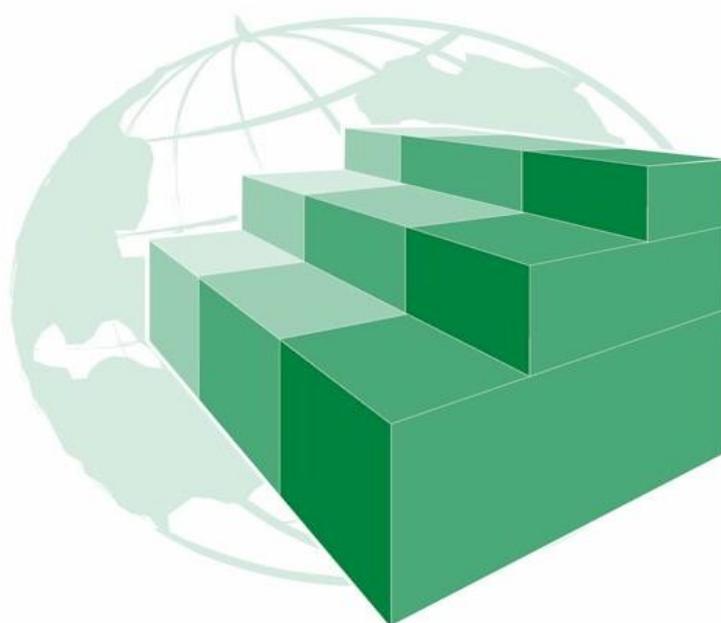


STEPS Instrument

For Non-Communicable Diseases

Risk Factors Survey

Botswana



MARCH 2007



Republic of Botswana



World Health Organisation

□	□	□	□	□	□
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Instruction

- i. **Circle the correct response(Number)**
- ii. **Fill in the correct answer in the blocks/space provided**

No.	Code	Address and date	Response
1	I1	District name (code)	□ □
2	I2	Village name	□ □ □ □ □ □ □ □
3	I3	Locality	□ □ □
4	XI4	Enumeration area	□ □ □
5	I4	Interviewer name/Code	
6	I5	Date of completion of the questionnaire	□ □ / □ □ / □ □ □ □ Day Month Year

			Respondent Id Number	
			□ □ □ □ □ □	
Consent, Interview Language and Name			Response	
7	I6	Consent has been read out to respondent	Yes 1 No 2	If NO, read consent
8	I7	Consent has been obtained (verbal or written)	Yes 1 No 2	If NO, END
9	I8	Interview Language [<i>Insert Language</i>]	English 1 Setswana 2 Others... 3	
10	I9	Time of interview (24 hour clock)	□ □ : □ □ Start Hr.: min	□ □ : □ □ Finish Hr.: min
11	I10	Family Name		
12	I11	First Name		
Additional Information that may be helpful				
13	I12	Contact phone number where possible		
14	I13	Specify whose phone	Work	1

<input type="text"/>	<input type="text"/>	<input type="text"/>
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I13 other	Home	2
	Neighbour	3
	Other (specify)	4

Note: Coding Rule - Code if some one says "don't know" as 7 or 77 or 777

Step 1 Core Demographic Information

No.	Code	Questions	Response	
15	C1	Sex (Circle Male of Female)	Male Female	1 2
16	C2	What is your date of birth? <i>If Don't Know 77 77 7777</i>	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17	C3	How old are you? (If the participant doesn't know use an event or estimate the age)	Years	<input type="text"/> <input type="text"/>
18	C4	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	<input type="text"/> <input type="text"/>

EXPANDED: Demographic Information

19	C5	What is your ethnic/ racial group?	Motswana	01	
			Other African	02	
			European	03	
			Coloured (mixed)	04	
			Asian	05	
			Others	06	
20	C6	What is the highest level of education you have completed?	No formal schooling	0 1	
			Less than primary school	0 2	
			Primary school completed	0 3	
			Secondary school completed	0 4	
			Tertiary school completed	0 5	
			College/University completed	0 6	
			Post graduate degree	0 7	
21	C7	Which of the following best describes your main work status over the last 12 months?	Government employee	0 1	
			Non-government employee	0 2	
			Self-employed	0 3	
			Volunteer	0 4	
			Student	0 5	
			Homemaker	0 6	
			Retired	0 7	
			Unemployed (able to work)	0 8	
			Unemployed (unable to work)	0 9	
			Parastatal company	10	
			Refused	88	
22	C8	How many people older than 18 years, including yourself, live in your household?	Number of people	<input type="text"/> <input type="text"/>	
23	C9a	Taking the past year , can you tell me what the average income of the household has been? (Record only one , not all 3)	Per week	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Go to T1

