



WHO STEPS Instrument

for Chronic Disease Risk Factor Surveillance

<Maldives/Male` 2011>

Survey Information

Location and Date		Response	Code
1	Participant (Respondent) ID Number	_ _ _ _	I1
2	Ward name		I2
3	Interviewer ID	_ _	I3
4	Date of completion of the instrument	_ _ _ _ _ _ dd mm year	I4

Consent, Interview and Name		Response	Code
Participant Id Number _ _ _ _			
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
6	Time of interview (24 hour clock)	_ _ : _ _ hrs mins	I7
7	Family Surname		I8
8	First Name		I9
Additional Information that may be helpful			
9	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
10	Sex (<i>Record Male / Female as observed</i>) Male 1 Female 2	C1
11	What is your date of birth? <i>Don't Know 77 77 7777</i> _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year	C2
12	How old are you? Years _ _	C3
13	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years _ _	C4

EXPANDED: Demographic Information		
14	What is the highest level of education you have completed?	No formal schooling 01 Basic Literacy 02 Primary school completed 03 Secondary school completed 04 Higher Secondary school completed 05 <input type="checkbox"/> <input type="checkbox"/> College/University completed 06 Post graduate degree 07 Refused 88 C5
15	What is your marital status ?	Never married 01 Currently married 02 Separated 03 Divorced 04 <input type="checkbox"/> <input type="checkbox"/> Widowed 05 Refused 88 C7
16	Which of the following best describes your main work status over the past 12 months? (<i>USE SHOWCARD</i>)	Government employee 01 Non-government employee 02 Self-employed 03 Non-paid 04 Student 05 <input type="checkbox"/> <input type="checkbox"/> Homemaker 06 Retired 07 Unemployed (able to work) 08 Unemployed (unable to work) 09 Refused 88 C8
17	How many people older than 18 years, including yourself, live in your household?	Number of people _ _

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	
20	Do you currently smoke tobacco on a daily basis, less than daily, or not at all?	Daily 1 <i>If Daily, go to T3</i> Less than daily 2 Not at all 3 <i>If Not at all, go to T6</i> Don't know 7 <i>If Don't Know, go to T14</i>	T1
21	Have you smoked tobacco daily in the past?	Yes 1 <i>Go to T5a</i> No 2 <i>Go to T5a</i> Don't know 7 <i>Go to T5a</i>	T2
22	How old were you when you first started smoking daily?	Age (years) _ _ <i>If Known, go to T5a</i> Don't know 77	T3
23	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i>	In Years _ _ <i>If Known, go to T5a</i>	T4a
	<i>Don't know 77</i>	OR In Months _ _ <i>If Known, go to T5a</i>	T4b
	<i>Don't know 77</i>	OR In Weeks _ _	T4c
24	<i>[If T1=1 (Current daily smokers), use "day"]</i> <i>[If T1=2 (Current less than daily smokers), use "week"]</i>	Manufactured cigarettes _ _	T5a
	On average, how many of the following products do you currently smoke each (day/week)? Also let me know if you smoke the product, but not every (day/week).	Hand-rolled cigarettes _ _	T5b
	<i>IF RESPONDENT SMOKES THE PRODUCT BUT NOT EVERY DAY/WEEK, ENTER 88</i>	Pipes full of tobacco _ _	T5c
	<i>VERIFY ANSWER IS # OF CIGARETTES, NOT PACKS</i>	Cigars, cheroots, cigarillos _ _	T5d
	<i>Don't Know 77</i>	Number of water pipe sessions _ _	T5e
	<i>Don't Know 77</i>	Other _ _ <i>If Other, go to T5other, else go to T9</i>	T5f
	<i>Don't Know 77</i>	Other (please specify): _ _ _ _ _ _ _ _ <i>Go to T9</i>	T5other
25	In the past, have you smoked tobacco on a daily basis, less than daily, or not at all? <i>(IF BOTH DAILY AND LESS THAN DAILY IN THE PAST, CHECK DAILY)</i>	Daily 1 <i>If Daily, go to T7</i> Less than daily 2 <i>If Less than daily, go to T14</i> Not at all 3 <i>If Not at all, go to T14</i> Don't know 7 <i>If Don't know, go to T14</i>	T6

