

STEPS Mapped Instrument & Dataset Structure For Kiribati, 2004



Prepared by Melanie Cowan - 09/01/08

Respondent Identification, Location and Date

Location and Date			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
		Respondent Identification	1-999999	1001-43,035	ID	ID	Numeric	
1		District code	1-999	1-5	I1	I1	Numeric	
2		Centre/Village name	Text		I2	I2	Text	
3		Centre/Village code	1-999	1-43	I3	I3	Numeric	
4		Interviewer Identification	1-999	1-32	I4	I4	Numeric	
5		Date of completion of the instrument	Value entered as date dd/mm/yyyy		I5	I5	Date/Time	

Consent, Interview Language and Name

Consent, Interview Language and Name			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
6		Consent has been read out to participant	1 Yes		I6	I6	Numeric	
			2 No					
			7 Don't Know					
			8 Not applicable					
			9 Missing					
7		Consent has been obtained (verbal or written)	1 Yes		I7	I7	Numeric	
			2 No					
8		Interview Language [Insert Language]	1 English	1 ENGLISH 2 KIRIBATI	I8	I8	Numeric	
			2 [Add others]					
			3 [Add others]					
			4 [Add others]					
9		Time of interview (24 hour clock)	Numeric, entered as time hh.mm		I9	I9HR I9MIN	Numeric	
10		Family Name	Text		I10	I10	Text	
11		First Name	Text		I11	I11	Text	
Country-Specific Questions								
		Is the respondent on the participation list for the survey?		1 Yes, on the original list	X1	V1	Numeric	
				2 Yes, on the replacement list				
				3 No (if "No", then END)				

Step 1: Demographic Information

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
14		Sex (<i>Record Male / Female as observed</i>)	1 Male 2 Female		C1	C1	Numeric	
15		What is your date of birth? <i>Don't Know 77 777 7777</i>	Value entered as date dd/mm/yyyy		C2	C2	Date/Time	
16		How old are you?	15-64		C3	C3	Numeric	
17		In total, how many years have you spent at school or in full-time study (excluding pre-school)?	0-22 77 Don't know 88 Refused 99 Missing	0-23 77 Don't Know	C4	C4	Numeric	
18		What is your [<i>insert relevant ethnic group / racial group / cultural subgroup / others</i>] <u>background</u> ?	1 [<i>Locally defined</i>] 2 [<i>Locally defined</i>] 3 [<i>Locally defined</i>] 88 Refused 99 Missing	1 KIRIBATI 2 OTHER 88 REFUSED	C5	C5	Numeric	
19		What is the highest level of education you have completed?	1 No formal schooling 2 Less than primary school 3 Primary school completed 4 Secondary school completed 5 High school completed 6 College/University completed 7 Post graduate degree 77 Don't know 88 Refused 99 Missing	1 No formal schooling 2 Less than primary school 3 Primary school completed 4 Secondary school completed 5 College/University completed 6 Post graduate degree 77 Don't know 88 Refused 99 Missing	C6	C6	Numeric	

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Step 1: Demographic Information, Continued

STEP 1: Demographic Information			Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
20		Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee			C7	C7	Numeric	
			2 Non-government employee						
			3 Self-employed						
			4 Non-paid						
			5 Student						
			6 Homemaker						
			7 Retired						
			8 Unemployed (able to work)						
			9 Unemployed (unable to work)						
			77 Don't know						
21		How many people older than 18 years, including yourself, live in your household?	1-25		1-19	C8	C8	Numeric	
			77 Don't Know						
			88 Refused						
			99 Missing						
22		Taking the past year, can you tell me what the average earnings of the household have been?	Per week	1-9999999		C9a	C9A	Numeric	
				7777777 DK					
			Per month	1-9999999		C9b	C9B		
				7777777 DK					
			Per year	1-9999999		C9c	C9C		
				7777777 DK					
88 Refused		C9d	C9D						

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Step 1: Demographic Information, Continued

STEP 1: Demographic Information, Optional Questions			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
		(Not on questionnaire. Perhaps question on place of birth ????) - Only 2 records with responses.		1 (1 record with "Tonga")	X2	C5a	Numeric?	

