

STEPS Mapped Instrument & Dataset Structure for [Insert Site/Country and Survey year]



Prepared by (including date and contact information):

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	101001-302100	ID	Respondent	Numeric	Numeric
1		District code	1-999		I1		Numeric	
2	I1	Centre/Village name	Text		I2	I1Center Village	Text	Text
3	I2	Centre/Village code	1-999		I3	I2Center Village	Numeric	Numeric
4		Interviewer Identification	1-999		I4		Numeric	
5	I4	Date of completion of the instrument	Value entered as date dd/mm/yyyy		I5	I4deitYuComplitim	Date/Time	Date/Time
Optional Questions								
	V1							

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	I5	Consent has been read out to participant	1 Yes		I6	I5responden	Numeric	text
			2 No					
			7 Don't Know					
			8 Not applicable					
			9 Missing					
7	I6	Consent has been obtained (verbal or written)	1 Yes		I7	I6responden	Numeric	text
			2 No					
8	I7	Interview Language [Insert Language]	1 English		I8	I7Interview		text
			2 [Add others]					
			3 [Add others]					
			4 [Add others]					
9	I8	Time of interview (24 hour clock)	Numeric, entered as date hh:mm		I9	I8taemBlong	Numeric	Date/time
10	I9	Family Name	Text		I10	I9familiNem	Not entered	Text
11	I10	First Name	Text		I11	I10fesNem	Not entered	text
12		Contact phone number where possible	Text		I12		Not entered	

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Consent, Interview Language and Name, Continued

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
13		Specify whose phone	1 Work		I13		Not entered	
			2 Home					
			3 Neighbour					
			4 Other (specify)					
			Text- Other		I13other			
Optional Questions								

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	C1	Sex (<i>Record Male / Female as observed</i>)	1 Male 2 Female		C1	C1sex	Numeric	Text
15	C2	What is your date of birth? <i>Don't Know 77 777 7777</i>	Value entered as date dd/mm/yyyy		C2	C2wanem Birth	Date/Time	Date/Time
16	C3	How old are you?	25-64	15-60	C3	C3yuKatH amas	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		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		C5		Numeric	
19	C6	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		C6	C6wanem	Numeric	Text

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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	C7	Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee		C7	C7wanem wor	Numeric	Text	
			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						
21		How many people older than 18 years, including yourself, live in your household?	88 Refused		C8		Numeric		
			99 Missing						
			0-25						
			77 Don't Know						
22		Taking the past year, can you tell me what the average earnings of the household have been?	Per week	1-9999999		C9a		Numeric	
				7777777 DK					
			Per month	1-9999999		C9b			
				7777777 DK					
			Per year	1-9999999		C9c			
				7777777 DK					
			8 Refused	C9d					

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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		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					
Optional Questions Demographic Information								
	C5a	What island are you from?			X1	C5awane mAelan		Text
	C5b	How long have you lived on Efate?			X2	C5bhamas tay		Text

Continued on next page

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	S1a	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	1 Yes		T1	S1aSmok Tabak	Numeric	Text
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
25	S1b	If Yes, Do you currently smoke tobacco products daily ?	1 Yes		T2	S1bsipoYes	Numeric	Text
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
26	S2a	How old were you when you first started smoking daily?	8-64		T3	S2ayuGat Hamas	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
27	S2b	Do you remember how long ago it was?	1-55 (years)		T4a	S2byuSaveHao and S2b1Duration	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T4b	S2byuSaveHao and S2b1Duration	Numeric	
			777 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T4c	S2byuSaveHao and S2b1Duration	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	S3	On average, how many of the following do you smoke each day?	Manufactured cigarettes	1-50	T5a	S31frutSikaret	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Hand-rolled cigarettes	1-50	T5b	S32tabakWeYu	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Pipes full of tobacco	1-50	T5c	S33paepWeYu	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Cigars, cheroots, cigarillos	1-50	T5d	S34cigaCheroots	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50	T5e	S35narafala	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text	T5other	SpecifyS35	Text	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
29		In the past, did you ever smoke daily ?	1 Yes		T6		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
30		If Yes, How old were you when you stopped smoking daily ?	10-64		T7		Numeric	
			77 Don't Know					
			88 Refused					
			99 Missing					
31		How long ago did you stop smoking daily?	1-54 (years)		T8a		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T8b		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T8c		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
32		Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	1 Yes		T9		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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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
33		If Yes, Do you currently use smokeless tobacco products daily?	1 Yes		T10		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
34		On average, how many times a day do you use	Snuff, by mouth	1-50	T11a		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Snuff, by nose	1-50	T11b		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Chewing tobacco	1-50	T11c		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Betel, quid	1-50	T11d		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50	T11e		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text	T11other		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
35		In the past, did you ever use smokeless tobacco such as <i>[snuff, chewing tobacco, or betel]</i> daily ?	1 Yes		T12		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
Optional Questions Tobacco								

