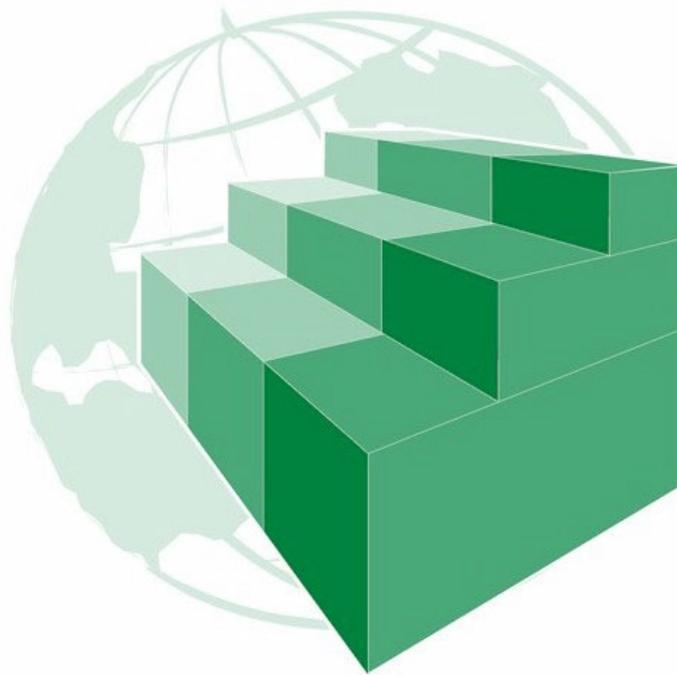# STEPS Instrument
for NCD Risk Factors
(Core and Expanded Version 1.3)

The WHO STEPwise approach to Surveillance of noncommunicable diseases (STEPS)

STEPS Instrument (V1.3)

- This is the generic template which countries use to develop their own Instrument. It contains the CORE (unshaded and in double lined boxes) and EXPANDED items (shaded and in single lined boxes) and response options for Step 1, Step 2 and Step 3.

- The introductory statements, questions and response options should be translated and adapted where necessary to suit local conditions. *Italic typeface indicates where local examples should be inserted.*

- All CORE items should be included in the country-specific STEPS Instrument. Wording and response options for CORE questions should not be changed.

- Some countries may wish to expand the CORE questions. Recommendations for EXPANDED questions for the key risk factors are included in the shaded areas. These items may be modified but it is preferable to use them where possible.

- Additional questions can be added as OPTIONAL items to meet local needs. For example questions asked in previous surveys could be added to link to previous data.

- The use of the coding column (as is used in this Instrument) facilitates easy, fast and accurate manual data entry. Using this approach does not replace the need for double data entry for maximum quality control (see data coding manual).

- Relevant skip patterns are shown on the right hand side of the coding column. They should be carefully reviewed. Modifications to the skip patterns will be needed according to the final items included.

EXAMPLE- for a current smoker who eats 8 servings of fruit on a typical day

		Response		Coding column	Skip
S 1a	Do you currently smoke any **tobacco products**, such as cigarettes, cigars or pipes?	Yes No Don't know	1 2 7	1	*If No, go to Next Section*
D 1b	How many **servings** of fruit do you eat on one of those days? USE SHOWCARD	Number of servings Don't know	77	0 8	

- "Do not know" or "Don't remember" are response options indicated in CORE and EXPANDED questions where appropriate. These are coded as "7", "77" or "777" depending on the number of numerals in the other response options. Three other values are important to record: "refuse" and "not applicable" are coded as "8", "88", or "888". For example, *if S 1a is recorded as "No", then all remaining smoking questions will be set at "8".* Missing responses to any questions should be entered as "9", "99" or "999" at time of data entry.

- Interviewer training is essential to develop thorough knowledge of the instrument format, introductory statements, questions, skip patterns, response options, use of show cards and prompts (where needed). The STEPS Field Manual is a guide and resource for training sessions.

