



STEPS Questionnaire

for Chronic Disease Risk Factor Surveillance

Lusaka / Zambia

Survey Information

Location and Date		Response	Code
1	District code <i>Record District code from list provided</i>	_ _ _ _	I1
2	Residential area name <i>Insert the residential area name</i>		I2
3	Residential area code <i>Record Centre or Village code from list provided</i>	_ _ _ _	I3
4	Interviewer Identification <i>Record interviewer's identification</i>	_ _ _ _	I4
5	Date of completion of the questionnaire <i>Record date when instrument actually completed</i>	_ _ _ _ _ _ _ _ _ _ dd mm year	I5
Consent, Interview Language and Name		Response	Code
6	Consent has been read out to participant <i>Circle relevant response</i>	Yes 1 No 2 If NO, read consent	I6
7	Consent has been obtained (verbal or written) <i>Circle relevant response</i>	Yes 1 No 2 If NO, END	I7
8	Interview Language [Insert Language] <i>Circle relevant response</i>	English 1 Nyanja 2 Bemba 3 Lozi 4 Tonga 5 Other (specify) 6	I8
9	Time of interview (24 hour clock) <i>Record time interview started</i>	_ _ _ _ : _ _ _ hrs mins	I9
10	Family Name <i>Write family name (reassure the participant on the confidentiality nature of this information and is only needed for follow up)</i>		I10
11	First Name <i>Write first name of respondent</i>		I11
Additional Information that may be helpful			
12	Contact phone number where possible <i>Record phone number</i>		I12
13	Specify whose phone <i>Circle relevant response</i>	Work 1 Home 2 Neighbour 3 Other (specify) 4	I13
		Other _ _ _ _ _ _ _ _	I13 other

Step 1 Demographic Information

For further guidance on completing demographic information, see Part 3, Section 3, Page 3-3-1..

CORE: Demographic Information				
Questions		Response		Code
14	Sex (Record Male / Female as observed) <i>Circle Male / Female as observed</i>	Male 1 Female 2		C1
15	What is your date of birth? <i>Record date of birth of participant</i> <i>Don't Know 77 777 7777</i>	<input type="text"/> <input type="text"/> dd mm year <i>If known, Go to C4</i>		C2
16	How old are you? <i>Help participant estimate their age by interviewing them about their recollection of widely known major events</i>	Years	<input type="text"/> <input type="text"/> <input type="text"/>	C3
17	In total, how many years have you spent at school or in full-time study (excluding pre-school)? <i>Record total number of years of education (excluding pre-school and kindergarten)</i>	Years	<input type="text"/> <input type="text"/> <input type="text"/>	C4

EXPANDED: Demographic Information				
Questions		Response		Code
18	What is your father's tribe/ethnic group background? What is your mother's tribe/ethnic group background?	Father's tribe/ethnic group Mother's tribe/ethnic group]	1 2	C5
19	What is the highest level of education you have completed? <i>If a person attended a few months of the first year of secondary school but did not complete the year, record "primary school completed". If a person only attended a few years of primary school, record "less than primary school".</i> <i>Circle appropriate response</i>	No formal schooling Less than primary school Primary school completed Lower secondary school completed Upper secondary school completed College/University completed Post graduate degree Refused	1 2 3 4 5 6 7 8	C6
20	Which of the following best describes your <u>main</u> work status over the last 12 months? <i>The purpose of this question is to help answer other questions such as whether or not health status contributes to unemployment, or whether people in different kinds of occupations may be confronted with different risk factors.</i> <i>Circle appropriate response</i>	Government employee Non-government employee Self-employed Domestic worker Student Housewife Retired Unemployed (able to work) Unemployed (unable to work) Refused	1 2 3 4 5 6 7 8 9 88	C7
21	How many people older than 18 years, including yourself, live in your household? <i>Record the total number of people living in the household who are 18 years or older</i>	Number of people	<input type="text"/> <input type="text"/> <input type="text"/>	C8
22	Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3) <i>Write down first total earnings (in local currency) of all household members and then average them out and record the average earnings. If refused to answer skip to C10</i>	Per week OR per month OR per year Refused	<input type="text"/> <input type="text"/> <i>Go to T1</i> <input type="text"/> <input type="text"/> <i>Go to T1</i> <input type="text"/> <input type="text"/> <i>Go to T1</i> 8	C9a C9b C9c C9d

23	If you don't know the exact amount, what is an estimate of the annual household income?	<K260,000	1	C10
		K260-499,999	2	
		K500,000-999,999	3	
		K1,000,000-1,999,999	4	
		K2,000,000-3,999,999	5	
		K4,000,000-9,999,999	6	
		K10,000,000 or more	7	
		Don't Know	8	
		Refused	9	

