

# APPENDICES



## WHO STEPS for Non-communicable Disease Risk Factor Surveillance

### TRINIDAD AND TOBAGO

#### Survey Information

Location and Date	Response	Code
Enumeration District	_ _ _ _ _ _ _	I1
Address		I2
Interviewer ID	_ _ _	I3
Date of completion of the instrument	_ _   _ _   _ _ _ _ _  dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>IF NO, END</b>	I5
Time of interview (24 hour clock)	_ _  :  _ _  hrs mins	I7
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	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>▬▬▬</span> <span>▬▬▬</span> <span>▬▬▬▬▬▬</span> <span style="font-size: small;">If known, Go to</span> </div> <div style="text-align: center; margin-top: 5px;"> <span style="font-size: x-small;">C4</span>                      dd          mm          year                 </div>	C2
How old are you?	Years <span style="margin-left: 20px;">▬▬▬</span>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <span style="margin-left: 20px;">▬▬▬</span>	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 completed 3 Secondary school completed 4 Technical / Vocational completed 5 University completed 6 Post graduate degree 7 Refused 88	C5
What is your [ <i>ethnic</i> ] <b>background</b> ?	African descent 1 East Indian descent 2 Mixed 3 White 4 Chinese 5 Other 6 Refused 88	C6
What is your <b>marital status</b> ?	Single 1 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?	Government employee 1 Non-government employee 2 Self-employed 3 Student 4 Homemaker 5	C8

	Retired 6 Unemployed (able to work) 7 Unemployed (unable to work) 8  Refused 88	
How many people older than 18 years, including yourself, live in your household?	Number of people  _____ If Not Known, Go to C11	C9
<b>EXPANDED: Demographic Information, Continued</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week _____ Go to T1	C10a
	OR per month _____ Go to T1	C10b
	OR per year _____ Go to T1	C10c
	Refused 88	C10d
If you don't know the amount, can you give an <b>estimate</b> of the monthly household income if I read some options to you? Is it	≤ \$5,000 1 More than \$5,000, ≤ \$10,000 2 More than \$10,000, ≤ \$15,000 3 More than \$15,000 4 Don't Know 77 Refused 88	C11

## 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.

Question	Response	Code
Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes? <i>(I WILL SHOW)</i>	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"/> <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years <input type="text"/> <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks <input type="text"/> <input type="text"/>	T4c
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ?  <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i>  <i>(RECORD FOR EACH TYPE, I WILL SHOW)</i>  <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓	
	Manufactured cigarettes <input type="text"/>	T5a/T5aw
	Hand-rolled tobacco 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
	Other <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify): <input type="text"/>	T5other/ T5otherw
During the past 12 months, have you tried to <b>stop smoking</b> tobacco?	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? <i>(I WILL SHOW)</i>	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

<b>EXPANDED: Tobacco Use</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77 <input type="text"/> <i>If Known, go to T12</i>	T10
How <b>long ago</b> did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago <input type="text"/> <i>If Known, go to T12</i>	T11a
	OR Months ago <input type="text"/> <i>If Known, go to T12</i>	T11b
	OR Weeks ago <input type="text"/>	T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as <i>[snuff, chewing tobacco, betel]</i> ? <i>(I WILL SHOW)</i>	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many <b>times a day/week</b> do you use .... <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, I WILL SHOW)</i> <i>Don't Know 7777</i>	DAILY↓      WEEKLY↓	
	Snuff, by mouth <input type="text"/> <input type="text"/>	T14a/ T14aw
	Snuff, by nose <input type="text"/> <input type="text"/>	T14b/ T14bw
	Chewing tobacco <input type="text"/> <input type="text"/>	T14c/ T14cw
	Betel, quid <input type="text"/> <input type="text"/>	T14d/ T14dw
	Other <input type="text"/> <input type="text"/> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
	Other (please specify): <input type="text"/> <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14other w
	Yes 1	

In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> ?	No 2 <i>If No, go to T17</i>	T15
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> <b>daily</b> ?	Yes 1 No 2	T16
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 closed areas <b>in 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

**EXPANDED: Tobacco Use, continued**

Now I will ask you about electronic cigarettes, which are also called e-cigarettes or vaping. These devices are battery powered and heat a liquid to produce vapour aerosol of smoke. *(I WILL SHOW)*

Question	Response	Code
Do you currently use electronic cigarettes or any other vaping device?	Yes 1	T19
	No 2 <i>If No, go to A1</i>	
Do you currently use electronic cigarettes or any other vaping devices <b>daily</b> ?	Yes 1	T20
	No 2	

