

WHO STEPS Instrument

(Core and Expanded)



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

World Health Organization
20 Avenue Appia, 1211 Geneva 27, Switzerland

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



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).

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.

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.



Sierra Leone

Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village/Town ID	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>	I1
2	Cluster/Centre/Village/Town name		I2
3	Interviewer ID	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>	I3
4	Date of completion of the instrument	<div style="display: inline-block; width: 40px; text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>dd</div> </div> <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>mm</div> </div> <div style="display: inline-block; width: 100px; text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div>year</div> </div>	I4

		Participant Id Number											
Consent, Interview Language and Name		Response										Code	
5	Consent has been read and obtained	Yes 1 No 2 If NO, END										15	
6	Interview language	Creole 1 Mende 2 Temne 3 Limba 4 Other 5 <i>If other, got to I6other</i>										16	
		Other (specify) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										I6other	
7	Time of interview (24 hour clock)	<div> <div></div> <div></div> <div></div> <div></div> </div> : <div> <div></div> <div></div> <div></div> <div></div> </div> <div>hrs</div> <div>mins</div>										17	
8	Family Surname											18	
9	First Name											19	
Additional Information that may be helpful													
10	Contact phone number where possible											110	

Record and file identification information (I5 to I10) separately from the completed questionnaire.

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>	<div><div><div></div><div></div><div></div></div><div>dd</div><div><div></div><div></div><div></div></div><div>mm</div><div><div></div><div></div><div></div><div></div><div></div></div><div>year</div><div><i>If known, Go to C4</i></div></div>		C2
13	How old are you?	Years <div><div></div><div></div></div>		C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div><div></div><div></div></div>		C4

EXPANDED: Demographic Information				
15	What is the highest level of education you have completed?	No formal schooling Less than primary school Primary school completed Junior Sec school completed Senior Sec school completed College/University completed Post graduate degree Refused	1 2 3 4 5 6 7 88	C5
16	What is your tribe ?	Creole Mende Temne Limba Other Other (specify)	1 2 3 4 5 <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>If other, got to C6other</div>	C6 C6other
17	What is your marital status ?	Never married Currently married Separated Divorced Widowed Cohabitating Refused	1 2 3 4 5 6 88	C7
18	Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	Government employee Non-government employee Self-employed Volunteer Business/trader Housewife Retired Unemployed (able to work) Unemployed (unable to work) Refused	1 2 3 4 5 6 7 8 9 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 <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T3
23	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4a
	<i>(RECORD ONLY 1, NOT ALL 3)</i>	OR in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
	<i>Don't know 77</i>	OR in Weeks <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/>	T5c
		Cigars <input type="text"/> <input type="text"/>	T5d
		Tobacco leaf <input type="text"/> <input type="text"/>	T5e
		Other <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T9</i>	T5f
		Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T9</i>	T5other

EXPANDED: Tobacco Use			
Question		Response	Code
25	In the past, did you ever smoke daily ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
26	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T7
27	How long ago did you stop smoking daily ? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8a
		OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8b
		OR Weeks ago <input type="text"/> <input type="text"/>	T8c
28	Do you currently use any smokeless tobacco such as snuff, chewing tobacco? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T9
29	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T12</i>	T10
30	On average, how many times a day do you use (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Snuff, by mouth <input type="text"/> <input type="text"/>	T11a
		Snuff, by nose <input type="text"/> <input type="text"/>	T11b
		Chewing tobacco <input type="text"/> <input type="text"/>	T11c
		Betel, quid <input type="text"/> <input type="text"/>	T11d
		Other <input type="text"/> <input type="text"/> <i>If Other, go to T11other, else go to T13</i>	T11e
		Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T13</i>	T11other
31	In the past , did you ever use smokeless tobacco such as snuff, chewing tobacco daily ?	Yes 1 No 2	T12
32	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days Don't know 77 <input type="text"/> <input type="text"/>	T13
33	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/>	T14

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 If No, go to D1	A1a
35	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 If No, go to D1	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 If No, go to D1	A3
38	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	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 <input type="text"/>	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 <input type="text"/>	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 <input type="text"/>	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 <input type="text"/> <input type="text"/>	A9a
		Tuesday <input type="text"/> <input type="text"/>	A9b
		Wednesday <input type="text"/> <input type="text"/>	A9c
		Thursday <input type="text"/> <input type="text"/>	A9d
		Friday <input type="text"/> <input type="text"/>	A9e
		Saturday <input type="text"/> <input type="text"/>	A9f
		Sunday <input type="text"/> <input type="text"/>	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 <u> </u> If Zero days, go to D3	D1
45	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <u> </u>	D2
46	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <u> </u> If Zero days, go to D5	D3
47	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <u> </u>	D4

EXPANDED: Diet

EXPANDED D5C			
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/>	D6

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. 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			
50	<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously?</p> <p>(USE SHOWCARD)</p>	<p>Yes 1</p> <p>No 2 If No, go to P 4</p>	P1
51	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
52	How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
53	<p>Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?</p> <p>(USE SHOWCARD)</p>	<p>Yes 1</p> <p>No 2 If No, go to P 7</p>	P4
54	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
55	How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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.</p>			
5	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 If No, go to P 10</p>	P7
57	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 <input type="text"/>	P8
58	How much time do you spend walking or bicycling for travel on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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).			
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 <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	P11
61	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> hrs mins </div>	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 <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	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 <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> hrs mins </div>	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 <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> hrs mins </div>	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			
69	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	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	

CORE: History of Diabetes			
Question		Response	Code
72	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>	
73	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>	
74	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

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

Step 2 Physical Measurements

CORE: Height and Weight

Question		Response	Code
78	Interviewer ID	<div style="text-align: right;">_ _ _ _</div>	M1
79	Device IDs for height and weight	Height <div style="text-align: right;">_ _ _</div>	M2a
		Weight <div style="text-align: right;">_ _ _</div>	M2b
80	Height	in Centimetres (cm) <div style="text-align: right;">_ _ _ _ . _</div>	M3
81	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <div style="text-align: right;">_ _ _ _ . _</div>	M4
82	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5

CORE: Waist

83	Device ID for waist		M6
84	Waist circumference	in Centimetres (cm)	M7

CORE: Blood Pressure

85	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M8
86	Device ID for blood pressure	<div><div></div><div></div><div></div></div>	M9
87	Cuff size used	<div>Small 1</div> <div>Medium 2</div> <div>Large 3</div>	M10
88	Reading 1	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11b
89	Reading 2	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12b
90	Reading 3	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	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?	<div>Yes 1</div> <div>No 2</div>	M14

EXPANDED: Hip Circumference and Heart Rate

92	Hip circumference	in Centimeters (cm)	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	M15
93	Heart Rate			
	Reading 1	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div></div>	M16a
	Reading 2	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div></div>	M16b
	Reading 3	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div></div>	M16c