

WHO STEPS Instrument (Core and Expanded)



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

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World Health
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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
Number	This question reference number is designed to help interviewers find their place if interrupted.	Renumber the instrument sequentially once the content has been finalized.
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 from code to question number.
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.

Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
11	Sex (<i>Record Male / Female as observed</i>) Male 1 Female 2	C1
12	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
13	How old are you? Years _ _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years _ _ _	C4

EXPANDED: Demographic Information			
15	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Junior Sec school completed 4 Senior Sec school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
16	What is your tribe ?	Creole 1 Mende 2 Temne 3 Limba 4 Other 5 <i>If other, got to C6other</i> Other (specify) _ _ _ _ _ _ _ _ _ _	C6 C6other
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months? (<i>USE SHOWCARD</i>)	Government employee 1 Non-government employee 2 Self-employed 3 Volunteer 4 Business/trader 5 Housewife 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8

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 any tobacco products , such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T6</i>	T1
21	Do you currently smoke tobacco products daily ?	Yes 1 No 2 <i>If No, go to T6</i>	T2
22	How old were you when you first started smoking daily?	Age (years) Don't know 77 _ _ <i>If Known, go to T5a</i>	T3
23	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	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
24	On average, how many of the following do you smoke each day? <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i>	Manufactured cigarettes _ _	T5a
		Hand-rolled cigarettes _ _	T5b
		Pipes full of tobacco _ _	T5c
		Cigars _ _	T5d
		Tobacco leaf _ _	T5e
		Other _ _ <i>If Other, go to T5other, else go to T9</i>	T5f
		Other (please specify): _ _ _ _ _ _ _ _ <i>Go to T9</i>	T5other

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question		Response		Code
34	Have you ever consumed an alcoholic drink such as beer, wine, spirits, rum, palm wine, totapack, Omole, or Bamboo wine? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>		A1a
35	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If No, go to D1</i>		A1b
36	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
37	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 <i>If No, go to D1</i>		A3
38	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 _ _		A4
39	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
40	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
41	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

EXPANDED: Alcohol Consumption				
42	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4		A8
43	During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday _ _		A9a
		Tuesday _ _		A9b
		Wednesday _ _		A9c
		Thursday _ _		A9d
		Friday _ _		A9e
		Saturday _ _		A9f
		Sunday _ _		A9g

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
44	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ <i>If Zero days, go to D3</i>	D1
45	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
46	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ <i>If Zero days, go to D5</i>	D3
47	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 _ _	D4

EXPANDED: Diet

48	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Palm oil 1 Ground Nut oil 2 Coconut oil 3 Palm Kannel oil 4 Vegetable oil 5 Other 6 <i>If Other, go to D5 other</i> None in particular 7 None used 8 Don't know 77	D5
		Other _ _ _ _ _ _ _ _	D5other
49	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 _ _	D6

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).			
59	Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like running or football for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10
60	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
61	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)
62	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, cycling, swimming, volleyball for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
63	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
64	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. (USE SHOWCARD)			
65	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
66	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>	
67	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>	
68	Have you been told in the past 12 months?	Yes	1	H2b
		No	2	

EXPANDED: History of Raised Blood Pressure				
Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?				
69	Drugs (medication) that you have taken in the past two weeks	Yes	1	H3a
		No	2	
	Advice to reduce salt intake	Yes	1	H3b
		No	2	
	Advice or treatment to lose weight	Yes	1	H3c
		No	2	
Advice or treatment to stop smoking	Yes	1	H3d	
	No	2		
Advice to start or do more exercise	Yes	1	H3e	
	No	2		
70	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
		No	2	
71	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
		No	2	

Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
78	Interviewer ID	_ _ _ _	M1
79	Device IDs for height and weight	Height _ _ _	M2a
		Weight _ _ _	M2b
80	Height	in Centimetres (cm) _ _ _ _ . _	M3
81	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M4
82	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
83	Device ID for waist	_ _ _	M6
84	Waist circumference	in Centimetres (cm) _ _ _ _ . _	M7
CORE: Blood Pressure			
85	Interviewer ID	_ _ _ _	M8
86	Device ID for blood pressure	_ _ _	M9
87	Cuff size used	Small 1	M10
		Medium 2	
		Large 3	
88	Reading 1	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
89	Reading 2	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
90	Reading 3	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	M13b
91	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			
92	Hip circumference	in Centimeters (cm) _ _ _ _ . _	M15
93	Heart Rate		
	Reading 1	Beats per minute _ _ _ _	M16a
	Reading 2	Beats per minute _ _ _ _	M16b
	Reading 3	Beats per minute _ _ _ _	M16c