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, and spirits?	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the <b>past 12 months</b> ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i>	A3
During the past 12 months, <b>how frequently</b> have you had at least one <b>standard alcoholic drink</b> ? <i>(READ RESPONSES, I WILL SHOW)</i>	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 <i>If No, go to A13</i>	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 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero, go to A13</i>	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? <i>(I WILL SHOW)</i>	Number Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/>	A9

CORE: Alcohol Consumption, continued		
Question	Response	Code
During each of the <b>past 7 days</b> , how many standard drinks did you have each day? <i>(I WILL SHOW)</i> <i>Don't Know 77</i>	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g
I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when		
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? <i>(I WILL SHOW)</i>	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>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(I WILL SHOW)</i>  <i>Don't Know 77</i>	Homebrewed spirits, e.g. moonshine <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/>	A12b
	Alcohol brought over the border/from another <input type="text"/>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12d
	Other untaxed alcohol in the country <input type="text"/>	A12e

EXPANDED: Alcohol Consumption		
During the <b>past 12 months</b> , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the <b>past 12 months</b> , 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 <b>past 12 months</b> , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
	Yes, more than monthly 1	

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, monthly 2 Yes, several times but less 3 Yes, once or twice 4 No 5	A16
<b>CORE: Diet</b>		
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.		
<b>Question</b>	<b>Response</b>	<b>Code</b>
In a typical week, on how many days do you <b>eat fruit</b> ? <i>(I WILL SHOW)</i>	Number of days Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? <i>(I WILL SHOW)</i>	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	D2
In a typical week, on how many days do you <b>eat vegetables</b> ? <i>(I WILL SHOW)</i>	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
How many <b>servings</b> of vegetables do you eat on one of those days? <i>(I WILL SHOW)</i>	Number of servings Don't know 77 <input type="text"/> <input type="text"/>	D4
<b>Dietary salt</b>		
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 soy sauce or fish sauce. 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 soy sauce</b> to your food right before you eat it or as you are eating it? <i>(SELECT ONLY ONE)</i> <i>(I WILL SHOW).</i>	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is <b>salt, salty seasoning or a salty sauce added</b> 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 <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 and preserves, salty food prepared at a fast food restaurant,	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5	D7

cheese, bacon and processed meat [ <i>salt fish, salt prunes/mango, potato chips, sausages</i> ]	Don't know 77	
<b>How much salt or salty sauce</b> 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
<b>EXPANDED: Diet</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
How important to you is <b>lowering the salt</b> in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b> ?	Yes 1 No 2 Don't know 77	D10
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 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	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f
Other (please specify)	<input type="checkbox"/>	D11other

## CORE: 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 food/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
<b>Work</b>		
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> ]? (I WILL SHOW)	Yes 1  No 2 If No, go to P 4	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 [ <i>or carrying light loads</i> ]? (I WILL SHOW)	Yes 1  No 2 If No, go to P 7	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>		
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.		
Do you walk or use a bicycle ( <i>pedal cycle</i> ) to get to and from places?	Yes 1  No 2 If No, go to P 10	P7
In a typical week, on how many days do you walk or bicycle to get to and from places?	Number of days <input type="text"/>	P8

<b>CORE: Physical Activity, Continued</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
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>		
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).		
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</i> ]? <i>(I WILL SHOW)</i>	Yes 1  No 2 <i>If No, go to P 13</i>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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, [ <i>cycling, swimming, volleyball</i> ]? <i>(I WILL SHOW)</i>	Yes 1  No 2 <i>If No, go to P16</i>	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                    mins	P15 (a-b)

<b>EXPANDED: Physical Activity</b>		
<b>Sedentary behaviour</b>		
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, reading, playing cards or watching television, but do not include time spent sleeping. <i>(I WILL SHOW)</i>		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                    mins	P16 (a-b)

<b>CORE: History of Raised Blood Pressure</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension (pressure)?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Were you first told in the past 12 months?	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 or herbalist 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?	Yes 1 No 2	H5

<b>CORE: History of Diabetes</b>		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes (sugar)?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Were you first told in the past 12 months?	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 or herbalist for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

<b>PANAM CORE: History of Diabetes</b>		
Have you received at least two HbA1C (glycated hemoglobin) tests in the past year as part of diabetes control?	Yes 1 No 2 Don't know 77	H11a
When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 year 1 More than 2 years ago 2 Never 3 Don't know 77	H11b
	Within the past year 1	H11c

