

WHO STEPS Instrument (Core and Expanded)



The WHO STEPwise approach to noncommunicable 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 |
|----------|---|--|
| 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 where necessary. |
| 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. |



Participant Identification Number

WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

| Location and Date | Response | Code |
|--------------------------------------|---------------------------------------|------|
| Cluster/Centre/Village ID | _____ | I1 |
| Cluster/Centre/Village name | | I2 |
| Interviewer ID | _____ | I3 |
| Date of completion of the instrument | _____ dd mm year | I4 |

| Consent, Interview Language and Name | Response | Code |
|---|------------------------------------|------|
| Consent has been read and obtained | Yes 1 | I5 |
| | No 2 IF NO, END | |
| Interview Language <i>[Insert Language]</i> | English 1 | I6 |
| | <i>[Add others]</i> 2 | |
| | <i>[Add others]</i> 3 | |
| | <i>[Add others]</i> 4 | |
| Time of interview (24 hour clock) | _____ : _____ hrs mins | I7 |
| Family Surname | | I8 |
| First Name | | I9 |
| Additional Information that may be helpful | | |
| Contact phone number where possible | | I10 |

Step 1 Demographic Information

| CORE: Demographic Information | | |
|--|--|------|
| Question | Response | Code |
| Sex (<i>Record Male / Female as observed</i>) | Male 1 Female 2 | C1 |
| What is your date of birth? <i>Don't Know 77 77 7777</i> | _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year | C2 |
| How old are you? | Years _ _ | C3 |
| In total, how many years have you spent at school and in full-time study (excluding pre-school)? | Years _ _ | C4 |

| EXPANDED: Demographic Information | | |
|---|--|----|
| 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 |
| 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 |
| What is your marital status ? | Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88 | C7 |
| 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 |
| How many people older than 18 years, including yourself, live in your household? | Number of people _ _ | C9 |

| EXPANDED: Demographic Information, Continued | | |
|---|---|------|
| Question | Response | Code |
| 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 _ _ _ _ _ _ _ _ _ _ _ _ _ _ Go to T1 | C10a |
| | OR per month _ _ _ _ _ _ _ _ _ _ _ _ _ _ Go to T1 | C10b |
| | OR per year _ _ _ _ _ _ _ _ _ _ _ _ _ _ Go to T1 | C10c |
| | Refused 88 | C10d |
| 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 [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS) | ≤ Quintile (Q) 1 1 | C11 |
| | More than Q 1, ≤ Q 2 2 | |
| | More than Q 2, ≤ Q 3 3 | |
| | More than Q 3, ≤ Q 4 4 | |
| | More than Q 4 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 |
| Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD) | Yes 1 | T1 |
| | No 2 <i>If No, go to T8</i> | |
| Do you currently smoke tobacco products daily ? | Yes 1 | T2 |
| | No 2 | |
| How old were you when you first started smoking? | Age (years) | T3 |
| | Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i> | |
| Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77 | In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i> | T4a |
| | OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i> | T4b |
| | OR in Weeks <input type="text"/> | T4c |
| On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777 | DAILY↓ WEEKLY↓ | |
| | Manufactured cigarettes <input type="text"/> <input type="text"/> | T5a/T5aw |
| | Hand-rolled cigarettes <input type="text"/> <input type="text"/> | T5b/T5bw |
| | Pipes full of tobacco <input type="text"/> <input type="text"/> | T5c/T5cw |
| | Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> | T5d/T5dw |
| | Number of Shisha sessions <input type="text"/> <input type="text"/> | T5e/T5ew |
| | Other <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i> | T5f/T5fw |
| | Other (please specify): <input type="text"/> | T5other/ T5otherw |
| During the past 12 months, have you tried to stop smoking ? | Yes 1 | T6 |
| | No 2 | |
| 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 T12; if T2=No, go to T9</i> | T7 |
| | No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> | |
| | No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> | |
| In the past, did you ever smoke any tobacco products? (USE SHOWCARD) | Yes 1 | T8 |
| | No 2 <i>If No, go to T12</i> | |
| In the past, did you ever smoke daily ? | Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> | T9 |
| | No 2 <i>If T1=Yes, go to T12, else go to T10</i> | |

