

Pan American Version of STEPS Instrument 3.2

The Bahamas' STEPS 2019



Final version

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

For further information: www.who.int/chp/steps





PAN AMERICAN STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

THE BAHAMAS

Survey Information

Location and Date	Response	Code
Island		10
Supervisory District		11
Enumeration District		12
Household Number		12a
Interviewer ID	_ _ _ _	13
Date of completion of the instrument	_ _ _ _ _ _ _ _ dd mm year	14

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 IF NO, END	15
Interview Language	English 1	16
Time of interview (24 hour clock)	_ _ : _ _ hrs mins	17
Family Surname		18
First Name		19
Additional Information that may be helpful		
Contact phone number where possible		110

Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
Sex (Record Male / Female designation at birth)	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?	No formal schooling 1 Less than primary school 2 Primary school 3 Junior high school (7-9) 4 Senior high school (10-12) 5 College/University 6 Post graduate degree 7 Refused 88	C5
In what country were you born?	The Bahamas 1 The U.S.A. 2 China 3 Haiti 4 Jamaica 5 Other Caribbean country 6 Latin American country 7 Other 8 Refused 88	X1
What is your marital status ?	Never married/Single 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Common-law 6 Refused 88	C7
Which of the following best describes your / main work status over the past 12 months?	Employed full-time 1 Employed part-time 2 Self-employed 3 Voluntary work 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8

Participant Identification Number

____|____|____|____|____|____|____|____|____|____|

<p>Can you give an estimate of the annual household income if I read some options to you? In Bahamian dollars, is it:</p> <p>(READ OPTIONS)</p>	<p>0-5,000 1 5,001-10,000 2 10,001-15,000 3 15,001-20,000 4 20,001-40,000 5 40,001-60,000 6 60,001-80,000 7 80,001-100,000 8 100,001 and over 9 Don't know 77 Refused 88</p>	<p>C11</p>
<p>Do you have private health insurance?</p>	<p>Yes 1 No 2 Don't know 77 Refused 88</p>	<p>X2</p>

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/smuggled 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?	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>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, cough syrup _ _	A12d
	Other untaxed alcohol in the country _ _	A12e

EXPANDED: Alcohol Consumption		
During the past 12 months , how often did you find you continued drinking and could not stop once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 <i>If "Never", go to A14</i>	A13
During the past 12 months, before you took the first drink on days you continued drinking and couldn't stop, how would you best describe your mood?	Sad 1 Stressed/Overwhelmed 2 Hopeless 3 Lonely/Unimportant 4 Fine 5 Other 6 Don't know 77	X5
During the past 12 months , how often have you failed to do what was normally expected of you because of your 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 drink first thing in the morning to get yourself going after a heavy drinking session?	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?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

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
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce, fish sauce or ketchup (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as hot dogs, sandwich meats, pizza, chips, ramen noodles, canned soups, patties, Sammy's, Bamboo Shack, Keith's, 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 sauce such as soya sauce or seasoned salt to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	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 packaged salty snacks, canned salty food including pickles, preserves and canned soups, salty food prepared at a fast food restaurant, cheese, bacon and processed meat? (USE SHOWCARD)	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 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8

Participant Identification Number

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	Never	5	<i>If Never, go to X14</i>	
How many cans/bottles (12 ounces) per day do you drink? <i>(USE SHOWCARD)</i>	1 – 3 cans/bottles	1		X13
	4 – 6 cans/bottles	2		
	7 – 9 cans/bottles	3		
	10 or more cans	4		
Do you think that too much sugar in your diet could cause a health problem ?	Yes	1		X14
	No	2		
	Don't know	77		
In a typical week, how often do you eat fried foods?	Less than once per week	1		X15
	1 – 3 times per week	2		
	4– 6 times per week	3		
	Daily	4		
How often do you read nutrition facts on food labels when shopping?	Always	1		X16
	Often	2		
	Sometimes	3		
	Rarely	4		
	Never	5	<i>If Never, go to X18</i>	
	Don't do the grocery shopping	6	<i>If Don't do the grocery shopping, go to X18</i>	
Does the information about sugar and/or salt content influence your choice/decision to purchase?	Yes	1		X17
	No	2		
How much water do you typically drink in a day? <i>[USE SHOWCARD]</i>	1 - 3 cups	1		X18
	4 – 6 cups	2		
	7 – 8 cups	3		
	9 or more cups	4		
	None	5		

Participant Identification Number

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Limb amputation	Yes 1 No 2	X24a
Digit amputation	Yes 1 No 2	X24b
Eye problems	Yes 1 No 2	X24c
Kidney problems	Yes 1 No 2	X24d
Heart problems	Yes 1 No 2	X24e
Sexual problems	Yes 1 No 2	X24f
Circulation problems	Yes 1 No 2	X24g

CORE: 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 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	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 an herbal doctor/bush medicine doctor/natural doctor for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or bush remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina)?	Yes 1 No 2	H17a
Have you ever had a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17b
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

EXPANDED: Family history		
Questions	Response	Code
To your knowledge, has any of your family members been diagnosed with the following diseases?		
Diabetes or raised blood sugar	Yes 1 No 2	F1a
Raised blood pressure	Yes 1 No 2	F1b
Stroke	Yes 1	F1c

Participant Identification Number

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The next questions ask about behaviours related to your safety.		
Question	Response	Code
In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes 1 No 2 If no, go to X35 Refused 88 If refused, go to X35	V17
Please specify of whom you were most often frightened.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authority 7 Other (specify) 8 Refused 88	V18
	Other (please specify)	V18other
In the past 30 days, how often did you drive a motorized vehicle while using your cellphone?	Never 1 Very rarely 2 Often 3 Daily 4 Don't know 77 Refused 88	X35
In the past 30 days, how often did you travel in/were a passenger in a motorized vehicle where the driver was distracted (cellphone, applying make-up, reading, other)?	Never 1 Very rarely 2 Often 3 Daily 4 Don't know 77 Refused 88	X36

Optional module: Mental health / Suicide		
The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.		
Question	Response	Code
During the past 12 months, have you seriously considered attempting suicide?	Yes 1 No 2 <i>If No, go to MH3</i> Refused 88	MH1
Did you seek professional help for these thoughts?	Yes 1 No 2 Refused 88	MH2
During the past 12 months, have you made a plan about how you would attempt suicide?	Yes 1 No 2 Refused 88	MH3
Have you ever attempted suicide?	Yes 1 No 2 <i>If No, go to MH10</i> Refused 88	MH4
During the past 12 months, have you attempted suicide?	Yes 1 No 2 Refused 88	MH5
Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes 1 No 2 Refused 88	MH10

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
EXPANDED: Heart Rate		
Heart Rate		
Reading 1	Beats per minute _____	M16a
Reading 2	Beats per minute _____	M16b
Reading 3	Beats per minute _____	M16c
CORE: Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M16</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 and Hip		
Device ID for waist and hip	_____	M13
Waist circumference	in Centimetres (cm) _____	M14
Hip circumference	in Centimetres (cm) _____	M15

