

WHO 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



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
- Optional tobacco policy
- 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">• Select sections to use.• Add expanded and optional questions as desired.
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">• Add site specific responses for demographic responses (e.g. C6).• Change skip question identifiers from code to question number.
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.



WHO STEPS Instrument

for Chronic Disease

Risk Factor Surveillance

LESOTHO

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 Identification Number				<table border="1"><tr><td></td><td></td><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 If NO, END	I5										
6	Interview Language <i>[Insert Language]</i>	Sesotho 1 English 2	I6										
7	Time of interview (24 hour clock)	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td colspan="2">hrs</td> <td colspan="2"></td> <td>mins</td> </tr> </table>			:			hrs				mins	I7
		:											
hrs				mins									
8	Family Surname		I8										
9	First Name		I9										
Additional Information that may be helpful													
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 (Record Male / Female as observed)	Male 1 Female 2	C1																		
12	What is your date of birth? Don't Know 77 77 7777	<table><tr><td><table><tr><td> </td><td> </td></tr></table></td><td><table><tr><td> </td><td> </td></tr></table></td><td><table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td><td>If known, Go to C4</td></tr><tr><td>dd</td><td>mm</td><td>year</td><td></td><td></td></tr></table>	<table><tr><td> </td><td> </td></tr></table>			<table><tr><td> </td><td> </td></tr></table>			<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						If known, Go to C4	dd	mm	year			C2
<table><tr><td> </td><td> </td></tr></table>			<table><tr><td> </td><td> </td></tr></table>			<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						If known, Go to C4									
dd	mm	year																			
13	How old are you?	Years <table><tr><td> </td><td> </td></tr></table>			C3																
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <table><tr><td> </td><td> </td></tr></table>			C4																

EXPANDED: Demographic Information

15	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Housewife 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
19	How many people older than 18 years, including yourself, live in your household?	Number of people <input type="text"/>	C9

EXPANDED: Demographic Information, Continued					
Question		Response			Code
20	Taking the past year , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<i>Go to T1</i>	C10a
		OR per month	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<i>Go to T1</i>	C10b
		OR per year	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<i>Go to T1</i>	C10c
		Refused	88		C10d
21	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you?	< 500 LSL	1	C11	
		500-999 LSL	2		
		1000-1,499 LSL	3		
		1,500-2,000 LSL	4		
		>2,000 LSL	5		
		Don't Know	77		
		Refused	88		

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about tobacco use.

Question		Response		Code
22	Have you ever smoked any tobacco products such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1		T1a
		No 2	<i>If No, go to T9a</i>	
23	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1		T1
		No 2	<i>If No, go to T6</i>	
24	Do you currently smoke tobacco products daily ?	Yes 1		T2
		No 2	<i>If No, go to T5aw</i>	
25	How old were you when you first started smoking daily?	Age (years)		T3
		Don't know 77	<input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	
26	Do you remember how long ago it was?	In Years	<input type="text"/> <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"/> <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"/> <input type="text"/>	T4c
27	On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓		
		Manufactured cigarettes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
		Hand-rolled cigarettes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
		Pipes full of tobacco	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
		Cigars, cheroots, cigarillos	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
		Other	<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>If Other, go to T5other, else go to T6a</i>	T5f/T5fw
		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"/>	T5other/ T5otherw
28	During the past 12 months, have you tried to stop smoking ?	Yes 1		T6a
	No 2			
29	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1	<i>If T2=Yes, go to T9a</i>	T6b
		No 2	<i>If T2=Yes, go to T9a</i>	
		No visit during the past 12 months 3	<i>If T2=Yes, go to T9a</i>	