| EXPANDED: Tobacco Use | | | |
|--|-----------------------------|---|------------------------|
| Question | Response | | Code |
| How old were you when you stopped smoking? | Age (years) | <input type="text"/> | T10 |
| | Don't Know | 77 <input type="text"/> <i>If Known, go to T12</i> | |
| How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't Know 77 | Years ago | <input type="text"/> <i>If Known, go to T12</i> | T11a |
| | OR Months ago | <input type="text"/> <i>If Known, go to T12</i> | T11b |
| | OR Weeks ago | <input type="text"/> | T11c |
| Do you currently use any smokeless tobacco products such as <i>[snuff, chewing tobacco, betel]</i> ? <i>(USE SHOWCARD)</i> | Yes | 1 | T12 |
| | No | 2 <i>If No, go to T15</i> | |
| Do you currently use smokeless tobacco products daily ? | Yes | 1 | T13 |
| | No | 2 <i>If No, go to T14aw</i> | |
| On average, how many times a day/week do you use <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777 | DAILY↓ WEEKLY↓ | | |
| | Snuff, by mouth | <input type="text"/> | T14a/ T14aw |
| | Snuff, by nose | <input type="text"/> | T14b/ T14bw |
| | Chewing tobacco | <input type="text"/> | T14c/ T14cw |
| | Betel, quid | <input type="text"/> | T14d/ T14dw |
| | Other | <input type="text"/> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i> | T14e/ T14ew |
| | Other (please specify): | <input type="text"/> <i>If T13=No, go to T16, else go to T17</i> | T14other/ T14otherw |
| In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> ? | Yes | 1 | T15 |
| | No | 2 <i>If No, go to T17</i> | |
| In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> daily ? | Yes | 1 | T16 |
| | No | 2 | |
| During the past 30 days, did someone smoke in your home ? | Yes | 1 | T17 |
| | No | 2 | |
| During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)? | Yes | 1 | T18 |
| | No | 2 | |
| | Don't work in a closed area | 3 | |

| CORE: Alcohol Consumption | | |
|---|--|------|
| The next questions ask about the consumption of alcohol. | | |
| Question | Response | Code |
| Have you ever consumed any alcohol such as beer, wine, spirits or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES) | Yes 1 No 2 <i>If No, go to A16</i> | A1 |
| Have you consumed any alcohol within the past 12 months ? | Yes 1 <i>If Yes, go to A4</i> No 2 | A2 |
| Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker? | Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i> | A3 |
| During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD) | Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6 | A4 |
| Have you consumed any alcohol within the past 30 days ? | Yes 1 No 2 <i>If No, go to A13</i> | A5 |
| During the past 30 days, on how many occasions did you have at least one standard alcoholic drink? | Number Don't know 77 _ _ | A6 |
| During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD) | Number Don't know 77 _ _ | A7 |
| During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together? | Largest number Don't Know 77 _ _ | A8 |
| During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion? | Number of times Don't Know 77 _ _ | A9 |
| During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i> | Monday _ _ | A10a |
| | Tuesday _ _ | A10b |
| | Wednesday _ _ | A10c |
| | Thursday _ _ | A10d |
| | Friday _ _ | A10e |
| | Saturday _ _ | A10f |
| | Sunday _ _ | A10g |