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	A1b	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	A1byuYusu	Numeric	Text
37	A2	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 or more days a week 2 1-4 days per week 3 (1-3 days per month) 4 (Less than once a month)	A2	A2longLasTu	Numeric	Text
38	A3	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		A3	A3longAvere	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		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	A4	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50		A5a	A41mondayAlkol	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Tuesday	1-50		A5b	A42tuesdayAlkol	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Wednesday	1-50		A5c	A43wednesdayAlkol	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Thursday	1-50		A5d	A44thursdayAlkol	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Friday	1-50		A5e	A45fridayAlkol	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Saturday	1-50		A5f	A46saturdayAlkol	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Sunday	1-50		A5g	A47sundayAlkol	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
41		In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of standard drinks together?	1-30 77 Don't Know 88 Refused / NA 99 Missing		A6		Numeric	
42		For men only: In the past 12 months, on how many days did you have five or more standard drinks in a single day?	1-365 77 Don't Know 88 Refused / NA 99 Missing		A7		Numeric	
43		For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day?	1-365 77 Don't Know 88 Refused / NA 99 Missing		A8		Numeric	
Optional Questions Alcohol								
	A1a	Have you ever consumed a drink that contained alcohol such as.....		1 Yes 2 No	X3	A1ayuEvaTrink		Text
	K1	Have you ever consumed a drink that contained Kava		1 Yes 2 No	K1	K1yuEvaTrae		Text
	K2	Do you take alcohol with your Kava		1 Yes 2 No	K2	K2yuStap		Text
	K3	Do you smoke tobacco when you drink Kava		1 Yes 2 No	K3	K3yuSmokTabak		Text

	K4	In he last 30 days how many days did you take Kava			K4	K4alongLa s		Number
	K5	During each of the past 7 days , how many standard shells of Kava did you have each day?	Monday		K5a	K4b1mond ay		Numeric
			Tuesday		K5b	K4b2tuesd ay		Numeric
			Wednesday		K5c	K4b3wedn esday		Numeric
			Thursday		K5d	K4b4thurs day		Numeric
			Friday		K5e	K4b5friday		Numeric
			Saturday		K5f	K4b6satur day		Numeric
			Sunday		K5g	K4b7sund ay		Numeric

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		D1	D1fruit	Numeric	Text
			9 Missing					
45		How many servings of fruit do you eat on one of those days?	Number 1-15		D2		Numeric	
			77 Don't Know					
			88 Refused / NA					
			99 Missing					
46		In a typical week, on how many days do you eat vegetables ?	Days 0-7		D3	D2vegetable	Numeric	Text
			99 Missing					
47		How many servings of vegetables do you eat on one of those days?	Number 1-15		D4		Numeric	
			77 Don't Know					
			88 Refused / NA					
			99 Missing					

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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	D3	What type of oil or fat is most often used for meal preparation in your household?	<div>1 Vegetable oil</div> <div>2 Lard or suet</div> <div>3 Butter or ghee</div> <div>4 Margarine</div> <div>5 Other</div> <div>6 None in particular</div> <div>7 None used</div> <div>77 Don't know</div> <div>99 Missing</div>	<div>1 vegetable oil</div> <div>2 coconut cream</div> <div>3 Lard/Ghee</div> <div>4 Butter</div> <div>5 Margarine</div> <div>6 Others</div> <div>7 none is particular</div> <div>8 none used</div> <div>9 don't know</div>		D4oil		Numeric	Text
			Other (please specify):	Text		D5other		Text	
Optional Questions Diet									
	D3	How many days a week do you have a fruit or vegetable snack between meals?		<div>1 More than 2x per week</div> <div>2- 1x per week</div> <div>3 not at all</div>	X6	D3freqsnack			Text
	D4	In a typical week, on how many days do you fresh fish ?			X4	D5fish			Text
	D5	In a typical week, on how many days do you canned fish ?			X5	D6tinfish			Text

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	P2	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		P1	P2wokBlo ngh	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
50	P3a	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7		P2	P3alongWi k	Numeric	
			9 Missing					
51	P3b imputation	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24		P3A	P3imput		
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P3B			
			77 Don't Know					
			99 Missing					
52	P4	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	P4moderat e	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	P5a	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7		P5	P5ahamas dei	Numeric	
			9 Missing					
54	P5b imputation	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24		P6A	P6imput	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P6B		Numeric	
			77 Don't Know					
			99 Missing					
Travel to and from places								
55	P7	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	P7yuWoka	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
56	P8a	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		P8	P8alonwok lod	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	P8b imputation	How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a	P9imput	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b		Numeric	
			77 Don't Know					
			99 Missing					
Recreational activities								
58	P10	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	P10relax	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
59	P11a	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P11	P11asipoY es	Numeric	
			9 Missing					
60	P11b imputation	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24		P12a	P12imput	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b		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	P12	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	P12longW atem	Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
62	P13a	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	P12longW atem	Numeric	
			9 Missing					
63	P13b imputation	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	P15 imput	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P15b		Numeric	
			77 Don't Know					
			99 Missing					
Sedentary behaviour								
64	P14 imputation	How much time do you usually spend sitting or reclining on a typical day?	Hours 1-24		P16a	P16imput	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P16b		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								
	P1	Does your work involve mostly sitting or standing with walking for no more than 10 minutes at a time?			X7	P1longWork		
	P6	How long is your typical work day?			X8	P6wokdei		
	P9	Does your leisure time involve mostly sitting or standing with walking for no more than 10 minutes at a time?			X9	P9longTno wok		

