

Guidance for STEPS questionnaire (basic and expanded)



WHO STEPS Methodology

FOR SURVEILLANCE OF CHRONIC DISEASE RISK FACTORS (STEPS)

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For additional information: www.who.int/chp/steps

Questionnaire

Introduction This part includes the steps questionnaire and guidance for questionnaire, which interviewers and supervisors will use during the site work. Here is the brief interpretation of each question.

Purpose The purpose of questionnaire guidance is to provide the interviewers and supervisors with basic information regarding each question.

The interviewers will use this information when participants need the clarification of specific questions.

The interviewers and supervisors should refrain from giving of their own interpretations.

Interpretation of columns Below is given the brief description of each columns of the questionnaire.

Column	Description	The site adaptation
Number	The question number purpose is to help interviewers to find the proper place in case of interruption.	Change the number sequence after the final definition of content.
Question	The each question is to be read to participant according to instructions.	<ul style="list-style-type: none"> • Select the needed parts. • Append the expanded and elective questions according to plan
Response	This column includes the possible responses, which must be circled or must be filled correspondent text boxes by interviewers. On the right side of the responses are given instructions for missing, which should be followed in the course of interview.	<ul style="list-style-type: none"> • Append the locally specific demographic responses (e.g. C6) • Change the identifiers of missing question from code to question number
Code	The column purpose is to bring in compliance the questionnaire data to data entry, data analysis syntax, log book and fact sheet	It is impossible to change code. The code is a general identifier for the data entry and analysis.

Study information

Location and Date		Response	Code
1	Cluster/Centre/Village identification number	_ _ _	11
2	Cluster name		12
3	Interviewer's identification number	_ _ _	13
4	Date of completion of questionnaire	_ _ _ _ _ _ _ _ day month year	14

agreement, interview language and name		Response	Code
5	The text of agreement has been read and accepted	Yes 1 No 2 if no, cessation	15
6	Interview language	Georgian 1 Russian 2	16
7	Time of the interview (within the 24-hours)	_ _ : _ _ hrs mins	17
8	Family surname		18
9	First name		19
Additional Information that may be useful			
10	phone number for connection (if it is possible)		110

Step 1 Behavioural Measurements

BASIC: Tobacco Use

Now you will have been asked to answer some questions related to health behaviours, such as smoking, drinking alcohol, eating fruits and vegetables and physical activity.

	Question	Response	Code
22	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? <i>(Use show card)</i>	yes 1 no 2 <i>if no, go to T6a</i>	T1
23	Do you smoke tobacco products daily?	yes 1 no 2 <i>if no, go to X1</i>	T2
24	How old were you when you have started smoking daily?	Age (years) _ _ _ <i>If Known, go to T5a</i> Don't know 77	T3
25	How long ago you have started smoking daily? <i>(Indicate only one, not all 3)</i> <i>Don't know 77</i>	In Years _ _ _ _ <i>If Known, go to T5a</i>	T4a
		or in Months _ _ _ _ <i>If Known, go to T5a</i>	T4b
		or in Weeks _ _ _ _	T4c
26	How many of the following do you smoke each day on average? <i>(Indicate for each type of product, use showcard)</i> <i>Don't Know 77</i>	Manufactured cigarettes _ _ _	T5a
		Hand-rolled cigarettes _ _ _	T5b
		Pipes with tobacco _ _ _	T5c
		Cigars, different kinds of cigarettes _ _ _	T5d
		other _ _ _ _ <i>if other, go to T5 other, else go to X1</i>	T5e
		Other (specify): _ _ _ _ _ _ _ _	T5other

27	During the past 12 months, have you tried to stop smoking?	Yes 1 No 2 <i>if no & T2=2, go to T6 if no & T2=1, go to T9</i>	X1
28	Thinking about the last time you tried to quit, how long did you stop smoking?	Days _ _	X2a
		Or weeks _ _	X2b
		Or months _ _	X2c
		Or years _ _	X2d
29	During the past 12 months, did you use any of the following to try to stop smoking tobacco? <i>AFTER THIS QUESTION, DAILY SMOKERS SKIP TO T9, NON-DAILY SMOKERS SKIP TO T6</i>	Counseling, including at a smoking cessation clinic? Yes 1 No 2	X3a
		Nicotine replacement therapy, such as the patch or gum? Yes 1 No 2	X3b
		A quit line or a smoking telephone support line? Yes 1 No 2	X3d
		Anything else? (Specify) Yes 1 No 2	X3f