| CORE: Alcohol Consumption, continued | | |
|--|--|------|
| I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions. | | |
| Question | Response | Code |
| During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? <i>[AMEND ACCORDING TO LOCAL CONTEXT]</i> <i>(USE SHOWCARD)</i> | Yes 1 No 2 <i>If No, go to A13</i> | A11 |
| On average, how many standard drinks of the following did you consume during the past 7 days ? <i>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(USE SHOWCARD)</i> <i>Don't Know 77</i> | Homebrewed spirits, e.g. moonshine _ _ | A12a |
| | Homebrewed beer or wine, e.g. beer, palm or fruit wine _ _ | A12b |
| | Alcohol brought over the border/from another country _ _ | A12c |
| | Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves _ _ | A12d |
| | Other untaxed alcohol in the country _ _ | A12e |
| EXPANDED: Alcohol Consumption | | |
| During the past 12 months , how often have you found that you were not able to stop drinking once you had started? | Daily or almost daily 1 | A13 |
| | Weekly 2 | |
| | Monthly 3 | |
| | Less than monthly 4 | |
| | Never 5 | |
| During the past 12 months , how often have you failed to do what was normally expected from you because of drinking? | Daily or almost daily 1 | A14 |
| | Weekly 2 | |
| | Monthly 3 | |
| | Less than monthly 4 | |
| | Never 5 | |
| During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Daily or almost daily 1 | A15 |
| | Weekly 2 | |
| | Monthly 3 | |
| | Less than monthly 4 | |
| | Never 5 | |
| During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking? | Yes, more than monthly 1 | A16 |
| | Yes, monthly 2 | |
| | Yes, several times but less than monthly 3 | |
| | Yes, once or twice 4 | |
| | No 5 | |

| 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 |
| In a typical week, on how many days do you eat fruit ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ <i>If Zero days, go to D3</i> | D1 |
| How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't Know 77 _ _ | D2 |
| In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ <i>If Zero days, go to D5</i> | D3 |
| How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't know 77 _ _ | D4 |

| EXPANDED: Diet | | |
|--|---|---------|
| What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE) | Vegetable oil 1 | D5 |
| | 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 | |
| | Other _ _ _ _ _ _ _ _ | D5other |
| 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 _ _ | 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 | | |
| <p>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?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> | <p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p> | P1 |
| <p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</p> | <p>Number of days _ </p> | P2 |
| <p>How much time do you spend doing vigorous-intensity activities at work on a typical day?</p> | <p>Hours : minutes _ _ : _ _ </p> <p>hrs mins</p> | P3 (a-b) |
| <p>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?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> | <p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p> | P4 |
| <p>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</p> | <p>Number of days _ </p> | P5 |
| <p>How much time do you spend doing moderate-intensity activities at work on a typical day?</p> | <p>Hours : minutes _ _ : _ _ </p> <p>hrs mins</p> | 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> | | |
| <p>Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?</p> | <p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p> | P7 |
| <p>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?</p> | <p>Number of days _ </p> | P8 |
| <p>How much time do you spend walking or bicycling for travel on a typical day?</p> | <p>Hours : minutes _ _ : _ _ </p> <p>hrs mins</p> | P9 (a-b) |

| CORE: Physical Activity, Continued | | |
|---|--|--------------|
| Question | Response | Code |
| 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), <i>[Insert relevant terms]</i> . | | |
| Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i> | Yes 1 No 2 <i>If No, go to P 13</i> | P10 |
| In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities? | Number of days _ | P11 |
| 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) |
| 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, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i> | Yes 1 No 2 <i>If No, go to P16</i> | P13 |
| In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities? | Number of days _ | P14 |
| 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. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i> | | |
| How much time do you usually spend sitting or reclining on a typical day? | Hours : minutes _ _ : _ _ hrs mins | P16 (a-b) |

| CORE: History of Raised Blood Pressure | | |
|---|-----------------------------|------|
| Question | Response | Code |
| 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> | |
| 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> | |
| Have you been told in the past 12 months? | Yes 1 | H2b |
| | No 2 | |
| In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? | Yes 1 | H3 |
| | No 2 | |
| Have you ever seen a traditional healer for raised blood pressure or hypertension? | Yes 1 | H4 |
| | No 2 | |
| Are you currently taking any herbal or traditional remedy for your raised blood pressure? | Yes 1 | H5 |
| | No 2 | |