- Undertaking pilot work with the draft country-specific STEPS instrument is essential.

- Each country will need to prepare a list of the question numbers (e.g. D1a) and response code cross-referenced with the standard numbers and codes used in this generic template. This cross-referencing will facilitate communication and comparison.

> This document is available electronically on the NCD Surveillance website:
> http://www.who.int/ncd/surveillance/surveillance_publications.htm
> Other documents cross-referenced in above are available by contacting *ncd_surveillance@who.int*

Identification Information:

This is a draft cover page. Each country will adapt this page to suit their local needs. The exact details to be collected in each country–specific STEPS instrument will vary depending on the survey design and implementation procedures. However, regardless of how the interview is administered (e.g., household, clinic or other) a process by which the cover page containing personal identifying information is stored should be carefully designed and must meet recommended ethical standards. Clear instructions on handling and storage of the cover sheets must be provided to the interviewers.

I 1	Country/district code	☐☐
I 2	Centre (Village name):	☐☐☐☐☐☐☐
I 3	Centre (Village code): (SEE NOTE BELOW)	☐☐☐
I 4	Interviewer code	☐☐☐
I 5	Date of completion of the questionnaire	☐☐/☐☐/☐☐☐☐ Day Month Year

- -

		Respondent Id Number ☐☐☐☐☐☐
	Consent	
I 6	Consent has been read out to respondent	Yes 1 No 2 ☐ **If NO, read consent**
I 7	Consent has been obtained (verbal or written)	Yes 1 No 2 ☐ **If NO, END**
I 8	Interview Language [*Insert Language*]	English 1 [Add others] 2 ☐
I 9	Time of interview (24 hour clock)	☐☐:☐☐
I 10	Family Name	
I 11	First Name	

Additional Information that may be helpful

I 12	Contact phone number where possible	
I 13	Specify whose phone	Work 1 Home 2 Neighbour 3 ☐ Other (specify) 4

Note: Identification information I6 to I13 should be stored separately from the questionnaire because it contains confidential information. Please note: village code (or household code) is required as part of main instrument for data analyses.
Date of interview is required to calculate age.

Step 1   Core Demographic Information

			Coding Column
C1	Sex (*Record Male / Female as observed*)	Male 1 Female 2	☐
C2	What is your date of birth? *If Don't Know, See Note* below and Go to C3*	Day ☐☐ Month ☐☐ Year ☐☐☐☐	
C3	How old are you?	Years	☐☐
C4	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	☐☐

EXPANDED: Demographic Information			
C5	What is your [*insert relevant ethnic group / racial group / cultural subgroup / others*] background?	[*Defined according to local demographic needs*]	☐☐
C6	What is the highest level of education you have completed? [*INSERT COUNTRY-SPECIFIC CATEGORIES*]	No formal schooling 0 1 Less than primary school 0 2 Primary school completed 0 3 Secondary school completed 0 4 High school completed 0 5 College/University completed 0 6 Post graduate degree 0 7	☐☐
C7	Which of the following best describes your main work status over the last 12 months? [*INSERT COUNTRY-SPECIFIC CATEGORIES*] USE SHOWCARD	Government employee 0 1 Non-government employee 0 2 Self-employed 0 3 Non-paid 0 4 Student 0 5 Homemaker 0 6 Retired 0 7 Unemployed (able to work) 0 8 Unemployed (unable to work) 0 9	☐☐
C8	How many people older than 18 years, including yourself, live in your household?	Number of people	☐☐
C9	Taking **the past year**, can you tell me what the average earnings of the household have been?	Per week OR per month OR per year *Go to Next Section* Refused 88	☐☐☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐☐ ☐☐ *If Refused Go to C10*
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? Is it *[READ OPTIONS]* *[INSERT QUINTILE VALUES]*	≤ Quintile (Q) 1 01 More than Q 1, ≤ Q 2 02 More than Q 2, ≤ Q 3 03 More than Q 3, ≤ Q 4 04 More than Q 4 05 Refused 88	☐☐

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*Note: Coding Rule: Code "Don't Know" 7 (or 77 or 777 as appropriate).

