

STEPS Mapped Instrument & Dataset Structure for Solomon Islands, 2005



Prepared by Shalvindra Raj (05/07/07):

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 to 11,999	ID	ID	Numeric	Numeric
1		District code	1-999	1-3	I1	I1	Numeric	Numeric
2		Centre/Village name	Text		I2	I2	Text	Text
3		Centre/Village code	1-999		I3	I3	Numeric	Numeric
4		Interviewer Identification	1-999		I4	I4	Numeric	Numeric
5		Date of completion of the instrument	Value entered as date dd/mm/yyyy		I5	I5Day I5Month I5 Year	Date/Time	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		16	16	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Not applicable					
			9 Missing					
7		Consent has been obtained (verbal or written)	1 Yes		17	17	Numeric	Numeric
			2 No					
8		Interview Language [Insert Language]	1 English	1 English	18	18	Numeric	Numeric
			2 [Add others]	2 Pidgin English				
			3 [Add others]					
			4 [Add others]					
9		Time of interview (24 hour clock)	Numeric, entered as date hh:mm		19	19	Numeric	Numeric
10		Family Name	Text		l10	l10	Not entered	Text
11		First Name	Text		l11	l11	Not entered	Text
12		Contact phone number where possible	Text		l12	N/A	Not entered	Not entered
13		Specify whose phone	1 Work		l13	N/A	Not entered	Not entered
			2 Home					
			3 Neighbour					
			4 Other (specify)					
			Text- Other					

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	Numeric
15		What is your date of birth? <i>Don't Know 77 777 7777</i>	Value entered as date dd/mm/yyyy		C2	C2day C2month C2year	Date/Time	Date/Time
16		How old are you?	25-64		C3	C3	Numeric	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		C4	C5	Numeric	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>] 8 Refused 9 Missing	1 MELANESIAN 2 POLYNESIAN 3 MICRONESIAN 4 CHINESE/ASIAN 5 OTHERS	C5	C4	Numeric	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 SCH 2 PRECLASS 3 PRIMARY SCHOOL 4 SECONDARY SCHOOL 5 HIGHER EDUCATION/COLLEGE 6 UNIVERSITY 7 POST-GRADUATE DEGREE	C6	C6	Numeric	Numeric

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 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 88 Refused 99 Missing		C7	C7	Numeric	Numeric
21		How many people older than 18 years, including yourself, live in your household?	0-25 77 Don't Know 88 Refused 99 Missing		C8	C8	Numeric	Numeric
22		Taking the past year, can you tell me what the average earnings of the household have been?	Per week 1-9999999 7777777 DK Per month 1-9999999 7777777 DK Per year 1-9999999 7777777 DK 8 Refused		C9a	C9wk	Numeric	Numeric
					C9b	C9month		
					C9c	C9year		
					C9d	C9Refuse		

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
23		If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it	1 ≤ Quintile (Q) 1		C10	C10	Numeric	Numeric
			2 More than Q 1, ≤ Q 2					
			3 More than Q 2, ≤ Q 3					
			4 More than Q 3, ≤ Q 4					
			5 More than Q 4					
			7 Don't Know					
			8 Refused					
		9 Missing						

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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	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
25		If Yes, Do you currently smoke tobacco products daily ?	1 Yes		T2	S1b	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
26		How old were you when you first started smoking daily?	8-64		T3	S2a	Numeric	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	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T4b	S2bmonth	Numeric	Numeric
			777 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T4c	S2bweek	Numeric	Numeric
			77 Don't Know					
			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		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		T5d	S3d	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50		T5e	S3e	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text		T5other	S3other	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
Optional Questions Tobacco								
		DO YOU CURRENTLY CHEW BETEL NUT			X1	N1A		
		DO YOU CHEW BETEL NUTS DAILY			X2	N1B		
		HOW OLD WERE YOU WHEN YOU STARTED CHEWING BETEL NUT DAILY			X3	N2A		
		DO YOU REMEMBER HOW LONG AGO IT WAS			X4a	N2BYEAR		
					X4b	N2BMONTH		
					X4c	N2BWEEK		
		DO YOU USUALLY SMOKE WHEN CHEWING BETEL NUT			X5	N3		

