

WHO STEPS Instrument

Tuvalu 2014



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

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

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



World Health
Organization

Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
What is your date of birth? Don't Know 77 77 7777	<div style="display: flex; justify-content: space-around; align-items: center;"> <i>If known, Go to C4</i> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> dd mm year </div>	C2
How old are you?	Years 	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years 	C4
What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
What is your <i>ethnic group / racial group</i> background?	Tuvaluan 1 Fijian 2 Others 3 Refused 88	C6
What is your marital status ?	Never married/single 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting/de facto 6 Refused 88	C7
Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker (housewife) 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work/disability) 9 Refused 88	C8
How many people older than 18 years, including yourself, live in your household?	Number of people 	C9

In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T17</i>	T8
In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T17, else go to T10</i> No 2 <i>If T1=Yes, go to T17, else go to T10</i>	T9

Question	Response	Code
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T17</i>	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) <i>Don't Know 77</i>	Years ago <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T17</i>	T11a
	OR Months ago <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T17</i>	T11b
	OR Weeks ago <input type="text"/> <input type="text"/> <input type="text"/>	T11c
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18

CORE: Alcohol Consumption

The next questions ask about the consumption of alcohol.

Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits, homebrew or <i>kao (fermented coconut)</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i>	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/>	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 <input type="text"/>	A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i>	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g

CORE: Alcohol Consumption, continued

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? <i>[AMEND ACCORDING TO LOCAL CONTEXT]</i> <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to A13</i>	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? <i>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(USE SHOWCARD)</i> <i>Don't Know 77</i>	Homebrew <input type="text"/>	A12a
	Fermented coconut kao <input type="text"/>	A12b
	Alcohol brought over the border/from another country <input type="text"/>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12d
	Other untaxed alcohol in the country <input type="text"/>	A12e

During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

Additional Section: KAVA

Question	Response	Code
Have you ever tried or drunk kava in the past 12 months?	Yes 1 No 2	K1
During the last 30 days, on how many days did you drink kava?	Number of days <input type="text"/>	K2
Do you usually drink alcohol during or after drinking kava?	Yes 1 No 2	K3
Do you usually smoke during or after drinking kava?	Yes 1 No 2	K4

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	D9
Do you think that too much salt or salty sauce in your diet could cause a health problem ?	Yes 1 No 2 Don't know 77	D10
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)		
Limit consumption of processed foods	Yes 1 No 2	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f
Other (please specify)	<input type="checkbox"/>	D11other
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 (pork fat) 2 Butter 3 Margarine 4 Other 5 <i>If Other, go to D12 other</i> None in particular 6 None used 7 Don't know 77	D12
	Other <input type="checkbox"/>	D12other
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="checkbox"/> <input type="checkbox"/>	D13
How often do you have meals containing coconut cream/lolo	More than once a day Everyday More than once a week Less than once a week Rarely Never Don't know	X1

<p>In the last week, on how many days did you have a drink containing sugar including fizzy drinks, juice drinks (excluding pure unsweetened fruit juice), cordials/drink mixes, milo and home made drinks with added sugar (use showcard)</p>	<p>One Two Three Four Five Six Every day Never Don't know</p> <p>If Never, go to PA</p>	<p>X2</p>
<p>On the days when you had a drink containing sugar, how many serves did you have (use showcard. One serve being one can of drink, one large glass)</p>	<p>Less than one One Two Three Four More than four Don't know</p>	<p>X3</p>

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 <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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>[or 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 <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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 <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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), [Insert relevant terms].		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

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, reading, playing cards or watching television, but do not include time spent sleeping. [INSERT EXAMPLES] (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)

Optional Module: MENTAL HEALTH K10		
Question	Response	Code
Mental Health Questions		
Please tick the answer that is correct for you:		
In the past 4 weeks, about how often did you feel tired out for no good reason?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK1
In the past 4 weeks, about how often did you feel nervous?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 2

In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 3
In the past 4 weeks, about how often did you feel hopeless?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 4
In the past 4 weeks, about how often did you feel restless or fidgety?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 5
In the past 4 weeks, about how often did you feel so restless you could not sit still?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 6
In the past 4 weeks, about how often did you feel depressed?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 7
In the past 4 weeks, about how often did you feel that everything was an effort?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 8
In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 9
In the past 4 weeks, about how often did you feel worthless?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	MHK 0

Mental health / Suicide

The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.

Question	Response	Code
During the past 12 months , have you seriously considered attempting suicide?	Yes 1 No 2 <i>If No, go to MH3</i> Refused 88	MH1
Did you seek professional help for these thoughts?	Yes 1 No 2 Refused 88	MH2
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes 1 No 2 Refused 88	MH3
Have you ever attempted suicide ?	Yes 1 No 2 <i>If No, go to MH9</i> Refused 88	MH4
During the past 12 months , have you attempted suicide ?	Yes 1 No 2 Refused 88	MH5
What was the main method you used the last time you attempted suicide? (SELECT ONLY ONE)	Razor, knife or other sharp instrument 1 Overdose of medication (e. g. prescribed, over-the-counter) 2 Overdose of other substance (e.g. heroin, crack, alcohol) 3 Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer) 4 Other poisoning (e.g. plant/seed, household product) 5 Poisonous gases from charcoal 6 Other 7 <i>If Other, go to MH6other</i> Refused 88	MH6
	Other (specify) <input type="checkbox"/>	MH6other
Did you seek medical care for this attempt?	Yes 1 No 2 <i>If No, go to MH9</i> Refused 88	MH7
Were you admitted to hospital overnight because of this attempt?	Yes 1 No 2 Refused 88	MH8
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes 1 No 2 Refused 88	MH9
Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes 1 No 2 Refused 88	MH10

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 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months?	Yes 1 No 2	H2b
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 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

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
Have you been told in the past 12 months?	Yes 1 No 2	H13b
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
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
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 had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE: Lifestyle Advice		
During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20f

CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1 No 2 Don't know 77	CX1

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	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?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	_ _ _ _	M9
Device IDs for height and weight	Height _ _ _	M10a
	Weight _ _ _	M10b
Height	in Centimetres (cm) _ _ _ _ . _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M12
CORE: Waist		
Device ID for waist	_ _ _	M13
Waist circumference	in Centimetres (cm) _ _ _ _ . _	M14
Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) _ _ _ _ . _	M15

Step 3 Biochemical Measurements

CORE: Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	_ _ _ _	B2
Device ID	_ _ _	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ _ : _ _ _ hrs mins	B4
Fasting blood glucose <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _ _ _ . _ _ _ mg/dl _ _ _ _ . _	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
CORE: Blood Lipids		
Device ID	_ _ _	B7
Total cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _ _ _ . _ _ _ mg/dl _ _ _ _ . _	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
CORE: Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10
Technician ID	_ _ _ _	B11
Device ID	_ _ _	B12
Time of day urine sample taken (24 hour clock)	Hours : minutes _ _ _ : _ _ _ hrs mins	B13
Urinary sodium	mmol/l _ _ _ . _	B14
Urinary creatinine	mmol/l _ _ _ . _ _ _	B15
CORE: Haemoglobin		
Haemoglobin	g/dl _ _ _ . _	HB