The WHO STEPS instrument
(Core and Expanded Modules)

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

Всемирная организация здравоохранения

STEPS Instrument

Overview

Introduction

This is the generic STEPS Instrument which countries/places of the survey will use to develop their tailored instrument. It contains:
- CORE module (unshaded boxes)
- EXPANDED module (shaded boxes).

The core module

The core items for each section ask questions required to calculate basic variables. For example:
- current daily smokers
- mean body weight index

Note: All the core questions should be asked, removing core questions will impact the analysis.

The expanded module

The expanded items for each section ask more detailed information. For example:
- use of smokeless (non-smoking) tobacco
- sedentary lifestyle (behavior leading to hypodynamia)

Guide to the columns

The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Country tailoring
Question	Each question is to be read to the participants□	• Select sections to use. • Add expanded module questions as desired
Responses	This column lists the available response options which the interviewee will be circling or filling in.□ The skip instructions are shown on the right hand side of the responses and should be followed during interviews.	• Add country-specific responses for demographic responses (e.g. C6). • Change question code references where necessary.
Code	The column is designed to match data from the instrument with question numbers in the data entry tool, in data analysis and storage applications, as well as in survey fact sheets.	This must not be changed or removed. The codes are used as a key identifier for data entry and their further analysis.

WHO STEPS Instrument for Chronical Diseases Risk Factor Surveillance

<specify the country/place of the survey>

BACKGROUND INFORMATION

Location and Date	Response	Code
Center/Settlement/Cluster code	⌊_|_|_⌋	I1
Center/Settlement/Cluster code	⌊_|_|_|_|_|_⌋	I2
Interviewer ID	⌊_|_|_⌋	I3
Date of completion of the questionnaire	⌊_|_⌋ ⌊_|_⌋ ⌊_|_|_|_⌋ day month year	I4

Consent, interview language, and name	Response	Code
The participant's consent has been read and obtained	Yes 1 No 2 *IF NO, END THE INTERVIEW*	I5
Interview language [insert language]	Ukrainian 1 Russian 2 English 3	I6
Time of interview (24 hour clock)	⌊_|_|_⌋ : ⌊_|_|_⌋ hours minutes	I7
Surname		I8
Name		I9
Additional information that may be helpful		
Contact phone number where possible		I10

Step 1 Demographic information

CORE MODULE: Demographic information		
Question	Response	Code
Sex *(record male/female as observed)*	Male 1 Female 2	C1
What is your date of birth? *Don't know 77 77 7777*	└──┴──┘ └──┴──┘ └──┴──┴──┴──┘ *If known,* day month year *go to C4*	C2
How old are you?	Years └──┴──┘	C3
In total, how many years have you spent at school and at specialized and higher educational institutions (excluding pre-school)?	Years └──┴──┘	C4

EXPANDED MODULE: Demographic information		
What is the **highest level of education** you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed - 9 grades 4 High school completed – 11 grades 5 Vocational school 6 Higher education 7 Postgraduate degree 8 Refused to answer 88	C5
What is your **ethnic group?**	Ukrainians 1 Bulgarian 2 Belorusians 3 Crimean Tatars 4 Hungarians 5 Jewish 6 Moldovans 7 Polish 8 Roma 9 Romanians 10 Russians 11 Other 77 Refused to answer 88	C6
What is your **marital status?**	Unmarried (never married) 1 Currently married 2 Separated 3 Divorced 4	C7

	Widowed	5	
	Cohabitating	6	
	Refused to answer	88	
Which of the following best describes your **main work** status over the past 12 months? (USE SHOWCARDS WITH RESPONSES)	Employee of a governmental organization/ enterprise	1	5-1-3 C8
	Employee of a non-governmental organization/ enterprise	2	
	Employee of a private enterprise	3	
	Self-employed / Private Entrepreneur	4	
	Non-paid	5	
	Student	6	
	Homemaker	7	
	Retired	8	
	Unemployed (able to work)	9	
	Unemployed (unable to work	10	
	Refused to answer	11	
How many people, including yourself, live in your household?	Number of people	⌴⌴ *If unknown, go to C11*	X1
How many people older than 18 years, including yourself, live in your household?	Number of people	⌴⌴ *If unknown, go to C11*	C9
Have you changed your place of residence for the past 5 years?	Yes	1	X2
	No	2 *Go to C13a*	
	Refused to answer	88 *Go to C13a*	
Is the change of place of residence related to the armed conflict in some districts of Donetsk and Luhansk oblasts, the annexation of the Crimea? (A QUESTION FOR RESPONDENTS WHO RESPONDED 'YES' IN QUESTION C11)	Yes	1	X3
	No	2	
	Refused to answer	88	

