

# 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	_____ dd      mm      year	I4

Participant Id Number \_\_\_\_\_

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5
6	Interview Language	Bislama 1 English 2 Other 3	I6
7	Time of interview (24 hour clock)	_____ : _____ hrs                  mins	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? <i>Don't Know 77 77 7777</i>  _ _   _ _   _ _ _ _  <i>If known, Go to C4</i> dd mm year	C2
13	How old are you? Years  _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years  _ _	C4
15	What is the <b>highest level of education</b> 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 <b>ethnic</b> background? Ni-Vanuatu 1 Part Ni-Vanuatu 2 Other Pacific island countries and areas 3 Other 4 Refused 88	C6
17	What is your <b>marital status</b> ? 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 <b>main work</b> 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  _ _	C9



## 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 <b>ever</b> smoked tobacco products?	Yes 1 No 2 <i>If No, go to X1</i>	T1a
23	Do you currently smoke any <b>tobacco products</b> ?	Yes 1 No 2 <i>If No, go to T6</i>	T1
24	Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T6</i>	T2
25	How old were you when you <b>first started</b> smoking daily?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T3
26	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't know 77</i>	In Years <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4a
		OR in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
		OR in Weeks <input type="text"/> <input type="text"/>	T4c
27	On average, <b>how many</b> 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 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"/> <i>If Other, go to T5other, else go to T6</i>	T5f
		Other (please specify):  <i>Go to T9</i>	T5other
28	In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
29	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T7
30	How <b>long ago</b> did you stop smoking daily?  <i>(RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't Know 77</i>	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
31	During the past 7 days, on how many days did someone <b>in your home</b> 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 <b>in your workplace</b>	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 <b>currently</b> chew betel nut?	Yes 1 No 2 <i>If No, go to A1a</i>	X1
34 <b>If Yes,</b> Do you <b>currently</b> 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 <input type="text"/>	X3
36 On average, how many times each day do you chew?	Times per day <input type="text"/>	X4
Betel Nut with Tobacco		
Question	Response	Code
37 Do you currently chew betel nut <b>with Tobacco</b> ?	Yes 1 No 2 <i>If No, go to A1a</i>	X5
38 Do you currently chew betel nut with Tobacco <b>daily</b> ?	Yes 1 No 2	X6
39 During the past 30 days, how many occasions did you chew <b>betel nut with Tobacco</b> ?	Number of times Don't Know 77 <input type="text"/>	X7

Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
40 Have you <b>ever</b> consumed an alcoholic drink such as beer, home brew, wine or spirits?	Yes 1 No 2 <i>If No, go to X8</i>	A1a
41 Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 <i>If No, go to X8</i>	A1b
42 During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink?  (READ RESPONSES)	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
43 Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to X8</i>	A3
44 During the past 30 days, how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
45 During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion?	Number Don't know 77 <input type="text"/>	A5
46 During the past 30 days, what was the <b>largest number</b> 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
47 During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7











## Step 2 Physical Measurements

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

## 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	_ _ _ _	B2
108	Device ID	_ _ _	B3
109	Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs            mins _ _ : _ _	B4
110	Fasting blood glucose	mmol/l    _ _ . _ _	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	_ _ _	B7
113	Total cholesterol	mmol/l    _ _ . _ _	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



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