

WHO STEPS Instrument

(Core and Expanded)



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

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



World Health
Organization

STEPS Instrument

Overview

Introduction This is the generic STEPS Instrument which sites/countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
 - EXPANDED items (shaded boxes).
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Core Items The Core items for each section ask questions required to calculate basic variables. For example:

- current daily smokers
- mean BMI.

Note: All the core questions should be asked, removing core questions will impact the analysis.

Expanded items The Expanded items for each section ask more detailed information. Examples include:

- use of smokeless tobacco
 - sedentary behaviour.
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Guide to the columns The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Site Tailoring
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 where necessary.
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.



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

Location and Date	Response	Code
State	_ _ _ _ _ _ _ _ _	I1
Interviewer ID	_ _ _ _	I3
Date of completion of the instrument	_ _ _ _ _ _ _ _ _ dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language [<i>Insert Language</i>]	English 1 Palauan 2	I6
Time of interview (24 hour clock)	_ _ _ _ : _ _ _ _ hrs mins	I7
Family Surname		I8
First Name		I9
Additional Information that may be helpful		
Contact phone number where possible		I10

Step 1 Behavioural Measurements

CORE: Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
During the past 30 days, on how many days did you smoke cigarettes?	Number of days/Past 30 days: _ _ _ _ _ _ _ _ _ _	XT1
Regularly, how many sticks of cigarettes did you smoke on one of those days?	Number of days/Past 30 days: _ _ _ _ _ _ _ _ _ _	XT2
How old were you when you first started smoking?	Age (years) Don't know 77 _ _ _ <i>If Known, go to T5a/T5aw</i>	T3
Do you want to quit smoking cigarettes?	Yes 1 No 2 Don't know 77 Refused 99	XT5
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes?	Yes 1 No 2 Don't know 77 Refused 99	XT6
During the past 7 days, on how many days did someone other than you smoke tobacco inside your home while you were at home?	Number of days/Past 7 days: _ _ _ _ _ _ _ _ _ _	XT17
During the past 7 days, on how many days did you breathe tobacco smoke at your workplace from someone else other than you who was smoking tobacco?	Number of days/Past 7 days: _ _ _ _ _ _ _ _ _ _	XT18
During the past 7 days, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?	Number of days/Past 7 days: _ _ _ _ _ _ _ _ _ _	XT19

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
How old were you when you first started drinking alcohol?	Age _ _	XA1
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 _ _	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 _ _	A7
Did you binge drink in past 30 days?	Yes 1	XA8
	No 2	
Number of days in past 30 days binge drank	Number of days _ _	XA9

EXPANDED: Unintentional Injury			
The next questions ask about behaviours related to your safety and drunk driving.			
During the past 30 days, on how many days have you driven a vehicle after you've consumed alcohol?	Number of days	_ _	XV9
During the past 30 days, on how many days have you been a passenger in a vehicle with a driver other than yourself who has consumed alcohol?	Number of times	_ _	XV10

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
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ If Zero days, go to D5	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 _ _	D4
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>[insert country specific examples]</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		

EXPANDED: Diet		
Question	Response	Code
How important to you is lowering the salt in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77 Refused 99	D9
Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table. Are you currently watching or reducing your sodium or salt intake?	Yes 1 No 2 Don't know 77 Refused 99	XD11
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.		
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 2 Butter 3 Margarine 4 Other 5 If Other, go to D12 other None in particular 6 None used 7 Don't know 77 Refused 99	D12

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		
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
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days _ _	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[for 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
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days _ _	P5
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>		
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
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
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> .		
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
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
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)
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 <i>If No, go to P16</i>	P13
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
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>		
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
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>	
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>	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1	H3
	No 2	
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
	No 2	

CORE: History of Diabetes		
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 H12</i>	
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
	Yes, but female told only during pregnancy 2	
	No 3	
	No, pre-diabetes or borderline diabetes 4	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1	H8
	No 2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1	H9
	No 2	
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H11
	No 2	

CORE: History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases		
Have you ever been told by a doctor that you have coronary heart disease?	Yes 1 No 2	XH17a
Have you ever been told by a doctor that you have angina, also called angina pectoris?	Yes 1 No 2	XH17b
Have you ever been told by a doctor that you have had a heart attack (also called myocardial infarction)?	Yes 1 No 2	XH17c
Have you ever been told by a doctor that you have had a stroke?	Yes 1 No 2	XH17d
Have you ever been told by a doctor that you have Any kind of heart condition or heart disease (other than the ones I just asked about)?	Yes 1 No 2	XH17other

Cancer		
Question	Response	Code
WOMEN ONLY: A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	CX1
WOMEN ONLY: How long has it been since you had your last Pap test?	<p>Within the past year (anytime less than 12 months ago) 1</p> <p>Within the past 2 years (1 year but less than 2 years ago) 2</p> <p>Within the past 3 years (2 years but less than 3 years ago) 3</p> <p>Within the past 5 years (3 years but less than 5 years ago) 4</p> <p>5 or more years ago 5</p>	CX1a
WOMEN ONLY: A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	CX2
WOMEN ONLY: How long has it been since your last clinical breast exam?	<p>Within the past year (anytime less than 12 months ago) 1</p> <p>Within the past 2 years (1 year but less than 2 years ago) 2</p> <p>Within the past 3 years (2 years but less than 3 years ago) 3</p> <p>Within the past 5 years (3 years but less than 5 years ago) 4</p> <p>5 or more years ago 5</p>	CX2a
WOMEN ONLY: Have you ever had a mammogram? A mammogram is done with a machine.	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	CX3
WOMEN ONLY: How long has it been since you had your last mammogram?	<p>Within the past year (anytime less than 12 months ago) 1</p> <p>Within the past 2 years (1 year but less than 2 years ago) 2</p> <p>Within the past 3 years (2 years but less than 3 years ago) 3</p> <p>Within the past 5 years (3 years but less than 5 years ago) 4</p> <p>5 or more years ago 5</p>	CX3a
Have you ever had a colonoscopy?	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	CX4

Step 2 Physical Measurements

CORE: Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _ _	M2
Cuff size used	Small 1 Medium 2 Large 3 Extra-large 4	M3
Reading 1	Systolic (mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	M6b
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	M7
CORE: Height and Weight		
For women: Are you pregnant?	Pregnant 1 Breastfeeding 2 Both, pregnant and breastfeeding 3 Neither, pregnant or breastfeeding 4 Don't know 77 Refused 99	xM8
Interviewer ID	_ _ _ _	M9
Device IDs for height and weight	Height _ _ _ Weight _ _ _	M10a M10b
Height	in Centimetres (cm) _ _ _ _ _ _ _ _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ _ _ _ _	M12

