

ANNEX II

Participant Identification Number:

WHO STEPS INSTRUMENT
FOR CHRONIC DISEASE RISK FACTOR SURVEILLANCE
ROYAL GOVERNMENT OF BHUTAN
THIMPHU/BHUTAN

Location and Date		Response	Code
1	Town		I1
2	Block		I2
3	Household		I3
4	Person		I4
5	Date of completion of the instrument	dd mm year	I5

Participant Identification Number :			
Consent, Interview Language and Name		Response	Code
6	Consent has been read out to participant	Yes 1 No 2 If NO, read consent	I6
7	Consent has been obtained (verbal or written)	Yes 1 No 2 If NO, END	I7
8	Interview Language [Insert Language]	English 1 Dzongkha 2 Sharchhop 3 Lhotsham 4 Bumtap/ 5 Khengha 6 Others	I8
9	Time of interview (24 hour clock)	hrs mins	I9
10	Name of Respondent		I10
Additional Information that may be helpful			
11	Contact phone number where possible		I12
12	Specify whose phone	Work 1 Home 2 Neighbour 3 Other (specify) 4	I13

19	Which of the following best describes your <u>main</u> work status over the last 12 months?	Government employee	01	C7
		Non-government employee	02	
		Self-employed	03	
		Agriculture	04	
		Student	05	
		Homemaker/Housewife	06	
		Retired	07	
		Clergy/Lay Monks	08	
		Uniformed Force	09	
		Unemployed (able to work)	10	
		Unemployed (unable to work)	11	
Refused	88			
20	How many people older than 18 years, including yourself, live in your household?	Number of people		C8
21	Can you give an estimate of the annual household income if I read some options to you if you don't know? Is it [INSERT QUINTILE VALUES] (READ OPTIONS)	Less than 3000	01	C10
		Nu. 3001 to Nu 5000	02	
		Nu 5001 to 12,000	03	
		Nu. 12001 to Nu.19000	04	
		Nu 19,000 above	05	
		Don't Know	07	

Participant Identification Number:

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.

Questions		Response		Code
23	Do you currently smoke any tobacco products , such as cigarettes, bidi, cigars or pipes?	Yes	1	T1
		No	2 <i>If No, go to T6</i>	
24	Do you currently smoke tobacco products daily	Yes	1	T2
		No	2 <i>If No, go to T6</i>	
25	How old were you when you first started smoking daily?	Age (years) Don't remember 777	<i>If Known, go to T5a</i>	T3

26	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't remember 777	In Years <i>If Known, go to T5a</i>	T4a
		OR in Months <i>If Known, go to T5a</i>	T4b
		OR in Weeks	T4c
27	On average, how many of the following do you smoke each day? <i>(RECORD FOR EACH TYPE)</i> Don't remember 777	Manufactured cigarettes	T5a
		Hand-rolled cigarettes or bidi	T5b
		Pipes full of tobacco	T5c
		Cigars, cheroots,	T5d
		Other	T5e

EXPANDED: Tobacco Use			
Questions		Response	Code
28	In the past, did you ever smoke daily	Yes 1	T6
		No 2 <i>If No, go to T9</i>	
29	How old were you when you stopped smoking daily ?	Age (years)	T7
		Don't remember 777 <i>If Known, go to T9</i>	
30	How long ago did you stop smoking daily? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't remember 777	Years ago <i>If Known, go to T9</i>	T8a
		OR Months ago <i>If Known, go to T9</i>	T8b
		OR Weeks ago	T8c
31	Do you currently use any smokeless tobacco such as [<i>snuff, khaini (chewing tobacco), doma (betel)</i>]? (Yes 1	T9
		No 2 <i>If No, go to T12</i>	
32	Do you currently use smokeless tobacco products such as [<i>snuff, khaini (chewing tobacco), doma (betel)</i>] daily ?	Yes 1	T10
		No 2 <i>If No, go to T12</i>	

Participant Identification Number :

EXPANDED: Tobacco Use, contd.			
Questions		Response	Code
33	On average, how many times a day do you use	Snuff, by mouth	T11a

	(RECORD FOR EACH TYPE) Don't Know 777	Snuff, by nose		T11b
		Khaini (Chewing tobacco)		T11c
		Doma (Betel, quid)		T11d
		Other <i>If Other, go to T11 other</i>		T11e
		Don't Know		
34	In the past, did you ever use smokeless tobacco such as [<i>snuff, khaini (chewing tobacco), doma (betel)</i>] daily ?	Yes	1	T12
		No	2	

CORE: Alcohol Consumption

The next questions ask about the consumption of alcohol.

