

National STEPS Survey Questionnaire for NCD Risk Factors

Vanuatu 2011



Ministry of Health



Survey Information

Location and Date		Response	Code
1	EA No	_____	I1
2	Island name		I2
3	Interviewer ID	_____	I3
4	Date of completion of the questionnaire	<div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>dd</div> <div>mm</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	I5
6	Interview Language	Bislama 1 English 2 Other 3	I6
7	Time of interview (24 hour clock)	<div> <div>_____</div> <div>:</div> <div>_____</div> </div> <div> <div>hrs</div> <div>mins</div> </div>	I7
8	Family Surname		I8
9	First Name		I9
10	Contact phone number where possible		I10

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

Demographic Information

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? Don't Know 77 77 7777 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30px; text-align: center;">dd</div> <div style="border-bottom: 1px solid black; width: 30px; text-align: center;">mm</div> <div style="border-bottom: 1px solid black; width: 60px; text-align: center;">year</div> </div> <i>If known, Go to C4</i>	C2	
13	How old are you? Years <div style="border-bottom: 1px solid black; width: 40px;"></div>	C3	
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years <div style="border-bottom: 1px solid black; width: 40px;"></div>	C4	
15	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 College/University completed 5 Post graduate degree 6 Refused 88	C5	
16	What is your ethnic background? Ni-Vanuatu 1 Part Ni-Vanuatu 2 Other Pacific island countries and areas 3 Other 4 Refused 88	C6	
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? Government employee 1 Non-government employee 2 Farmer 3 Self-employed 4 Non-paid 5 Student 6 Homemaker 7 Retired 8 Unemployed (able to work) 9 Unemployed (unable to work) 10 Refused 88	C8	
19	How many people older than 18 years, including yourself, live in your household? Number of people <div style="border-bottom: 1px solid black; width: 40px;"></div>	C9	

Demographic Information, Continued

Question		Response		Code	
20	Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Go to T1	C10a
		OR per month	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Go to T1	C10b
		OR per year	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Go to T1	C10c
		Refused	88		C10d
21	If you don't know the amount, can you give an estimate of the monthly household income if I read some options to you? Is it (READ OPTIONS)	<div><div><div>≤ 14,400vt</div><div>1</div></div><div><div>More than 14,400vt ≤ 27,000vt</div><div>2</div></div><div><div>More than 27,000vt ≤ 41,300vt</div><div>3</div></div><div><div>More than 41,300vt ≤ 63,100vt</div><div>4</div></div><div><div>More than 63,100vt</div><div>5</div></div><div><div>Don't Know</div><div>77</div></div><div><div>Refused</div><div>88</div></div></div>		C11	

Step 1 Behavioural Measurements

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
22	Have you ever smoked tobacco products?	Yes 1 No 2 If No, go to X1	T1a
23	Do you currently smoke any tobacco products ?	Yes 1 No 2 If No, go to T6	T1
24	Do you currently smoke tobacco products daily ?	Yes 1 No 2 If No, go to T6	T2
25	How old were you when you first started smoking daily?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a	T3
26	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> If Known, go to T5a	T4a
	(RECORD ONLY 1, NOT ALL 3)	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a	T4b
	Don't know 77	OR in Weeks <input type="text"/> <input type="text"/>	T4c
27	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Manufactured cigarettes <input type="text"/> <input type="text"/>	T5a
		Hand-rolled commercial cigarettes <input type="text"/> <input type="text"/>	T5b
		Hand-rolled traditional cigarettes <input type="text"/> <input type="text"/>	T5c
		Pipes full of tobacco <input type="text"/> <input type="text"/>	T5d
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/>	T5e
		Other <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f
		Other (please specify): Go to T9	T5other
28	In the past, did you ever smoke daily ?	Yes 1 No 2 If No, go to T9	T6
29	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T9	T7
30	How long ago did you stop smoking daily?	Years ago <input type="text"/> <input type="text"/> If Known, go to T9	T8a
	(RECORD ONLY 1, NOT ALL 3)	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T9	T8b
	Don't Know 77	OR Weeks ago <input type="text"/> <input type="text"/>	T8c
31	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"/>	T9
32	During the past 7 days, on how many days did someone smoke in closed areas in your workplace	Number of days <input type="text"/> <input type="text"/>	T10

Participant Identification Number

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	(in the building, in a work area or a specific office) when you were present?	Don't know or don't work in a closed area 77	
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Betel Nut Use

Question		Response	Code		
33	Do you currently chew betel nut?	Yes 1 No 2 If No, go to A1a	X1		
34	If Yes, Do you currently chew betel nuts daily?	Yes 1 No 2	X2		
35	When you chew, how many nuts on average do you chew at one time?	Number of Betel Nuts <table><tr><td></td><td></td></tr></table>			X3
36	On average, how many times each day do you chew?	Times per day <table><tr><td></td><td></td></tr></table>			X4

Betel Nut with Tobacco

Question		Response	Code		
37	Do you currently chew betel nut with Tobacco ?	Yes 1 No 2 If No, go to A1a	X5		
38	Do you currently chew betel nut with Tobacco daily ?	Yes 1 No 2	X6		
39	During the past 30 days, how many occasions did you chew betel nut with Tobacco ?	Number of times Don't Know 77 <table><tr><td></td><td></td></tr></table>			X7

Alcohol Consumption

The next questions ask about the consumption of alcohol.