Step 1: Tobacco Use

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
24		Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	1 Yes		T1	S1A	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
25		If Yes, Do you currently smoke tobacco products daily ?	1 Yes		T2	S1B	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
26		How old were you when you first started smoking daily?	8-64		T3	S2A	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
27		Do you remember how long ago it was?	1-55 (years)		T4a	S2BYEAR	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)					
			777 Don't Know	(no records w/ values)	T4b	S2BMONT H	Numeric	
			88 No Applicable					
			99 Missing					
			1-48 (weeks)					
			77 Don't Know	(no records w/ values)	T4c	S2BWEEK	Numeric	
			88 No Applicable					
			99 Missing					

Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
28		On average, how many of the following do you smoke each day?	Manufactured cigarettes	1-50	(note: 3 records from 60-75)	T5a	S3A	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Hand-rolled cigarettes	1-50		T5b	S3B	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Pipes full of tobacco	1-50		T5c	S3C	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Cigars, cheroots, cigarillos	1-50	(dummy var. created for analysis purposes)	T5d	N/A	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50		T5e	S3D	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text		T5other	S3DOTHER	Text

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
29		In the past, did you ever smoke daily ?	1 Yes		T6	S4	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
30		<u>If Yes,</u> How old were you when you stopped smoking daily ?	10-64		T7	S5A	Numeric	
			77 Don't Know					
			88 Refused					
			99 Missing					
31		How long ago did you stop smoking daily?	1-54 (years)		T8a	S5BYEAR	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T8b	S5BMONT H	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T8c	S5BWEEK	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					

Step 1: Alcohol Use

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
36		Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 12 months?	1 Yes 2 No 77 Don't Know 88 Refused / NA 99 Missing		A1	A1B	Numeric	
37		In the past 12 months, how frequently have you had at least one drink?	1 (Daily) 2 (5-6 days per week) 3 (1-4 days per week) 4 (1-3 days per month) 5 (Less than once a month) 77 Don't Know 88 Refused / NA 99 Missing	1 >= 5 days/week 2 1-4 days/week 3 1-3 days/month 4 <monthly	A2	A2	Numeric	
38		When you drink alcohol, on average , how many drinks do you have during one day?	Number 1-50 77 Don't Know 88 Refused / NA 99 Missing		A3	A3	Numeric	
39		Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 30 days?	1 Yes 2 No 77 Don't Know 88 Refused / NA 99 Missing		A4	N/A	Numeric	

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Step 1: Alcohol Use, Continued

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
40		During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50		A5a	A4A	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Tuesday	1-50		A5b	A4B	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Wednesday	1-50		A5c	A4C	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Thursday	1-50		A5d	A4D	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Friday	1-50		A5e	A4E	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Saturday	1-50		A5f	A4F	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Sunday	1-50		A5g	A4G	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					

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Step 1: Alcohol Use, Continued

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Country-Specific Questions: Kawa								
		Have you ever consumed a drink that contains alcohol such as beer, wine, spirit, fermented toddy or yeast?		1 Yes	X3	A1A		
				2 No				
		Have you ever tried or drunk kawa or nangkona in the past 12 months?		1 Yes	X4	K1		
				2 No				
		During the last 30 days, on how many days did you drink kawa or nangkona?		0-30	X5	K2		
		Do you usually drink alcohol during or after drinking kawa or nangkona?		1 YES	X6	K3		
				2 No				
		Do you usually smoke during or after drinking kawa or nangkona?		1 YES	X7	K4		
				2 NO				

Step 1: Diet

STEP 1: Diet			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
44		In a typical week, on how many days do you eat fruit ?	Days 0-7		D1	D1A	Numeric	
			99 Missing					
45		How many servings of fruit do you eat on one of those days?	Number 1-15		D2	D1B	Numeric	
			77 Don't Know					
			88 Refused / NA					
			99 Missing					
46		In a typical week, on how many days do you eat vegetables ?	Days 0-7		D3	D2A	Numeric	
			99 Missing					
47		How many servings of vegetables do you eat on one of those days?	Number 1-15		D4	D2B	Numeric	
			77 Don't Know					
			88 Refused / NA					
			99 Missing					

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Step 1: Diet, Continued

STEP 1: Diet			Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
48		What type of oil or fat is most often used for meal preparation in your household?	1 Vegetable oil		1 Vegetable oil	D5	D3	Numeric	
			2 Lard or suet		2 Lard or suet				
			3 Butter or ghee		3 Butter or ghee				
			4 Margarine		4 Margarine				
			5 Other		5 Coconut Cream				
			6 None in particular		6 Coconut Oil				
			7 None used		7 Other				
			77 Don't know		8 None in particular				
					9 None				
					77 Don't Know				
		Other (please specify):	Text		D5other		Text		
Country-Specific Questions									
		In a typical week, on how many days do you eat FRESH FISH?			0-7	X8	D4		
		In a typical week, on how many days do you eat TINNED FISH?			0-7	X9	D5		