Step 1 Core Behavioural Measures

CORE Tobacco Use (Section S)

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.

		Response		Coding Column		
S 1a	Do you currently smoke any **tobacco products**, such as cigarettes, cigars or pipes?	Yes 1 / No 2		□		*If No, go to Next Section**
S 1b	**If Yes,** Do you currently smoke tobacco products **daily**?	Yes 1 / No 2		□		*If No, go to Next Section** *If Known, go to S 3*
S 2a	How old were you when you **first started** smoking daily?	Age (years) Don't remember 7 7		□□		
S 2b	Do you remember how long ago it was?	In Years	Years	□□		
		OR in Months	Months	□□		
	(CODE 77 FOR DON'T KNOW or DON'T REMEMBER)	OR in Weeks	Weeks	□□		
S 3	On average, **how many** of the following do you smoke each day? *(RECORD FOR EACH TYPE)*	Manufactured cigarettes		□□		
		Hand-rolled cigarettes		□□		
		Pipes full of tobacco		□□		
	(CODE 77 FOR DON'T KNOW CODE 88 FOR NOT APPLICABLE)	Cigars, cheroots, cigarillos		□□		
	□□□□□□□	← Other (please specify):		□□		

EXPANDED: Tobacco Use

S 4	In the past, did you **ever** smoke **daily**?	Yes 1 / No 2	□		*If No, go to S 6a*
S 5a	**If Yes,** How old were you when you **stopped** smoking **daily**?	Age (years) / Don't remember 7 7	□□		*If Known, go to S 6a* *If 7 7, go to S 5b*
S 5b	How **long ago** did you stop smoking daily?	Years ago	Years □□		
		OR Months ago	Months □□		
		OR Weeks ago	Weeks □□		
S 6a	Do you **currently use** any **smokeless tobacco** such as [*snuff, chewing tobacco, betel*] ?	Yes 1 / No 2	□		*If No, go to S 8*
S 6b	**If Yes,** Do you **currently use smokeless tobacco** products **daily?**	Yes 1 / No 2	□		*If No, go to S 8*

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* Amend skip instructions if EXPANDED or OPTIONAL items are added to the Tobacco section
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S 7	On average, how many **times a day** do you use …. *(RECORD FOR EACH TYPE)*	Snuff, by mouth	☐☐
		Snuff, by nose	☐☐
	(CODE 77 FOR DON'T KNOW CODE 88 FOR NOT APPLICABLE)	Chewing tobacco	☐☐
		Betel, quid	☐☐
	☐☐☐☐☐☐☐	← Other (specify)	☐☐
S 8	In the past, did you **ever use** smokeless tobacco such as [*snuff, chewing tobacco, or betel*] **daily**?	Yes 1 No 2	☐

CORE   Alcohol Consumption (Section A)

The next questions ask about the consumption of alcohol.

		Response	**Coding Column**	
A 1a	Have you **ever consumed** a drink that contains alcohol such as beer, wine, spirit, fermented cider *or* [add other local examples] ? *USE SHOWCARD or SHOW EXAMPLES*	Yes 1 No 2	☐	*If No, Go to Next Section**
A 1b	Have you consumed alcohol within the **past 12 months**?	Yes 1 No 2	☐	*If No, Go to Next Section**
A 2	In the past 12 months, **how frequently** have you had at least one drink? *(READ RESPONSES) USE SHOWCARD*	5 or more days a week 1 1-4 days per week 2 1-3 days a month 3 Less than once a month 4	☐	
A 3	When you drink alcohol, **on average**, how many drinks do you have during one day?	Number Don't know 7 7	☐☐	
A 4	During each of the **past 7 days**, how many standard drinks of any alcoholic drink did you have each day? *(RECORD FOR EACH DAY USE SHOWCARD)*	Monday	☐☐	
		Tuesday	☐☐	
		Wednesday	☐☐	
		Thursday	☐☐	
		Friday	☐☐	
		Saturday	☐☐	
	(CODE 77 FOR DON'T KNOW)	Sunday	☐☐	

EXPANDED : Alcohol			
A 5	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	☐☐
A 6a	**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	☐☐☐
A 6b	**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	☐☐☐

CORE   Diet   (Section D)

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.