Questions		Response		Code
35	Have you consumed alcohol (such as beer, wine, spirits, fermented cider (<i>ara, bangchang, singchang</i>) within the past 12 months ?	Yes	1	A1
		No	2 <i>If No, go to D1</i>	
36	In the past 12 months, how frequently have you had at least one drink? (<i>READ RESPONSES USE SHOWCARD</i>)	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	
37	When you drink alcohol, on average , how many drinks do you have during one day.	Number		A3
		Don't know 77		
38	Have you consumed alcohol (such as beer, wine, spirits, fermented cider, ara, bangchang, singchang/ within the past 30 days ? (<i>USE SHOWCARD OR SHOW EXAMPLES</i>)	Yes	1	A4
		No	2 <i>If No, go to A 6</i>	
39	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day? (<i>RECORD FOR EACH DAY USE SHOWCARD</i>)	Monday		A5a
		Tuesday		A5b
		Wednesday		A5c
		Thursday		A5d
		Friday		A5e
		Saturday		A5f
		Sunday		A5g
	Don't Know 77			

Participant Identification Number :

CORE: Diet			
<p>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.</p>			
Questions		Response	Code
40	In a typical week, on how many days do you eat fruit ?	Number of days Don't Know 77	If Zero days, go to D3 D1
41	How many servings of fruit do you eat on one of those days? (<i>USE SHOWCARD</i>)	Number of servings Don't Know 77	D2
42	In a typical week, on how many days do you eat vegetables ? <i>(USE SHOWCARD)</i>	Number of days Don't Know 77	If Zero days, go to D5 D3
43	How many servings of vegetables do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings Don't Know 77	D4

EXPANDED: Diet			
44	What type of oil or fat is most often used for meal preparation in your household? <i>(USE SHOWCARD SELECT ONLY ONE)</i>	Vegetable oil 01	D5
		Animal Fat 02	
Butter or ghee 03			
Margarine 04			
Other 05	<i>If Other, go to D5 other</i>		
None in particular 06			
None used 07			
Don't know 77			
	Other	D5other	
45	Total amount of fat/oil used in a month (all forms together)	Number in litres	X1
46	How many members of the family eat from the same pot?	Number of people	X2
47	How frequently do you eat "Ezay"?	Daily 01	X3
		5-6 days per week 02	
		1-4 days per week 03	
		1-3 days per month 04	
		Less than once a month 05	

48	How frequently do you eat dry meat?	Daily	1	X4
		5-6 days per week	2	
		1-4 days per week	3	
		1-3 days per month	4	
		Less than once a month	5	
49	How frequently do you drink suja?	Daily	1	X5
		5-6 days per week	2	
		1-4 days per week	3	
		1-3 days per month	4	
		Less than once a month	5	

Participant Identification Number

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. 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>			
Questions	Response		Code
Activity at work			
50	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?	Yes 1 No 2 <i>If No, go to P 4</i>	P1
51	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days	P2
52	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes Hours Mins	P3 (a-b)

53	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	Yes 1 No 2 <i>If No, go to P 7</i>	P4
54	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days	P5
55	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes 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. 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]</p>			
56	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minute continuously to get to and from places?	Yes 1 No 2 <i>If No, go to P 10</i>	P7
57	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
58	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes mins hours	P9 (a-b)
Recreational activities			
<p>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].</p>			
59	Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [<i>running or football, aerobics,</i>] for at least 10 minutes continuously?	Yes 1 No 2 <i>If No, go to P 13</i>	P10

60	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days	P11
61	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes mins hrs	P12 (a-b)

CORE: Physical Activity (recreational activities) contd.