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 7 Don't Know 8 Refused 9 Missing		A1	A1b	Numeric	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) 7 Don't Know 8 Refused 9 Missing	1 >= 5 DAYS/WEEK 2 1-4 days/week 3 1-3 days/month 4 <1/month	A2	A3	Numeric	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	1-15	A3	A4	Numeric	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 7 Don't Know 8 Refused 9 Missing		A4	N/A	Numeric	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	A5a	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Tuesday	1-50		A5b	A5b	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Wednesday	1-50		A5c	A5c	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Thursday	1-50		A5d	A5d	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Friday	1-50		A5e	A5e	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Saturday	1-50		A5f	A5f	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Sunday	1-50		A5g	A5g	Numeric	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
Optional Questions Alcohol								
		Ever consumed alcoholic drink		1Yes 2No	oldA1a	A1A		
		HAVE YOU CONSUMED KWASO IN THE PAST 12 MONTHS			X6	A2		
		DURING THE LAST 30 DAYS ON HOW MANY DAYS DID YOU DRINK KWASO			X7	A6		
		DO YOU USUALLY SMOKE DURING OR AFTER DRINKING ALCOHOL			X8	A7		

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 9 Missing	0-7	D1	D1a	Numeric	Numeric
45		How many servings of fruit do you eat on one of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing	1-8	D2	D1b	Numeric	Numeric
46		In a typical week, on how many days do you eat vegetables ?	Days 0-7 99 Missing	0-7	D3	D2a	Numeric	Numeric
47		How many servings of vegetables do you eat on one of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing	1-8	D4	D2b	Numeric	Numeric

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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	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 Oil				
			6 None in particular		6 Other				
			7 None used		7 None used				
			77 Don't know		8 Don't know				
			99 Missing						
		Other (please specify):	Text		D5other		Text	Text	
Optional Questions Diet									
D4		Number of days fresh fish consumed in a typical week			0-7	X9	D4		
D5		Number of days tinned fish consumed in atypical week			0-7	X10	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	1 Yes	P1	P3	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
50		In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7	1-7	P2	P4a	Numeric	Numeric
			9 Missing					
51		How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24	0-8	P3A	P4bhR	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60	0-60	P3B	P4bmin	Numeric	Numeric
			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	P5	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 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	P6a	Numeric	Numeric
54		How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24	0-8	P6A	P6bhr	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60	0-60	P6B	P6bmin	Numeric	Numeric
			77 Don't Know					
99 Missing								
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		P7	P7	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
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	1-7	P8	P8a	Numeric	Numeric
			9 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
57		How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a	P8BHR	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b	P8BMIN	Numeric	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	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
59		sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P11	P11A	Numeric	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	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b	P11BMIN	Numeric	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					
			7 Don't Know					
			8 Refused					
			9 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
Optional Questions Physical Activity								
		Length of typical work day(hrs)		1-16	GPAQ1P6	P1	Numeric	
		Work is mostly sitting or standing		1 Yes 2 No	GPAQ1p1	P2	Numeric	
		DOES RECREATION INVOLVE MOSTLY SITTING		1 Yes 2 No	GPAQ1P9	P9	Numeric	

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					
			7 Don't Know					
			8 Refused					
			9 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					
			7 Don't Know					
			8 Refused					
			9 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		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							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Special prescribed diet	1 Yes			H3b	H3B	Numeric		
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Advice or treatment to lose weight	1 Yes			H3c	H3C	Numeric		
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Advice or treatment to stop smoking	1 Yes			H3d	H3D	Numeric		
			2 No							
			7 Don't Know							
			8 Refused							
9 Missing										
9 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.		Advice to start or do more exercise	1 Yes		H3e	H3E	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 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					
			7 Don't Know					
			8 Refused					
			9 Missing					
69		Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes		H5	H5	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

