

# 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](http://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		I0
Supervisory District		I1
Enumeration District		I2
Household Number		I2a
Interviewer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I3
Date of completion of the instrument	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5
Interview Language	English 1	I6
Time of interview (24 hour clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	I7
Family Surname		I8
First Name		I9
<b>Additional Information that may be helpful</b>		
Contact phone number where possible		I10

## 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>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>dd</td><td>mm</td><td colspan="4">year</td> </tr> </table> <i>If known, Go to C4</i>							dd	mm	year				C2
dd	mm	year												
How old are you?	Years <table border="1"><tr><td></td><td></td></tr></table>			C3										
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <table border="1"><tr><td></td><td></td></tr></table>			C4										
EXPANDED: Demographic Information														
What is the <b>highest level of education</b> 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 <b>marital status</b> ?	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 / <b>main work</b> 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

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Can you give an estimate of the annual household income if I read some options to you? In Bahamian dollars, is it:  (READ OPTIONS)	0-5,000	1	C11
	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	
Do you have private health insurance?	Yes	1	X2
	No	2	
	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 <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars, pipes, bidis? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
How old were you when you <b>first started</b> smoking?	Age (years) _____ Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3
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, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	DAILY↓ WEEKLY↓	
	Manufactured cigarettes <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos <input type="text"/>	T5d/T5dw
	Number of Shisha sessions <input type="text"/>	T5e/T5ew
	Bidis <input type="text"/>	T5g/T5gw
	Other <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 <b>stop smoking</b> ?	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 tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> 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>	T7
In the past, did you <b>ever smoke</b> any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you <b>ever smoke daily</b> ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use				
Question	Response	Code		
How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Known, go to T12			T10
How <b>long ago</b> did you stop smoking?  (RECORD ONLY 1, NOT ALL 3)  Don't Know 77	Years ago <table border="1"><tr><td> </td><td> </td></tr></table> If Known, go to T12			T11a
	OR    Months ago <table border="1"><tr><td> </td><td> </td></tr></table> If Known, go to T12			T11b
OR    Weeks ago <table border="1"><tr><td> </td><td> </td></tr></table>			T11c	
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as snuff, chewing tobacco, betel? (USE SHOWCARD)	Yes    1 No    2 If No, go to X3	T12		
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes    1 No    2	T13		
Do you currently use electronic nicotine or non-nicotine delivery system commonly known as electronic cigarettes or vaporizers?	Yes    1 No    2	X3		
During the past 30 days, did someone smoke <b>in your home</b> ?	Yes    1 No    2	T17		
During the past 30 days, did someone smoke in enclosed areas/ <b>spaces of your workplace</b> (in the building, in a work area or a specific office)?	Yes    1 No    2 Don't work in a closed area    3	T18		
During the past 30 days, did someone smoke in enclosed spaces such as restaurants, night clubs, bars, gaming facilities while you were there?	Yes    1 No    2 Haven't been in restaurants, night clubs, bars, gaming facilities in the past 30 days    3	X4		