| CORE: History of Diabetes | | |
|--|------------------------------|-----|
| 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 H12</i> | |
| 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 H12</i> | |
| Have you been told in the past 12 months? | Yes 1 | H7b |
| | No 2 | |
| In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? | Yes 1 | H8 |
| | No 2 | |
| Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? | Yes 1 | H9 |
| | No 2 | |
| Have you ever seen a traditional healer for diabetes or raised blood sugar? | Yes 1 | H10 |
| | No 2 | |
| Are you currently taking any herbal or traditional remedy for your diabetes? | Yes 1 | H11 |
| | No 2 | |

CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

| Question | Response | Code |
|---|--------------------------------|------|
| Have you ever had a screening test for cervical cancer, using any of these methods described above? | Yes 1 No 2 Don't know 77 | CX1 |

Step 2 Physical Measurements

| CORE: Blood Pressure | | |
|---|---|------|
| Question | Response | Code |
| Interviewer ID | _ _ _ _ | M1 |
| Device ID for blood pressure | _ _ | M2 |
| Cuff size used | Small 1 Medium 2 Large 3 | M3 |
| Reading 1 | Systolic (mmHg) _ _ _ _ | M4a |
| | Diastolic (mmHg) _ _ _ _ | M4b |
| Reading 2 | Systolic (mmHg) _ _ _ _ | M5a |
| | Diastolic (mmHg) _ _ _ _ | M5b |
| Reading 3 | Systolic (mmHg) _ _ _ _ | M6a |
| | Diastolic (mmHg) _ _ _ _ | M6b |
| 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 | M7 |
| CORE: Height and Weight | | |
| For women: Are you pregnant? | Yes 1 <i>If Yes, go to M 16</i> No 2 | M8 |
| Interviewer ID | _ _ _ _ | M9 |
| Device IDs for height and weight | Height _ _ | M10a |
| | Weight _ _ | M10b |
| Height | in Centimetres (cm) _ _ _ _ _ _ _ | M11 |
| Weight <i>If too large for scale 666.6</i> | in Kilograms (kg) _ _ _ _ _ _ _ | M12 |
| CORE: Waist | | |
| Device ID for waist | _ _ | M13 |
| Waist circumference | in Centimetres (cm) _ _ _ _ _ _ _ | M14 |

| EXPANDED: Hip Circumference and Heart Rate | | |
|--|------------------------------------|------|
| Hip circumference | in Centimeters (cm) _ _ _ _ _ _ _ | M15 |
| Heart Rate | | |
| Reading 1 | Beats per minute _ _ _ _ | M16a |
| Reading 2 | Beats per minute _ _ _ _ | M16b |
| Reading 3 | Beats per minute _ _ _ _ | M16c |

Step 3 Biochemical Measurements

| CORE: Blood Glucose | | |
|--|--|------|
| Question | Response | Code |
| During the past 12 hours have you had anything to eat or drink, other than water? | Yes 1 No 2 | B1 |
| Technician ID | _ _ _ | B2 |
| Device ID | _ _ | B3 |
| Time of day blood specimen taken (24 hour clock) | Hours : minutes _ _ : _ _ hrs mins | B4 |
| Fasting blood glucose <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i> | mmol/l _ _ . _ _ | B5 |
| | mg/dl _ _ _ . _ | |
| 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 | | |
| Device ID | _ _ | B7 |
| Total cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i> | mmol/l _ _ . _ _ | B8 |
| | mg/dl _ _ _ . _ | |
| 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: Triglycerides and HDL Cholesterol | | |
| Triglycerides <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i> | mmol/l _ _ . _ _ | B10 |
| | mg/dl _ _ _ . _ | |
| HDL Cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i> | mmol/l _ . _ _ | B11 |
| | mg/dl _ _ _ . _ | |