

STEPS Mapped Instrument & Dataset Structure For Cameroon (2003)



Prepared by (including date and contact information):

Respondent Identification, Location and Date

Location and Date			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--		Respondent Identification	1-999999		ID	idnum	Numeric	
1		District code	1-999	Sentinel Site Code	I1	I1	Numeric	
2		Centre/Village name	Text	Village, Quarter or bloc (name)	I2	I5	Text	
3		Centre/Village code	1-999	Village, Quarter or bloc (code)	I3	I6	Numeric	
4		Interviewer Identification	1-999		I4		Numeric	
5		Date of completion of the instrument	Value entered as date dd/mm/yyyy		I5	I8	Date/Time	
Country-Specific Questions								
--		Province (Nom) /Province (Name)		MISSING FROM DATASET	--	I2		
--		District de santé (Nom) /Health District (Name)		MISSING FROM DATASET	--	I3		
		Aire de santé (Nom) /Health area (Name)			X1	I4		
		Code du ménage / Household code		2 letters+3 digits	X2	I7		

Consent, Interview Language and Name

Consent, Interview Language and Name			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
6		Consent has been read out to participant	1 Yes		I6	--	Numeric	
			2 No					
			77 Don't Know					
			88 Not applicable					
			99 Missing					
7		Consent has been obtained (verbal or written)	1 Yes		I7	--	Numeric	
			2 No					
8		Interview Language [Insert Language]	1 English	1 English	I8	I11		
			2 [Add others]	2 French				
			3 [Add others]	3 Translator				
			4 [Add others]					
9		Time of interview (24 hour clock)	Numeric, entered as date hh:mm		I9	I12	Numeric	
10		Family Name	Text		I10	I13	Not entered	
11		First Name	Text	MISSING FROM DATASET	I11	I14	Not entered	
12		Contact phone number where possible	Text		I12	I16	Not entered	

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Consent, Interview Language and Name, Continued

Consent, Interview Language and Name			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
13		Specify whose phone	1 Work	1 Work	I13	I17	Not entered	
			2 Home	2 Home				
			3 Neighbour	3 Neighbour				
			4 Other (specify)	4 Mobile				
			Text- Other		I13other			
Country-Specific Questions								
--		Code du sujet / Subject Code		2 letters + 5 digits	X4	I15		
--								
--								
--								

Step 1: Demographic Information

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
14		Sex (<i>Record Male / Female as observed</i>)	1 Male 2 Female		C1	D1	Numeric	
15		What is your date of birth? <i>Don't Know 77 777 7777</i>	Value entered as date dd/mm/yyyy		C2	D2	Date/Time	
16		How old are you?	25-64		C3	D3	Numeric	
17		In total, how many years have you spent at school or in full-time study (excluding pre-school)?	0-22 77 Don't know 88 Refused 99 Missing		C4	D5	Numeric	
18		What is your [<i>insert relevant ethnic group / racial group / cultural subgroup / others</i>] <u>background</u> ?	1 [<i>Locally defined</i>] 2 [<i>Locally defined</i>] 3 [<i>Locally defined</i>] 88 Refused 99 Missing		C5	--	Numeric	
19		What is the highest level of education you have completed?	1 No formal schooling 2 Less than primary school 3 Primary school completed 4 Secondary school completed 5 High school completed 6 College/University completed 7 Post graduate degree 77 Don't know 88 Refused 99 Missing		C6	D7	Numeric	

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Step 1: Demographic Information, Continued

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific		STEPS Generic	Site Specific
20		Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee			C7	D9	Numeric
			2 Non-government employee					
			3 Self-employed					
			4 Non-paid					
			5 Student					
			6 Homemaker					
			7 Retired					
			8 Unemployed (able to work)					
			9 Unemployed (unable to work)					
			77 Don't know					
			88 Refused					
			99 Missing					
21		How many people older than 18 years, including yourself, live in your household?	0-25			C8	D10	Numeric
			77 Don't Know					
			88 Refused					
			99 Missing					
22		Taking the past year, can you tell me what the average earnings of the household have been?	Per week	1-9999999		C9a	--	Numeric
				7777777 DK				
			Per month	1-9999999		C9b		
				7777777 DK				
			Per year	1-9999999		C9c		
				7777777 DK				
			88 Refused			C9d		

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Step 1: Demographic Information, Continued, Continued