Questions		Response	Code
62	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking, (<i>cycling, swimming, archery, dego, khuru, volleyball</i>) for at least 10 minutes continuously	Yes 1 No 2 <i>If No, go to P16</i>	P13
63	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days	P14
64	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes mins hrs	P15 (a-b)

Sedentary behaviour

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

65	How much time do you usually spend sitting or reclining on a typical day? (<i>both at home and at work place</i>)	Hours : minutes hours mins	P16 (a-b)
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EXPANDED: History of Raised Blood Pressure

Questions		Response	Code
66	When was your blood pressure last measured by a health professional?	Within past 12 months 1	H1
		1-5 years ago 2	
		Not within past 5 years 3	

67	During the past 12 months have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes	1	H2
		No	2	
68	Are you currently receiving any of the following treatments for raised blood pressure prescribed by a doctor or other health worker as well as any advice?			
	Drugs (medication) that you have taken in the last 2 weeks	Yes	1	H3a
		No	2	
	Special prescribed diet	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	
69	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	Yes	1	H4
		No	2	
70	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
		No	2	
71	During the past 12 months have you seen an Indigenous Physician (Drungtso/Menpa) for raised blood pressure or hypertension	Yes	1	X6
		No	2	
72	Are you currently taking any Indigenous remedy for your raised blood pressure?	Yes	1	X7
		No	2	

Participant Identification Number

EXPANDED: History of Diabetes				
Questions		Response		Code
73	Have you had your blood sugar measured in the last 12 months?	Yes	1	H6
		No	2	
74	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	Yes	1	H7
		No	2	
75	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker as well as any advice?			

	Insulin	Yes	1	H8a
		No	2	
	Oral drug (Oral hypoglycemic medication) that you have taken in the last 2 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		
76	During the past 12 months have you seen a Traditional Healer for diabetes?	Yes	1	H9
		No	2	
77	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
		No	2	
78	During the past 12 months have you seen an Indigenous Physician (Drungtso/Menpa) for diabetes?	Yes	1	X8
		No	2	
79	Are you currently taking any Indigenous remedy for your diabetes?	Yes	1	X9
		No	2	

Participant Identification Number :

Step 2 Physical Measurements

CORE: Height and Weight		Response	Code
80	Interviewer ID		M1
81	Device IDs for height and weight	Height	M2a
		Weight	M2b
82	Height	in Centimetres (cm)	M3
83	Weight <i>If too large for scale, code 666.6</i>	in Kilograms (kg)	M4
84	(For women) Are you pregnant?	Yes	1 If Yes, go to M 8
		No	
CORE: Waist			
85	Device ID for waist		M6
86	Waist circumference <i>(Measure at the level of umbilicus)</i>	in Centimetres (cm)	M7
CORE: Blood Pressure			
87	Interviewer ID		M8
88	Device ID for blood pressure		M9

89	Cuff size used	Small Medium 2 Large 3	M10
90	Reading 1	Systolic (mmHg)	M11a
		Diastolic (mmHg)	M11b
91	Reading 2	Systolic (mmHg)	M12a
		Diastolic (mmHg)	M12b
2	Reading 3	Systolic (mmHg)	M13a
		Diastolic (mmHg)	M13b
93	During the past two weeks, have you been treated for raised blood pressure with drugs (anti hypertensive medication) prescribed by a doctor or other health worker?	Yes 1	M14
		No 2	

EXPANDED: Hip Circumference and Heart Rate

94	Hip Circumference	In Centimeters (cm)		M15
95	Heart Rate (Record if automatic blood pressure device is used)			
	Reading 1	Beats per minute		M16a
	Reading 2	Beats per minute		M16b
	Reading 3	Beats per minute		M16c

Participant Identification Number :

Biochemical Measurements**Step 3**

CORE: Blood Glucose		Response		Code
96	During the last 8 hours have you had anything to eat or drink, other than water?	Yes 1		B1
		No 2		
97	Technician ID			B2
98	Time of day fasting blood specimen taken (24 hour clock)	Hours : minutes	Hours mins	B4
99	Fasting blood glucose	Mg/dl		B5
100	Time of starting glucose intake (24 hour clock)	Hours : minutes	Hours mins	X10

101	Time of post glucose challenge blood specimen taken	Hours : minutes Hours mins	X11
102	Blood Glucose (2 hours after glucose load)	Mg/dl	X12
103	Total cholesterol	Mg/dl	B7
104	Total Triglyceride	Mg/dl	B8
105	High Density Lipoprotein	Mg/dl	B9

Signature of the interviewer: _____

Signature of laboratory technician: _____

Form cross-checked by: _____