7.2 Questionnaire

Republic of Nauru
Ministry of Health
&
World Health Organization

Respondent Identification Number ☐☐☐☐

The WHO STEPwise approach to Surveillance of noncommunicable diseases (STEPS)

Check if the following are completed (to be checked by:)	Yes	No	Signature
Fasting status (Step 2&3 Registration Station)	☐	☐	
Checkout Step 2&3 (Step 2&3 Station)	☐	☐	
Checkout Step 1 (Step 1 Registration Personnel)	☐	☐	
EpiData data entry (Data entry personnel)	☐	☐	
EpiInfo data entry (Data entry personnel)	☐	☐	
Data entry irregularities (Data entry personnel)	☐	☐	

Identification Information:

I 1	District code	☐☐
I 10	Household identification number	☐☐☐☐
I 4	Interviewer code	☐☐
I 5	Date of completion of the questionnaire *(See Note*)*	☐☐/☐☐/2004 DAY MONTH YEAR
I 9	Time of interview (24 hour clock)	☐☐:☐☐

✂ - ✂

RESPONDENT ID NUMBER ☐☐☐☐

	Consent			
V 1	Is the respondent on the participation list for the survey?	Yes, on the original list Yes, on the replacement list No, volunteer	1 2 3	☐
I 6	Consent has been read out to respondent	Yes 1 No 2		☐ **If NO, read consent**
I 7	Consent has been obtained (verbal or written)	Yes 1 No 2		☐ **If NO, END**
I 10	Family Name			
I 11	First Name			

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Step 1   Demographic Information

		Response	Coding Column
C1	Sex (*Record Male / Female as observed*)(*See Note**)	Male 1 Female 2	☐
C2	What is your date of birth? (*See Note**)	Day ☐☐ Month ☐☐ Year ☐☐☐☐	
C3	How old are you? (*See Note**)	Years	☐☐
C4	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	☐☐
C8	How many people age 15 years and older, including yourself, live in your household?	Number of people	☐☐

Step 1   Behavioural Measures

Tobacco Use (Section S)

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 smoking.

		Response	Coding Column	
S 1a	Do you currently smoke any **tobacco products**, such as cigarettes, cigars or pipes?	Yes 1 No 2	☐	*If No, go to Alcohol Section.*
S 1b	**If Yes,** Do you currently smoke tobacco products **daily**?	Yes 1 No 2	☐	*If No, go to Alcohol Section.*
S 2a	How old were you when you **first started** smoking daily? (*CODE DK FOR DON'T KNOW or DON'T REMEMBER*)	Age (years)	☐☐	*If Known, go to S 3.*
S 2b	Do you remember how long ago it was? (*CODE DK FOR DON'T KNOW or DON'T REMEMBER*)	In Years OR in Months OR in Weeks	Years ☐☐ Months ☐☐ Weeks ☐☐	
S 3	On average, **how many** of the following do you smoke each day? (*RECORD FOR EACH TYPE*) ☐☐☐☐☐☐☐	Manufactured cigarettes Hand-rolled cigarettes Pipes full of tobacco Cigars, cheroots, cigarillos ← Other (please specify):	☐☐ ☐☐ ☐☐ ☐☐ ☐☐	

Alcohol Consumption (Section A)

The next questions ask about the consumption of alcohol.

	Response	Coding Column

A 1a	Have you **ever consumed** a drink that contains alcohol such as beer, wine, spirit, or fermented cider? *(USE SHOWCARD or SHOW EXAMPLES)*	Yes 1 No 2	☐	*If No, Go to Diet Section.*
A 1b	Have you consumed alcohol within the **past 12 months**?	Yes 1 No 2	☐	*If No, Go to Diet Section.*

Note*: 1) Missing values are not permissible for Sex, **Date of Birth** (C2) or the **age** (C3) or **both** (C2 and C3. Code "DK" FOR DON'T KNOW or DON'T REMEMBER.

A 2	In the past 12 months, **how frequently** have you had at least one drink? *(READ RESPONSES)* *(USE SHOWCARD)*	5 or more days a week 1 1-4 days per week 2 1-3 days a month 3 Less than once a month 4	☐
A 3	When you drink alcohol, **on average**, how many drinks do you have during one day?	Number Don't know DK	☐☐
A 4	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)*	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

Diet   (Section D)

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.

