

# Pan American Version of the STEPS Instrument (Core and Expanded)



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

World Health Organization  
20 Avenue Appia, 1211 Geneva 27, Switzerland

*For further information:* [www.who.int/chp/steps](http://www.who.int/chp/steps)



# Pan American STEPS Instrument

## Overview

**Introduction** This is the generic STEPS Instrument which sites/countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes).

**Core Items** The Core items for each section ask questions required to calculate basic variables. For example:

- current daily smokers
- mean BMI.

**Note:** All the core questions should be asked, removing core questions will impact the analysis.

**Expanded items** The Expanded items for each section ask more detailed information. Examples include:

- use of smokeless tobacco
- sedentary behaviour.

**Guide to the columns** The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Site Tailoring
Number	This question reference number is designed to help interviewers find their place if interrupted.	Renumber the instrument sequentially once the content has been finalized.
Question	Each question is to be read to the participants	<ul style="list-style-type: none"><li>• Select sections to use.</li><li>• Add expanded and optional questions as desired.</li></ul>
Response	This column lists the available response options which the interviewer will be circling or filling in the text boxes. The skip instructions are shown on the right hand side of the responses and should be carefully followed during interviews.	<ul style="list-style-type: none"><li>• Add site specific responses for demographic responses (e.g. C6).</li><li>• Change skip question identifiers from code to question number.</li></ul>
Code	The column is designed to match data from the instrument into the data entry tool, data analysis syntax, data book, and fact sheet.	This should never be changed or removed. The code is used as a general identifier for the data entry and analysis.



## Pan American STEPS Instrument for Chronic Disease Risk Factor Surveillance

**<insert country/site name>**

### Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	<div><div></div><div></div><div></div><div></div></div>	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	I3
4	Date of completion of the instrument	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div>ddmmyear</div></div>	I4

		Participant Id Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Consent, Interview Language and Name		Response	Code										
5	Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5										
6	Interview Language <i>[Insert Language]</i>	English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4	I6										
7	Time of interview (24 hour clock)	<table border="1"> <tr> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td>:</td> <td><table border="1"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>hrs</td> <td></td> <td>mins</td> </tr> </table>	<table border="1"><tr><td></td><td></td></tr></table>			:	<table border="1"><tr><td></td><td></td></tr></table>			hrs		mins	I7
<table border="1"><tr><td></td><td></td></tr></table>			:	<table border="1"><tr><td></td><td></td></tr></table>									
hrs		mins											
8	Family Surname		I8										
9	First Name		I9										
<b>Additional Information that may be helpful</b>													
10	Contact phone number where possible		I10										

Record and file identification information (I5 to I10) separately from the completed questionnaire.

## Step 1 Demographic Information

CORE: Demographic Information				
Question		Response		Code
11	Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2		C1
12	What is your date of birth?  <i>Don't Know 77 77 7777</i>	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><i>If known, Go to C4</i></div></div> <div>ddmmyear</div>		C2
13	How old are you?	Years <div><div></div><div></div></div>		C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div><div></div><div></div></div>		C4

EXPANDED: Demographic Information			
15	What is the <b>highest level of education</b> you have completed?  [INSERT COUNTRY-SPECIFIC CATEGORIES]	<div>No formal schooling1</div> <div>Less than primary school2</div> <div>Primary school completed3</div> <div>Secondary school completed4</div> <div>High school completed5</div> <div>College/University completed6</div> <div>Post graduate degree7</div> <div>Refused88</div>	C5
16	What is your [insert relevant ethnic group / racial group / cultural subgroup / others] <b>background</b> ?	<div>[Locally defined]1</div> <div>[Locally defined]2</div> <div>[Locally defined]3</div> <div>Refused88</div>	C6
17	What is your <b>marital status</b> ?	<div>Never married1</div> <div>Currently married2</div> <div>Separated3</div> <div>Divorced4</div> <div>Widowed5</div> <div>Cohabiting6</div> <div>Refused88</div>	C7
18	Which of the following best describes your <b>main work</b> status over the past 12 months?  [INSERT COUNTRY-SPECIFIC CATEGORIES]  (USE SHOWCARD)	<div>Government employee1</div> <div>Non-government employee2</div> <div>Self-employed3</div> <div>Non-paid4</div> <div>Student5</div> <div>Homemaker6</div> <div>Retired7</div> <div>Unemployed (able to work)8</div> <div>Unemployed (unable to work)9</div> <div>Refused88</div>	C8
19	How many people older than 18 years, including yourself, live in your household?	<div>Number of people</div> <div><div></div><div></div><div></div></div>	C9

EXPANDED: Demographic Information, Continued				
Question		Response		Code
20	Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Go to T1</i>	C10a
		OR per month	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Go to T1</i>	C10b
		OR per year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Go to T1</i>	C10c
		Refused	88	C10d
21	If you don't know the amount, can you give an <b>estimate</b> of the annual household income if I read some options to you? Is it [INSERT QUINTILE VALUES IN LOCAL CURRENCY]  (READ OPTIONS)	≤ Quintile (Q) 1	1	C11
		More than Q 1, ≤ Q 2	2	
		More than Q 2, ≤ Q 3	3	
		More than Q 3, ≤ Q 4	4	
		More than Q 4	5	
		Don't Know	77	
Refused	88			