EXPANDED: Tobacco Use				
Question		Response		Code
30	In the past, did you ever smoke daily ?	Yes 1 No 2 If No, go to T9a	T6	
31	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T9a	T7	
32	How long ago did you stop smoking daily ? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> If Known, go to T9a	T8a	
		OR Months ago <input type="text"/> <input type="text"/> If Known, go to T9a	T8b	
		OR Weeks ago <input type="text"/> <input type="text"/>	T8c	
33	Have you ever used smokeless tobacco products such as <i>snuff</i> , or <i>chewing tobacco</i> ? (USE SHOWCARD)	Yes 1 No 2 If No, go to T13	T9a	
34	Do you currently use any smokeless tobacco products such as <i>snuff</i> , or <i>chewing tobacco</i> ? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T9	
35	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T11aw	T10	
36	On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓		
		Snuff, by mouth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11a/ T11aw	
		Snuff, by nose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11b/ T11bw	
		Chewing tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11c/ T11cw	
		Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T11other, if T10=2, go to T12, else go to T13	T11e/ T11ew	
		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"/> If T10=2, go to T12, else go to T13	T11other/ T11otherw	
37	In the past , did you ever use smokeless tobacco products such as <i>snuff</i> , or <i>chewing tobacco</i> daily ?	Yes 1 No 2	T12	
38	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days Don't know 77 <input type="text"/> <input type="text"/>	T13	
39	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (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 <input type="text"/> <input type="text"/>	T14	

The next questions ask about the consumption of alcohol.

Question		Response	Code
42	Have you ever consumed an alcoholic drink such as beer, wine, spirits, homemade brew? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to D1	A1a
43	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 If No, go to D1	A1b
44	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
45	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 If No, go to D1	A3
46	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
47	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A5
48	During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A6
49	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7

EXPANDED: Alcohol Consumption

50	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
51	During each of the past 7 days , how many standard alcoholic drinks did you have each day? <i>(USE SHOWCARD)</i> <i>Don't Know 77</i>	Monday <input type="text"/> <input type="text"/>	A9a
		Tuesday <input type="text"/> <input type="text"/>	A9b
		Wednesday <input type="text"/> <input type="text"/>	A9c
		Thursday <input type="text"/> <input type="text"/>	A9d
		Friday <input type="text"/> <input type="text"/>	A9e
		Saturday <input type="text"/> <input type="text"/>	A9f
		Sunday <input type="text"/> <input type="text"/>	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
52	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
53	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/>	D2
54	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
55	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> Don't know 77 <input type="text"/> <input type="text"/>	D4
EXPANDED: Diet			
56	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lard or suet 2 Butter 3 Margarine 4 Other 5 If Other, go to D5 other None in particular 6 None used 7 Don't know 77	D5
		Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D5other
57	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 <input type="text"/> <input type="text"/> Don't know 77 <input type="text"/> <input type="text"/>	D6

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, walking with load on head, drawing water, tending animals, gardening. 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
Work			
58	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? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 4</i>	P1
59	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
60	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
61	Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking, <i>cleaning, washing clothes at river (nokaneng), drawing water from the river, collecting firewood, milking cows, gardening, carrying light loads</i> for at least 10 minutes continuously? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 7</i>	P4
62	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
63	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
Travel to and from places			
<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.</p>			
64	Do you walk or use horse for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 <i>If No, go to P 10</i>	P7
65	In a typical week, on how many days do you walk or ride horse for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
66	How much time do you spend walking or ride horse for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

5-4B-8

CORE: History of Raised Blood Pressure			
Question		Response	Code
74	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 If No, go to H6	H1
75	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 If No, go to H6	H2a
76	Have you been told in the past 12 months?	Yes 1 No 2	H2b
EXPANDED: History of Raised Blood Pressure			
77	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 No 2	H3a
	Advice to reduce salt intake	Yes 1 No 2	H3b
	Advice or treatment to lose weight	Yes 1 No 2	H3c
	Advice or treatment to stop smoking	Yes 1 No 2	H3d
	Advice to start or do more exercise	Yes 1 No 2	H3e
	78	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2
79	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes			
Question		Response	Code
80	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 If No, go to M1	
81	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 If No, go to M1	
82	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	
EXPANDED: History of Diabetes			
83	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		
84	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
85	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	

Violence and Injury

CORE: Injury

The next questions ask about different experiences and behaviours that are related to road traffic injuries.