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
23		If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it	1 ≤ Quintile (Q) 1		C10	--	Numeric	
			2 More than Q 1, ≤ Q 2					
			3 More than Q 2, ≤ Q 3					
			4 More than Q 3, ≤ Q 4					
			5 More than Q 4					
			77 Don't Know					
			88 Refused					
			99 Missing					
Country-Specific Questions								
--	--	Marital Status		1 Married	X5	D4		Numeric
				2 Single				
				3 Divorced				
				4 Widow/Widower				
				5 Separated				
--	--	What is your province of origin?		1 Centre	X6	D6		Numeric
				2 South				
				3 East				
				4 Littoral				
				5 Southwest				
				6 Northwest				
				7 West				
				8 Adamaoua				
				9 North				
				10 Extreme North				
--	--	Profession			X7	D8		Text

Step 1: Tobacco Use

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
24	--	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	1 Yes		T1	S1b	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
25	--	<u>If Yes,</u> Do you currently smoke tobacco products daily ?	1 Yes		T2	S1c	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
26	--	How old were you when you first started smoking daily?	8-64		T3	S2a	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
27	--	Do you remember how long ago it was?	1-55 (years)		T4a	--	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T4b	--	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T4c	--	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
28	--	On average, how many of the following do you smoke each day?	Manufactured cigarettes	1-50		T5a	S3a1	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Hand-rolled cigarettes	1-50		T5b	S3a2	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Pipes full of tobacco	1-50		T5c	S3a3	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Cigars, cheroots, cigarillos	1-50		T5d	S3a4	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50		T5e	S3a5	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text		T5other	--	Text

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
29	--	In the past, did you ever smoke daily ?	1 Yes		T6	S4	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
30	--	<u>If Yes,</u> How old were you when you stopped smoking daily ?	10-64		T7	S5a	Numeric	
			77 Don't Know					
			88 Refused					
			99 Missing					
31	--	How long ago did you stop smoking daily?	1-54 (years)		T8a	--	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T8b	--	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T8c	--	Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
32	--	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	1 Yes		T9	S6a	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
33	--	If Yes, Do you currently use smokeless tobacco products daily?	1 Yes		T10	S6b	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
34	--	On average, how many times a day do you use	Snuff, by mouth	1-50	T11a	S7a1	Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Snuff, by nose	1-50	T11b	S7a2	Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Chewing tobacco	1-50	T11c	S7a3	Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Betel, quid	1-50	T11d	S7a4	Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50	T11e	S7a5	Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text	T11other	--	Text	

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
35	--	In the past, did you ever use smokeless tobacco such as <i>[snuff, chewing tobacco, or betel]</i> daily ?	1 Yes		T12	S8	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
Country-Specific Questions								
--	--	Have you ever smoked any tobacco products, such as cigarettes, cigars or pipes?		1 Yes	X8	S1a		Numeric
				2 No				
--	--	Do you remember how long ago it was?		Response options unclear, values are 1, 2, or 3	X9	S2b		Numeric
--	--	What is the unit cost of what you smoke? (e.g. cost of a stick of cigarette)			X10	S3b		Numeric
--	--	How long ago did you stop smoking daily?		Response options unclear, values are 1, 2, or 99	X11	S5b		Numeric
--	--	What is the average daily expenditure on what you smoke in S7b above?			X12	S7b		Numeric
--	--	Have you ever lived in direct contact with a smoker to have the effects of his/her smoking?			X13	S9		Numeric
--	--	For how long?			X14	S10		Numeric

Step 1: Alcohol Use

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
36	--	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 12 months?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		A1	A1b	Numeric	
37	--	In the past 12 months, how frequently have you had at least one drink?	1 (Daily) 2 (5-6 days per week) 3 (1-4 days per week) 4 (1-3 days per month) 5 (Less than once a month) 77 Don't Know 88 Refused 99 Missing	1 5 or more days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month	A2	A2b	Numeric	
38	--	When you drink alcohol, on average , how many drinks do you have during one day?	Number 1-50 77 Don't Know 88 Refused / NA 99 Missing		A3	A3	Numeric	
39	--	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 30 days?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		A4		Numeric	

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Step 1: Alcohol Use, Continued

STEP 1: Alcohol Use			Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
40		During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50		A5a	A51	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Tuesday	1-50		A5b	A52	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Wednesday	1-50		A5c	A53	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Thursday	1-50		A5d	A54	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Friday	1-50		A5e	A55	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Saturday	1-50		A5f	A56	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Sunday	1-50		A5g	A57	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					

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Step 1: Alcohol Use, Continued