## 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.

Question		Response	Code
22	Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T6</i>	T1
23	Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T6</i>	T2
24	How old were you when you <b>first started</b> smoking daily?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T3
25	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4a
	<i>(RECORD ONLY 1, NOT ALL 3)</i>	OR in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
	<i>Don't know 77</i>	OR in Weeks <input type="text"/> <input type="text"/>	T4c
26	On average, <b>how many</b> of the following do you smoke each day?  <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i>  <i>Don't Know 77</i>	Manufactured cigarettes <input type="text"/> <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/>	T5c
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/>	T5d
		Other <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T9</i>	T5e
		Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T9</i>	T5other

EXPANDED: Tobacco Use												
Question		Response		Code								
27	In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes 1	No 2 <i>If No, go to T9</i>	T6								
28	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years)	Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T9</i>			T7						
29	How <b>long ago</b> did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago	<table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T9</i>			T8a						
		OR Months ago	<table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T9</i>			T8b						
OR Weeks ago	<table border="1"><tr><td></td><td></td></tr></table>			T8c								
30	Do you <b>currently use</b> any <b>smokeless tobacco</b> such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1	No 2 <i>If No, go to T12</i>	T9								
31	Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1	No 2 <i>If No, go to T12</i>	T10								
32	On average, how many <b>times a day</b> do you use .... (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Snuff, by mouth	<table border="1"><tr><td></td><td></td></tr></table>			T11a						
		Snuff, by nose	<table border="1"><tr><td></td><td></td></tr></table>			T11b						
		Chewing tobacco	<table border="1"><tr><td></td><td></td></tr></table>			T11c						
Betel, quid	<table border="1"><tr><td></td><td></td></tr></table>			T11d								
Other	<table border="1"><tr><td></td><td></td></tr></table> <i>If Other, go to T12other, else go to T13</i>			T11e								
Other (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> <i>Go to T13</i>											T11other
33	In the <b>past</b> , did you <b>ever use</b> smokeless tobacco such as [snuff, chewing tobacco, or betel] <b>daily</b> ?	Yes 1	No 2	T12								
34	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days	Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			T13						
35	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific 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						

CORE: Alcohol Consumption						
The next questions ask about the consumption of alcohol.						
Question		Response		Code		
36	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes	1	A1a		
		No	2 If No, go to D1			
37	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes	1	A1b		
		No	2 If No, go to D1			
38	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink?  (READ RESPONSES, USE SHOWCARD)	Daily	1	A2		
		5-6 days per week	2			
		1-4 days per week	3			
		1-3 days per month	4			
		Less than once a month	5			
39	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes	1	A3		
		No	2 If No, go to D1			
40	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number		A4		
		Don't know 77	<table><tr><td></td><td></td></tr></table>			
41	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion? (USE SHOWCARD)	Number		A5		
		Don't know 77	<table><tr><td></td><td></td></tr></table>			
42	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number		A6		
		Don't Know 77	<table><tr><td></td><td></td></tr></table>			
43	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times		A7		
		Don't Know 77	<table><tr><td></td><td></td></tr></table>			

EXPANDED: Alcohol Consumption			
44	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
45	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day?  (USE SHOWCARD)  Don't Know 77	Monday <div><div></div><div></div></div>	A9a
		Tuesday <div><div></div><div></div></div>	A9b
		Wednesday <div><div></div><div></div></div>	A9c
		Thursday <div><div></div><div></div></div>	A9d
		Friday <div><div></div><div></div></div>	A9e
		Saturday <div><div></div><div></div></div>	A9f
		Sunday <div><div></div><div></div></div>	A9g

**CORE: 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
46	In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77	<div><div></div><div></div><div></div></div> <i>If Zero days, go to D3</i>	D1
47	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77	<div><div></div><div></div><div></div></div>	D2
48	In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77	<div><div></div><div></div><div></div></div> <i>If Zero days, go to D3</i>	D3
49	How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77	<div><div></div><div></div><div></div></div>	D4

**EXPANDED: Diet**

EXPANDED D5C												
50	What type of <b>oil or fat is most often</b> used for meal preparation in your household?  (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil	1	D5								
		Lard or suet	2									
		Butter or ghee	3									
		Margarine	4									
		Other	5		If Other, go to D5 other							
		None in particular	6									
		None used	7									
		Don't know	77									
		Other	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									D5other
51	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		D6								
		Don't know 77	<table><tr><td></td><td></td></tr></table>									



CORE: Physical Activity			
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. <i>[Insert other examples if needed]</i>. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question	Response		Code
<b>Work</b>			
52	<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	P1
53	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
54	How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
55	<p>Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	P4
56	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
57	How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
<b>Travel to and from places</b>			
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[Insert other examples if needed]</i></p>			
58	Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	P7
59	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
60	How much time do you spend walking or bicycling for travel on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)