D 1a	In a typical week, on how many days do you **eat fruit**? *(USE SHOWCARD)*	Number of days	☐☐	*If Zero days, go to D 2a.*
D 1b	How many **servings** of fruit do you eat on **one** of those days? *(USE SHOWCARD)*	Number of servings	☐☐.☐	
D 2a	In a typical week, on how many days do you **eat vegetables**? *(USE SHOWCARD)*	Number of days	☐☐	*If Zero days, go to Physical Activity Section.*
D 2b	How many **servings** of vegetables do you eat on one of those days? *(USE SHOWCARD)*	Number of servings	☐☐.☐	

Physical Activity (Section P)

Next I am going to ask you about the time you spend doing different types of physical activity. Please answer these questions even if you do not consider yourself to be an active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores, harvesting food, fishing or hunting for food, seeking employment.

P 1	Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?	Yes 1 No 2	☐	*If Yes, go to P6.*
P 2	Does your work involve **vigorous** activity, like [*heavy lifting, digging or construction work*] for at least 10 minutes at a time? *(INSERT EXAMPLES & USE SHOWCARD)*	Yes 1 No 2	☐	*If No, go to P4.*
P 3a	In a typical week, on how many days do you do **vigorous** activities as part of your work?	Days a week	☐☐	
P 3b	On a typical day on which you do **vigorous** activity, how much time do you spend doing such work?	In hours and minutes	hrs ☐☐ : mins ☐☐	
		OR in Minutes only or minutes	☐☐☐	

P 4	Does your work involve **moderate-intensity** activity, like brisk walking *[or carrying light loads*] for at least 10 minutes at a time? *(INSERT EXAMPLES & USE SHOWCARD)*	Yes 1 No 2	☐	*If No, go to P6.*
P 5a	In a typical week, on how many days do you do **moderate-intensity** activities as part of your work?	Days a week	☐☐	
P 5b	On a typical day on which you did **moderate-intensity** activities, how much time do you spend doing such work?	In hours and minutes	hrs ☐☐ : mins ☐☐	
		OR in Minutes only or minutes	☐☐☐	
P 6	How long is your typical work day?	Number of hours	hrs ☐☐	

Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places. For example to work, for shopping, to market, to church.

P 7	Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2	☐	*If No, go to P9.*
P 8a	In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?	Days a week	☐☐	
P 8b	How much time would you spend walking or bicycling for travel on a typical day?	In hours and minutes	hrs ☐☐ : mins ☐☐	
		OR in Minutes only or minutes	☐☐☐	

The next questions ask about activities you do in your leisure time. Think about activities you do for recreation, fitness or sports. Do not include the physical activities you do at work or for travel mentioned already.

P 9	Does your *leisure time* involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time?	Yes 1 No 2	☐	*If Yes, go to P14.*
P 10	In your *leisure time*, do you do any **vigorous** activities like *running or strenuous sports, weight lifting* for at least 10 minutes at a time? *(INSERT EXAMPLES & USE SHOWCARD)*	Yes 1 No 2	☐	*If No, go to P 12.*

P11 a	If Yes, In a typical week, on how many days do you do **vigorous** activities as part of your *leisure time*?	Days a week	☐☐	
P11 b	How much time do you spend doing this on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	
P12	In your [*leisure time*], do you do any **moderate-intensity** activities like brisk walking*, cycling or swimming* for at least 10 minutes at a time? *(INSERT EXAMPLES & USE SHOWCARD)*	Yes 1 No 2	☐	*If No, go to P 14.*
P13 a	If Yes In a typical week, on how many days do you do **moderate-intensity** activities as part of *leisure time*?	Days a week	☐☐	
P13 b	How much time do you spend doing this on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	

The following question is about sitting or reclining. Think back over the past 7 days, to time spent at work, at home, in *leisure*, including time spent sitting at a desk, visiting friends, reading, or watching television, but do not include time spent sleeping.

P 14	Over the past 7 days, how much time did you spend sitting or reclining on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	

History of High Blood Pressure				
H 2	During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?	Yes 1 No 2	☐	*If No, skip to H 7.*
H 3a	During the last 2 weeks, have you taken any drugs (medication) for high blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	☐	

History of Diabetes				
H 7	Have you ever been told by a doctor or other health worker that you have diabetes?	Yes 1 No 2	☐	*If No, skip to E 1.*
H 8	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker?			
H 8a	Insulin	Yes 1 No 2	☐	

H 8b	Oral drug (medication that you have taken in the last 2 weeks	Yes No	1 2	☐
H 8c	Special prescribed diet	Yes No	1 2	☐

General Well-Being

E 1	In general, would you say your health is excellent, very good, good, fair or poor?	Excellent Very good Good Fair Poor	1 2 3 4 5	☐

If participant has diabetes or answered 'YES' in H 7, do not ask E 2 – E 6, skip to E 7.

If Participant has diabetes, skip to E 7.