<input type="text"/>					
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	C9b		OR per month	<input type="text"/>	Go to T1					
	C9c		OR per year	<input type="text"/>	Go to T1					
	C9d		Refused	8					<input type="checkbox"/>	Go to T1
24	C10	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? (READ THE OPTIONS LISTED)	<1,500 Pula	1						
			1,501 – 4,000	2						
			4,001 – 8,000	3						
			> 8,000	4						
			Don't know	7						
			Refused	8						

Step 1 Behavioural Measures

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 smoking										
	Code	Questions	Response							
25	T1	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	Yes	1					<i>If No, go to T6</i>	
			No	2						
26	T2	<u>If Yes,</u> Do you currently smoke tobacco products daily ?	Yes	1					<i>If No, go to T6</i>	
			No	2						
27	T3	How old were you when you first started smoking daily?	Age (years)				<input type="text"/>	<input type="text"/>	<i>If Known, go to T5a</i>	
			Don't remember	77						
28	T4a	Do you remember how long ago it was? (CODE 77 FOR DON'T REMEMBER)	In Years				Years	<input type="text"/>	<input type="text"/>	<i>If Known, go to T5a</i>
	T4b		OR in Months				Months	<input type="text"/>	<input type="text"/>	<i>If Known, go to T5a</i>
	T4c		OR in Weeks				Weeks	<input type="text"/>	<input type="text"/>	<i>If Known, go to T5a</i>
	T5a	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE) , (CODE 88 FOR NOT APPLICABLE, Don't Remember 777	Manufactured cigarettes					<input type="text"/>	<input type="text"/>	
	T5b		Hand-rolled cigarettes					<input type="text"/>	<input type="text"/>	
	T5c		Pipes full of tobacco					<input type="text"/>	<input type="text"/>	
	T5d		Cigars, cheroots, cigarillos					<input type="text"/>	<input type="text"/>	
	T5e		Other					<input type="text"/>	<input type="text"/>	
	T5 other		Other (specify) _____							

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXPANDED: Tobacco Use						
29	T6	In the past, did you ever smoke daily ?	Yes	1		If No, go to T9
			No	2		
30	T7	If Yes. How old were you when you stopped smoking daily ?	Age in years		<input type="text"/> <input type="text"/>	If Known go to T9
			Don't remember	7 7		
31	T8a	How long ago did you stop smoking daily? (Record one of the answers only)	Years ago		Years <input type="text"/> <input type="text"/>	If Known, go to T9
	T8b		OR Months ago		months <input type="text"/> <input type="text"/>	If Known, go to T9
	T8c		OR Weeks ago		Weeks <input type="text"/> <input type="text"/>	
32	T9	Do you currently use any smokeless tobacco such as [<i>snuff, chewing tobacco, betel</i>]?	Yes	1		If No, go to T12
			No	2		
33	T10	If Yes. Do you currently use smokeless tobacco products daily ?	Yes	1		If No, go to T12
			No	2		
34	T11a	On average, how many times a day do you use (RECORD FOR EACH TYPE), Don't know 77	Snuff, by mouth		<input type="text"/> <input type="text"/>	
	T11b	If don't know write 77	Snuff, by nose		<input type="text"/> <input type="text"/>	
	T11c	If don't know write 77	Chewing tobacco		<input type="text"/> <input type="text"/>	
	T11d	If don't know write 77	Betel, quid		<input type="text"/> <input type="text"/>	
	T11e		Other		<input type="text"/> <input type="text"/>	
	T11 other		Other (specify) _____			
35	T12	In the past, did you ever use smokeless tobacco such as [<i>snuff, chewing tobacco, or betel</i>] daily ?	Yes	1		
			No	2		

CORE Alcohol Consumption						
The next questions ask about the consumption of alcohol.						
36	A1	Have you consumed alcohol within the past 12 months ?	Yes	1		If No, Go to D1
			No	2		
37	A2	In the past 12 months, how frequently have you had at least one drink? (<i>READ RESPONSES</i>) <i>USE SHOWCARD</i>	Daily	1		
			5-6 days/week	2		
			1-4 days/week	3		
			1-3days/month	4		

Respondent Identification Number

<input type="text"/>				
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			Less than once a month	5	
38	A3	When you drink alcohol, on average , how many drinks do you have during one day?	Number		<input type="text"/> <input type="text"/>
			Don't know	7 7	
39	A4	Have you consumed alcohol (such as beer, wine, spirit, fermented cider or (add other local examples) within the past 30 days	Yes	1	
			No	2	
40	A5a	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day? <i>(RECORD FOR EACH DAY USE SHOWCARD) If Don't know write 77</i>	Monday		<input type="text"/> <input type="text"/>
	A5b	<i>If Don't know write 77</i>	Tuesday		<input type="text"/> <input type="text"/>
	A5c	<i>If Don't know write 77</i>	Wednesday		<input type="text"/> <input type="text"/>
	A5d	<i>If Don't know write 77</i>	Thursday		<input type="text"/> <input type="text"/>
	A5e	<i>If Don't know write 77</i>	Friday		<input type="text"/> <input type="text"/>
	A5f	<i>If Don't know write 77</i>	Saturday		<input type="text"/> <input type="text"/>
	A5g	<i>If Don't know write 77</i>	Sunday		<input type="text"/> <input type="text"/>

