

WHO STEPS INSTRUMENT FOR CHRONIC DISEASE RISK FACTOR SURVEILLANCE

MONGOLIA

Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	_ _ _ _	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	_ _ _ _	I3
4	Date of completion of the instrument	_ _ _ _ _ _ _ _ dd mm year	I4

Participant Id Number |_|_|_|_| |_|_|_|_| |_|_|_|_|

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1	I5
		No 2 If NO, END	
6	Interview Language	Mongolian 1	I6
		Khazakh 2	
		Other 3	
7	Time of interview (24 hour clock)	_ _ : _ _ hrs mins	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	C1
	Female	2	
12 What is your date of birth? Don't Know 77 77 7777	<input type="text"/>	If known, Go to C4 dd mm year	C2
13 How old are you?	Years	<input type="text"/>	C3
14 In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	<input type="text"/>	C4

EXPANDED: Demographic Information			
15 What is the highest level of education you have completed?	No formal schooling	1	C5
	Less than primary school	2	
	Primary school completed	3	
	Secondary school completed	4	
	High school completed	5	
	College completed	6	
	University completed	7	
	Post graduate degree	8	
16 What is your ethnic background?	Refused	88	C6
	Khalkh	1	
	Khazakh	2	
	Other	3	
17 What is your marital status?	Refused	88	C7
	Never married	1	
	Currently married	2	
	Separated	3	
	Divorced	4	
	Widowed	5	
	Cohabiting	6	
18 Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	Refused	88	C8
	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	
19 How many people, including yourself, live in your household?	Number of people		X1
	Don't know	77	
	Refused	88	
20 How many people older than 18 years, including yourself, live in your household?	Number of people		C9
	Don't know	77	
	Refused	88	

EXPANDED: Demographic Information, Continued					
Question		Response		Code	
21	Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week	<input type="checkbox"/>	Go to T1	C10a
		OR per month	<input type="checkbox"/>	Go to T1	C10b
		OR per year	<input type="checkbox"/>	Go to T1	C10c
		Refused	88		C10d
22	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: (READ OPTIONS)	£ 113,056	1	C11	
		113,057-282,640	2		
		282,641 - 410,140	3		
		410,141 - 452,640	4		
		452,641-495,140	5		
		≥ 495,141	6		
		Don't Know	77		
Refused	88				

Step 1 Behavioural Measurements

CORE: Tobacco Use				
Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.				
Question	Response		Code	
23	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes	1	T1
		No	2 If No, go to T6	
24	Do you currently smoke tobacco products daily ?	Yes	1	T2
		No	2 If No, go to T6	
25	How old were you when you first started smoking daily?	Age (years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T5a	T3
		Don't know	77	
26	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T5a	T4a
		OR in Months	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T5a	T4b
		OR in Weeks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T4c
27	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Manufactured cigarettes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5a
		Hand-rolled cigarettes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5b
		Pipes full of tobacco	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5c
		Cigars, cheroots, cigarillos	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5d
		Other	If Other, go to T5other, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> else go to T9	T5e
		Other (please specify):	<input type="checkbox"/> <input type="checkbox"/> Go to T9	T5other

EXPANDED: Tobacco Use				
Question	Response		Code	
28	In the past, did you ever smoke daily?	Yes	1	T6
		No	2 If No, go to T9	
29	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes	1	T9
		No	2 If No, go to T12	
30	Do you currently use smokeless tobacco products daily?	Yes	1	T10
		No	2 If No, go to T12	

31	(RECORD FOR EACH TYPE, USE SHOWCARD)	On average, how many times a day do you use	Snuff, by mouth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11a
			Snuff, by nose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11b
			Chewing tobacco	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11c
			Betel, quid	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11d
			Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Other, go to T11other, else go to T13	T11e
	Don't Know 77	Other (specify)	<input type="checkbox"/> Go to T13	T11other	
32	In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily?	Yes	1		T12
		No	2		
33	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		T13
		Don't know 77			
34	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		T14
		Don't know or don't work in a closed area 77			
35	During the past 7 days, on how many days did someone smoke in an enclosed public area (inside a store, bus, etc.) when you were present?	Number of days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X2
		Don't know 77			