Step 1: Physical Activity

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
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?	1 Yes		P1	P2	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
50		In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7		P2	P3A	Numeric	
			9 Missing					
51		How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24		P3A	P3Bhr		
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P3B	P3bmin		
			77 Don't Know					
			99 Missing					
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?	1 Yes		P4	P4	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
53		In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7 9 Missing		P5	P5A	Numeric	
54		How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24 77 Don't Know 99 Missing		P6A	P5Bhr	Numeric	
			Minutes 1-60 77 Don't Know 99 Missing		P6B	P5bmin	Numeric	
Travel to and from places								
55		Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		P7	P7	Numeric	
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?	Days 1-7 9 Missing		P8	P8A	Numeric	

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
57		How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a	P8Bhr	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b	P8bmin	Numeric	
			77 Don't Know					
			99 Missing					
Recreational activities								
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?	1 Yes		P10	P10	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
59		In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P11	P11A	Numeric	
			9 Missing					
60		How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24		P12a	P11Bhr	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b	P11bmin	Numeric	
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
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?	1 Yes		P13	P12	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
62		In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P14	P13A	Numeric	
			9 Missing					
63		How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours 1-24		P15a	P13Bhr	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P15b	P13bmin	Numeric	
			77 Don't Know					
			99 Missing					
Sedentary behaviour								
64		How much time do you usually spend sitting or reclining on a typical day?	Hours 1-24		P16a	P14ahr	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P16b	P14amin	Numeric	
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Additional Questions & GPAQ P1 Questions								
		Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?		1 YES 2 NO	GPAQ1P1	P1		
		On a typical day on which you do vigorous activity, how much time do you spend doing such work?		MINUTES	Move to P3b	P3C		
		On a typical day on which you did moderate-intensity activities, how much time do you spend doing such work?		MINUTES	Move to P6b	P5C		
		How long is your typical work day?		HOURS	GPAQ1P6	P6		
		How much time would you spend walking or bicycling for travel on a typical day?		MINUTES	Move to P9b	P8C		
		Does your <i>leisure time</i> involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time?		1 YES 2 NO	GPAQ1P9	P9		
		How much time do you spend doing this on a typical day?		MINUTES	Move to P12b	P11C		
		How much time do you spend doing this on a typical day?		MINUTES	Move to P15b	P13C		
		Over the past 7 days, how much time did you spend sitting or reclining on a typical day?		MINUTES	Move to P16b	P14C		

Step 1: History of Raised Blood Pressure

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
65		When was your blood pressure last measured by a health professional?	1 Within past 12 months		H1	H1	Numeric	
			2 (1-5 years ago)					
			3 Not within past 5 years					
			77 Don't Know					
			88 Refused					
			99 Missing					
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?	1 Yes		H2	H2	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
67		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 last 2 weeks	1 Yes		H3a	H3A	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H3b	H3B	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Raised Blood Pressure, Continued

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
67 cont.		Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?						
		Advice or treatment to lose weight	1 Yes		H3c	H3C	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to stop smoking	1 Yes		H3d	H3D	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H3e	H3E	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
68		During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	1 Yes		H4	H4	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Raised Blood Pressure, Continued

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
69		Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes		H5	H5	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
72		Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?						
		Insulin	1 Yes		H8a	H8A	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Oral drug (medication) that you have taken in the last 2 weeks	1 Yes		H8b	H8B	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H8c	H8C	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Diabetes, Continued

STEP 1: History of Diabetes			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
72 cont.		Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?						
		Advice or treatment to lose weight	1 Yes		H8d	H8D	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to stop smoking	1 Yes		H8e	H8E	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H8f	H8F	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
73		During the past 12 months have you seen a traditional healer for diabetes?	1 Yes		H9	H9	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Diabetes, Continued

STEP 1: Diabetes			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
74		Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes		H10	H10	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
Country-Specific Questions								
		How many times did you visit the doctor during the past 12 months?			X10	V2		
		When was your blood sugar last measured by a health professional?		1 Within past 12 months	X11	H6		
				2 1-5 years ago				
				3 >5 years ago				
		Have you ever been told by a doctor or health worker that you have diabetes?		1 Yes	X12	H7		
				2 No				
		Are there any irregularities or problems with the measurements?		1 Yes	X13	V3		
				2 No				

