

# **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](http://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.

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**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.

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

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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"><li>• Select the needed parts.</li><li>• Append the expanded and elective questions according to plan</li></ul>
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"><li>• Append the locally specific demographic responses (e.g. C6)</li><li>• Change the identifiers of missing question from code to question number</li></ul>
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.

**Guidance for STEPS questionnaire**  
**FOR SURVEILLANCE OF CHRONIC DISEASE RISK FACTORS**  
**GEORGIA**

Participant Identification Number

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## Study informatoion

Location and Date		Response	Code
1	Cluster/Centre/Village identification number	<div><div></div><div></div><div></div><div></div></div>	I1
2	Cluster name		I2
3	Interviewer’s identification number	<div><div></div><div></div><div></div><div></div></div>	I3
4	Date of completion of questionnaire	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div> <div>daymonthyear</div>	I4



Participant Identification Number													
agreement, interview language and name		Response	Code										
5	The text of agreement has been read and accepted	Yes 1 No 2 if no, cessation	I5										
6	Interview language	Georgian 1 Russian 2	I6										
7	Time of the interview (within the 24-hours)	<table border="1"><tr><td></td><td></td><td>:</td><td></td><td></td></tr><tr><td colspan="2">hrs</td><td></td><td colspan="2">mins</td></tr></table>			:			hrs			mins		I7
		:											
hrs			mins										
8	Family surname		I8										
9	First name		I9										
<b>Additional Information that may be useful</b>													
10	phone number for connection (if it is possible)		I10										

## Step 1 Demographic Information

BASIC: Demographic Information											
Question		Response	Code								
11	sex ( <i>indicate man/woman by appearance</i> )	<div>man 1</div> <div>woman 2</div>	C1								
12	Your date of birth <i>Don't know 77 777 7777</i>	<div> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <div>If known go to C4</div> </div> <div> <div>day</div> <div>month</div> <div>year</div> </div>									C2
13	How old are you?	<div>years</div> <div> <table border="1"> <tr> <td></td><td></td> </tr> </table> </div>			C3						
14	How many years have you spent at school in sum with full-scale attendance	<div>years</div> <div> <table border="1"> <tr> <td></td><td></td> </tr> </table> </div>			C4						

EXPANDED: Demographic Information			
15	the highest level of education that you have obtained	<div>no school education 1</div> <div>incomplete primary school 2</div> <div>complete primary school 3</div> <div>Secondary school 4</div> <div>High school 5</div> <div>University 6</div> <div>Post diploma 7</div> <div>Refuse 88</div>	C5
16	To which <i>ethnic/ racial cultural /other</i> group do you belong?	<div>Georgian 1</div> <div>Abkhazian 2</div> <div>Ossetian 3</div> <div>Azerbaijani 4</div> <div>Armenian 5</div> <div>Russian 6</div> <div>Other 7</div> <div>refuse 88</div>	C6
17	What is your marital status?	<div>Unmarried 1</div> <div>Currently married 2</div> <div>Separated 3</div> <div>Divorced 4</div> <div>Widowed 5</div> <div>Cohabitation 6</div> <div>Refus 88</div>	C7

Participant Identification Number

18	Which one is mostly in line with your work status for last 12 months ?	<div>Public servant 1</div> <div>Non-governmental sector 2</div> <div>Self-employed 3</div> <div>Non-paid 4</div> <div>Student 5</div> <div>Householder 6</div> <div>Retired 7</div> <div>Unemployed (capable of working) 8</div> <div>Unemployed (disabled person) 9</div> <div>Refuse 88</div>	C8
19	How many are you – people older than 18 in your household ?	<div>Number of people <input type="text"/> <input type="text"/></div>	C9

EXPANDED: Demographic Information			
Question		Response	Code
20	How much the average earning of the household was for past year (in Georgian Lari)? (Indicate only one, not all 3)	Per week <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> go to T1	C10a
		Or per month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> go to T1	C10b
		Or per year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> go to T1	C10c
		Refuse 88	C10d
21	If you don't know the amount, can you indicate the annual household income among these options? (Indicate the quintiles according income amount in local currency)	<div><math>\leq 2600</math> 1</div> <div>More than 2600, <math>\leq 5000</math> 2</div> <div>More than 5000, <math>\leq 10.000</math> 3</div> <div>More than 10.000, <math>\leq 20.000</math> 4</div> <div>More than 20.000 5</div> <div>Don't Know 7</div> <div>Refus 88</div>	C11

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

27	During the past 12 months, have you tried to stop smoking?	Yes 1 No 2 <i>if no &amp; T2=2, go to T6</i> <i>if no &amp; T2=1, go to T9</i>	X1								
28	Thinking about the last time you tried to quit, how long did you stop smoking?	Days <table border="1"><tr><td></td><td></td></tr></table>			X2a						
		Or weeks <table border="1"><tr><td></td><td></td></tr></table>			X2b						
Or months <table border="1"><tr><td></td><td></td></tr></table>			X2c								
Or years <table border="1"><tr><td></td><td></td></tr></table>			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								
		Other prescription medications, for example bupropion or tabex? Yes 1 No 2	X3c								
		A quit line or a smoking telephone support line? Yes 1 No 2	X3d								
		Switching to smokeless tobacco? Yes 1 No 2	X3e								
		Anything else? (Specify) Yes 1 No 2	X3f								
		Specify: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									X3f other