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question	Response	Code		
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to A16	A1		
Have you consumed any alcohol within the <b>past 12 months</b> ?	Yes 1 If Yes, go to A4 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 If Yes, go to A16 No 2 If No, go to A16	A3		
During the past 12 months, <b>how frequently</b> 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 Never 7	A4		
Have you consumed any alcohol within the <b>past 30 days</b> ?	Yes 1 No 2 If No, go to A13	A5		
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A7
During the past 30 days, what was the <b>largest number</b> of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A8
During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion?	Number of times Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A9
During each of the <b>past 7 days</b> , how many standard drinks did you have each day?  (USE SHOWCARD)  Don't Know 77	Monday <table border="1"><tr><td> </td><td> </td></tr></table>			A10a
Tuesday <table border="1"><tr><td> </td><td> </td></tr></table>			A10b	
Wednesday <table border="1"><tr><td> </td><td> </td></tr></table>			A10c	
Thursday <table border="1"><tr><td> </td><td> </td></tr></table>			A10d	
Friday <table border="1"><tr><td> </td><td> </td></tr></table>			A10e	
Saturday <table border="1"><tr><td> </td><td> </td></tr></table>			A10f	
Sunday <table border="1"><tr><td> </td><td> </td></tr></table>			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/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 <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol, any alcohol <b>brought over the border/from another country</b> , any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol?	Yes 1 No 2 <i>If No, go to A13</i>	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ?  <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 <b>past 12 months</b> , 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 <b>past 12 months</b> , <b>before</b> 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 <b>past 12 months</b> , 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 <b>past 12 months</b> , 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 <b>past 12 months</b> , have you had family problems, or problems with your partner due to <b>someone else's</b> 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 <b>eat fruit</b> ? (USE SHOWCARD)	Number of days <table border="1"><tr><td></td><td></td></tr></table> Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> <i>If Zero days, go to D3</i>					D1								
How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings <table border="1"><tr><td></td><td></td></tr></table> Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>					D2								
In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days <table border="1"><tr><td></td><td></td></tr></table> Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> <i>If Zero days, go to D5</i>					D3								
How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <table border="1"><tr><td></td><td></td></tr></table> Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>					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 <b>add salt or a salty sauce such as soya sauce or seasoned salt</b> to your food right <b>before</b> you eat it or as you are eating it?  (SELECT ONLY ONE)  (USE SHOWCARD)	<table> <tr><td>Always</td><td>1</td></tr> <tr><td>Often</td><td>2</td></tr> <tr><td>Sometimes</td><td>3</td></tr> <tr><td>Rarely</td><td>4</td></tr> <tr><td>Never</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D5
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
How often is <b>salt, salty seasoning or a salty sauce added in cooking or preparing</b> foods in your household?	<table> <tr><td>Always</td><td>1</td></tr> <tr><td>Often</td><td>2</td></tr> <tr><td>Sometimes</td><td>3</td></tr> <tr><td>Rarely</td><td>4</td></tr> <tr><td>Never</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D6
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
How often do you eat <b>processed food high in salt</b> ? 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)	<table> <tr><td>Always</td><td>1</td></tr> <tr><td>Often</td><td>2</td></tr> <tr><td>Sometimes</td><td>3</td></tr> <tr><td>Rarely</td><td>4</td></tr> <tr><td>Never</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D7
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
How much <b>salt or salty sauce</b> do you think you consume?	<table> <tr><td>Far too much</td><td>1</td></tr> <tr><td>Too much</td><td>2</td></tr> <tr><td>Just the right amount</td><td>3</td></tr> <tr><td>Too little</td><td>4</td></tr> <tr><td>Far too little</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Far too much	1	Too much	2	Just the right amount	3	Too little	4	Far too little	5	Don't know	77	D8
Far too much	1													
Too much	2													
Just the right amount	3													
Too little	4													
Far too little	5													
Don't know	77													

EXPANDED: Diet			
Question	Response		Code
Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b> ? [SHOW CARD SALT SAUCES]	Yes	1	D10
	No	2	
	Don't know	77	
Do you do any of the following on a regular basis to <b>control your salt intake</b> ? (RECORD FOR EACH)			
Limit consumption of processed foods	Yes	1	D11a
	No	2	
Look at the salt or sodium content on food labels	Yes	1	D11b
	No	2	
Buy low salt/sodium alternatives	Yes	1	D11c
	No	2	
Use spices other than salt when cooking	Yes	1	D11d
	No	2	
Avoid eating foods prepared outside of a home	Yes	1	D11e
	No	2	
Do other things specifically to control your salt intake	Yes	1 If Yes, go to D11 other	D11f
	No	2	
Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px; display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> <span></span> <span></span> <span></span> <span></span> </div>		D11other
Diet routine: country questions			
In a typical week, on how many days you eat breakfast?	Number of days		X6
	Don't Know	77	
In a typical week, on how many days do you eat your meals with one or more members of your household?	Number of days		X7
	Don't Know	77	
In a typical week, where are most of your meals prepared?	At your home	1	X8
	At the home of a family or friend	2	
	At restaurant, take-away, fast-food	3	
	Side of the road vendor	4	
	Other	5	
On average, how many meals do you eat each day? [Meals do not include snacks]	1 meal per day	1	X9
	2 meals per day	2	
	3 meals per day	3	
	4 meals per day	4	
	5 or more meals per day	5	
How much sugar do you add to your hot beverage, such as a cup of tea or coffee/espresso/cappuccino?	None	1	X10
	1 teaspoon	2	
	2 teaspoons	3	
	3 teaspoons	4	
	4 or more teaspoons	5	
In a typical week, how often do you eat 'sweets' like donuts, chocolate bars, candy, baked treats, benny cake, cookies, tarts, cakes?	Everyday	1	X11
	2- 3 days per week	2	
	Special functions only	3	
	Rarely	4	
	Never	5	
In a typical week, how often do you drink beverages like soda, fruit juices, malts, sweetened teas?	Everyday	1	X12
	2- 3 days per week	2	
	Special functions only	3	
	Rarely	4	



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

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 of any kind. 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 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.</p>		
Question	Response	Code
<b>Work</b>		
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 SHOWCARD)	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 <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking, carrying light loads, cleaning, gardening for at least 10 minutes continuously? (USE SHOWCARD)	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 <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
<b>Travel to and from places</b>		
<p>The next questions exclude the physical activities 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 your place of employment, for shopping, to market, to church, to the bank.</p>		
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 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 <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)
<b>Recreational activities</b>		
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (leisure),</p>		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like running, touch football, cross-fit, basketball, spin fit for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P11