EXPANDED MODULE: Demographic information, continued		
Question	**Response**	**Code**
Taking the **past year**, can you tell me what the average earnings of your 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 to answer C10d	C13d
If you don't know the exact amount, can you give an **estimate** of the annual household income if I read some options to you? Is it: *(USE SHOWCARDS)*	Less than 3 000 UAH. C11	C14
	More than 3 001 UAH., less than 4 500 2	
	More than 4 501 UAH., less than 6 000 UAH. 3	
	More than 6 001 UAH., less than 8 000 UAH. 4	
	More than 8 001 UAH., less than 10 000 UAH. 5	
	More than 10 001 UAH., less than 15 000 UAH. 6	
	More than 15 001 UAH., less than 20 000 UAH. 7	
	More than 20 001 UAH., less than 25 000 UAH. 8	
	More than 25 001 UAH., less than 35 000 UAH. 9	
	More than 35 000 UAH. 10	
	Don't know 77	
	Refused to answer 88	

STEP 1 Behavior measurements

CORE: Use of tobacco and products containing nicotine

Now I will ask you about the use of such tobacco and nicotine-containing products as cigarettes, cigars, tobacco pipes or tobacco heating systems (THS) or smokeless tobacco. Examples of tobacco heating systems iQOS, Ploom TECH, Glo (USE SHOWCARD). These THSs heat tobacco, producing aerosols containing nicotine and other substances that are inhaled through the mouth.

Also, you will be asked about electronic cigarettes, which is a device that produces aerosols or steam that are inhaled by heating a special liquid (that may contain nicotine or not). Such devices are also referred to as 'vape'.

Question	Response		Код
Do you currently use the products on the list? USE SHOWCARDS for every group of products	Cigarettes, cigars USE SHOWCARDS	Yes 1 No 2 If No, go to T8	T1a
	Tobacco Heating Systems (THS) – iQOS, Glo USE SHOWCARDS	Yes 1 No 2 If No, go to T19	T1b
	Electronic cigarettes (Vape)	Yes 1 No 2 If No, go to T30	T1c
	Hookah	Yes 1 No 2 If No, go to T40	T1d
	Non-smoked Tobacco (Snuff and Chewing Tobacco)	Yes 1 No 2 If No, go to T47	T1e
Do you **currently** use the products on the list **on a daily basis**? USE SHOWCARDS for every group of products SHOW EACH SUB-QUESTION ONLY IF IN THE CORRESPONDENT SUB-QUESTION OF QUESTION T1 THE ANSWER "YES (1)" WAS CHOSEN	Cigarettes, cigars USE SHOWCARDS	Yes 1 No 2	T2a
	Tobacco Heating Systems (THS) – iQOS, Glo USE SHOWCARDS	Yes 1 No 2	T2b
	Electronic cigarettes (Vape)	Yes 1 No 2	T2c
	Hookah	Yes 1 No 2	T2d
	Non-smoked Tobacco (Snuff and Chewing Tobacco)	Yes 1 No 2	T2e

Smoking cigrettes, cigars _(QUESTION T3, T4, T5, T6, T7, T12, T13 IS ASKED IF T1a=1)_