EXPANDED: Tobacco Use			
Question		Response	Code
30	Have you ever smoked any tobacco products?	yes 1 no 2 <i>if no, go to T9</i>	T6a
31	In the past, did you ever smoke daily?	yes 1 no 2 <i>if no, go to X4a</i>	T6
32	How old were you when you stopped smoking daily?	Age(years) _ _ _ _ <i>if known, go to X6</i> Don't know 77	T7
33	How long ago did you stop smoking daily? <i>(Indicate only one, not all 3)</i> <i>Don't Know 77</i>	Years ago _ _ _ _ <i>if known, go to X6</i>	T8a
		OR Months ago _ _ <i>if known, go to X6</i>	T8b
		OR Weeks ago _ _	T8c
34	When you quit smoking, did you use any of the following?	Counseling, including at a smoking cessation clinic? Yes 1 No 2	X4a
		Nicotine replacement therapy, such as the patch or gum? Yes 1 No 2	
			Other prescription medications, for example bupropion or tabex? Yes 1 No 2
		A quit line or a smoking telephone support line? Yes 1 No 2	
			Switching to smokeless Yes 1

Participant Identification Number

□ □ □ □ □ □ □ □ □ □

		tobacco?	No 2	
		Anything else? (Specify)	Yes 1	X4f
			No 2	
		Specify:	□ □ □ □ □ □ □ □	X4f other
34	Do you currently consume any smokeless tobacco products such as <i>[snuff, chewing tobacco, betel]</i> ? (use showcard)	yes 1	no 2 if no, go to T12	T9
35	How many days did someone smoke in closed areas in your workplace for last 7 days (indoor, at the work place or at office) when you were present?	Number of days	Don't know or don't work in a closed area 77 □ □ □	T14

BASIC: Alcohol Consumption			
The questions are about the alcohol. Consumption.			
Question		Response	Code
36	Have you ever consumed an alcoholic drink such as beer, wine, spirits, boiled cider or <i>[add the local examples]</i> ? (Use showcards)	yes 1 no 2 <i>if no, go to D1</i>	A1a
37	Have you consumed an alcoholic drink within the last 12 months?	yes 1 no 2 <i>if no, go to D1</i>	A1b
38	How often did you consume at least one standad alcoholic drink for last12 months?	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once per month 5	A2
39	Have you consumed an alcoholic drink during the last 30 days?	yes 1 no 2 <i>if no, go to D1</i>	A3
40	How many occasions of at least one alcoholic drink have you had for the last 30 days?	Number _ _ Don't know 77	A4
41	For the last 30 days, per your alcoholic drink consuming, on average, how many standard alcoholic drinks did you have? (use show cards)	Number _ _ Don't know 77	A5
42	For the last 30 days what was the largest number of standard alcoholic drinks you had on a single occasion, including all types of alcoholic drinks?	Highest number _ _ Don't Know 77	A6
44	For the last 30 days, how many times did you have for men: five or more for women: four or more Per one alcoholic drinks consuming occasion?	Number of times _ _ Don't Know 77	A7

EXPANDED: Alcohol Consumption			
43	For the last 30 days, when you consumed an alcoholic drink, how often was it with meals (except snacks)?	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8

EXPANDED: Diet			
61	What type of oil or fat do you use most often for the preparation of meals for your family?	Vegetable oil 1	D5
		Pork fat 2	
Butter or ghee 3			
Margarine 4			
Other 5 If 0 days, go to <i>D5 other</i>			
Not specified 6			
None of them 7			
Don't know 77			
		other _ _ _ _ _ _ _ _	D5other
62	How many meals - not prepared at a home, do you eat per week, on average?	Number _ _ Don't know 77	D6

Core: Physical Activity

Next questions are about the time you spend in different domains of physical activity in a typical week. Please answer questions even if you are not a physically active person. There are some different domains of activity which should be included; work, activities at home place and garden, to transport-related and recreation during leisure-time (exercise and other sports activities).

Question	Response	Code
Work activity		
63	Does your work need the high-intensity activity that causes significant increases in breathing or heart rate [<i>e.g. carrying or lifting heavy weights, digging or construction work</i>] for at least 10 minutes without a break? yes 1 no 2 <i>if no, go to P 4</i>	P1
64	How many days do you do the high-intensity activity as a part of your work in a typical week? Number of days _	P2
65	How much time do you spend involved in a high-intensity activities at work per typical day? Hours : minutes _ _ : _ _ Hours minutes	P3 (a-b)
66	Does your work need moderate-intensity activity that causes small increases in breathing or heart rate [<i>e.g. fast walking, carrying light weight</i>] for at least 10 minutes without a break? yes 1 no 2 <i>Tu ara, gadadi P 7</i>	P4
67	How many days do you do the moderate-intensity activity as a part of your work in a typical week? Number of days _	P5
68	How much time do you spend involved in a moderate-intensity activities at work per typical day? Hours : minutes _ _ : _ _ Hours minutes	P6 (a-b)