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.			
Questions	Response	Code	
24	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	Yes 1 No 2 <i>If No, go to T6</i>	T1
25	If Yes. Do you currently smoke tobacco products daily ? <i>This question is only for current smokers/users of tobacco products.</i>	Yes 1 No 2 <i>If No, go to T6</i>	T2
26	How old were you when you first started smoking daily? <i>For daily smokers/users of tobacco products only. Think of the time the participant started to smoke any tobacco products daily</i>	Age (years) Don't remember 777 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T3
27	Do you remember how long ago it was? <i>This question is for daily smokers/users of tobacco products only. If the participant doesn't remember his/her age, then record the time in weeks, months or years as appropriate (RECORD ONLY 1, NOT ALL 3)</i>	In Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4a
		OR in Months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
		OR in Weeks <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T4c
		Don't remember 777	
28	On average, how many of the following do you smoke each day? <i>Specify zero if no products were used in each category instead of leaving categories blank. (RECORD FOR EACH TYPE)</i>	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c
		Cigars <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d
		Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If other, go to T5 other</i>	T5e
		Don't remember 777	Other (please specify): <input type="text"/>

EXPANDED: Tobacco Use				
Questions		Response		Code
29	In the past, did you ever smoke daily ? <i>Time when the participant may have been smoking tobacco products on a daily basis.</i>	Yes	1	T6
		No	2 <i>If No, go to T9</i>	
30	If Yes. How old were you when you stopped smoking daily ? <i>Time when the participant stopped smoking any tobacco products on a daily basis.</i>	Age (years)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T7
		Don't remember	777	
31	How long ago did you stop smoking daily? <i>If the participant doesn't remember his/her age, then record the time duration in weeks, months or years as appropriate.</i> (RECORD ONLY 1, NOT ALL 3) Don't remember 777	Years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8a
		OR	Months ago <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8b
		OR	Weeks ago <input type="text"/> <input type="text"/> <input type="text"/>	T8c
32	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco]?	Yes	1	T9
		No	2 <i>If No, go to T12</i>	
33	If Yes. Do you currently use smokeless tobacco products daily ? <i>For daily users of smokeless tobacco products only.</i>	Yes	1	T10
		No	2 <i>If No, go to T12</i>	
34	On average, how many times a day do you use <i>Record for each type of smokeless tobacco products</i> (RECORD FOR EACH TYPE) Don't Know 777	Snuff, by mouth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11a
		Snuff, by nose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11b
		Chewing tobacco	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11c
		Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Other, go to T11 other</i>	T11d
		Other (specify)	<input type="text"/>	T11other
35	In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco] daily ? <i>Think of the time when the participant may have been using smokeless tobacco products on a daily basis.</i>	Yes	1	T12
		No	2	

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Questions	Response	Code	
36	Have you consumed alcohol (such as beer, wine, spirits, fermented cider) or [<i>chibuku, kachasu</i>] within the past 12 months ? Yes 1 No 2 <i>If No, go to D1</i>	A1	
37	In the past 12 months, how frequently have you had at least one drink? (<i>READ RESPONSES</i>) <i>Think of the past year only</i> 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	
38	When you drink alcohol, on average , how many drinks do you have during one day? <i>Help the respondent by averaging out the total number of drinks</i> Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	A3	
39	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [<i>chibuku, kachasu</i>] within the past 30 days ? <i>Think of the past 30 days only</i> Yes 1 No 2 <i>If No, go to A 6</i>	A4	
40	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day? <i>Think of the past week, only.</i> <i>A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits.</i> <i>Depending on the country, these amounts will vary between 8 and 13 grams of ethanol.</i> <i>Record for each day the number of standard drinks. If no drinks record 00.</i> (<i>USE SHOWCARD</i>)	Monday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A5a
	Tuesday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A5b	
	Wednesday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A5c	
	Thursday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A5d	
	Friday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A5e	
	Saturday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A5f	
	Don't Know 77	Sunday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A5g

EXPANDED : Alcohol Consumption		
Questions	Response	Code
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? <i>Think of the past year only</i> Largest number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A6
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? <i>To be asked to men only and think of the past year only</i> Number of days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A7
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? <i>To be asked to women only and think of the past year only</i> Number of days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A8

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].