D 1a	In a typical week, on how many days do you **eat fruit**? *USE SHOWCARD*	Number of days	□	*If Zero days, go to D 2a*
D 1b	How many **servings** of fruit do you eat on **one** of those days? *USE SHOWCARD*	Number of servings	□□	
D 2a	In a typical week, on how many days do you **eat vegetables**? *USE SHOWCARD*	Number of days	□□	If Zero days, go to Section P
D 2b	How many **servings** of vegetables do you eat on one of those days? *USE SHOWCARD*	Number of servings	□□	

EXPANDED : Diet

D 3	Do you usually prepare meal in your household?	Yes 1 No 2	□
D 4	What type of **oil or fat is most often** used for meal preparation in your household? *USE SHOWCARD* *SELECT ONLY ONE* □□□□□□□ *(CODE 77 FOR DON'T KNOW)*	Vegetable oil 0 1 Lard or suet 0 2 Butter or ghee 0 3 Margarine 0 4 Other 0 5 None in particular 0 6 None used 0 7	□□

CORE   Physical Activity (Section P)

Next I am going to ask you about the time you spend doing different types of physical activity. Please answer these questions even if you do not consider yourself to be an 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, household chores, harvesting food, fishing or hunting for food, seeking employment. *[Insert other examples if needed]*

P 1	Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?	Yes 1 No 2	☐	*If Yes, go to P6*
P 2	Does your work involve vigorous activity, like [*heavy lifting, digging or construction work*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P4*
P 3a	In a typical week, on how many days do you do vigorous activities as part of your work?	Days a week	☐☐	
P 3b	On a typical day on which you do vigorous activity, how much time do you spend doing such work?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		
P 4	Does your work involve moderate-intensity activity, like brisk walking [*or carrying light loads*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P6*
P 5a	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days a week	☐☐	
P 5b	On a typical day on which you did moderate-intensity activities, how much time do you spend doing such work?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		
P 6	How long is your typical work day?	Number of hours hrs ☐☐		

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 church. [*insert other examples if needed*]

P 7	Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2	☐	*If No, go to P9*
P 8a	In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?	Days a week	☐☐	
P 8b	How much time would you spend walking or bicycling for travel on a typical day?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		

The next questions ask about activities you do in your leisure time. Think about activities you do for recreation, fitness or sports [*insert relevant terms*].   Do not include the physical activities you do at work or for travel mentioned already.

P 9	Does your [*recreation, sport or leisure time*] involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time?	Yes 1 No 2	☐	*If Yes, go to P 14*
P 10	In your [*leisure time*], do you do any vigorous activities like [*running or strenuous sports, weight lifting*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 12*
P 11a	<u>If Yes,</u> In a typical week, on how many days do you do vigorous activities as part of your [*leisure time*]?	Days a week	☐☐	
P 11b	How much time do you spend doing this on a typical day?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		

P 12	In your [*leisure time*], do you do any moderate-intensity activities like brisk walking,[*cycling or swimming*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 14*
P 13a	<u>If Yes</u> In a typical week, on how many days do you do moderate-intensity activities as part of [*leisure time*]?	Days a week	☐☐	
P 13b	How much time do you spend doing this on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	

The following question is about sitting or reclining. Think back over the past 7 days, to time spent at work, at home, in *[leisure]*, including time spent sitting at a desk, visiting friends, reading, or watching television, but do not include time spent sleeping.