This section asks about how much do you agree or disagree with the following statements about developing Type II diabetes? Please reply by indicating whether you strongly agree, agree, neither agree nor disagree, disagree, strongly disagree *(read, circle one for each item)*

E 2	a. Getting type II diabetes would be a very bad thing to happen to me	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 3	b. I am frightened about the possibility of getting type II diabetes	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 4	c. My chances of getting type II diabetes are small	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 5	d. Regular exercise may reduce my chances of getting type II diabetes	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 6	e. A healthy diet may reduce my chances of getting type II diabetes	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐

This section is about your local environment. How much do you agree or disagree with each of the following statements? Please reply by indicating whether you strongly agree, agree, neither agree nor disagree, disagree, strongly disagree *(read, circle one for each item)*

E 7	My local area has several free recreation facilities, such as parks, walking trails, bike paths, playgrounds and recreation centres	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐

E 8	The pathways in my neighborhood are well maintained and not obstructed.	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 9	The large number of dogs in the local streets make it unsafe to go walking	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 10	Walking instead of using the car is a good way to improve my health	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 11	Wading in the water at the beach is a good way to exercise	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 12	The crime in my local area makes it unsafe to go on walks at night	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 13	Puddles and flooding in my local area make it difficult to go walking	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 14	Eating the fruits and vegetables grown at home will improve my health	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐
E 15	Eating foods that are low in fat will improve my health	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree	1 2 3 4 5	☐

Comments: Step 1		(to be answered by Interviewer)		
V 2	Are there any irregularities or problems with the interview?	Yes No	1 2	☐

If yes, please state the irregularities or problems in the space provided below.

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_____

_____

Height and weight

			Coding Column
M 1	Technician ID Code		☐☐
M 2a & 2b	Device IDs for height and weight	(2a) height ☐ (2b) weight ☐	
M 3	Height	(in Centimetres)	☐☐☐.☐
M 4	Weight *If too large for scale, code 666.6*	(in Kilograms)	☐☐☐.☐
M 5	*(For women)* Are you pregnant?	Yes 1 No 2 Not Applicable 3	☐

If Yes, Skip Waist measurement.

Waist

			Coding Column
M 6	Technician ID		☐☐
M 7	Device ID for waist		☐☐
M 8	Waist circumference	(in Centimetres)	☐☐☐.☐

Blood pressure

				Coding Column
M 9	Technician ID			☐☐
M 10	Device ID for blood pressure			☐
M 11	Cuff size used	Small 1 Normal 2 Large 3		☐
M 12a	Reading 1	**Systolic BP**	Systolic	mmHg	☐☐☐
M 12b		**Diastolic BP**	Diastolic	mmHg	☐☐☐
M 13a	Reading 2	**Systolic BP**	Systolic	mmHg	☐☐☐
M 13b		**Diastolic BP**	Diastolic	mmHg	☐☐☐
M 14a	Reading 3	**Systolic BP**	Systolic	mmHg	☐☐☐
M 14b		**Diastolic BP**	Diastolic	mmHg	☐☐☐

Heart Rate (Record if automatic blood pressure device is used)

			Coding Column
M 17a	Reading 1	Beats per minute:	☐☐☐
M 17b	Reading 2	Beats per minute:	☐☐☐
M 17c	Reading 3	Beats per minute:	☐☐☐

			Coding Column
B 19	*(For women)* Are you having your period now?	Yes 1 No 2 Not Applicable 3	☐

Blood glucose				Coding Column
B 1	During the last 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2		☐
B 2	Technician ID Code			☐☐
B 3	Device ID code			☐
B 4	Time of day blood specimen taken (24 hour clock)			hrs ☐☐ : mins ☐☐
B 5	Blood glucose			mmol/l ☐☐.☐
		OR Low 1 High 2 Unable to assess 3		OR ☐

Blood Lipids				
B 6	Technician ID Code			☐☐
B 7	Device ID code			☐
B 8	Total cholesterol			mmol/l ☐☐.☐
		OR Low 1 High 2 Unable to assess 3		OR ☐

Albuminuria				
B 15	Technician ID Code			☐☐
B 16	Device ID code			☐
B 17	Albuminuria	Negative 1 Positive 2 ND 3		☐
B 18	Number of Positive	Number of Positive 1 2 3 4		☐

If Neg, go to V 3.
If Positive, go to B 18.

Comments: Step 2 and 3 technician		(to be answered by any Step 2 or 3		
V 3	Are there any irregularities or problems with the measurements?	Yes 1 No 2		☐

If yes, please state the irregularities or problems in the space provided below.

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_____