CORE: Physical Activity, Continued			
Question	Response		Code
<b>Recreational activities</b>			
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), <i>[Insert relevant terms]</i> .			
61	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>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 If No, go to P 13	P10
62	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P11
63	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
64	Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 If No, go to P16	P13
65	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P14
66	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

EXPANDED: Physical Activity			
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, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
67	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question		Response	Code
68	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>	
69	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>	
70	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised Blood Pressure			
71	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 past two weeks	Yes 1	H3a
		No 2	
	Advice to reduce salt intake	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	
72	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
73	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

CORE: History of Diabetes			
Question		Response	Code
74	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 M1</i>	
75	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 M1</i>	
76	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes				
77	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	
	Drugs (medication) that you have taken in the past two 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	
78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H9
		No	2	
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
		No	2	
80	When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 years	1	H11
		More than 2 years ago	2	
		Never	3	
		Don't know	77	
81	When was the last time your feet were examined as part of your diabetes control?	Within the past year	1	H12
		More than 1 year ago	2	
		Never	3	
		Don't know	77	

EXPANDED: History of raised total cholesterol			
Questions		Response	Code
82	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes 1	L1a
		No 2 <i>If No, go to F1a</i>	
83	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1	L2a
		No 2 <i>If No, go to F1a</i>	
84	Were you told in the past 12 months?	Yes 1	L2b
		No 2	
Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?			
85	Oral treatment (medication) taken in the last 2 weeks	Yes 1	L3a
		No 2	
	Special prescribed diet	Yes 1	L3b
		No 2	
	Advice or treatment to lose weight	Yes 1	L3c
		No 2	
	Advice or treatment to stop smoking	Yes 1	L3d
		No 2	
	Advice to start or do more exercise	Yes 1	L3e
		No 2	
86	During the past 12 months have you seen a traditional healer for raised cholesterol?	Yes 1	L4
		No 2	
87	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1	L5
		No 2	

EXPANDED: Family history			
Questions		Response	Code
88	Have some of your family members been diagnosed with the following diseases?		
	Diabetes or raised blood sugar	Yes 1	F1a
		No 2	
	Raised Blood pressure	Yes 1	F1b
		No 2	
	Stroke	Yes 1	F1c
		No 2	
	Cancer or malignant tumor	Yes 1	F1d
		No 2	
	Raised Cholesterol	Yes 1	F1e
		No 2	
	Early Heart attack (below age 55 for men and below age 65 for women)	Yes 1	F1f
		No 2	

## Step 2 Physical Measurements

CORE: Height and Weight								
Question		Response	Code					
89	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
90	Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table> Weight <table border="1"><tr><td></td><td></td></tr></table>					M2	
91	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M3
92	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M4
93	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5					
CORE: Waist								
94	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6			
95	Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M7
CORE: Blood Pressure								
96	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8	
97	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9			
98	Cuff size used	Small 1 Medium 2 Large 3	M10					
99	Reading 1	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11b			
100	Reading 2	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12b			
101	Reading 3	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13b			
102	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	M14					

EXPANDED: Hip Circumference and Heart Rate								
103	Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15
104	Heart Rate							
	Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16a	
	Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b	
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c		

### Step 3 Biochemical Measurements

#### CORE: Blood Glucose

Question		Response	Code										
105	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1										
106	Technician ID	<table><tr><td></td><td></td><td></td><td></td></tr></table>					B2						
107	Device ID	<table><tr><td></td><td></td></tr></table>			B3								
108	Time of day blood specimen taken (24 hour clock)	Hours : minutes <table><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		B4
		:											
hrs			mins										
109	Fasting blood glucose	mmol/l <table><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.			B5					
		.											
110	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										

#### CORE: Blood Lipids

111	Device ID	<div><div></div><div></div></div>	B7
112	Total cholesterol	mmol/l <div><div></div><div></div><div>.</div><div></div><div></div></div>	B8
113	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div>Yes 1</div> <div>No 2</div>	B9

#### EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance

114	Triglycerides	mmol/l	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	B10
115	HDL Cholesterol	mmol/l	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	B11
116	Oral Glucose Tolerance	mmol/l	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div></div>	B12



## Step 1 Optional module

Section: Health Screening		Response		Code
117	Have you ever had your feces examined to look for hidden blood?	Yes 1 No 2		S1
118	Have you ever had a colonoscopy?	Yes 1 No 2		S2
119	<b><u>This question is for men only:</u></b> Have you ever had an examination of your prostate?	Yes 1 No 2		S3
120	<b><u>The following questions are for women only:</u></b> Have you been shown how to examine your breasts?	Yes 1 No 2		S4
121	When was the last time you had an examination of your breasts?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77		S5
122	When was the last time you had a mammogram?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77		S6
123	When was the last time you had a Pap test?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77		S7