P 14	Over the past 7 days, how much time did you spend sitting or reclining on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐

	EXPANDED : History of High Blood Pressure				
H 1	When was your blood pressure last measured by a health professional?	Within past 12 months 1-5 years ago Not within past 5 yrs	1 2 3	☐	
H 2	During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?	Yes No	1 2	☐	*If No, skip to Next Section*
Are you currently receiving any of the following treatments for high 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	☐	
H 4	During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension	Yes No	1 2	☐	
H 5	Are you currently taking any herbal or traditional remedy for your high blood pressure?	Yes No	1 2	☐	

	EXPANDED : History of Diabetes				
H 6	Have you had your blood sugar measured in the last 12 months?	Yes No	1 2	☐	
H 7	Have you ever been told by a doctor or other health worker that you have diabetes?	Yes No	1 2	☐	*If No, skip to Next Section*
Are you currently receiving any of the following treatments 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	Advice or treatment to lose weight	Yes No	1 2	☐	
H 8e	Advice or treatment to stop smoking	Yes No	1 2	☐	
H 8f	Advice to start or do more exercise	Yes No	1 2	☐	
H 9	During the past 12 months have you seen a traditional healer for diabetes?	Yes No	1 2	☐	
H 10	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes No	1 2	☐	

Step 2   Physical Measurements

Height and weight			Coding Column
M 1	Technician ID Code		□□□
M 2a & 2b	Device IDs for height and weight	(2a) height □□□ (2b) weight □□□	
M 3	Height	(in Centimetres)	□□□.□
M 4	Weight *If too large for scale, code 666.6*	(in Kilograms)	□□□.□

Waist			
M 5	Technician ID		□□□
M 6	Device ID for waist		□□□
M 7	*(For women)* Are you pregnant?	Yes 1 No 2	□ *If Yes, Skip Waist*
M 8	Waist circumference	(in Centimetres)	□□□.□

SELECTED EXPANDED ITEMS			
M 7a	Hip circumference	(in Centimetres)	□□□.□
Heart Rate (Record if automatic blood pressure device is used)			
M 8a	Reading 1	Beats per minute:	□□□
M 8b	Reading 2	Beats per minute:	□□□
M 8c	Reading 3	Beats per minute:	□□□

Blood pressure			Coding Column
M 9	Technician ID		□□□
M 10	Device ID for blood pressure		□□□
M 11	Cuff size used	Small 1 Normal 2 Large 3	□
M 12a	Reading 1 **Systolic BP**	Systolic mmHg	□□□
M 12b	**Diastolic BP**	Diastolic mmHg	□□□
M 13a	Reading 2 **Systolic BP**	Systolic mmHg	□□□
M 13b	**Diastolic BP**	Diastolic mmHg	□□□
M 14a	Reading 3 **Systolic BP**	Systolic mmHg	□□□
M 14b	**Diastolic BP**	Diastolic mmHg	□□□
M 15	Are you currently on treatment with drugs prescribed by a health professional?	Yes 1 No 2	□

Step 3   Biochemical Measurements

CORE	**Blood glucose**			**Coding Column**
B 1	During the last 12 hours have you had anything to eat or drink, other than water?	Yes No	1 2	☐
B 2	Technician ID Code			☐☐☐
B 3	Device ID code			☐☐
B 4	Time of day blood specimen taken (24 hour clock)			hrs ☐☐ : mins ☐☐
B 5	Blood glucose			mmol/l ☐☐.☐
		Low High Unable to assess	1 2 3	☐
CORE	**Blood Lipids**			
B 6	Technician ID Code			☐☐☐
B 7	Device ID code			☐☐
B 8	Total cholesterol			mmol/l ☐☐.☐
		Low High Unable to assess	1 2 3	☐

SELECTED EXPANDED ITEMS				
B 9	Technician ID Code			☐☐☐
B 10	Device ID code			☐☐
B 11	Triglycerides			mmol/l ☐☐.☐
B 12	Technician ID Code			☐☐☐
B 13	Device ID code			☐☐
B 14	HDL Cholesterol			mmol/l ☐☐.☐
		Low High Unable to assess	1 2 3	☐