

WHO STEPS Instrument

(Core and Expanded)



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

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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
- 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

<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>dd<div><div></div><div></div></div>mm<div><div></div><div></div><div></div><div></div></div>year</div>	I4

Participant Id Number

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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>	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)	<div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div> <div>hrsmins</div>	I7
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	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div>If known, Go to C4</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 highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	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
16	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background ?	<i>[Locally defined]</i> 1 <i>[Locally defined]</i> 2 <i>[Locally defined]</i> 3 Refused 88	C6
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabitating 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> <i>(USE SHOWCARD)</i>	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 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 <div><div></div><div></div><div></div></div>	C9

Step 1 Behavioural Measurements

5-1-3

EXPANDED: Tobacco Use									
Question		Response	Code						
27	In the past, did you ever smoke daily ?	Yes 1 No 2 If No, go to T9	T6						
28	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T9			T7				
29	How long ago 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> If Known, go to T9			T8a				
	OR Months ago <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T9			T8b					
OR Weeks ago <table border="1"><tr><td></td><td></td></tr></table>			T8c						
30	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T9						
31	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T12	T10						
32	On average, how many times a day 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> If Other, go to T12other, else go to T13			T11e						
Other (specify) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T13									T11other
33	In the past , did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2	T12						
34	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 <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 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 <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 ever 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 past 12 months ?	Yes 1		A1b	
		No 2	If No, go to D1		
38	During the past 12 months, how frequently 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 past 30 days ?	Yes 1		A3	
		No 2	If No, go to D1		
40	During the past 30 days, on how many occasions 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, on average , how many standard alcoholic drinks 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 largest number 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 men: five or more for women: four or more 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 past 7 days , 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 eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77	<div><div></div><div></div><div></div></div> If Zero days, go to D3	D1
47	How many servings of fruit 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>	D2
48	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77	<div><div></div><div></div><div></div></div> If Zero days, go to D3	D3
49	How many servings 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

50	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 or ghee 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5						
		Other <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
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 Don't know 77 <table><tr><td></td><td></td></tr></table>			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. <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
Work				
52	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>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P 4		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?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins		P3 (a-b)
55	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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P 7		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?	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. <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?	Yes 1 No 2 If No, go to P 10		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?	Hours : minutes	<input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

67	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	<div> <div> <div></div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>hrs</div> <div>mins</div> </div>	P16 (a-b)
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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	

Step 2 Physical Measurements

CORE: Height and Weight									
Question		Response	Code						
80	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
81	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		
82	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M3
83	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><td></td></tr></table>							M4
84	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5						
CORE: Waist									
85	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6				
86	Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M7
CORE: Blood Pressure									
87	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8		
88	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9				
89	Cuff size used	Small 1 Medium 2 Large 3	M10						
90	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				
91	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				
92	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				
93	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									
94	Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15
95	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
96	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
97	Technician ID	<div><div></div><div></div><div></div><div></div></div>	B2
98	Device ID	<div><div></div><div></div><div></div></div>	B3
99	Time of day blood specimen taken (24 hour clock)	Hours : minutes <div><div></div><div></div></div> hrs : <div><div></div><div></div></div> mins	B4
100	Fasting blood glucose	mmol/l <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div>	B5
101	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

102	Device ID	<div><div></div><div></div><div></div></div>	B7
103	Total 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></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><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EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance

105	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
106	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