How old were you when you **first started smoking**?	Age (years) └──┴──┘ If known, go to T5a/T5aw Don't know 77		T3
Do you remember how long time ago it was? (RECORD ONLY ONE, NOT ALL 3) Don't know 77	How many years ago? └──┴──┘ If known, go to T5a/T5aw		T4a
	OR months └──┴──┘ If known, go to T5a/T5aw		T4b
	OR weeks └──┴──┘		T4c
What is the number of products on the list on average you smoke **per day/week**? (IF IT'S LESS OFTEN THAM DAILY, PLEASE, SPECIFY FOR A WEEK)		PER DAY↓ PER WEEK↓	
	Manufactured cigarettes	└──┴──┴──┘ └──┴──┴──┘	T5a/T5aw
	Manually rolled cigarettes (roll-up cigarettes)	└──┴──┴──┴──┘ └──┴──┴──┘	T5b/T5bw

(PLEASE, SPECIFY BY EVERY KIND OF PRODUCTS, USE SHOWCARDS) *Don't know 7777*	Pipes stuffed with tobacco	⌊_⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋	T5c/T5cw
	Cigars, cigarillos	⌊_⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋	T5d/T5dw
	Other	⌊_⌊_⌊_⌊_⌋ ⌊_⌊_⌊_⌋ *If Other, go to T5other, otherwise – go to T6*	T5i/ T5iw
	Other (specify):	⌊_⌊_⌊_⌊_⌊_⌋	T5other/ T5otherw
Did you try to quit during the past 12 months?	Yes 1 No 2		T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking cigarettes or cigars?	Yes 1 No 2 Didn't visit a doctor during the past 12 months 3		T7
Have you ever smoked cigarettes, cigars **in the past?** *(USE SHOWCARDS)* *ASK THE QUESTION, IF T1a=2*	Yes 1 No 2 *If No, go to T12*		T8
Have you ever smoked cigarettes, cigars in **the past on a daily basis** *ASK QUESTION, IF T1a=1 & T2a=2*	Yes 1 No 2 *If No, go to T12*		T9
How old were you when you **quitted?**	Age (years) ⌊_⌊_⌋ *If known, go to T12* Don't know 77		T10
How long ago you had quitted smoking? *(RECORD ONLY ONE NOT ALL 3)* *Don't know 77*	Years ago ⌊_⌊_⌋ *If known, go to T12*		T11a
	OR Months ago ⌊_⌊_⌋ *If known, go to T12*		T11b
	OR Weeks ago ⌊_⌊_⌋		T11c
During the past 30 days did anybody smoke cigarettes, cigars in your house? *QUESTION SHALL BE ASKED TO ALL RESPONDENTS*	Yes 1 No 2		T12
During the past 30 days did anybody smoke cigarettes, cigars in the premise where you work (inside the building, in the working zone or service premises)? *QUESTION SHALL BE ASKED TO ALL RESPONDENTS*	Yes 1 No 2 I don't work in closed premise 3		T13

Tobacco heating systems (THS) *(QUESTION T14, T15, T16, T17, T18, T23, T24 SHALL BE ASKED IF T1b=1)*			
How old were you when **you first started** using THS?	Age (years) ⌊_⌊_⌋ *If known, go to T16a/T16aw* Don't know 77		T14
Do you remember how long time ago it was *(RECORD ONLY ONE, NOT ALL 3)* *Don't know 77*	Years ago ⌊_⌊_⌋ *If known, go to T16a/T16aw*		T15a
	OR Months ago ⌊_⌊_⌋ *If known, go to T16a/T16aw*		T15b