When was the last time your feet was examined as part of your diabetes control?	More than 1 year ago	2	
	Never	3	
	Don't know	77	

**CORE: History of Raised Total Cholesterol**

Questions	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
Were you first 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 a traditional healer or herbalist for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional 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) or a stroke (cerebrovascular accident or incident)?	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 (Rosuvastatin/Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

<b>CORE: Lifestyle Advice</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1, go to M1</i> <i>If No and C1=2, go to CX1</i>	H20
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? <i>(RECORD FOR EACH)</i>		
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 healthy body weight or lose weight	Yes 1 No 2	H20f
Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20g

<b>CORE (for women only): Cervical Cancer Screening</b>		
<p>The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.</p>		
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 your last test for cervical cancer?	Less than 1 year ago 1 1-2 years ago 2 3-5 years ago 3 More than 5 years ago 4 Don't know 77 Refused 88	CX2

Pan-Am Optional module		
Section: Health Screening		
Have you ever had your stool examined to look for hidden blood?	Yes 1 No 2 Don't know 77	S1
Have you ever had a colonoscopy?	Yes 1 No 2	S2
<b><u>This question is for men only:</u></b> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
<b><u>The following questions are for women only:</u></b> Have you been shown how to examine your breasts?	Yes 1 No 2	S4
When was the last time you had an examination of your breasts?	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

## Mental health (depression)

Mental health		
The next questions are about feelings of sadness, depression, and loss of interest and pleasure.		
Question	Response	Code
In the last 12 months, have you, for a period of at least 2 weeks, felt <b>sad or depressed</b> for <b>most of the day, nearly every day</b> ?	Yes 1 No 2 Refused 88	MH1
In the last 12 months, have you, for a period of at least 2 weeks, been <b>a lot less interested</b> in, or experienced a lot <b>less pleasure</b> from, doing the things you normally enjoy?	Yes 1 No 2 <i>If No and MH1=2, go to next module</i> Refused 88	MH2
When in the last 12 months was this [LOW MOOD and/or LOSS OF INTEREST OR PLEASURE] at its/their <b>worst</b> ?		MH3

	Period (e.g., month): _____	
The next questions I am going to ask you will refer specifically to this time, that is [INSERT ANSWER TO MH3]		
During this time in which your [LOW MOOD and/or LOSS OF INTEREST] were at its worst, did you have more <b>trouble concentrating</b> and <b>staying focused</b> on things than usual <b>OR</b> did you struggle more than usual to make <b>decisions</b> ?	Yes 1 No 2  Refused 88	MH4
Did you feel <b>less valuable</b> as a person or even <b>worthless</b> ?	Yes 1 <i>Go to MH7</i> No 2  Refused 88	MH5
Did you feel you <b>let yourself or others down</b> ?	Yes 1 No 2  Refused 88	MH6
Did you feel more <b>hopeless</b> about the future, like things would never turn out well for you?	Yes 1 No 2  Refused 88	MH7
The next question can be a sensitive question. Did you think often about <b>death</b> or suicide, or did you try to end your life?	Yes 1  No 2  Refused 88	MH8
Did you have more <b>trouble sleeping</b> than usual (for example falling or staying asleep), or sleeping a lot more than you usually do?	Yes 1  No 2  Refused 88	MH9
Did you <b>not want to eat</b> even when food was available, <b>OR</b> did you <b>eat more</b> than before your [LOW MOOD, and/or LOSS OF INTEREST] started?	Yes 1 No 2  Refused 88	MH10
Did you have <b>less energy</b> than before your [LOW MOOD, and/or LOSS OF INTEREST] started <b>OR</b> were you much more tired than usual even when doing some small task?	Yes 1 No 2  Refused 88	MH11
Were you moving or speaking <b>more slowly</b> than is normal for you, <b>OR</b> the opposite —	Yes 1	

were you <b>fidgiting or pacing around</b> a lot?	No 2 Refused 88	MH12
If less than five of the following symptoms are coded Yes: [MH1], [MH2], [MH4], [MH5 OR MH6], [MH7], [MH8], [MH9], [MH10], [MH11], [MH12], go to next module		
During this time when you experienced [LIST ALL ENDORSED SYMPTOMS], did these difficulties affect your ability to function in daily life (for example your work or school, your social life, your relationships) <b>OR</b> did these difficulties bother you a lot?	Yes 1 No 2 <i>Go to next module</i> Refused 88	MH13
<b>Treatment coverage</b>		
In the past 12 months, have you taken <b>medications</b> prescribed by a doctor or nurse for the difficulties we've just talked about?	Yes, for less than 3 months 1 Yes, for 3 months or more 2 No 3 Refused 88	MH14
In the past 12 months, have you received <b>psychological therapy/counselling sessions</b> for the difficulties we've just talked about?	Yes: 1 to 3 sessions 1 Yes, 4 sessions or more 2 No 3 Refused 88	MH15