## Participant Identification Number

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How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball, dancing, low-impact aerobics for at least 10 minutes continuously? (USE SHOWCARD)	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 ( <i>leisure</i> ) activities?	Number of days <table border="1"><tr><td></td></tr></table>		P14			
How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> 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.  
(USE SHOWCARD)

How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					P16 (a-b)
On average, how many hours of sleep do you get in a 24-hour period?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					X19 (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 If No, go to H6	
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 If No, go to H6	
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 an herbal doctor/bush medicine doctor/natural doctor for raised blood pressure or hypertension?	Yes 1	H4
	No 2	
Are you currently taking any herbal or bush remedy for your raised blood pressure?	Yes 1	H5
	No 2 If No, go to H6	
Do you sometimes take bush or herbal medicines instead of the high blood pressure medication prescribed by a doctor?	Yes 1	X20
	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 If No, go to H12	
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 If No, go to H12	
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 an herbal doctor/bush medicine doctor/natural doctor for diabetes or raised blood sugar?	Yes	1	H10
	No	2	
Are you currently taking any herbal or bush remedy for your diabetes?	Yes	1	H11
	No	2 If No, go to H11a	
Do you sometimes take bush or herbal medicines instead of the diabetic medication prescribed by a doctor?	Yes	1	X21
	No	2	
Have you taken at least two HbA1C (glycated hemoglobin) tests in the past year as part of your diabetes management?	Yes	1	H11a
	No	2	
	Don't know	77	
In the past 12 months, were your eyes examined as part of your diabetes management?	Yes	1	X22
	No	2	
In the past 12 months, were your feet examined as part of your diabetes management?	Yes	1	X23
	No	2	
<b>FOR PERSONS WITH HYPERTENSION AND/OR DIABETES ONLY</b> (H2a=1 or H7a=1)			
After you were told you have raised blood glucose/diabetes and/or raised blood pressure/hypertension, did any of the following arise as a result of these conditions? (READ ALL THE OPTIONS)			

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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	H12
	No 2 If No, go to H17	
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1	H13a
	No 2 If No, go to H17	
Have you been told in the past 12 months?	Yes 1	H13b
	No 2	
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	H14
	No 2	
Have you ever seen an herbal doctor/bush medicine doctor/natural doctor for raised cholesterol?	Yes 1	H15
	No 2	
Are you currently taking any herbal or bush remedy for your raised cholesterol?	Yes 1	H16
	No 2	

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	F1a
	No 2	
Raised blood pressure	Yes 1	F1b
	No 2	
Stroke	Yes 1	F1c

CORE: Lifestyle Advice			
During the past 12 months, have you visited a doctor or other health worker?	Yes	1	H20 <i>If No and C1=1 go to S1 If No and C1=2 go to CX1</i>
	No	2	
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)			
Quit using tobacco or don't start	Yes	1	H20a
	No	2	
Reduce salt in your diet	Yes	1	H20b
	No	2	
Eat at least five servings of fruit and/or vegetables each day	Yes	1	H20c
	No	2	
Reduce fat in your diet	Yes	1	H20d
	No	2	
Start or do more physical activity	Yes	1	H20e
	No	2	
Maintain a healthy body weight or lose weight	Yes	1	H20f
	No	2	
Reduce sugary beverages in your diet	Yes	1	H20g <i>If C1=1 go to S1 If C1=1 go to S1</i>
	No	2	



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. 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
When was the last time you had a Pap smear?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 <i>If Never, go to S1</i> Don't know 77 <i>If Don't know, go to S1</i>	X25
Were the results normal?	Yes 1 No 2 I did not receive the results 3 Don't know 77	X26
<b>Step 1 – Pan-Am Optional Module</b>	<b>Response</b>	<b>Code</b>
Have you ever had your feces/stool examined to look for hidden blood?	Yes 1 No 2 Don't know 77	S1
Have you ever had a colonoscopy?	Yes 1 <i>If C1=1 go to S3; C1=2 go to S4</i> No 2 <i>If C1=1 go to S3; C1=2 go to S4</i>	S2
<b>FOR MEN ONLY:</b> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
When was the last time you had a prostate exam?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	X27
<b>FOR WOMEN ONLY:</b> Have you ever been shown how to examine your breasts?	Yes 1 No 2	S4
When was the last time you had an examination of your breasts by a doctor/health professional?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S5
When was the last time you had a mammogram?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S6

The next questions ask about your oral health status and related behaviours.