	OR Weeks ago ⌴⌴⌴⌴	T15c
How many THS sticks on average you smoke **per day/ per week?** *(IF LESS OFTEN THAN DAILY, PLEASE, SPECIFY PER WEEK)* *(SPECIFY THE NUMBER, USE SHOWCARDS)* *Don't know 7777*	PER DAY↓ PER WEEK↓ Tobacco heating systems (THS), number of sticks smoked ⌴⌴⌴⌴⌴ ⌴⌴⌴⌴⌴	T16a/T16a w
Did you try during the past 12 months to quit using THS?	Yes 1 No 2	T17
Were you advised to quit using THS while some visit to the doctor or a health care worker during the past 12 months?	Yes 1 No 2 I didn't visit a doctor during the paast 12 months 3	T18
Have you ever used THS **in the past?** *(USE SHOWCARDS)* *QUESTION SHALL BE ASKED IF T1b=2*	Yes 1 No 2 *If No, go to T23*	T19
Have you ever used THS **in the past on a daily basis?**	Yes 1 No 2 *If No, go to T23*	T20
How old were you when you **stopped** using THS?	Age (years) ⌴⌴⌴ *If known, go to T23* Don't know 77	T21
How long time ago did you stop using THS? *(RECORRD ONLY ONE, NOT ALL 3)* *Don't know 77*	Years ago ⌴⌴⌴ *If known, go to T23*	T22a
	OR Months ago ⌴⌴⌴ *If known, go to T23*	T22b
	OR Weeks ago ⌴⌴⌴	T22c
Suring the past 30 days did anybody use THS in **your house?** *QUESTION SHALL BE ASKED TO ALL RESPONDENTS*	Yes 1 No 2	T23
During The past 30 days did anybody use THS in the premise where you work (in the building, in the working zone or in service premises)? *QUESTION SHALL BE ASKED TO ALL RESPONDENTS*	Yes 1 No 2 I don't work in closed premise 3	T24

Electronic cigarettes *(QUESTION T25, T26, T27, T28, T29, T34, T35 SHALL BE ASKED IF T1c=1)*		
How old were you when you first started using electronic cigarettes (vaping)?	Age (years) Don't know 77 ⌴⌴⌴ *If known, go to T27a/T27aw*	T25
Do you remember how long time ago it was? *(RECORD ONLY ONE, NOT ALL 3)* *Don't know 77*	Years ago ⌴⌴⌴ *If known, go to T27a/T27aw*	T26a
	OR Months ago ⌴⌴⌴ *If known, go to T27a/T27aw*	T26b

	OR Weeks ago ⌊__⌋__⌋	T26c

How many bottles of fluid for e-cigarettes (vaping) of 60 ml, on average, do you consume **per day/week**? *(IF LESS OFTEN THAN DAILY, PLEASE, SPECIFY FOR A WEEK)* *(PLEASE, SPECIFY, USE SHOWCARDS)* *Don't know 7777*	PER DAY↓ PER WEEK↓	
	Bottles of fluid for e-cigarettes (vaping) of 60 ml, fluid with nicotine ⌊__⌋__⌋__⌋__⌋ ⌊__⌋__⌋__⌋__⌋	T27a/T27aw
	Bottles of fluid for e-cigarettes (vaping) of 60 ml, fluid without nicotine ⌊__⌋__⌋__⌋__⌋ ⌊__⌋__⌋__⌋__⌋	T27b/T27bw
Did you attempt to stop using e-cigarettes (vaping) during the past 12 months?	Yes 1 No 2	T28
Were you advised to stop using e-cigarettes (vaping) during a visit to a doctor or other health care worker during the past 12 months?	Yes 1 No 2 I didn't visit a doctor during the paast 12 months 3	T29
Have you ever used e-cigarettes (vaping) **in the past**? *(USE SHOWCARDS)* *QUESTION SHALL BE ASKED IF T1c=2*	Yes 1 No 2 *If No, go to T34*	T30
Have you ever used e-cigarettes (vaping) in the past on a daily basis? *QUESTION SHALL BE ASKED IF T1c=1 &T2c=2*	Yes 1 No 2 *If No, go to T34*	T31
How old were you when you **stopped** using e-cigarettes (vaping)?	Age (years) ⌊__⌋__⌋ *If known, go to T34* Don't know 77	T32
How long time ago did you stop using e-cigarettes (vaping)? *(RECORD ONLY ONE, NOT ALL 3))* *Don't know 77*	Years ago ⌊__⌋__⌋ *If known, go to T34*	T33a
	OR Months ago ⌊__⌋__⌋ *If known, go to T34*	T33b
	OR Weeks ago ⌊__⌋__⌋	T33c
During the past 30 days did anybody used an e-cigarettes (vaping) in **your house?** *QUESTION SHALL BE ASKED TO ALL RESPONDENTS*	Yes 1 No 2	T34
During the past 30 days did anybody use e-cigarettes in the premise where you work (in the building, in the working zone or in the service premise? *QUESTION SHALL BE ASKED TO ALL*	Yes 1 No 2 I don't work in a closed premise 3	T35