EXPANDED: Alcohol Consumption					
41	A 6	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?	Largest number		<input type="text"/> <input type="text"/>
42	A 7	For men only In the past 12 months, on how many days did you have five or more standard drinks in a single day?	Number of days		<input type="text"/> <input type="text"/> <input type="text"/>
43	A 8	For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day?	Number of days		<input type="text"/> <input type="text"/> <input type="text"/>

CORE Diet					
<i>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.</i>					
	Code	Questions	Response		
44	D1	In a typical week, on how many days do you eat fruit ? <i>USE SHOWCARD</i>	Number of days	<input type="text"/>	<i>If Zero days, go to D3</i>
			Don't Know 77		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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45	D2	How many servings of fruit do you eat on one of those days? <i>USE SHOWCARD</i>	Number of servings Don't know 77	<input type="text"/> <input type="text"/>	
46	D3	In a typical week, on how many days do you eat vegetables ? <i>USE SHOWCARD</i>	Number of days Don't know	<input type="text"/>	If Zero days, go to D5
47	D4	How many servings of vegetables do you eat on one of those days? <i>USE SHOWCARD</i>	Number of servings Don't know 77	<input type="text"/> <input type="text"/>	

EXPANDED: Diet

48	D5	What type of oil or fat is most often used for meal preparation in your household? (Circle one response only)	Vegetable oil	1		
			Lard or suet	2		
			Butter or ghee	3		
			Margarine	4		
			Other	5		
			None in particular	6		
			None used	7		
			Don't know	77		
	D5 other		(specify) _____ Other			

CORE Physical Activity

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. 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. *[Insert other examples if needed]. 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 requires moderate physical effort and cause small increases in breathing or heart rate.***

Activity at Work

49	P 1	Does your work involve vigorous intensity activity, that causes large increases in breathing or heart rate lik3 (charring or lifting heavy loads, digging or construction work) for at least 10 minutes continuously? <i>INSERT EXAMPLES & USE SHOWCARD</i>	Yes	1		If No, go to P4
			No	2		
50	P 2	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"/>	
51	P 3	How much time do you spend doing vigorous intensity activities at work on a typical day?	In hours and minutes	hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/>		

Respondent Identification Number

□□	□□	□□
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52	P 4	Does your work involve moderate-intensity activity that causes small increase in breathing or heart rate, like brisk walking or carrying light loads for at least 10 minutes continuously? <i>INSERT EXAMPLES & USE SHOWCARD</i>	Yes	1		<i>If No, go to P7</i>
			No	2		
53	P 5	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days		<input type="checkbox"/>	
54	P 6	How much time do you spend at work doing moderate-intensity activities at work on a typical day?	In hours and minutes	hrs <input type="checkbox"/> <input type="checkbox"/> :	<input type="checkbox"/> <input type="checkbox"/>	mins <input type="checkbox"/> <input type="checkbox"/>

Travel to and from places

Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places. For example to work, for shopping, to market, to place of worship, to school. [*insert other examples if needed*]

55	P 7	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	Yes	1		<i>If No, go to P10</i>
			No	2		
56	P 8	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="checkbox"/>	
57	P 9	How much time do you spend walking or bicycling for travel on a typical day?	In hours and minutes	hrs <input type="checkbox"/> <input type="checkbox"/> :	mins <input type="checkbox"/> <input type="checkbox"/>	

Recreational Activities

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). Insert relevant items.

58	P 10	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like (running, football) for at least 10 minutes continuously?	Yes	1		<i>If No, go to P 13</i>
			No	2		
59	P 11	In a typical week, on how many days do you do vigorous intensity sports, fitness, or recreational (leisure) activities?	Number of days		<input type="checkbox"/>	
60	P 12	How much time do you spend doing vigorous-intensity sports, fitness or recreational (leisure) activities on a typical day?	In hours and minutes	hrs <input type="checkbox"/> <input type="checkbox"/> :	mins <input type="checkbox"/> <input type="checkbox"/>	
61	P 13	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause small increase in breathing or heart rate such as brisk walking, (cycling, swimming, volley ball) for at least 10 minutes continuously? <i>INSERT EXAMPLES & USE SHOWCARD</i>	Yes	1		<i>If No, go to P 16a</i>
			No	2		
62	P 14	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of Days		<input type="checkbox"/>	
63	P 15	How much time do you spend doing moderate intensity sports, fitness or recreational (leisure) activities on a typical day?	In hours and minutes	hrs <input type="checkbox"/> <input type="checkbox"/> :	min <input type="checkbox"/> <input type="checkbox"/>	

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, travelling in a car, bus, train, reading, playing cards or watching a television), but do not include time spent sleeping.