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 [add other local examples]? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to D1	A1a
	37	Have you consumed an alcoholic drink within the past 12 months ?	
38		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		
39	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 If No, go to D1	A3
		40	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Don't know 77

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 Don't Know 77	<input type="text"/>	A6
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 Don't Know 77	<input type="text"/>	A7

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	A8
		Sometimes with meals	2	
		Rarely with meals	3	
		Never with meals	4	

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
45	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77	<input type="text"/> If Zero days, go to D3	D1
46	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77	<input type="text"/>	D2
47	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77	<input type="text"/> If Zero days, go to D5	D3
48	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77	<input type="text"/>	D4

EXPANDED: Diet				
49	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Olive oil	1	D5
		Corn oil	2	
		Sunflower oil	3	
		Animal fat	4	
		Dairy oil	5	
		Margarine	6	
		Other	7 If Other, go to D5 other	
		None in particular	8	
		None used	9	
		Don't know	77	
	Other	<input type="text"/>	D5other	

50	What type of meat is most often used for meal preparation in your household?	Beef	1	X3
		Mutton	2	
		Camel or goat	3	
		Chicken or duck	4	
		Horse	5	
		Marmot	6	
		Fish	7	
		Pork	8	
		Other	9 If Other, go to X4other	
		Don't know	77	
	Other	<input type="checkbox"/>	X4other	
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D6
52	On average, how long does it take your household to consume 500 g of salt?	Number of days Don't know 77	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X4

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 require moderate physical effort and cause small increases in breathing or heart rate.

Question	Response	Code	
Work			
53	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	P1
54	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="checkbox"/>	P2
55	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hrs mins	P3 (a-b)
56	Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7	P4
57	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"/>	P5

58	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes	▬▬ : ▬▬ hrs mins	P6 (a-b)
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Travel to and from places

The next questions exclude the physical activities at work that you have already mentioned. 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. [Insert other examples if needed]

59	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	Yes	1	P7
		No	2 If No, go to P 10	
60	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	▬▬	P8
61	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes	▬▬ : ▬▬ hrs mins	P9 (a-b)

CORE: Physical Activity, Continued

Question	Response	Code		
Recreational activities				
<i>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 terms].</i>				
62	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football/carry water by bucket from river or well, pull water by gutter, carry stone & coal, heavy work related to dwelling] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes	1	P10
		No	2 If No, go to P 13	
63	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days	▬▬	P11
64	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes	▬▬ : ▬▬ hrs mins	P12 (a-b)
65	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball, dancing, jogging, carry heavy things of traditional dwelling, berrying or nutting] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes	1	P13
		No	2 If No, go to P16	
66	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days	▬▬	P14
67	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes	▬▬ : ▬▬ hrs mins	P15 (a-b)

EXPANDED: Physical Activity**Sedentary behaviour**

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.

[INSERT EXAMPLES] (USE SHOWCARD)

68	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	<u> </u> : <u> </u> hrs mins	P16 (a-b)
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CORE: History of Raised Blood Pressure

Question	Response	Code
69	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1
		No 2 If No, go to H6
70	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
71	Have you been told in the past 12 months?	Yes 1
		No 2

EXPANDED: History of Raised Blood Pressure

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	
72	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	
73	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
74	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
75	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1
		No 2 If No, go to M1
76	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1
		No 2 If No, go to M1

77	Have you been told in the past 12 months?	Yes	1	H7b
		No	2	

EXPANDED: History of Diabetes

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	
78	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	
79	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H9
		No	2	
80	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
		No	2	

Breast and Cervical Cancer

Question	Response	Code	
81	Do you have a family history of cancer in a first-degree blood relative? (e.g. mother, father, sister, brother, son, daughter)	Yes 1	X5
	No 2		
82	Have you ever had a cervical cancer examination?	Yes 1	X6
	No 2 If No, go to X11		
83	Have you ever had VIA test? (visual inspection of uterine cervix with acidic acid)	1 year or less 1	X6a
		Between 1 and 2 years 2	
		More than 2 years 3	
		Never 4	
		Don't know 77	
Breast and Cervical Cancer, continued			
Question	Response	Code	
84	Have you ever had a Pap smear test?	1 year or less 1	X6b
		Between 1 and 2 years 2	
		More than 2 years 3	
		Never 4	
		Don't know 77	