EXPANDED: Tobacco Use			
Question		Response	Code
26	How old were you when you stopped smoking daily ?	Age (years) _ _ <i>If Known, go to T14</i> Don't know 77	T7
27	How long ago did you stop smoking daily? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't Know 77	In Years _ _ <i>If Known, go to T14</i>	T8a
		OR In Months _ _ <i>If Known, go to T14</i>	T8b
		OR In Weeks _ _ <i>Go to T14</i>	T8c
28	During the past 12 months, have you tried to stop smoking?	Yes 1 No 2	T9
29	Have you visited a doctor or other health care provider in the past 12 months?	Yes 1 No 2 <i>Go to T12</i>	T10
30	During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 No 2	T11
31	In the last 30 days, did you notice any health warnings on cigarette packages?	Yes 1 No 2 <i>Go to T14</i> Did not see any cigarette packages 3 <i>Go to T14</i>	T12 TP4
32	In the last 30 days, have warning labels on cigarette packages led you to think about quitting?	Yes 1 No 2	T13 TP5
33	In the last 30 days, did you notice any health warnings on tobacco products other than cigarettes?	Yes 1 No 2	T14
The next questions are about using smokeless tobacco, such as snuff, chewing tobacco, and betel quid. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.			
34	Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?	Daily 1 <i>If Daily, go to T17a</i> Less than daily 2 Not at all 3 <i>If Not at all, go to T18</i> Don't know 7 <i>If Don't Know, go to T19</i>	T15
35	Have you used smokeless tobacco daily in the past?	Yes 1 No 2 Don't know 7	T16
36	[If T15=1 (Current daily users), use "day"] [If T15=2 (Current less than daily users), use "week"] On average, how many times a (day/week) do you use the following products? Also, let me know if you use the product, but not every (day/week). <i>IF RESPONDENT USES THE PRODUCT BUT NOT EVERY DAY/WEEK, ENTER 88</i> Don't Know 77	Snuff, by mouth _ _	T17a
		Snuff, by nose _ _	T17b
		Chewing tobacco _ _	T17c
		Betel quid with tobacco _ _	T17d
		Other _ _ <i>If Other, go to T17other, else go to T19</i>	T17e
		Other (please specify): _ _ _ _ _ _ _ _ <i>Go to T19</i>	T17other

Participant Identification Number

| | | | |

37	In the past have you used smokeless tobacco on a daily basis, less than daily, or not at all?	Daily 1 Less than daily 2 Not at all 3 Don't know 7	T18	
38	How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?	Daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 Don't know 7	T19	
39	Do you currently work outside of your home?	Yes 1 No/Don't work 2 Go to T23	T20	
40	Do you usually work indoors or outdoors?	Indoor 1 Outdoor 2 Go to T23 Both 3	T21	
41	During the past 30 days, did anyone smoke in indoor areas where you work?	Yes 1 No 2 Don't know 7	T22	
42	In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in newspapers or in magazines?	Yes 1 No 2 Not applicable 7	T23 TP1a	
43	In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting on television?	Yes 1 No 2 Not applicable 7	T24 TP1b	
44	In the last 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold? (USE SHOWCARD)	Yes 1 No 2 Not applicable 7	T25 TP2	
45	In the last 30 days, have you noticed any advertisements or signs promoting cigarettes in restaurants, cafes, or tea shops?	Yes 1 No 2 Not applicable 7	T26 t26_44	
46	In the last 30 days, have you noticed any of the following types of cigarette promotions? <i>READ EACH ITEM</i>	Yes No Don't know		
		Free samples of cigarettes in cafés or restaurants?	1 2 7	T27a TP3a1
		Free samples of cigarettes in other places?	1 2 7	T27b TP3a2
		Cigarettes at sale prices?	1 2 7	T27c TP3b
		Coupons for cigarettes?	1 2 7	T27d TP3c
		Free gifts or special discount offers on other products when buying cigarettes?	1 2 7	T27e TP3d
		Clothing or other items with a cigarette brand name or logo?	1 2 7	T27f TP3e
Cigarette promotions in the mail?	1 2 7	T27g TP3f		

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
47	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 <input type="checkbox"/> No 2 <i>If No, go to D1</i>	A1a
48	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 <input type="checkbox"/> No 2 <i>If No, go to D1</i>	A1b
49	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
50	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 <input type="checkbox"/> No 2 <i>If No, go to D1</i>	A3
51	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 _ _	A4
52	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 _ _	A5
53	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 _ _	A6
54	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 _ _	A7

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
55	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero days, go to D3</i>	D1
56	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/>	D2
57	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero days, go to D5</i>	D3
58	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/>	D4

EXPANDED: Diet			
59	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 01	D5
		Sunflower oil 02	
Olive oil 03			
Corn oil 04			
Butter or ghee 05 <input type="checkbox"/>			
Margarine 06			
Other 07 <i>If Other, go to D5 other</i>			
None in particular 08			
None used 09			
Don't know 77			
		Other <input type="text"/>	D5other
60	On average, how many times per week do you use coconut milk to prepare meals at home?	None 1	D6
		1-3 days 2 <input type="checkbox"/>	
		4-6 days 3	
		Everyday 4	
61	On average, how many times per week do you consume fizzy drinks? (include fizzy drinks, energy drinks, exclude diet coke and zero calorie drinks) (USE SHOWCARD)	None 1	D7
		1-3 days 2 <input type="checkbox"/>	
		4-6 days 3	
		Everyday 4	
62	On average, how many days per week do you consume energy drinks? (USE SHOWCARD)	None 1	D8
		1-3 days 2 <input type="checkbox"/>	
		4-6 days 3	
		Everyday 4	
63	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 <input type="text"/> <input type="text"/> <input type="text"/>	D9