Physical Activity recode: because the response options for each domain were (less than one hour, more than 1 hour and don't know) we needed to impute data into these fields for the analysis respondents of less than 1 hour received 30 minutes and respondents of more than one hour received 90 minutes (original fields are labeled as P_input)

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		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		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		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Special prescribed diet	1 Yes		H3b		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice or treatment to lose weight	1 Yes		H3c		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice or treatment to stop smoking	1 Yes		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		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		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		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		H6		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
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		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		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		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Special prescribed diet	1 Yes		H8c		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice or treatment to lose weight	1 Yes		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		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice to start or do more exercise	1 Yes		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		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		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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	M1	Interviewer ID	1-900			M1	M1techID	Numeric	Text
			999 Missing						
76	M2a&b	Device IDs for height and weight	Height	1-90		M2a	M2aIDheight	Numeric	Text
				99 Missing					
			Weight	1-90		M2b	M2bIDweight		
				99 Missing					
77	M3	Height	100.0-270.0			M3	M3height1	Numeric	Numeric
			888.8 Refused						
			999.9 Missing						
78	M4	Weight	20.0-350.0			M4	M4weight1	Numeric	Numeric
			666.6 Too large for scale						
			888.8 Refused						
			999.9 Missing						
79	M5	(For women) Are you pregnant?	1 Yes			M5	M5Pregnant	Numeric	Text
			2 No						
			7 Don't Know						
			8 Refused						
			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	
Waist										
80	M7	Device ID for waist	1-90			M6	M6technician1	Numeric	Text	
			99 Missing							
81	M8	Waist circumference	30.0-200.0			M7	M8waistCircumference1	Numeric	Numeric	
			888.8 Refused							
			999.9 Missing							
Blood pressure										
82	M9	Interviewer ID	1-900			M8	M9technician1	Numeric	Numeric	
			999 Missing							
83	M10	Device ID for blood pressure	1-90			M9	M10IDBP	Numeric	Numeric	
			99 Missing							
84	M11	Cuff size used	1 Small			M10	M11cuffSize	Numeric	Numeric	
			2 Medium							
			3 Large							
			9 Missing							
85	M12a&b	Reading 1	Systolic	40.0-300			M11a	M12asystolic	Numeric	Numeric
				888 Refused						
				999 Missing						
			Diastolic	30.0-200.0			M11b	M12bdiastolic1	Numeric	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	M13a&b	Reading 2	Systolic	40.0-300.0		M12a	M13systolic	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M12b	M13bdiastolic1	Numeric	Numeric
				888 Refused					
				999 Missing					
87	M14a&b	Reading 3	Systolic	40.0-300.0		M13a	M14systolic	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M13b	M14bdiastolic1	Numeric	Numeric
				888 Refused					
				999 Missing					
88	M15	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	M15during pas	Numeric	Text
			2 No						
			7 Don't Know						
			8 Refused						
			9 Missing						
Hip Circumference and Heart Rate									
89	M16	Hip circumference	45.0-300.0			M15		Numeric	
			888.8 Refused						
			999.9 Missing						

Continued on next page

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	M17a,b,c	Heart Rate (Record if automatic blood pressure device is used)						
		Reading 1	30.0-200.0		M16a	M17areading1	Numeric	
			888 Refused					
			999 Missing					
		Reading 2	30.0-200.0		M16b	M17areading2	Numeric	
			888 Refused					
			999 Missing					
		Reading 3	30.0-200.0		M16c	M17creading3	Numeric	
			888 Refused					
			999 Missing					
Optional Questions STEP 2								
	M6	Device IDs for waist				X10		

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		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
92		Technician ID	1-900		B2		Numeric	
			999 Missing					
93		Device ID	1-90		B3		Numeric	
			99 Missing					
94		Time of day blood specimen taken (24 hour clock)	Numeric hh:mm		B4		Numeric	
95		Blood glucose	1-50.00		B5		Numeric	
			99.99 Missing					
Blood Lipids								
96		Device ID	1-60		B6		Numeric	
			99 Missing					
97		Total cholesterol	1.75-20.00		B7		Numeric	
			99.99 Missing					
Triglycerides and HDL Cholesterol								
98		Triglycerides	0.25-50.0		B8		Numeric	
			99.99 Missing					
99		HDL Cholesterol	0.10-5.00		B9		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								