Hookah *(QUESTION T36-T39 SHALL BE ASKED, IF T1d=1)*		
How old were you when you **first started smoking** hookah**?**	Age (years) Don't know 77 ⌊__⌋__⌋ *If known, go to T38a/T38aw*	T36
Do you remember how long time ago it was? *(RECORD ONLY ONE, NOT ALL 3)* *Don't know 77*	Years ago ⌊__⌋__⌋ *If known, go to T38a/T38aw*	T37a
	OR Months ago ⌊__⌋__⌋ *If known, go to T38a/T38aw*	T37b

	OR Weeks ago ⌷⌷⌷	T37c
How many times on average do you smoke hookah **per day/per week?** *(IF LESS OFTEN THAN DAILY, PLEASE, SPECIFY PER WEEK)* *(PLEASE, SPECIFY THE AMOUNT, USE SHOWCARDS)* *Don't know 7777*	PER DAY↓ PER WEEK↓ Number of times smoking a hookah ⌷⌷⌷⌷ ⌷⌷⌷⌷	T38a/T38aw
Were you advised to stop smoking hookah during a visit to a doctor or other health care worker during the past 12 months?	Yes 1 No 2 I didn't visit a doctor during the paast 12 months 3	T39
Have you ever smoked hookah **in the past**? *(USE SHOWCARDS)*	Yes 1 No 2	T40

Non-smoking tobacco products *(QUESTION T41-T46 SHALL BE PUT IF T1e=1)*		
How old were you **when you started** using non-smoking tobacco products (snuff and chewing tobacco)?	Age (years) Don't know 77 ⌷⌷⌷ *If known, go to T45a/T45aw*	T41
Do you remember how long time ago it was? *(RECORD ONLY ONE, NOT ALL 3)* *Don't know 77*	Years ago ⌷⌷⌷ *If known, go to T45a/T45aw*	T42a
	OR Months ago ⌷⌷⌷ *If known, go to T45a/T45aw*	T42b
	OR Weeks ago ⌷⌷⌷	T42c
How many times on average do you use **non-smoking tobacco products per day/per week?** *(IF LESS OFTEN THAN DAILY, PLEASE, SPECIFY PER WEEK)* *(PLEASE SPECIFY FOR EVERY CATEGORY, USE SHOWCARDS)* *Don't know 7777*	PER DAY↓ PER WEEK↓ Snuff tobacco ⌷⌷⌷⌷ ⌷⌷⌷⌷	T45a/T45aw
	Chewing tobacco ⌷⌷⌷⌷ ⌷⌷⌷⌷	T45b/T45bw
Were you advised to stop using non-smoking tobacco products (snuff and chewing tobacco) during a visit to a doctor or other health care worker during the past 12 months?	Yes 1 No 2 I didn't visit a doctor during the past 12 months 3	T46
Did you **use non-smoking tobacco products** (snuff and chewing tobacco) in the past? *QUESTION SHALL BE ASKED, IF T1e=2*	Yes 1 No 2 *If No, go to the next module*	T47
Did you **use non-smoking tobacco products** (snuff and chewing tobacco) **in the past** on a daily basis? *QUESTION SHALL BE ASKED, IF T1e=1 & T2e=2*	Yes 1 No 2	T48