Travel to and from places			
These questions are about physical activities at work that we already have mentioned. Let's speak about usual way you travel to and from places, including: work, shopping, market, or place of worship. [Add other specific examples]			
69	Do you walk or take a bicycle to go and come back from places for at least 10 minutes uninterruptedly?	yes 1 no 2 if no, go to P 10	P7
70	How many days do you walk or take a bicycle to go and come back from places for at least 10 minutes uninterruptedly in a typical week?	Number of days <input type="text"/>	P8
71	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> Hours minutes	P9 (a-b)

BASIC: Physical Activity, Continued			
Question	Response		Code
Recreational activities			
Questions below exclude the work and transport activities that we have already mentioned. Now about sports, fitness and recreational activities [Add the specific terms].			
72	Are you involved in high -intensity sport, fitness or recreational (<i>in your leisure time</i>) activities that cause significant increase in breathing or heart rate such as [<i>running or football</i>] for at least 10 minutes without a break?	yes 1 no 2 if no, go to P 13	P10
73	How many days do you do the high -intensity sports, fitness or recreational (<i>in your leisure time</i>) activities, in a typical week?	Number of days <input type="text"/>	P11
74	How much time do you spend in high-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> Hours minutes	P12 (a-b)
75	Do you do the moderate-intensity sports, fitness or recreational activities that cause a small increase in breathing or heart rate such as a fast walking, (<i>cycling, swimming, volleyball</i>) for at least 10 minutes uninterruptedly?	yes 1 no 2 if no, go to P16	P13
76	How many days do you do moderate-intensity sports, fitness or recreational activities in a typical week?	Number of days <input type="text"/>	P14
77	How much time do you spend in moderate-intensity sports, fitness or recreational (<i>in your leisure time</i>) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> Hours minutes	P15 (a-b)

EXPANDED: Physical Activity							
Sedentary behaviour							
The question below is about sitting at work, at home, traveling, including time spent with friends [sitting at the writing desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], except of time spent sleeping. (Add examples, use show cards)							
78	How much time do you spend sitting or remaining recumbent on a typical day?	Hours : minutes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> Hours minutes					P16 (a-b)

BASIC: History of Raised Blood Pressure			
Question	Response	Code	
79	Has any doctor or other health worker ever measured your blood pressure? yes 1 no 2 <i>if no, go to H6</i>	H1	
80	Has any doctor or other health worker ever told that you had the raised blood pressure or hypertension? yes 1 no 2 <i>if no, go to H6</i>	H2a	
81	Was it during the last 12 months? yes 1 no 2	H2b	

EXPANDED: History of Raised Blood Pressure			
82	Are you currently taking any of the following treatments/recommendation because of the high blood pressure prescribed by a doctor or other health worker ?		
	Drugs (medication) that you are taking in the last two weeks	yes 1 no 2	H3a
	Recommendation on reducing the salt consuming	yes 1 no 2	H3b
	Recommendation/ treatment procedure on weight reduction	yes 1 no 2	H3c
	Recommendation/ treatment procedure for stopping smoking	yes 1 no 2	H3d
	Recommendation on starting or doing more exercise	yes 1 no 2	H3e
83	Have you ever applied to a traditional medicine man due to raised blood pressure or hypertension?	yes 1 no 2	H4
84	Do you currently treat yourself by herbal or traditional remedy for your raised blood pressure?	yes 1 no 2	H5

CORE: History of Diabetes				
Question		Response		Code
85	Has any doctor or other health worker ever measured your blood sugar?	yes 1 no 2 <i>if no, go to S1a</i>		H6
86	Has any doctor or other health worker ever told that you had have raised blood sugar or diabetes?	yes 1 no 2 <i>if no, go to S1a</i>		H7a
87	Was it during the last 12 months?	yes 1 no 2		H7b

EXPANDED: History of Diabetes				
88	<i>Are you currently taking any of the following treatments/recommendation because of diabetes prescribed by a doctor or other health worker ?</i>			
	Insulin	yes 1 no 2		H8a
	Drugs (medication) for the last two weeks	yes 1 no 2		H8b
	Prescribed special diet	yes 1 no 2		H8c
	Recommendation/ treatment procedure on weight reduction	yes 1 no 2		H8d
	Recommendation/ treatment procedure for stopping the smoking	yes 1 no 2		H8e
	Recommendation on starting or doing the more exercise	yes 1 no 2		H8f
89	Have you ever applied to a traditional medicine man due to raised blood sugar?	yes 1 no 2		H9
90	Do you currently treat yourself by herbal or traditional remedy for your raised blood sugar?	yes 1 no 2		H10