*This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time. It includes sports and exercise but is not limited to participation competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned. This statement **should not** be omitted.*

58	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? <i>Activities are regarded as vigorous intensity if they cause a large increase in breathing and/or heart rate.</i>	Yes 1 No 2 If No, go to P 13	P10
59	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities? <i>Valid responses range from 1-7</i>	Number of days <input type="text"/>	P11
60	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? <i>Think of one day you can recall easily. Consider the total amount of time doing vigorous recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).</i>	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
61	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? <i>Activities are regarded as moderate intensity if they cause a small increase in breathing and/or heart rate.</i>	Yes 1 No 2 If No, go to P16	P13
62	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities? <i>Valid responses range from 1-7</i>	Number of days <input type="text"/>	P14
63	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day? <i>Think of one day you can recall easily. Consider the total amount of time doing moderate recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).</i>	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, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping. [INSERT EXAMPLES] (USE SHOWCARD)			
64	How much time do you usually spend sitting or reclining on a typical day? <i>Consider total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. Do not include time spent sleeping.</i>	Hours : minutes <input type="text"/> : <input type="text"/> hrs min s	P16 (a-b)

EXPANDED: History of Raised Blood Pressure

Questions		Response	Code
65	When was your blood pressure last measured by a health professional?	Within past 12 months 1	H1
		1-5 years ago 2	
		Not within past 5 years 3	
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?	Yes 1	H2
		No 2	
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	Yes 1	H3a
		No 2	
	Special prescribed diet	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	
68	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	Yes 1	H4
		No 2	
69	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

EXPANDED: History of Diabetes

Questions		Response	Code
70	Have you had your blood sugar measured in the last 12 months?	Yes 1	H6
		No 2	
71	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	Yes 1	H7
		No 2	
72	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	
	Oral drug (medication) that you have taken in the last 2 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	
73	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1	H9
		No 2	
74	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		Response		Code
75	Interviewer ID <i>Record interviewer ID (for height, weight and waist circumference)</i>		_____	M1
76	Device IDs for height and weight <i>Record device IDs</i>	Height	_____	M2a
		Weight	_____	M2b
77	Height <i>Record participant's height in centimetres</i>	in Centimetres (cm)	_____ . ____	M3
78	Weight <i>Record participant's weight in kg</i> <i>If too large for scale, code 666.6</i>	in Kilograms (kg)	_____ . ____	M4
79	(For women) Are you pregnant? <i>If yes, skip to M8</i>	Yes	1 <i>If Yes, go to M 8</i>	M5
		No	2	
CORE: Waist				
80	Device ID for waist <i>Record device ID</i>		_____	M6
81	Waist circumference <i>Record participant's waist circumference in centimetres</i>	in Centimetres (cm)	_____ . ____	M7
CORE: Blood Pressure				
82	Interviewer ID <i>Record interviewer's ID (in most cases technician would be the same as for height, weight & waist circumference)</i>		_____	M8
83	Device ID for blood pressure <i>Record device ID</i>		_____	M9
84	Cuff size used <i>Circle size used</i>	Small	1	M10
		Medium	2	
		Large	3	
85	Reading 1 <i>Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.</i>	Systolic (mmHg)	_____	M11a
		Diastolic (mmHg)	_____	M11b
86	Reading 2 <i>Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement</i>	Systolic (mmHg)	_____	M12a
		Diastolic (mmHg)	_____	M12b
87	Reading 3 <i>Record third measurement</i>	Systolic (mmHg)	_____	M13a
		Diastolic (mmHg)	_____	M13b
88	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? <i>Circle appropriate response</i>	Yes	1	M14
		No	2	
EXPANDED: Hip Circumference and Heart Rate				
89	Hip circumference <i>Record participant's hip circumference in cm</i>	in Centimetres (cm)	_____ . ____	M15
90	Heart Rate (Record if automatic blood pressure device is used)			
	Reading 1 <i>Record first measurement</i>	Beats per minute	_____	M16a
	Reading 2 <i>Record second measurement</i>	Beats per minute	_____	M16b
	Reading 3 <i>Record third measurement</i>	Beats per minute	_____	M16c

Step 3 Biochemical Measurements

For guidance on taking & completing biochemical measurements, see Part 3, Section 5, Page 3-5-1,

CORE: Blood Glucose		Response	Code
91	During the last 12 hours have you had anything to eat or drink, other than water? <i>It is essential that the participant has fasted</i>	Yes 1 No 2	B1
92	Technician ID	_____	B2
93	Device ID	_____	B3
94	Time of day blood specimen taken (24 hour clock)	Hours : minutes _____ : _____ hrs mins	B4
95	Fasting blood glucose	mmol/l _____ . _____	B5

CORE: Blood Lipids			
96	Device ID	_____	B6
97	Total cholesterol	mmol/l _____ . _____	B7