Question		Response	Code
86	In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the car I usually am in 5 Don't Know 77 Refused 88	V1
87	In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2
88	In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to V5</i> Don't know 77 <i>If don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	V3
89	Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4
The next questions ask about the most serious accidental injury you have had in the past 12 months.			
90	In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i>	V5
91	Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77 Refused 88	V6
		Other (please specify) <input type="text"/>	V6other

CORE: Injury, Continued											
Question		Response	Code								
92	Where were you when you had this injury?	Home 1 School 2 Workplace 3 Road/Street/Highway 4 Farm 5 Sports/athletic area 6 Other (specify) 7 Don't know 77 Refused 88	V7								
		Other (please specify) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									V7other
EXPANDED: Unintentional Injury											
The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.											
Question		Respon s	Code								
93	In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always 1 Sometimes 2 Never 3 Did not ride in the past 30 days 4 Don't Know 77 Refused 88	V8								
94	In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARDS)	Number of times <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't Know 77 Refused 88				V9					
95	In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? (USE SHOWCARDS)	Number of times <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't Know 77 Refused 88				V10					
CORE: Violence											
The following questions are about different experiences and behaviours that are related to violence.											
Question		Respon s	Code								
96	In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never 1 <i>If never, go to V14</i> Rarely (1- 2 times) 2 Sometimes (3 – 5 times) 3 Often (6 or more times) 4 Don't know 77 <i>If don't know, go to V14</i>	V11								
The next questions ask about the most serious violent incidence you have had in the past 12 months.											
97	Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Don't know 77 Refused 88	V12								

EXPANDED: Violence			
The next questions ask about behaviours related to your safety.			
Question		Response	Code
102	In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes 1 No 2 <i>If no, go to V19</i> Refused 88 <i>If refused, go to V19</i>	V17
103	Please specify of whom you were most often frightened.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authority 7 Other (specify) 8 Refused 88	V18
		Other (please specify) <input type="text"/>	V18other
104	Have you carried a loaded firearm on your person outside the home in the last 30 days?	No 1 Yes, for protection 2 Yes, for work 3 Yes, for sport (e.g. hunting target practice) 4 Refused 88	V19

Tobacco policy								
You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement on cigarette promotions, health warnings and cigarette purchase.								
Question		Response	Code					
1	During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in newspapers or in magazines ?	Yes 1 No 2 Don't know 77	TP1					
2	During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting on television ?	Yes 1 No 2 Don't know 77	TP2					
3	During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP3					
4	During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH)							
	Free samples of cigarettes	Yes 1 No 2 Don't know 77	TP4a					
	Cigarettes at sale prices	Yes 1 No 2 Don't know 77	TP4b					
	Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP4c					
	Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP4d					
	Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP4e					
	Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP4f					
The next questions TP5 - TP8 are administered to current smokers only.								
5	During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 If no, go to TP7 Did not see any cigarette packages 3 If "did not see any cigarette packages", go to TP7 Don't know 77 If Don't know, go to TP7	TP5					
6	During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?	Yes 1 No 2 Don't know 77	TP6					
7	The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know or Don't smoke or purchase manuf. cigarettes 7777 If "Don't know or don't smoke or purchase manuf. cig.", end section						TP7
8	In total, how much money did you pay for this purchase?	Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know 7777 Refused 8888						TP8

Step 2 Physical Measurements

CORE: Height and Weight											
Question		Response	Code								
113	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1				
114	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>					M2a M2b				
115	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M3			
116	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			
117	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M8</i> No 2	M5								
CORE: Waist											
118	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6						
119	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											
120	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8				
121	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9						
122	Cuff size used	Small 1 Medium 2 Large 3	M10								
123	Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M11a M11b
124	Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M12a M12b
125	Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M13a M13b
126	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			
127	Hip circumference	in Centimeters (cm) <u> </u> <u> </u> <u> </u> <u> </u> . <u> </u>	M 15
128	Heart Rate		
	Reading 1	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	M 16a
	Reading 2	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	M 16b
	Reading 3	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	M 16c

Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question		Response	Code
129	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
130	Technician ID	_____	B2
131	Device ID	_____	B3
132	Time of day blood specimen taken (24 hour clock)	Hours : minutes _____ : _____ hrs mins	B4
133	Fasting blood glucose	mmol/l _____ . _____	B5
134	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			
135	Device ID	_____	B7
136	Total cholesterol	mmol/l _____ . _____	B8
110	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
EXPANDED: HDL Cholesterol			
138	HDL Cholesterol	mmol/l _____ . _____	B11

