

WHO STEPS Instrument

For National NCD Risk Factor Survey

2006, Sri Lanka



Survey Information

Location and Date		Response	Code
1	District code	_ _ _ _	I1
2	Interviewer Identification	_ _ _ _	I4
3	Date of completion of the instrument	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">_ _ dd</div> <div style="text-align: center;">_ _ mm</div> <div style="text-align: center;">_ _ _ _ year</div> </div>	I5

Participant Id Number _ _ _ _ _		
Consent, Interview Language and Name	Response	Code
4	Consent has been read out to participant <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Yes 1 No 2 If NO, read consent </div>	I6
5	Consent has been obtained (verbal or written) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Yes 1 No 2 If NO, END </div>	I7
6	Time of interview (24 hour clock) <div style="text-align: right; margin-top: 5px;"> _ _ : _ _ hrs mins </div>	I9
7	Family Name	I10
8	First Name	I11

Step 1 Demographic Information

CORE: Demographic Information			
Questions		Response	Code
9	Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
10	What is your date of birth? <i>Don't Know 77 777 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><div></div><div></div> </div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div> <div>If known, go to C4</div>	C2
11	How old are you?	Years <div><div></div><div></div><div></div></div>	C3
12	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
13	What is the highest level of education you have completed?	<div>No formal schooling 1</div> <div>Less than primary school 2</div> <div>Primary school completed 3</div> <div>Secondary school completed 4</div> <div>College/University completed 5</div> <div>Post graduate degree 6</div> <div>Refused 7</div>	C6

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
14 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
15 If Yes, Do you currently smoke tobacco products daily ?	Yes 1 No 2 <i>If No, go to T6</i>	T2
16 How old were you when you first started smoking daily?	Age (years) _____ Don't remember 777 <i>If Known, go to T5a</i>	T3
17 Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't remember 777	In Years _____ <i>If Known, go to T5a</i>	T4a
	OR in Months _____ <i>If Known, go to T5a</i>	T4b
	OR in Weeks _____	T4c
18 On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE) Don't remember 777	Manufactured cigarettes _____	T5a
	Hand-rolled cigarettes _____	T5b
	Pipes full of tobacco _____	T5c
	Cigars, cheroots, cigarillos _____	T5d
	Other _____ <i>If other, go to T5 other</i>	T5e
	Other (please specify): _____	T5other

EXPANDED: Tobacco Use

Questions	Response	Code
19 In the past, did you ever smoke daily ?	Yes 1	T6
	No 2	
20 How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't remember 777	Years ago _____ <i>If Known, go to T9</i>	T8a
	OR Months ago _____ <i>If Known, go to T9</i>	T8b
	OR Weeks ago _____	T8c
21 Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	Yes 1 No 2	T9
22 If Yes, Do you currently use smokeless tobacco products daily ?	Yes 1 No 2	T10
23 On average, how many times a day do you use (RECORD FOR EACH TYPE) Don't Know 777	Snuff, by mouth _____	T11a
	Snuff, by nose _____	T11b
	Chewing tobacco _____	T11c
	Betel, quid _____	T11d
	Other _____ <i>If Other, go to T11 other</i>	T11e
	Other (specify) _____	T11other

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Questions		Response	Code
24	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i>) within the past 12 months ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1
25	In the past 12 months, how frequently have you had at least one 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
26	When you drink alcohol, on average , how many drinks do you have during one day?	Number <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	A3
27	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i>) within the past 30 days ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A 6</i>	A4
28	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 <input type="text"/> <input type="text"/> <input type="text"/>	A5a
		Tuesday <input type="text"/> <input type="text"/> <input type="text"/>	A5b
		Wednesday <input type="text"/> <input type="text"/> <input type="text"/>	A5c
		Thursday <input type="text"/> <input type="text"/> <input type="text"/>	A5d
		Friday <input type="text"/> <input type="text"/> <input type="text"/>	A5e
		Saturday <input type="text"/> <input type="text"/> <input type="text"/>	A5f
		Sunday <input type="text"/> <input type="text"/> <input type="text"/>	A5g

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>				
Questions		Response		Code
29	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	<i>If Zero days, go to D3</i>	D1
30	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77		D2
31	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	<i>If Zero days, go to D5</i>	D3
32	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77		D4
OPTIONAL: Diet				
33	In a typical week, on how many days do you eat green leafy vegetables ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	<i>If Zero days, go to P1</i>	D6
34	How many servings of green leafy vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77		D7

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>			
Questions	Response		Code
Activity at work			
35	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 <i>If No, go to P 4</i>	P1
36	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
37	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)
38	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 <i>If No, go to P 7</i>	P4
39	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
40	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			
<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>			
41	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
42	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
43	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			
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (<i>leisure</i>), <i>[insert relevant terms]</i>.</p>			
44	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 <i>If No, go to P 13</i>	P10
45	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
46	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
47	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)	<p>Yes 1</p> <p>No 2 If No, go to P16</p>	P13
48	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
49	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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)			
50	How much time do you usually spend sitting or reclining on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs min s</p>	P16 (a-b)

OPTIONAL: Physical Activity			
51	How much time do you usually spend watching television on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs min s</p>	P17 (a-b)

Step 2 Physical Measurements

CORE: Height and Weight		Response	Code
52	Interviewer ID	<input type="text"/>	M1
53	Device IDs for height and weight	Height <input type="text"/>	M2a
		Weight <input type="text"/>	M2b
54	Height	in Centimetres (cm) <input type="text"/>	M3
55	Weight <i>If too large for scale, code 666.6</i>	in Kilograms (kg) <input type="text"/>	M4
56	(For women) Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5

CORE: Waist

57	Device ID for waist	<input type="text"/>	M6
58	Waist circumference	in Centimetres (cm) <input type="text"/>	M7

CORE: Blood Pressure

59	Interviewer ID	<input type="text"/>	M8
60	Device ID for blood pressure	<input type="text"/>	M9
61	Cuff size used	Small 1 Medium 2 Large 3	M10
62	Reading 1	Systolic (mmHg) <input type="text"/>	M11a
		Diastolic (mmHg) <input type="text"/>	M11b
63	Reading 2	Systolic (mmHg) <input type="text"/>	M12a
		Diastolic (mmHg) <input type="text"/>	M12b
64	Reading 3	Systolic (mmHg) <input type="text"/>	M13a
		Diastolic (mmHg) <input type="text"/>	M13b
65	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

66	Heart Rate (Record if automatic blood pressure device is used)		
	Reading 1	Beats per minute <input type="text"/>	M16a
	Reading 2	Beats per minute <input type="text"/>	M16b
	Reading 3	Beats per minute <input type="text"/>	M16c