 | L3b |
| | | No | 2 | |
| | Advice or treatment to lose weight | Yes | 1 | L3c |
| | | No | 2 | |
| | Advice or treatment to stop smoking | Yes | 1 | L3d |
| | | No | 2 | |
| | Advice to start or do more exercise | Yes | 1 | L3e |
| | | No | 2 | |
| 86 | During the past 12 months have you seen a traditional healer for raised cholesterol? | Yes | 1 | L4 |
| | | No | 2 | |
| 87 | Are you currently taking any herbal or traditional remedy for your raised cholesterol? | Yes | 1 | L5 |
| | | No | 2 | |

EXPANDED: Family history

| Questions | | Response | Code |
|-----------|--|----------|------|
| 88 | Have some of your family members been diagnosed with the following diseases? | | |
| | Diabetes or raised blood sugar | Yes 1 | F1a |
| | | No 2 | |
| | Raised Blood pressure | Yes 1 | F1b |
| | | No 2 | |
| | Stroke | Yes 1 | F1c |
| | | No 2 | |
| | Cancer or malignant tumor | Yes 1 | F1d |
| | | No 2 | |
| | Raised Cholesterol | Yes 1 | F1e |
| | | No 2 | |
| | Early Heart attack (below age 55 for men and below age 65 for women) | Yes 1 | F1f |
| | | No 2 | |

Step 2 Physical Measurements

| CORE: Height and Weight | | | | | | | | |
|--|---|--|------|--|------|--|------|----|
| Question | | Response | Code | | | | | |
| 89 | Interviewer ID | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M1 | |
| | | | | | | | | |
| 90 | Device IDs for height and weight | Height <table border="1"><tr><td></td><td></td></tr></table> Weight <table border="1"><tr><td></td><td></td></tr></table> | | | | | M2 | |
| | | | | | | | | |
| | | | | | | | | |
| 91 | Height | in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | M3 |
| | | | | | | | | |
| 92 | Weight <i>If too large for scale 666.6</i> | in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | 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 | <table border="1"><tr><td></td><td></td></tr></table> | | | M6 | | | |
| | | | | | | | | |
| 95 | Waist circumference | in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | M7 |
| | | | | | | | | |
| CORE: Blood Pressure | | | | | | | | |
| 96 | Interviewer ID | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M8 | |
| | | | | | | | | |
| 97 | Device ID for blood pressure | <table border="1"><tr><td></td><td></td></tr></table> | | | M9 | | | |
| | | | | | | | | |
| 98 | Cuff size used | Small 1 Medium 2 Large 3 | M10 | | | | | |
| 99 | Reading 1 | Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M11a | |
| | | | | | | | | |
| Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M11b | | | |
| | | | | | | | | |
| 100 | Reading 2 | Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M12a | |
| | | | | | | | | |
| Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M12b | | | |
| | | | | | | | | |
| 101 | Reading 3 | Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M13a | |
| | | | | | | | | |
| Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | 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) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | M15 |
| | | | | | | | | |
| 104 | Heart Rate | | | | | | | |
| | Reading 1 | Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M16a | |
| | | | | | | | | |
| | Reading 2 | Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M16b | |
| | | | | | | | | |
| Reading 3 | Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | M16c | | |
| | | | | | | | | |

Step 3 Biochemical Measurements

CORE: Blood Glucose

| Question | | Response | Code |
|----------|--|---|------|
| 105 | During the past 12 hours have you had anything to eat or drink, other than water? | Yes 1 No 2 | B1 |
| 106 | Technician ID | <div><div></div><div></div><div></div><div></div></div> | B2 |
| 107 | Device ID | <div><div></div><div></div></div> | B3 |
| 108 | Time of day blood specimen taken (24 hour clock) | Hours : minutes <div><div></div><div></div></div> hrs : <div><div></div><div></div></div> mins | B4 |
| 109 | Fasting blood glucose | mmol/l <div><div></div><div></div></div> . <div><div></div><div></div></div> | B5 |
| 110 | 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 |

CORE: Blood Lipids

| | | | |
|-----|--|--|----|
| 111 | Device ID | <div><div></div><div></div></div> | B7 |
| 112 | Total cholesterol | mmol/l <div><div></div><div></div></div> . <div><div></div><div></div></div> | B8 |
| 113 | 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 |

EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance

| | | | | |
|-----|------------------------|--------|---|-----|
| 114 | Triglycerides | mmol/l | <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> | B10 |
| 115 | HDL Cholesterol | mmol/l | <div><div></div><div></div></div> <div><div></div><div></div><div></div></div> | B11 |
| 116 | Oral Glucose Tolerance | mmol/l | <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> | B12 |



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 |