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
41		In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of standard drinks together?	1-50 77 Don't Know 88 Refused / NA 99 Missing		A6	A7	Numeric	
42		For men only: In the past 12 months, on how many days did you have five or more standard drinks in a single day?	1-365 777 Don't Know 888 Refused / NA 999 Missing		A7	A6a	Numeric	
43		For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day?	1-365 777 Don't Know 888 Refused / NA 999 Missing		A8	A6b	Numeric	
Country-Specific Questions								
--	--	Have you ever consumed a drink that contains alcohol such as beer, wine, spirit, palm wine, corn beer, 'bili bili' and 'arki' or 'afofo'?		1 Yes 2 No	X15	A1a	--	Numeric
--	--	What is the standard measure of the alcoholic drink you often take?		1 Bottle of beer 2 Bottle of wine 3 Cup of palm wine 4 Short of spirit 5 Bowl of bili bili or corn beer 6 Glass of arki	X16	A2a	--	Numeric
--	--	What is the unit cost of what you usually drink?			X17	A4	--	Numeric

Step 1: Diet

STEP 1: Diet				Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
44		In a typical week, on how many days do you eat fruit?	Days 0-7 9 Missing			D1	N1a	Numeric	
45		How many servings of fruit do you eat on one of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing			D2	--	Numeric	
46		In a typical week, on how many days do you eat vegetables?	Days 0-7 99 Missing			D3	N2a	Numeric	
47		How many servings of vegetables do you eat on one of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing			D4	--	Numeric	
48		What type of oil or fat is most often used for meal preparation in your household?	1 Vegetable oil		1 Palm oils	D5	N3	Numeric	
			2 Lard or suet		2 Ground nut oil or Cotton seed oil or Soya bean oil				
			3 Butter or ghee		3 Olive oil				
			4 Margarine		4 Others				
			5 Other		5 None				
			6 None in particular		6 1 and 2 combined				
			7 None used						
			77 Don't know						
			99 Missing						
Other (please specify):	Text		D5other	--	Text				
Country-Specific Questions									
--	--	How much do you spend on fruits a week for the household?				X18	N1b		Numeric
--	--	How much do you spend on vegetables a week for the household?				X19	N2b		Numeric

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Step 1: Diet, Continued

STEP 1: Diet			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Country-Specific Questions								
--	--	How many meals do you usually take a day?			X20	N4		Numeric
--	--	Do you always add salt to your food even when others in the house think the salt is okay?		1 Yes	X21	N5		Numeric
				2 No				
--	--	Do you always add sugar to your tea even when others in the house think the sugar is okay?		1 Yes	X22	N6		Numeric
				2 No				
--	--	Do you have a weighing scale at home?		1 Yes	X23	N7		Numeric
				2 No				
--	--	When was the last time you took your weight?		1 1 week ago	X24	N8		Numeric
				2 1 week to 1 month ago				
				3 1 month to 1 year ago				
				4 more than 1 year ago				
--	--	How often do you check your weight?		1 Weekly	X25	N9		Numeric
				2 Monthly				
				3 Annually				
				4 Don't Know				

Step 1: Physical Activity

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Activity at work								
49		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?	1 Yes		P1	P2	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
50		In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7		P2	P3a	Numeric	
			99 Missing					
51		How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24		P3A	--	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P3B	P3b	Numeric	
			77 Don't Know					
52		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?	1 Yes		P4	P4	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
53		In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7		P5	P5a	Numeric	
			99 Missing					
54		How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24		P6A	--	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P6B	P5b	Numeric	
			77 Don't Know					
54			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Travel to and from places								
55		Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	1 Yes		P7	P7	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
56		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?	Days 1-7		P8	P8a	Numeric	
			99 Missing					
57		How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a	--	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b	P8b	Numeric	
			77 Don't Know					
			99 Missing					
Recreational activities								
58		Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [<i>running or football</i> ,] for at least 10 minutes continuously?	1 Yes		P10	P10a	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
59		In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P11	P11a	Numeric	
			99 Missing					
60		How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24		P12a	--	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b	P11b	Numeric	
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Recreational activities								
61		Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking,(<i>cycling, swimming, volleyball</i>)for at least 10 minutes continuously?	1 Yes		P13	P12	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
62		In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P14	P13a	Numeric	
			99 Missing					
63		How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours 1-24		P15a	--	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P15b	P13b	Numeric	
			77 Don't Know					
			99 Missing					
Sedentary behaviour								
64		How much time do you usually spend sitting or reclining on a typical day?	Hours 1-24		P16a	--	Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P16b	P14	Numeric	
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Country-Specific Questions								
--	--	Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?		1 Yes	GPAQ1P1	P1		Numeric
				2 No				
--	--	How long is your typical workday?		Mins.	GPAQ1P6	P6		Numeric
--	--	Does your [recreation, sport or leisure time] involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time		1 Yes	GPAQ1P9	P9		Numeric
				2 No				
--	--	What is the favourite sporting activity you practice?			X26	P10b		Text
--	--	How often do you practice it?		1 Daily	X27	P10c		Numeric
				2 Twice a week				
				3 Once a week				
				4 Once a month				
				5 > once a month				