85	Have you ever had a breast cancer examination by a health care provider?	Yes	1	X7
		No	2 If No, go to X8	
86	Have you ever had a physical exam of the breasts?	1 year or less	1	X7a
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	
87	Have you ever had a mammogram?	1 year or less	1	X7b
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	
88	How often do you perform breast self-exams?	1 year or less	1	X8
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	

Violence and Injury

CORE: Injury

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

Question	Response	Code
89	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

90	All of the time	1	V2
	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	

104	Who would you directly contact if you were frightened for the safety of yourself or your family?	Police	1	X11
		Public administration staff	2	
		Doctor or other health worker	3	
		Family	4	
		Friends	5	
		Teacher	6	
		Strangers	7	
		Don't know	77	
Refused	88			

Step 2 Physical Measurements

CORE: Height and Weight			
Question	Response		Code
105	Interviewer ID		M1
106	Device IDs for height and weight	Height	M2a
		Weight	M2b
107	Height	in Centimetres (cm)	M3
108	Weight If too large for scale 666.6	in Kilograms (kg)	M4
109	For women: Are you pregnant?	Yes	1 If Yes, go to M 8
		No	2
CORE: Waist			
110	Device ID for waist		M6
111	Waist circumference	in Centimetres (cm)	M7
CORE: Blood Pressure			
112	Interviewer ID		M8
113	Device ID for blood pressure		M9
114	Cuff size used	Small	1
		Medium	2
		Large	3
115	Reading 1	Systolic (mmHg)	M11a
		Diastolic (mmHg)	M11b
116	Reading 2	Systolic (mmHg)	M12a
		Diastolic (mmHg)	M12b
117	Reading 3	Systolic (mmHg)	M13a
		Diastolic (mmHg)	M13b
118	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

EXPANDED: Hip Circumference and Heart Rate				
119	Heart Rate			
	Reading 1	Beats per minute	_____	M16a
	Reading 2	Beats per minute	_____	M16b
	Reading 3	Beats per minute	_____	M16c
120	Body Fat			X13

Physical Fitness Test

Measure	Test	Result	Code
121	Has participant agreed to participate in fitness test? yes -1 no - 2, If no go to STEP2 END		X14
122	Power	Push up	Number of attempts in 1 minute _____
123	Speed	Running in place	Number of attempts within 15 seconds _____
124	Flexibility	Upward from sitting position (record only the highest number from two attempts)	Number _____
125	Balance	Standing on one leg	Duration _____ seconds
126	Tolerability	Deep breath in and out	Duration of breathing _____ seconds

Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question	Response		Code
127	During the past 12 hours have you had anything to eat or drink, other than water?	Yes	1
		No	2
128	Technician ID	_____	B2
129	Device ID	_____	B3
130	Time of day blood specimen taken (24 hour clock)	Hours : minutes _____ : _____ hrs mins	B4
131	Fasting blood glucose Choose accordingly: mmol/l or mg/dl	mmol/l	_____ . _____
		mg/dl	_____ . _____
132	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
CORE: Blood Lipids, Cholesterol			
133	Device ID	_____	B7
134	Total cholesterol Choose accordingly: mmol/l or mg/dl	mmol/l	_____ . _____
		mg/dl	_____ . _____
135	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

EXPANDED: Triglycerides and HDL Cholesterol					
136	Device ID				
137	Triglycerides Choose accordingly: mmol/l or mg/dl	mmol/l	□□□ . □□	B10	
		mg/dl	□□□□ . □		
138	HDL Cholesterol Choose accordingly: mmol/l or mg/dl	mmol/l	□□ . □□□	B11	
		mg/dl	□□□□ . □		
139	LDL Cholesterol Choose accordingly: mmol/l or mg/dl	mmol/l	□□ . □□□	X20	
		mg/dl	□□□□ . □		