CORE MODULE: Alcohol consumption		
The next questions ask about the consumption of alcohol		
Question	**Response**	**Код**
Have you **ever** consumed any alcohol such as beer, wine, spirits, tincture, liqueur, low alcohol drinks? *(USE SHOWCARDS OR SHOW EXAMPLES)*	Yes 1 No 2 *If No, go to A16*	A1
Have you consumed any alcohol within the past 12 months?	Yes 1 *If Yes, go to A4* No 2	A2
Have you stopped drinking alcohol 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 *If Yes, go to A16* No 2 *If No, go to A16*	A3
During the past 12 months, **how frequently** have you consumed at least one standard alcoholic drink? *(READ RESPONSES, USE SHOWCARDS)*	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 one time per month 6 Never 7	A4
Have you consumed any alcohol **within the past 30 days**?	Yes 1 No 2 *If No, go to A13*	A5
During the past 30 **days, how many times** did you have at least one standard alcoholic drink?	Number Don't know 77 ⌴_⌴_⌴ *If zero, go to A13*	A6
During the past 30 days, when you drank alcohol, how many standard drinks **on average** did you have for one time? *(USE SHOWCARDS)?*	Number Don't know 77 ⌴_⌴_⌴	A7
During the past 30 days, what was the **largest number** of standard drinks you consumed on a single occasion, counting all types of alcohol 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 SHOWCARDS)* Don't know 77	Monday ⌴_⌴_⌴	A10a
	Tuesday ⌴_⌴_⌴	A10b
	Wednesday ⌴_⌴_⌴	A10c
	Thursday ⌴_⌴_⌴	A10d
	Friday ⌴_⌴_⌴	A10e

Saturday ⌊__⌊__⌋		A10f
Sunday ⌊__⌊__⌋		A10g

CORE MODULE: 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, 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		Код
During the past 7 days, did you consume any **homebrewed** alcohol, any alcohol **brought over the border**, any alcohol **not intended for drinking** or other **untaxed** alcohol? *(USE SHOWCARDS)*	Yes 1 No 2 If No, go to *A13*		A11
On average, **how many standard drinks** of the above did you consume during the **past 7 days**? *(USE SHOWCARDS)* *Don't know 77*	Homebreed spirits, e.g. moonshine, tinctures, home brew	⌞_⌞_⌟	A12a
	Beer, grape and fruit vine, homemade cider	⌞_⌞_⌟	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 MODULE: 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 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
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 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
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/binge drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the **past 12 months**, have you had family problems or problems with your partner due to **someone else's** drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A16

CORE MODULE: 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**	**Код**
In a typical week, on how many days do you **eat** fruit? *(USE SHOWCARDS)*	Number of days └─┴─┘ *If 0 днів, go to D3* Don't know 77	D1
How many **servings** of fruit do you eat on **one** of those days? *(USE SHOWCARDS)*	Number of servings └─┴─┘ Don't know 77	D2
In a typical week, on how many days do you **eat** vegetables?? *(USE SHOWCARDS)*	Number of days └─┴─┘ *If 0 днів, go to D5* Don't know 77	D3
How many **servings** of vegetables do you eat on **one** of those days? *(USE SHOWCARDS)*	Number of servings └─┴─┘ Don't know 77	D4
Dietary salt		
In this section we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt, iodized salt, salty stock cubes and powders, and salty sauces such as soy sauce or fish sauce (see showcards). The following questions are on adding salt to the food right before consumption, on how food is prepared in your home, on eating processed foods that are high in salt such as pickles, solyanka, chips, salted fish, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
How often do you add **salt or a salty sauces (such as soya sauce)** to your food right before you eat it or as you are eating it? (Select only one) *(USE SHOWCARDS)*	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is **salt, salty seasoning or a salty sauce added** in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as smoked meat and fish, sausage, bacon, pickles, preserves, salty fish, stock fish, salty chips and nuts. (*Use showcards*)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Average amount 3 Too little 4 Far too little 5 Don't know 77	D8

EXPANDED MODULE: Diet		
Question	**Response**	**Код**
How important to you is lowering the salt in your diet?	Дуже важливо 1 Не дуже важливо 2 Зовсім не важливо 3 Don't know 77	D9
Do you think that too much salt or salty sauce in your diet could cause your **serious health problems**?	Yes 1 No 2 Don't know 77	D10
Which of the following do you do on a regular basis to control your salt intake? *(Record for each)*		
Limit consumption of processed foods	Yes 1 No 2	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking. Use spices other Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control salt intake	Yes 1 If Yes, go to DS7other. No 2	D11f
Other (please specify)	⌞⌝⌞⌝⌞⌝⌞⌝⌞⌝⌞⌝⌞⌝	D11other