Step 1: History of Raised Blood Pressure

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
65		When was your blood pressure last measured by a health professional?	1 Within past 12 months		H1	H1	Numeric	
			2 (1-5 years ago)					
			3 Not within past 5 years					
			77 Don't Know					
			88 Refused					
			99 Missing					
66		During the past 12 months have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	1 Yes		H2	H2	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
67		Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?						
		Drugs (medication) that you have taken in the last 2 weeks	1 Yes		H3a	H5	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H3b	H6	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to lose weight	1 Yes		H3c	H7	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Raised Blood Pressure, Continued

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
67cont.		Advice or treatment to stop smoking	1 Yes		H3d	H8	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H3e	H9	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
68		During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	1 Yes		H4	H10	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
69		Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes		H5	H10b	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
Country-Specific Questions								
--	--	During the past 12 months has a doctor or other health worker told you that you have a stroke (cerebro-vascular accident)?		1 Yes	X28	H3		Numeric
				2 No				
--	--	How often do you check your BP?		1 Weekly	X29	H4		Numeric
				2 Monthly				
				3 Annually				
				99 Don't know				

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Step 1: History of Raised Blood Pressure, Continued

STEP 1: History of Raised Blood Pressure, Country-Specific Questions			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	What is the average monthly expenditure on consultation and purchase of drugs or traditional remedy?			X30	H11		Numeric

Step 1: History of Diabetes

STEP 1: History of Diabetes			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
70		Have you had your blood sugar measured in the last 12 months?	1 Yes		H6	H13	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
71		During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	1 Yes	(Note: Question text does not have "in the last 12 mos.")	H7	H14	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
72		Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?						
		Insulin	1 Yes		H8a	H17	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Oral drug (medication) that you have taken in the last 2 weeks	1 Yes		H8b	H18	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H8c	H19	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to lose weight	1 Yes		H8d	H20	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Diabetes, Continued

STEP 1: Diabetes			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
72 cont.		Advice or treatment to stop smoking	1 Yes		H8e	H21	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H8f	H22	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
73		During the past 12 months have you seen a traditional healer for diabetes?	1 Yes		H9	H23	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
74		Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes		H10	H24	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
Country-Specific Questions								
--	--	How often do you check you blood sugar?		1 Weekly	X31	H12		Numeric
				2 Monthly				
				3 Annually				
				99 Don't know				
--	--	How long ago were you diagnosed as diabetic?		Response values unclear	X32	H15		Numeric
--	--	Has a doctor or other health worker ever told you that you were overweight or obese?		1 Yes	X33	H16		Numeric
				2 No				
--	--	What is the average monthly expenditure on consultation and purchase of drugs or traditional remedy?			X34	H25		Numeric

Step 1: Health History

STEP 1: Health History (Country-Specific)			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Do you suffer from any of the following conditions						
		Liver Disease		1 Yes	X35	H26		Numeric
				2 No				
		Kidney Disease		1 Yes	X36	H27		Numeric
				2 No				
		Heart disease		1 Yes	X37	H28		Numeric
				2 No				
--	--	Have any of your first-degree relatives (mother, father, son, daughter, brother, sister) suffered from any of the following conditions?						
		Hypertension		1 Yes	X38	H29		Numeric
				2 No				
		Diabetes		1 Yes	X39	H30		Numeric
				2 No				
		Kidney disease		1 Yes	X40	H31		Numeric
				2 No				
		Heart disease		1 Yes	X41	H32		Numeric
				2 No				
		Obesity		1 Yes	X42	H33		Numeric
				2 No				
		Stroke		1 Yes	X43	H34		Numeric
				2 No				