Step 1: History of Diabetes

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
70		Have you had your blood sugar measured in the last 12 months?	1 Yes	1 Within past 12 months	H6	H6	Numeric	Numeric
			2 No	2 (1-5 years ago)				
			7 Don't Know	3 Not within past 5 years				
			8 Refused	7 Don't Know				
			9 Missing	8 Refused				
71		During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	1 Yes		H7	H7	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 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		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							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Oral drug (medication) that you have taken in the last 2 weeks	1 Yes			H8b	H8B	Numeric		
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Special prescribed diet	1 Yes			H8c	H8C	Numeric		
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Advice or treatment to lose weight	1 Yes			H8d	H8D	Numeric		
			2 No							
			7 Don't Know							
			8 Refused							
9 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
72 cont.		Advice or treatment to stop smoking	1 Yes		H8e	H8E	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice to start or do more exercise	1 Yes		H8f	H8F	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
73		During the past 12 months have you seen a traditional healer for diabetes?	1 Yes		H9	H9	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
74		Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes		H10	H10	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
Country-Specific Questions								
		How many times did you visit the doctor in the last 12 months?		1-48	X11	V1		
		Any irregularities in the interview?		1, yes; 2, no	X12	V2		

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	1-900 999 Missing		M1	M1	Numeric	
76		Device IDs for height and weight	Height Weight	1-90 99 Missing 1-90 99 Missing	M2a M2b	M2A M2B	Numeric	
77		Height	100.0-270.0 888.8 Refused 999.9 Missing		M3	M3	Numeric	
78		Weight	20.0-350.0 666.6 Too large for scale 888.8 Refused 999.9 Missing		M4	M4	Numeric	
79		(For women) Are you pregnant?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		M5	M5	Numeric	

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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	M10	Numeric	
			999 Missing					
83		Device ID for blood pressure	1-90		M9	M11	Numeric	
			99 Missing					
84		Cuff size used	1 Small		M10	M12	Numeric	
			2 Medium					
			3 Large					
			9 Missing					
85		Reading 1	Systolic	40.0-300		M11a	M13A	Numeric
				888 Refused				
				999 Missing				
			Diastolic	30.0-200.0		M11b	M13B	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	M14A	Numeric	
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M12b	M14B	Numeric	
				888 Refused					
				999 Missing					
87		Reading 3	Systolic	40.0-300.0		M13a	M15A	Numeric	
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M13b	M15B	Numeric	
				888 Refused					
				999 Missing					
88		During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	1 Yes			M14	N/A	Numeric	
			2 No						
			7 Don't Know						
			8 Refused						
			9 Missing						
Hip Circumference and Heart Rate									
89		Hip circumference	45.0-300.0			M15	M9	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	N/A	Numeric		
			888 Refused						
			999 Missing						
		Reading 2	30.0-200.0		M16b	N/A	Numeric		
			888 Refused						
			999 Missing						
		Reading 3	30.0-200.0		M16c	N/A	Numeric		
			888 Refused						
999 Missing									
Optional Questions STEP 2									
		TECHNICIAN ID			X13	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)	Numeric hh:mm		B4	B4	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					
Triglycerides and HDL Cholesterol								
98		Triglycerides	0.25-50.0		B8	B11	Numeric	
			99.99 Missing					
99		HDL Cholesterol	0.10-5.00		B9	N/A	Numeric	
			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
Optional Questions STEP 3								
		Out of range value for glucose		1 Too low reading 2 Too high reading 3 Inability to access	X14	B5a		
		TECHNICIAN ID			X15	B6		
		Out of range value for cholesterol		1 Too low reading 2 Too high reading 3 Inability to access	X16	B8a		
		TECHNICIAN ID			X17	B9		
		DEVICE ID			X18	B10		
		Out of range value for triglycerides		1 Too low reading 2 Too high reading 3 Inability to access	X19	B11a		
		TECHNICIAN ID			X20	B12		
		DEVICE ID			X21	B13		
		HEAMOGLOBIN			X22	B14		
		Out of range value for heamoglobin		1 Too low reading 2 Too high reading 3 Inability to access	X23	B14a		
		ANY IRREGULARITIES WITH MEASUREMENTS			X24	V3		