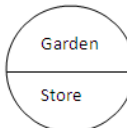
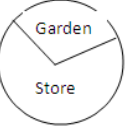

Question		Response		Code
40	Have you ever consumed an alcoholic drink such as beer, home brew, wine or spirits?	Yes No	1 2 <i>If No, go to X8</i>	A1a
41	Have you consumed an alcoholic drink within the past 12 months ?	Yes No	1 2 <i>If No, go to X8</i>	A1b
42	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES)	Daily 5-6 days per week 1-4 days per week 1-3 days per month Less than once a month	1 2 3 4 5	A2
43	Have you consumed an alcoholic drink within the past 30 days ?	Yes No	1 2 <i>If No, go to X8</i>	A3
44	During the past 30 days, how many occasions did you have at least one alcoholic drink?	Number Don't know 77	 <div><div></div><div></div><div></div></div>	A4
45	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion?	Number Don't know 77	 <div><div></div><div></div><div></div></div>	A5
46	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	 <div><div></div><div></div><div></div></div>	A6
47	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	 <div><div></div><div></div><div></div></div>	A7

Don't Know 77

Question		Response	Code
49	Have you consumed kava in the past 30 days ?	Yes 1 No 2 <i>If No, go to D1</i>	X8
50	During the past 30 days, how many occasions did you drink kava?	Number of times Don't Know 77 <input type="text"/>	X9
51	On each occasion that you drank kava, how many bowls did you consume?	Number of bowls Don't Know 77 <input type="text"/>	X10
52	Do you smoke when you drink kava?	Yes 1 No 2 <i>If No, go to D1</i>	X11
53	How many tobacco products do you usually smoke during one kava drinking occasion?	Number of products <input type="text"/>	X12
54	After drinking kava, do you continue with drinking alcohol?	Yes 1 No 2	X13

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.

On average how long does it take to consume 500g of salt?

61	Please choose an example that best represents what your biggest meal of the day is made of	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1. </div> <div style="width: 33%;">2. </div> <div style="width: 33%;">3. </div> <div style="width: 33%;">4. </div> <div style="width: 33%;">5. </div> </div>	X15
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Physical Activity

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.

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.

Question	Response	Code
Work		
62 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?	Yes 1 No 2 If No, go to P 4	P1
63 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
64 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)
65 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?	Yes 1 No 2 If No, go to P 7	P4
66 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
67 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

The next questions exclude the physical activities at work that you have already mentioned.

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.

68 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 If No, go to P 10	P7
69 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
70 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)

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).			
71	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?	Yes 1 No 2 If No, go to P 13	P10
72	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
73	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)
74	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, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P16	P13
75	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
76	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)

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, reading, playing cards or watching television, but do not include time spent sleeping.			
77	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)

History of Raised Blood Pressure			
Question		Response	Code
78	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
79	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
80	Have you been told in the past 12 months?	Yes 1 No 2	H2b
81	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 No 2	H3a
	Advice to reduce salt intake	Yes 1 No 2	H3b
	Advice to lose weight	Yes 1 No 2	H3c
	Advice or treatment to stop smoking	Yes 1 No 2	H3d
	Advice to start or do more exercise	Yes 1 No 2	H3e
82	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
83	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of Diabetes			
Question		Response	Code
84	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to M1</i>	H6
85	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 M1</i>	H7a
86	Have you been told in the past 12 months?	Yes 1 No 2	H7b
87	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1 No 2	H8a
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	H8b
	Special prescribed diet	Yes 1 No 2	H8c
	Advice to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
	Advice to start or do more exercise	Yes 1 No 2	H8f
88	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H9
89	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H10

Step 2 Physical Measurements

Height and Weight									
Question		Response	Code						
90	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
91	Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table>			M2a				
Weight <table border="1"><tr><td></td><td></td></tr></table>			M2b						
92	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M3
93	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M4
94	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5						
		No 2							
Waist									
95	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6				
96	Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M7
Blood Pressure									
97	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8		
98	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9				
99	Cuff size used	Medium 1	M10						
		Large 2							
100	Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11b				
101	Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12b				
102	Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13b				
103	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	M14						
104	Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15
105	Heart Rate		M16a M16b M16c						
	Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
	Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								

Step 3 Biochemical Measurements

Blood Glucose							
Question		Response	Code				
106	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1				
107	Technician ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B2
108	Device ID	<table border="1"><tr><td></td><td></td><td></td></tr></table>				B3	
109	Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs mins <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B4
110	Fasting blood glucose	mmol/l <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B5
111	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				
Blood Lipids							
112	Device ID	<table border="1"><tr><td></td><td></td><td></td></tr></table>				B7	
113	Total cholesterol	mmol/l <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B8
114	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				



Ministry of Health