EXPANDED: Tobacco Use							
Question		Response	Code				
30	Have you <b>ever smoked</b> 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) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <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 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <i>if known, go to X6</i>					T8a
		OR Months ago <table border="1"><tr><td></td><td></td></tr></table> <i>if known, go to X6</i>			T8b		
OR Weeks ago <table border="1"><tr><td></td><td></td></tr></table>			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	X4b				
		Other prescription medications, for example bupropion or tabex? Yes 1 No 2	X4c				
		A quit line or a smoking telephone support line? Yes 1 No 2	X4d				
		Switching to smokeless	X4e				

## Participant Identification Number

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		tobacco?	No 2									
		Anything else? (Specify)	Yes 1	X4f								
			No 2									
		Specify:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									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 <table border="1"><tr><td></td><td></td></tr></table>				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 standard alcoholic drink for last 12 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 <table border="1"><tr><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td></tr></table> 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

BASIC: Diet							
These questions are about the fruits and vegetables that you usually consume. I will show you the cards some examples of fruits and vegetables. Each picture represents the size of a portion. While you will be answering these questions please consider the typical week in the last year.							
Question		Response		Code			
46	How many meals do you eat per day on average?	Not daily	1	X5			
		Once a day	2				
		Twice per day	3				
		Three times per day	4				
		Four times per day	5				
		More often	6				
47	How many days do you eat fruits in a typical week?	Number of days Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table> If 0 days, go to D3				D1
48	How many portions of fruit do you eat on one of such days?	Number of portions Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table>				D2
49	How many days do you eat vegetables in a typical week? (USE SHOWCARD)	Number of days Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table> If 0 days, go to X6				D3
50	How many portions of vegetables do you eat on one of such days? (use show cards)	Number of portions Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table>				D4
51	How many days do you eat the meat and meat products in a typical week?	Number of days Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table> if 0 days, go to X8				X6
52	How many portions of meat and meat products do you eat on one of such days?	Number of portions Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table>				X7
53	How many days do you eat the fish and fish products in a typical week?	Number of days Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table> if 0 days, go to X10				X8
54	How many portions of fish and fish products do you eat on one of such days?	Number of portions Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table>				X9
55	How many days do you eat the milk and dairy foods in a typical week?	Number of days Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table> if 0 days, go to X12				X10
56	How many portions of milk and dairy foods do you eat on one of such days?	Number of portions Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table>				X11
57	How many days do you eat the bread and bakery products in a typical week?	Number of days Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table> if 0 days, go to X14				X12
58	How many portions of bread and bakery products do you eat on one of such days?	Number of portions Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table>				X13
59	How many days do you eat the sweets and sugar-containing products in a typical week?	Number of days Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table> if 0 days, go to D5				X14
60	How many portions of sweets and sugar containing products do you eat on one of such days?	Number of portions Don't Know 77	<table border="1"><tr><td></td><td></td><td></td></tr></table>				X15

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 Pork fat 2 Butter or ghee 3 Margarine 4 Other 5 If 0 days, go to D5 other Not specified 6 None of them 7 Don't know 77	D5								
		other <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
62	How many meals - not prepared at a home, do you eat per week, on average?	Number <table border="1"> <tr> <td></td><td></td> </tr> </table> 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					
<b>Work activity</b>								
63	Does your work need the high-intensity activity that causes significant increases in breathing or heart rate [ e.g. carrying or lifting heavy weights, digging or construction work] for at least 10 minutes without a break?	yes 1 no 2 if no, go to P 4	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 <table border="1"> <tr> <td></td><td></td> </tr> </table>			P2			
65	How much time do you spend involved in a high-intensity activities at work per typical day?	Hours : minutes <table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table> Hours minutes			:			P3 (a-b)
		:						
66	Does your work need moderate-intensity activity that causes small increases in breathing or heart rate [ e.g. fast walking, carrying light weight ] for at least 10 minutes without a break?	yes 1 no 2 Tu ara, gadadi P 7	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 <table border="1"> <tr> <td></td><td></td> </tr> </table>			P5			
68	How much time do you spend involved in a moderate-intensity activities at work per typical day?	Hours : minutes <table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table> 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 uninterrupted?	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 uninterrupted 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
<b>Recreational activities</b>			
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 uninterrupted?	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)