Question	Response	Code
Are any of your natural teeth missing?	Yes 1 No 2 No natural teeth 3	X28
How would you describe the state of your gums?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6	O3
Have you experienced any of the following during the last 12 months?		
Difficulty chewing foods	Yes 1 No 2	O13a
Bleeding gums	Yes 1 No 2	O13b
Difficulty eating cold foods or drinking cold beverages	Yes 1 No 2	O13c
Pain in your mouth	Yes 1 No 2	O13d
Persistent bad breath	Yes 1 No 2	O13e
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O13f
Embarrassed about appearance of teeth	Yes 1 No 2	O13g
Avoided smiling because of teeth	Yes 1 No 2	O13h
Reduced participation in social activities because of teeth	Yes 1 No 2	O13i
Interruption in sleep because of your teeth or gums	Yes 1 No 2	O13j
Do you have any of the following? (RECORD FOR EACH)		
An upper jaw denture	Yes 1 No 2	X29a
A lower jaw denture	Yes 1 No 2	X29b
Implants	Yes 1 No 2	X29c
Fillings	Yes 1 No 2	X29d
Extractions	Yes 1 No 2	X29e
How long has it been since you last saw/visited a dentist/dental hygienist?	Less than 6 months 1 6-12 months 2 More than 1 year but less than 2 years 3 2 or more years but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If Never, go to X30</i>	O7
	Consultation / advice 1	

# Participant Identification Number

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What was the main reason for your last visit to the dentist?	Pain or trouble with teeth, gums or mouth	2	O8
	Treatment / Follow-up treatment	3	
	Routine check-up treatment	4	
	Other	5 If Other, go to O8other	
	Other (please specify)		O8other
In a typical day, how many times do you brush your teeth?	More than 3 times per day	1	X30
	Three times per day	2	
	Twice per day	3	
	Once per day	4	
	I don't brush my teeth everyday	5	
Do you use any of the following to clean your teeth?			
Toothpaste without fluoride	Yes	1	X31a
	No	2	
Toothpaste with fluoride	Yes	1	X31b
	No	2	
Dental floss/Thread	Yes	1	X31c
	No	2	
Baking soda	Yes	1	X31d
	No	2	
Charcoal	Yes	1	X31e
	No	2	
Wooden toothpicks	Yes	1	X31f
	No	2	
Plastic toothpicks	Yes	1	X31g
	No	2	
Chewsticks/miswak	Yes	1	X31h
	No	2	
Other	Yes	1	X31i
	No	2	
Do you use dental floss every day?	Yes	1	X32
	No	2	

Optional module: Sexual Health		
The next questions ask about different experiences and behaviours that are related to sexual and reproductive health.		
Question	Response	Code
Have you ever had sexual intercourse?	Yes 1 No 2 <i>If No, go to V1</i> Refused 88 <i>If Refused, go to V1</i>	SH1
How old were you when you first had sexual intercourse?	Age in years <input type="text"/> Don't remember 77 Refused 88	SH2
During the past 12 months, with how many people have you had sex (that is, oral, anal or vaginal sex)?	Number <input type="text"/> <i>If 1, go to SH8</i> Don't remember 77 Refused 88	SH6
During the last 12 months, was there a period during which you were having sex with more than one partner?	Yes 1 No 2 Don't remember 77 Refused 88	SH7
During the past 12 months, did you give money, gifts or favours in exchange for sex?	Yes 1 No 2 Don't know 77 Refused 88	SH8
The last time you had sexual intercourse, were any of the following methods of protection against pregnancy and/or infection used? (RECORD FOR EACH)		
A condom	Yes 1 No 2 Don't remember 77	SH10a
The pill	Yes 1 No 2 Don't remember 77	SH10b
A different method	Yes 1 <i>If Yes, go to X33</i> No 2 Don't remember 77	SH10c
Which method was used?	IUD 1 The shot (e.g. Depo Provera) 2 Withdrawal 3 Don't remember 4 Other 5 <i>If Other, go to SH10cOther</i>	X33
	Other (please specify) <input type="text"/>	SH10cOther
Have you ever had a disease/infection which you got through sexual contact?	Yes 1 No 2 Don't remember 77 Refused 88	SH12

The following questions are about different experiences and behaviours that are related to violence.

20

# 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 <b>you drive</b> 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 <b>travel in/were a passenger</b> 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 If No, go to MH3 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 If No, go to MH10 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	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2			
Cuff size used	Small 1 Medium 2 Large 3	M3					
Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b		
Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b		
Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					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 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16a	
Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b	
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c	
CORE: Height and Weight							
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M16</i> No 2	M8					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9	
Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table>			M10a			
Weight <table border="1"><tr><td></td><td></td></tr></table>			M10b				
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M12
CORE: Waist and Hip							
Device ID for waist and hip	<table border="1"><tr><td></td><td></td></tr></table>			M13			
Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M14
Hip circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15

### 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	mg/dl     _____ . ____	B5
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	mg/dl     _____ . ____	B8
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
CORE: Urinary sodium and creatinine		
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        _____ : _____ hrs                   mins	B13
Urinary sodium	mmol/l     _____ . ____	B14
Urinary creatinine	mmol/l     _____ . ____	B15