Step 2: Physical Measurements

STEP 2: Physical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Height and weight								
75		Interviewer ID	1-900 999 Missing		M1	M1	Numeric	
76		Device IDs for height and weight	Height 1-90 99 Missing		M2a	M2a	Numeric	
			Weight 1-90 99 Missing		M2b	M2b		
77		Height	100.0-270.0 888.8 Refused 999.9 Missing		M3	M3	Numeric	
78		Weight	20.0-350.0 666.6 Too large for scale 888.8 Refused 999.9 Missing		M4	M4	Numeric	
79		(For women) Are you pregnant?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		M5	M6	Numeric	

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Step 2: Physical Measurements, Continued

STEP 2: Physical Measurements			Response		Code (variable name)		Data Type			
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific	
Waist										
80		Device ID for waist	1-90			M6	--	Numeric		
			99 Missing							
81		Waist circumference	30.0-200.0			M7	M7	Numeric		
			888.8 Refused							
			999.9 Missing							
Blood pressure										
82		Interviewer ID	1-900			M8	--	Numeric		
			999 Missing							
83		Device ID for blood pressure	1-90			M9	M11	Numeric		
			99 Missing							
84		Cuff size used	1 Small			M10	M13	Numeric		
			2 Medium							
			3 Large							
			99 Missing							
85		Reading 1	Systolic	40.0-300			M11a	M14a	Numeric	
				888 Refused						
				999 Missing						
			Diastolic	30.0-200.0			M11b	M14b	Numeric	
				888 Refused						
				999 Missing						
86		Reading 2	Systolic	40.0-300			M12a	M15a	Numeric	
				888 Refused						
				999 Missing						
			Diastolic	30.0-200.0			M12b	M15b	Numeric	
				888 Refused						
				999 Missing						

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Step 2: Physical Measurements, Continued

Step 2: Physical Measurements			Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
87		Reading 3	Systolic	40.0-300.0		M13a	M16a	Numeric	
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M13b	M16b	Numeric	
				888 Refused					
				999 Missing					
88		During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	1 Yes			M14	--	Numeric	
			2 No						
			77 Don't Know						
			88 Refused						
			99 Missing						
			Hip Circumference and Heart Rate						
89		Hip circumference	45.0-300.0			M15	M8	Numeric	
			888.8 Refused						
			999.9 Missing						
90		Heart Rate Reading 1	30.0-200.0			M16a	M10a	Numeric	
			888 Refused						
			999 Missing						
		Heart Rate Reading 2	30.0-200.0			M16b	M10b	Numeric	
			888 Refused						
			999 Missing						
		Heart Rate Reading 3	30.0-200.0			M16c	M10c	Numeric	
			888 Refused						
			999 Missing						
Country-Specific Questions									
--	--	Site subcode			2 letters + 5 digits	X44	subcode		
--	--	Time of physical and biochemical examination				X45	time		Numeric
--	--	BMI (calculated from height and weight readings)				X46	M5		Numeric
--	--	WHR (calculated from waist and hip circ. reading)				X47	M8		Numeric
--	--	Average Heart Rate (calculated from pulse readings)				X48	M10d		Numeric

Step 2: Physical Measurements, Continued

Step 2: Physical Measurements, Country-Specific Questions			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Mid Upper arm circumference (in cm)			X49	M12		Numeric
--	--	Mean systolic blood pressure			X50	M17a		Numeric
--	--	Mean diastolic blood pressure			X51	M17b		Numeric

Step 3: Biochemical Measurements

Step 3: Biochemical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
91		During the last 12 hours have you had anything to eat or drink, other than water?	1 Yes		B1	B1	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
92		Technician ID	1-900		B2	B2	Numeric	
			999 Missing					
93		Device ID	1-90		B3	B3	Numeric	
			99 Missing					
94		Time of day blood specimen taken (24 hour clock)	Numeric hh:mm		B4	B4	Numeric	
95		Blood glucose	1-50.00		B5	B5	Numeric	
			99.99 Missing					
Blood Lipids								
96		Device ID	1-60		B6		Numeric	
			99 Missing					
97		Total cholesterol	1.75-20.00		B7		Numeric	
			99.99 Missing					
Triglycerides and HDL Cholesterol								
98		Triglycerides	0.25-50.0		B8		Numeric	
			99.99 Missing					
99		HDL Cholesterol	0.10-5.00		B9		Numeric	
			9.99 Missing					
Country-Specific Questions								
--	--	OGTT (done if fasting blood glucose is greater than or equal to 100 mg/dl or 6.1mmol/L)			X52	B6		Numeric