Step 2: Physical Measurements

STEP 2: Physical Measurements			Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Height and weight									
75		Interviewer ID	1-900		(M1A & M1B were essentially duplicate variables, M1A kept)	M1	M1A M1B	Numeric	
			999 Missing						
76		Device IDs for height and weight	Height	1-90		M2a	M2A M2B	Numeric	
				99 Missing					
			Weight	1-90		M2b			
				99 Missing					
77		Height	100.0-270.0			M3	M3	Numeric	
			888.8 Refused						
			999.9 Missing						
78		Weight	20.0-350.0			M4	M4	Numeric	
			666.6 Too large for scale						
			888.8 Refused						
			999.9 Missing						
79		(For women) Are you pregnant?	1 Yes			M5	M5	Numeric	
			2 No						
			7 Don't Know						
			8 Refused						
			9 Missing						

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Step 2: Physical Measurements, Continued

STEP 2: Physical Measurements			Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Waist									
80		Device ID for waist	1-90			M6	M7	Numeric	
			99 Missing						
81		Waist circumference	30.0-200.0			M7	M8	Numeric	
			888.8 Refused						
			999.9 Missing						
Blood pressure									
82		Interviewer ID	1-900			M8	M9	Numeric	
			999 Missing						
83		Device ID for blood pressure	1-90			M9	M10	Numeric	
			99 Missing						
84		Cuff size used	1 Small			M10	M11	Numeric	
			2 Medium						
			3 Large						
			9 Missing						
85		Reading 1	Systolic	40.0-300		M11a	M12A	Numeric	
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M11b	M12B	Numeric	
				888 Refused					
				999 Missing					

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Step 2: Physical Measurements, Continued

Step 2: Physical Measurements			Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
86		Reading 2	Systolic	40.0-300.0		M12a	M13A	Numeric	
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M12b	M13B	Numeric	
				888 Refused					
				999 Missing					
87		Reading 3	Systolic	40.0-300.0		M13a	M14A	Numeric	
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M13b	M14B	Numeric	
				888 Refused					
				999 Missing					
Hip Circumference and Heart Rate									
89		Hip circumference	45.0-300.0			M15	M16	Numeric	
			888.8 Refused						
			999.9 Missing						

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Step 2: Physical Measurements, Continued

Step 2: Physical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
90		Heart Rate (Record if automatic blood pressure device is used)						
		Reading 1	30.0-200.0		M16a	M17A	Numeric	
			888 Refused					
			999 Missing					
		Reading 2	30.0-200.0		M16b	M17B	Numeric	
			888 Refused					
			999 Missing					
		Reading 3	30.0-200.0		M16c	M17C	Numeric	
			888 Refused					
			999 Missing					
Country-Specific Questions STEP 2								
		Technician ID (for waist and hip measurements)			X14	M6		

Step 3: Biochemical Measurements

Step 3: Biochemical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
91		During the last 12 hours have you had anything to eat or drink, other than water?	1 Yes		B1	B1	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
92		Technician ID	1-900		B2	B2	Numeric	
			999 Missing					
93		Device ID	1-90		B3	B3	Numeric	
			99 Missing					
94		Time of day blood specimen taken (24 hour clock)	24 hour clock: hh.mm		B4	B4HR B4MIN	Numeric	
95		Blood glucose	1-50.00		B5	B5	Numeric	
			99.99 Missing					
Blood Lipids								
96		Device ID	1-60		B6	B7	Numeric	
			99 Missing					
97		Total cholesterol	1.75-20.00		B7	B8	Numeric	
			99.99 Missing					
			9.99 Missing					

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Step 3: Biochemical Measurements, Continued

Step 3: Biochemical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Country-Specific Questions for Step 3								
		Blood glucose, additional part		1 Low	X15	B5A		
				2 High				
				3 Unable to Assess				
		Technician ID (for blood lipids reading)		10-37	X16	B6		
		Total cholesterol, additional part		1 Low	X17	B7A		
				2 High				
				3 Unable to Assess				
		Are you breastfeeding?		1 Yes 2 No	X18	B15		
		Technician ID Code		10-37	X19	B16		
		Device ID Code		1-3	X20	B17		
		Haemoglobin			X21	B18		
		Are there any irregularities or problems with the measurements?		1 Yes 2 No	X22	V4		