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			
64	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 <input type="checkbox"/> No 2 <i>If No, go to P 4</i>	P1
65	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days _	P2
66	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes _ : _ hrs mins	P3 (a-b)
67	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 <input type="checkbox"/> No 2 <i>If No, go to P 7</i>	P4
68	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days _	P5
69	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes _ : _ 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>			
70	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 <input type="checkbox"/> No 2 <i>If No, go to P 10</i>	P7
71	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 _	P8
72	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes _ : _ 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 (leisure), <i>[Insert relevant terms]</i> .			
73	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 <input type="checkbox"/> No 2 <i>If No, go to P 13</i>	P10
74	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _	P11
75	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)
76	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 <input type="checkbox"/> No 2 <i>If No, go to P16</i>	P13
77	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
78	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. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
79	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes _ : _ hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question		Response	Code
80	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	<input type="checkbox"/>
		No 2 <i>If No, go to H6</i>	
81	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	<input type="checkbox"/>
		No 2 <i>If No, go to H6</i>	
82	Have you been told in the past 12 months?	Yes 1	<input type="checkbox"/>
		No 2	

EXPANDED: History of Raised Blood Pressure			
83	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	<input type="checkbox"/>
		No 2	
	Advice to reduce salt intake	Yes 1	<input type="checkbox"/>
		No 2	
	Advice or treatment to lose weight	Yes 1	<input type="checkbox"/>
	No 2		
	Advice or treatment to stop smoking	Yes 1	<input type="checkbox"/>
		No 2	
	Advice to start or do more exercise	Yes 1	<input type="checkbox"/>
		No 2	
84	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	<input type="checkbox"/>
		No 2	
85	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	<input type="checkbox"/>
		No 2	

CORE: History of Diabetes			
Question		Response	Code
86	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> <input type="checkbox"/>	
87	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> <input type="checkbox"/>	
88	Have you been told in the past 12 months?	Yes 1	H7b
		No 2 <input type="checkbox"/>	

EXPANDED: History of Diabetes			
Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
89	Insulin	Yes 1	H8a
		No 2 <input type="checkbox"/>	
	Drugs (medication) that you have taken in the past two weeks	Yes 1	H8b
		No 2 <input type="checkbox"/>	
	Special prescribed diet	Yes 1	H8c
		No 2 <input type="checkbox"/>	
	Advice or treatment to lose weight	Yes 1	H8d
No 2 <input type="checkbox"/>			
Advice or treatment to stop smoking	Yes 1	H8e	
	No 2 <input type="checkbox"/>		
Advice to start or do more exercise	Yes 1	H8f	
	No 2 <input type="checkbox"/>		
90	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2 <input type="checkbox"/>	
91	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2 <input type="checkbox"/>	

Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
92	Interviewer ID	_ _ _ _ _	M1
93	Device IDs for height and weight	Height _ _ _	M2a
		Weight _ _ _	M2b
94	Height	in Centimetres (cm) _ _ _ _ _ . _	M3
95	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ _ . _	M4
96	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> <input type="checkbox"/>	M5
		No 2	
CORE: Waist			
97	Device ID for waist	_ _ _ _	M6
98	Waist circumference	in Centimetres (cm) _ _ _ _ _ . _	M7
CORE: Blood Pressure			
99	Interviewer ID	_ _ _ _ _	M8
100	Device ID for blood pressure	_ _ _ _	M9
101	Cuff size used	Small 1	<input type="checkbox"/>
		Medium 2	
		Large 3	
102	Reading 1	Systolic (mmHg) _ _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _ _	M11b
103	Reading 2	Systolic (mmHg) _ _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _ _	M12b
104	Reading 3	Systolic (mmHg) _ _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _ _	M13b
105	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	M14
		No 2	

EXPANDED: Hip Circumference and Heart Rate			
106	Hip circumference	in Centimeters (cm) _ _ _ _ _ . _	M15
	Heart Rate		
107	Reading 1	Beats per minute _ _ _ _ _	M16a
108	Reading 2	Beats per minute _ _ _ _ _	M16b
109	Reading 3	Beats per minute _ _ _ _ _	M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose			
	Question	Response	Code
110	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	B1
111	Technician ID	_ _ _ _	B2
112	Device ID	_ _ _	B3
113	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ _ : _ _ _ hrs mins	B4
114	Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ _ _ . _ _ _ mg/dl _ _ _ _ . _ _	B5
115	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 <input type="checkbox"/> No 2 <input type="checkbox"/>	B6
CORE: Blood Lipids			
116	Device ID	_ _ _	B7
117	Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ _ _ . _ _ _ mg/dl _ _ _ _ . _ _	B8
118	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 <input type="checkbox"/> No 2 <input type="checkbox"/>	B9
EXPANDED: Triglycerides and HDL Cholesterol			
119	Triglycerides <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ _ _ . _ _ _ mg/dl _ _ _ _ . _ _	B10
120	HDL Cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ . _ _ _ mg/dl _ _ _ _ . _ _	B11



