

STEPS Instrument

Bhutan



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

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World Health
Organization



STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

Bhutan, 2014

Survey Information

Location and Date	Response	Code
Gewog/EA ID	_ _ _ _ _ _ _ _ _	I1
Gewog/EA name		I2
Interviewer ID	_ _ _ _	I3
Date of completion of the survey	_ _ _ _ _ _ _ _ _ dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 IF NO, END	I5
Interview Language <i>[Insert Language]</i>	English 1 Dzongkha 2 Tshanglakha 3 Lhotshamkha 4	I6
Time of interview (24 hour clock)	_ _ : _ _ hrs mins	I7
Family Surname		I8
First Name		I9

Step 1 Demographic Information

Demographic Information		
Question	Response	Code
Sex (Record Male / Female as observed)	Male 1 Female 2	C1
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
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

Demographic Information		
What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Class 10 completed 4 Class 12 completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your main work status over the past 12 months? <i>(USE SHOWCARD)</i>	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
How many people older than 18 years, including yourself, live in your household?	Number of people _ _ _	C9
Taking the past year , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week _ _ _ _ _ _ _ _ _ _ _ _ _ _ <i>Go to T1</i>	C10a
	OR per month _ _ _ _ _ _ _ _ _ _ _ _ _ _ <i>Go to T1</i>	C10b
	OR per year _ _ _ _ _ _ _ _ _ _ _ _ _ _ <i>Go to T1</i>	C10c
	Refused 88	C10d

Step 1 Behavioural Measurements

Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or bidis? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 _ _ <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years _ _ <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months _ _ <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks _ _	T4c
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes _ _ _ _ _ _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes _ _ _ _ _ _ _ _ _ _	T5b/T5bw
	Bidis _ _ _ _ _ _ _ _ _ _	T5c/T5cw
	Cigars, cheroots, cigarillos _ _ _ _ _ _ _ _ _ _	T5d/T5dw
	Other _ _ _ _ _ _ _ _ _ _ <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify): _ _ _ _ _ _ _ _ _ _	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9
How old were you when you stopped smoking?	Age (years) Don't Know 77 _ _ <i>If Known, go to T12</i>	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago _ _ <i>If Known, go to T12</i>	T11a
	OR Months ago _ _ <i>If Known, go to T12</i>	T11b
	OR Weeks ago _ _	T11c

Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, hard drinks, ara, changkoe, or Bangchang? (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 _ _	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 _ _	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 _ _	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 _ _	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday _ _	A10a
	Tuesday _ _	A10b
	Wednesday _ _	A10c
	Thursday _ _	A10d
	Friday _ _	A10e
	Saturday _ _	A10f
	Sunday _ _	A10g

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>	Homebrewed spirits, e.g. ara _ _	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine _ _	A12b
	Alcohol brought over the border/from another country _ _	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves _ _	A12d
	Other untaxed alcohol in the country _ _	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

Diet		
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.		
Question	Response	Code
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days _____ Don't Know 77 _____ If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings _____ Don't Know 77 _____	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days _____ Don't Know 77 _____ If Zero days, go to D5	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings _____ Don't know 77 _____	D4
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods and other foods that are high in salt such as <i>Ezay</i> and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
How often do you eat processed food or other foods high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat and dried fish. Other foods high in salt include <i>Ezay</i> , potato chips . [INSERT EXAMPLES] (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How often do you drink Suja?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	X1
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8

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 and other salty 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)	_ _ _ _ _ _ _ _ _	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 or suet 2 Butter or ghee 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 _ _ _ _ _ _ _ _ _ _	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 _ _	D13

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.			
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, martial arts, badminton, basketball</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P 13</i>		P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _ _		P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins		P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational activities that cause a small increase in breathing or heart rate such as dancing, brisk walking, cycling, swimming, khuru, or degor or archery for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P16</i>		P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities?	Number of days _ _		P14
How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins		P15 (a-b)
Sedentary behavior			
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. (USE SHOWCARD)			
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes _ _ : _ _ hrs mins		P16 (a-b)

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

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

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	H12
	No 2 <i>If No, go to H17</i>	
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1	H13a
	No 2 <i>If No, go to H17</i>	
Have you been told in the past 12 months?	Yes 1	H13b
	No 2	
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	H14
	No 2	
Have you ever seen a local healer, drugsho, or sMenpa for raised cholesterol?	Yes 1	H15
	No 2	
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1	H16
	No 2	

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	H17
	No 2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1	H18
	No 2	
Are you currently taking statins (Atorvastatin) or fibrates (Fenofibrate) regularly to prevent or treat heart disease? (if D/K, interviewer to check medication)	Yes 1	H19
	No 2	

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	H20a
	No 2	
Reduce salt in your diet	Yes 1	H20b
	No 2	
Eat at least five servings of fruit and/or vegetables each day	Yes 1	H20c
	No 2	
Reduce fat in your diet	Yes 1	H20d
	No 2	
Start or do more physical activity	Yes 1	H20e
	No 2	
Maintain a healthy body weight or lose weight	Yes 1	H20f
	No 2 <i>If C1=1 go to M1</i>	

Family history		
Question	Response	Code
Have any of your blood family members (sibling, parent, grandparent, aunt or uncle) been diagnosed with the following diseases?		
Diabetes or raised blood sugar	Yes 1	F1a
	No 2	

Raised Blood pressure	Yes 1 No 2	F1b
Stroke	Yes 1 No 2	F1c
Cancer or malignant tumor	Yes 1 No 2	F1d
Raised Cholesterol	Yes 1 No 2	F1e
Early Heart attack (below age 50 for men and below age 55 for women)	Yes 1 No 2	F1f
Asthma or chronic lung disease (COPD)	Yes 1 No 2	X2
Kidney disease	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	X3

Cervical Cancer Screening (for women only):

The next question asks about cervical cancer prevention. A screening test for cervical cancer prevention is done by a doctor or nurse taking a swab to wipe from inside your vagina. This is sent to a laboratory where they check for abnormal cell changes.

Question	Response	Code
Have you ever had a pap smear screening test for cervical cancer?	Yes 1 No 2 Don't know 77	CX1

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? (<i>SELECT ONLY ONE</i>)	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	MH6

Participant Identification Number

	Poisonous gases from charcoal	6	
	Other	7 <i>If Other, go to MH6other</i>	
	Refused	88	
	Other (specify)	_____	MH6other
Did you seek medical care for this attempt?	Yes	1	MH7
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
Were you admitted to hospital overnight because of this attempt?	Yes	1	MH8
	No	2	
	Refused	88	
Has any one in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MH9
	No	2	
	Refused	88	
Has any one in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes	1	MH10
	No	2	
	Refused	88	

Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _	M2
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
Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M16</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
Waist and hip circumference		
Device ID for waist and hip	_ _	M13
Waist circumference	in Centimetres (cm) _ _ _ _ _ _ _	M14
Hip circumference	in Centimeters (cm) _ _ _ _ _ _ _	M15
Heart Rate		M16a M16b M16c
Reading 1	Beats per minute _ _ _ _	
Reading 2	Beats per minute _ _ _ _	
Reading 3	Beats per minute _ _ _ _	

Step 3 Biochemical Measurements

Blood Glucose and Total Cholesterol		
Question	Response	Code
During the past 10 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	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
Total cholesterol	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
Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10
Technician ID	_ _ _ _	B11
Time of day urine sample taken (24 hour clock)	Hours : minutes _ _ _ : _ _ _ hrs mins	B13
Urinary sodium	mmol/l _ _ _ _ . _ _	B14
Urinary creatinine	mmol/l _ _ _ _ . _ _ _ _	B15