: (Add examples, use show cards)							
78	How much time do you spend sitting or remaining recumbent on a typical day?	Hours : minutes <table><tr><td>  </td><td>  </td></tr></table> : <table><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 if no, skip to S4a	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 <b>natural teeth</b> do you have?	No natural teeth 1 to 9 teeth 10 to 19 teeth 20 teeth or more Don't know	1 <i>If no natural teeth, go to O4</i> 2 3 4 77	O1								
97	How would you describe the <b>state of your teeth</b> ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O2								
98	How would you describe the <b>state of your gums</b> ?	Excellent Very Good Good Average Poor Very Poor Don't know	1 2 3 4 5 6 77	O3								
99	Do you have any <b>removable dentures</b> ?	Yes No	1 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 No	1 2	O5a								
	A lower jaw denture	Yes No	1 2	O5b								
101	During the past 12 months, did your teeth or mouth cause any <b>pain or discomfort</b> ?	Yes No	1 2	O6								
102	How long has it been since you last <b>saw a dentist</b> ?	Less than 6 months 6-12 months More than 1 year but less than 2 years 2 or more years but less than 5 years 5 or more years Never received dental care	1 2 3 4 5 6 <i>If Never, go to O9</i>	O7								
103	What was the <b>main reason for your last visit</b> to the dentist?	Consultation / advice Pain or trouble with teeth, gums or mouth Treatment / Follow-up treatment Routine check-up treatment Other	1 2 3 4 5 <i>If Other, go to O8other</i>	O8								
		Other (please specify)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									

CORE: Oral health, Continued													
Question		Response		Code									
104	How <b>often</b> do you <b>clean</b> your teeth?	Never 1 <i>If Never, go to O13a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7		O9									
105	Do you use <b>toothpaste</b> to clean your teeth?	Yes 1 No 2 <i>If No, go to O12a</i>		O10									
106	Do you use <b>toothpaste</b> containing <b>fluoride</b> ?	Yes 1 No 2 Don't know 77		O11									
107	Do you use any of the following to <b>clean your teeth</b> ? (RECORD FOR EACH)												
	Toothbrush	Yes 1 No 2		O12a									
	Wooden toothpicks	Yes 1 No 2		O12b									
	Plastic toothpicks	Yes 1 No 2		O12c									
	Dental thread	Yes 1 No 2		O12d									
	Charcoal	Yes 1 No 2		O12e									
	Chewstick	Yes 1 No 2		O12f									
	Other	Yes 1 <i>If Yes, go to O12other</i> No 2		O12g									
	Other (please specify) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
108	Have you <b>experienced any of the following problems</b> during the past 12 months because of the <b>state of your teeth</b> ? (RECORD FOR EACH)												
	Difficulty in chewing foods	Yes 1 No 2		O13a									
	Difficulty with speech/trouble pronouncing words	Yes 1 No 2		O13b									
	Felt tense because of problems with teeth or mouth	Yes 1 No 2		O13c									
	Embarrassed about appearance of teeth	Yes 1 No 2		O13d									
	Avoid smiling because of teeth	Yes 1 No 2		O13e									
	Sleep is often interrupted	Yes 1 No 2		O13f									
	Days not at work because of teeth or mouth	Yes 1 No 2		O13g									
	Difficulty doing usual activities	Yes 1 No 2		O13h									
	Less tolerant of spouse or people close to you	Yes 1 No 2		O13i									
	Reduced participation in social activities	Yes 1 No 2		O13j									

## Step 2 Physical Measurements

### BASIC: Height and Weight

Question		Response	Code
109	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M1
110	Device for height and weight IDs	height <div><div></div><div></div></div> weight <div><div></div><div></div></div>	M2a M2b
111	Height	in centimetres (cm) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M3
112	Weight <i>If too heavy for scale 666.6</i>	in kilograms (kg) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M4
113	<b>For women:</b> Are you pregnant?	yes 1 <i>if yes, go to M 8</i> no 2	M5

### BASIC: Waist

114	Device ID for waist	<div></div>	M6
115	Waist circumference	<div>in centimetres (cm)<div></div></div>	M7

### BASIC: Blood Pressure

116	Interviewer ID			M8
117	Device for blood pressure ID			M9
118	Used cuff size	Small 1 Medium 2 Large 3		M10
119	result 1	Systolic ( mmHg)		M11a
		Diastolic (mmHg))		M11b
120	result 2	Systolic ( mmHg))		M12a
		Diastolic (mmHg)		M12b
121	Result 3	Systolic ( mmHg))		M13a
		Diastolic (mmHg)		M13b
122	Have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health professional, for last two weeks?	yes 1  no 2		M14

EXPANDED: Hip Circumference and Heart Rate														
123	Hip circumference	in Centimeters (cm)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											M15
124	Heart Rate			M16a										
	result 1	Beats per minute	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
m result 2	Beats per minute	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
	result 3	Beats per minute	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							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	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							B2						
127	Device ID	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					B3								
128	Time of blood specimen taking (within the 24-hours)	Hours : minutes <table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td><td></td> </tr> <tr> <td>Hours</td><td></td><td></td><td>minutes</td><td></td><td></td> </tr> </table>			:				Hours			minutes			B4
		:													
Hours			minutes												
129	Fasting blood glucose <i>select : mmol/l or mg/dl</i>	mmol/l	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							B5					
mg/dl	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
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	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					B7								
132	Total cholesterol <i>select: mmol/l or mg/dl</i>	mmol/l	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							B8					
mg/dl	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
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	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							B10
		mg/dl	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							
mg/dl	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									