CORE MODULE: 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 crops, fishing or hunting for food, seeking employment. 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 activity		
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? *(USE SHOWCARDS)*	Yes 1 No 2 *If No,go to P4*	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days ⌊__⌋	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes ⌊__⌊__⌋ : ⌊__⌊__⌋ hours minutes	P3 (a-b)
Does your work involve moderate-intensity activity, that causes some increases in breathing or heart rate such as brisk walking or lifting light loads for at least 10 minutes continuously?*(USE SHOWCARDS)*	Yes 1 No 2 *If No, go to P7*	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days ⌊__⌋	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes ⌊__⌊__⌋ : ⌊__⌊__⌋ hours minutes	P6 (a-b)
Travelling		
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 and from work, shopping, market, place of worship. *[Insert other examples if needed]*		
Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	Yes 1 No *If No, go to P10*	P7
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
How much time do you spend walking or bicycling on a typical day?	Hours: minutes ⌊__⌊__⌋ : ⌊__⌊__⌋ hours minutes	P9 (a-b)

CORE MODULE: Physical activity, continued		
Question	**Response**	**Code**
Recreational activities		
The next questions exclude the work and travel activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.		
Do you do any vigorous-intensity sports, fitness or recreational activities that cause large increases in breathing or heart rate like running or football for at least 10 minutes continuously? *(USE SHOWCARDS)*	Yes No 2 *If No, go to P13*	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational 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 ⌊_⌊_⌋ : ⌊_⌊_⌋ hours minutes	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational activities that cause some increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball for at least 10 minutes continuously? *(USE SHOWCARDS)*	Yes 1 No 2 *If No, go to P16*	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities?	Number of days ⌊_⌊_⌋	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes ⌊_⌊_⌋ : ⌊_⌊_⌋ hours minutes	P15 (a-b)

EXPANDED MODULE: Physical Activity		
Sedentary behavior The following question is about sitting or reclining at work, at home, getting to and from places, 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. *(USE SHOWCARDS)*		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes ⌊_⌊_⌋ : ⌊_⌊_⌋ hours minutes	P16 (a-b)

CORE MODULE: 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 No 2 *If No, go to H16*	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?~~гіпертонічний ший тиск або гіпертонія?~~	Yes 1 No 2 *If No, go to H16*	H2a
Have you been told by a doctor or other health worker in the past 12 months that you have raised blood pressure or hypertension?	Yes 1 No 2	H2b
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 No 2	H3
Have you ever seen a traditional healer (witch doctor, sorceress) for raised blood pressure or hypertension)?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure (e.g., brew of camomile, St. John's wort, strawberry leaves, birch buds)	Yes 1 No 2	H5

CORE MODULE: History of diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 *If No, go to H12*	H6
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 H12*	H7a
Have you been told by a doctor or other health worker in the past 12 months that you have raised blood sugar or diabetes?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer (witch doctor, sorceress) for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your raised diabetes?	Yes 1 No 2	H11

CORE MODULE: History of raised total cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 If No, go to *H17*	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 If No, go to *H17*	H13a
Have you been told by a doctor or other health worker in the past 12 months that you have raised cholesterol?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker??	Yes 1 No 2	H14
Have you ever seen a traditional healer (witch doctor, sorceress) for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol (e.g., propolis, lemon with garlic, flax seeds?	Yes 1 No 2	H16

CORE MODULE: History of cardiovascular diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE MODULE: Healthy lifestyle advice		
Have you visited the doctor or a social worker during the past 12 months?	Yes 1 No 2 *If No and C1=1, go to M1,* *If No and C1=2, go to CX1*	H20
During the visit for the past 12 months has a doctor or other health worker advised you to do any of the following? *(Record for each)*?		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a normal (healthy) body weight or lose weight	Yes 1	H20f

	No 2	
Reduce consumption of sweet drinks	Yes 1 *If C1=1, go to M1* No 2 *If C1=1, go to M1*	H20g

CORE MODULE (for women): Cervical cancer screening and breast cancer

The next questions ask about cervical cancer prevention. Screening tests for cervical cancer prevention can be done with the help of PAP-test/ cytological test/ smear test. A doctor or nurse uses a swab to wipe the vagina, thus taking a cervical smear sample, and send it to a laboratory. It is possible that you were asked to swab the inside of your vagina yourself. The laboratory checks for abnormal cell changes.