Disease and Treatment History			
Question	Response	Code	
91	Have you ever been diagnosed with any of following diseases:		
	Stroke	yes 1 no 2	S1a
	Cancer	yes 1 no 2	S1b
	Raised blood cholesterol	yes 1 no 2	S1c
	Early myocardial infarction	yes 1 no 2	S1d
92	During the past 12 months, have you visited your doctor or nurse?	yes 1 no 2 <i>if no, skip to S4a</i>	S2
93	Which of the following best describes your reason for visiting your doctor or nurse?	I went to see the doctor because I had/have a specific health problem. 1	S3
		I went to see the doctor for a preventive examination (regular check-up) 2	
		Both of the above 3	
		None of the above 4	
94	For each of the following diseases, are you taking any treatment that was <u>not</u> prescribed for you by a health worker? (e.g. self-treatment or treatment recommended by a neighbor, relative or friend)		
	Raised blood sugar or diabetes	yes 1 no 2	S4a
	Raised blood pressure	yes 1 no 2	S4b
	Stroke	yes 1 no 2	S4c
	Cancer	yes 1 no 2	S4d
	Raised blood cholesterol	yes 1 no 2	S4e
	Early myocardial infarction	yes 1 no 2	S4f

Family History			
Question	Response	Code	
95	Has any member of your family ever been diagnosed with any of following diseases:		
	Raised blood sugar or diabetes	yes 1 no 2	F1a
	Raised blood pressure	yes 1 no 2	F1b
	Stroke	yes 1 no 2	F1c
	Cancer	yes 1 no 2	F1d
	Raised blood cholesterol	yes 1 no 2	F1e
	Early myocardial infarction	yes 1 no 2	F1f

CORE: Oral health			
The next questions ask about your oral health status and related behaviours.			
Question		Response	Code
96	How many natural teeth do you have?	No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
97	How would you describe the state of your teeth ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
98	How would you describe the state of your gums ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	O3
99	Do you have any removable dentures ?	Yes 1 No 2 <i>If No, go to O6</i>	O4
100	Which of the following removable dentures do you have? (RECORD FOR EACH)		
	An upper jaw denture	Yes 1 No 2	O5a
	A lower jaw denture	Yes 1 No 2	O5b
101	During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes 1 No 2	O6
102	How long has it been since you last saw a dentist ?	Less than 6 months 1 6-12 months 2 More than 1 year but less than 2 years 3 2 or more years but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If Never, go to O9</i>	O7
103	What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If Other, go to O8other</i>	O8
		Other (please specify) _ _ _ _ _	O8other

EXPANDED: Hip Circumference and Heart Rate			
123	Hip circumference	in Centimeters (cm) _ _ _ _ _ _ _ _	M15
124	Heart Rate		M16a
	result 1	Beats per minute _ _ _ _	
	m result 2	Beats per minute _ _ _ _	M16b
	result 3	Beats per minute _ _ _ _	M16c

Step 3 Biochemical Measurements

BASIC: Blood Glucose

Question	Response	Code
125	Did you eat or drink anything other than except of water for last 12 hours? yes 1 no 2	B1
126	Technician ID _ _ _ _	B2
127	Device ID _ _ _	B3
128	Time of blood specimen taking (within the 24-hours) Hours : minutes _ _ : _ _ Hours minutes	B4
129	Fasting blood glucose <i>select : mmol/l or mg/dl</i> mmol/l _ _ _ _ _ _ _ _ mg/dl _ _ _ _ _ _ _ _	B5
130	Have you taken today, before coming here insulin or other drugs that are prescribed by a doctor or other health worker due to raised blood glucose? yes 1 no 2	B6

BASIC: Blood Lipids

131	Device ID _ _ _	B7
132	Total cholesterol <i>select: mmol/l or mg/dl</i> mmol/l _ _ _ _ _ _ _ _ mg/dl _ _ _ _ _ _ _ _	B8
133	Have you been treated for raised blood cholesterol with drugs (medication) prescribed by a doctor or other health professional, for the last two weeks? yes 1 no 2	B9

EXPANDED: Triglycerides and HDL Cholesterol

134	Triglycerides <i>select: mmol/l or mg/dl</i>	mmol/l _ _ _ _ _ _ _ _	B10
		mg/dl _ _ _ _ _ _ _ _	
		mg/dl _ _ _ _ _ _ _ _	