64	P 16	How much time do you usually spend sitting or reclining on a typical day?	In hours and minutes	hrs <input type="checkbox"/> <input type="checkbox"/> :	mins <input type="checkbox"/> <input type="checkbox"/>	
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EXPANDED : History of Raised Blood Pressure

65	H 1	When was your blood pressure last measured by a health professional?	Within past 12 months	1		
			1-5 years ago	2		

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			Not within past 5 yrs	3		
66	H 2	During the past 12 months have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes No	1 2		
67	Are you currently receiving any of the following treatment or any advice for raised Blood pressure prescribed by a doctor or other health worker?					
	H 3a	Drugs (medication) that you have taken in the last 2 weeks	Yes No	1 2		
	H 3b	Special prescribed diet	Yes No	1 2		
	H 3c	Advice or treatment to lose weight	Yes No	1 2		
	H 3d	Advice or treatment to stop smoking	Yes No	1 2		
	H 3e	Advice to start or do more exercise	Yes No	1 2		
68	H 4	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	Yes No	1 2		If No. go to H6
69	H 5	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes No	1 2		
EXPANDED: History of Diabetes						
70	H 6	Have you had your blood sugar measured in the last 12 months?	Yes No	1 2		
71	H 7	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	Yes No	1 2		If No, Go to M1
72	Are you currently receiving any of the following treatments or any advice for diabetes prescribed by a doctor or other health worker?					
	H 8a	Insulin	Yes No	1 2		
	H 8b	Oral drug (medication) that you have taken in the last 2 weeks	Yes No	1 2		
	H 8c	Special prescribed diet	Yes No	1 2		
	H 8d	Given advice or treatment to lose weight	Yes No	1 2		
	H 8e	Given advice or treatment to stop smoking	Yes No	1 2		
	H 8f	Given advice to start or do more exercise	Yes No	1 2		
73	H 9	During the past 12 months have you seen a traditional healer for diabetes?	Yes No	1 2		
74	H 10	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes No	1 2		

□□	□□	□□
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Step 2 Physical Measurements

	Code	Height , Weight , Waist & Hip	Response		
75	M 1	Technician ID Code	□□□		
76	M 2a	Device IDs for height and weight	height	□□	
77	M 2b		weight	□□	
78	M 3	Height	in Centimetres	□□□.□	
79	M 4	Weight (If too large for scale, code 6666.6)	in Kilograms	□□□.□	
80	M6	Device ID for Waist/Hip	□□		
81	M5	<i>(For women)</i> Are you pregnant?	Yes	1	If Yes, go to M8
			No	2	
82	M 7	Waist circumference	in Centimetres	□□□.□	
83	M 15	Hip circumference	in Centimetres	□□□.□	
Blood Pressure and Pulse					
84	M8	Technician ID	□□□		
85	M 9	Device ID for Blood Pessure & Pulse	□□		
86	M 10	Cuff size used	Small 1 Normal 2 Large 3		
87	M 11a	BP Reading 1	Systolic(mmHg)	□□□	
	M 11b	BP Reading 1	Diastolic(mmHg)	□□□	
	M 16a	PULSE Reading 1	Beats per minute:	□□□	
88	M 12a	BP Reading 2	Systolic(mmHg)	□□□	
	M 12b	BP Reading 2	Diastolic(mmHg)	□□□	
	M 16b	PULSE Reading 2	Beats per minute:	□□□	
89	M 13a	BP Reading 3	Systolic(mmHg)	□□□	
	M 13b	BP Reading 3	Diastolic(mmHg)	□□□	
	M 16c	PULSE Reading 3	Beats per minute:	□□□	

□	□	□	□	□	□
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Step 3	Biochemical Measurements
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90	M 14	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		
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CORE Blood glucose					
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91	B 1	During the last 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	□	
92	B 2	Technician ID Code		□ □ □	
93	B 3	Device ID code		□ □	
94	B 4	Time of day blood specimen taken (24 hour clock)		hrs □ □ : mins □ □	
95	B 5	Blood glucose		mmol/l □ □ . □	

CORE Blood Lipids					
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96	B 6	Device ID code		□ □	
97	B 7	Total cholesterol		mmol/l □ □ . □ □	

SELECTED EXPANDED ITEMS					
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98	B 8	Triglycerides		mmol/l □ □ . □ □	
99	B 14	HDL Cholesterol		mmol/l □ . □ □	