Question	Response	Code
Have you ever had a PAP-test/cytological test/smear test?	Yes 1 No 2 Don't know 77	CX1
The following question refers to the prevention of breast cancer. The screening test for breast cancer includes breasts examination, a mammogram. Clinical examination of breasts is an examination of breasts carried out by a doctor or a medical staff that examine breasts with hands for induration or other changes. Mamogram - X-ray shot of breasts..		
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	CX2

S tep 2 Physical measurements

CORE MODULE: Blood pressure and heart rate

Question	Response		Код
ID of the person measuring blood pressure	└─┴─┴─┴─┘		M1
Device ID for blood pressure	└─┴─┴─┘		M2
Tonometer cuff size used	Small 1 Medium 2 Large 3		M3
Reading 1	Blood pressure	Systolic (mmHg) └─┴─┴─┘	M4a
		Diastolic (mmHg) └─┴─┴─┘	M4b
	Heart rate	Beats per minute └─┴─┴─┘	M16a
Reading 2	Blood pressure	Systolic (mmHg) └─┴─┴─┘	M5a
		Diastolic (mmHg) └─┴─┴─┘	M5b
	Heart rate	Beats per minute └─┴─┴─┘	M16b
Reading 3	Blood pressure	Systolic (mmHg) └─┴─┴─┘	M6a
		Diastolic (mmHg) └─┴─┴─┘	M6b
	Heart rate	Beats per minute └─┴─┴─┘	M16c
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 MODULE: Height and weight

Question	Response		Код
(For women) Are you pregnant?	Yes 1 *If Yes, go to M 16* No 2		M8
ID of the person measuring height and weight	└─┴─┴─┴─┘		M9
Device IDs for height and weight	Height └─┴─┴─┘ Weight └─┴─┴─┘		M10a M10b
Height	Centimeters (cm) └─┴─┴─┴─┘ . └─┘		M11
Weight If too large for scale 666.6	Kilograms (kg) └─┴─┴─┴─┘ . └─┘		M12

CORE MODULE: Waist

Question	Response		Код
Device ID for waist	└─┴─┴─┘		M13
Waist size (circumference)	Centimeters (cm)		M14

EXPANDED MODULE: Hip circumference and heart rate

Question	Response		Код
Hip circumference	Centimeters (cm) └─┴─┴─┘ . └─┘		M15

Step 3. Biochemical indicators

CORE MODULE: 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
At what time of day the sample was taken (24 hour clock)?	Hours : minutes ⌊_⌊_⌊_⌋ : ⌊_⌊_⌊_⌋ hours minutes	B4
Fasting blood glucose *[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]*	mmol/l ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ mg/dl ⌊_⌊_⌊_⌊_⌋ . ⌊_⌋	B5
Today, have you taken insulin or other medication that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6

CORE MODULE: Blood lipids

Question	Response	Code
Device ID	⌊_⌊_⌊_⌋	B7
Total cholesterol *[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]*	mmol/l ⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ mg/dl ⌊_⌊_⌊_⌊_⌋ . ⌊_⌋	B8
During the past two weeks, have you been taking medication to lower blood cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	B9

CORE MODULE: Urine sodium and creatinine

Question	Response	Code
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10
Technician ID	⌊_⌊_⌊_⌊_⌋	B11
Device ID	⌊_⌊_⌊_⌋	B12
Time of day urine sample taken (24 hour clock)	Hours : minutes ⌊_⌊_⌊_⌋ : ⌊_⌊_⌊_⌋ hours minutes	B13
Urine sodium	mmol/l	B14

EXPANDED: Triglycerides and HDL cholesterol

Triglycerides	mmol/l ⌊_⌋ . ⌊_⌊_⌊_⌋	B17