## Step 2 Physical Measurements

<b>CORE: Blood Pressure</b>		
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _ _	M2
Cuff size used	Small 1 Medium 2 Extra 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: Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) <input type="text"/>	M15
Heart Rate		
Reading 1	Beats per minute <input type="text"/>	M16a
Reading 2	Beats per minute <input type="text"/>	M16b
Reading 3	Beats per minute <input type="text"/>	M16c

CORE: Height and Weight		
Question	Response	Code
<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M16</i> No 2	M8
Interviewer ID	<input type="text"/>	M9
Device IDs for height and weight	Height <input type="text"/>	M10a
	Weight <input type="text"/>	M10b
Height	in Centimetres (cm) <input type="text"/>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/>	M12
CORE: Waist		
Device ID for waist	<input type="text"/>	M13
Waist circumference	in Centimetres (cm) <input type="text"/>	M14

<b>Step 3 Biochemical Measurements</b>
--

CORE: Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1

Technician ID	_____	B2
Device ID	_____	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes _____ : _____ hrs mins	B4
Fasting blood glucose <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _____	B5
	mg/dl _____	
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1	B6
	No 2	
<b>CORE: Blood Lipids</b>		
Device ID	_____	B7
Total cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _____	B8
	mg/dl _____	
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1	B9
	No 2	

<b>EXPANDED: Triglycerides and HDL Cholesterol</b>		
Triglycerides <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _____	B16
	mg/dl _____	
HDL Cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _____	B17
	mg/dl _____	

# 2024 STEPS SURVEY SHOWCARDS

## Tobacco Show Card

### Smoked tobacco products

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Manufactured cigarettes

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Hand-rolled cigarettes

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Pipe

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Cigars, e.g., cigarillos, double coronas, cheroots, stumpen, chutts and dhuntis

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Shisha

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## Smokeless tobacco products

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Snuff, available in wet and dry form



Chewing tobacco



Betel nut, quid

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## Electronic cigarettes/e-cigarettes/vaping



E-cigarette



Electronic Cigar

## Alcohol - Standard drink

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1 standard drink =



1 standard bottle  
of **regular beer**  
(285ml)



1 single measure  
of **spirits** (30ml)



1 medium size  
glass of **wine**  
(120ml)



1 measure of  
**aperitif** (60ml)

**Note:** net alcohol content of a **standard drink is approximately 10g** of ethanol.

---



Beer



Wine



Spirits



Homebrewed Alcohol



Alcohol not intended for drinking

## Typical Fruit and Vegetables and Serving Sizes

VEGETABLES are considered to be:	1 Serving =	Examples
Raw green leafy vegetables	1 cup	Spinach, salad, etc.
Other vegetables, cooked or chopped raw	½ cup	Tomatoes, carrots, pumpkin, corn, Chinese cabbage, fresh beans, onion, etc.
		

Vegetable juice

½ cup

FRUIT Is considered to be:	1 Serving =	Examples
Apple, banana, orange	1 medium size piece	
Chopped, cooked, canned fruit	½ cup	
		flavoured

### Serving size

One standard serving = 80 grams (translated into different units of cups depending on type of vegetable and standard cup measures available in the country).

**Note:** Tubers such as potatoes and cassava should not be included.

## Dietary Salt

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Table salt and sea salt



Salty stock cubes and powders



Soya sauce and fish sauce



**Examples for processed food high in salt**

Packaged salty food and snacks, canned salty food, salty food prepared at a fast food restaurant.



## Physical Activity

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### Vigorous Physical Activity at Work

Examples for vigorous activities at WORK

**VIGOROUS Intensity Activities**

Make you breathe much harder than normal



**Other examples for VIGOROUS activities at WORK**

- Forestry (cutting, chopping, carrying wood)
  - Sawing hardwood
  - Ploughing
  - Cutting crops (sugar cane)
  - Gardening (digging)
  - Grinding (with pestle)
  - Labouring (shoveling sand)
  - Loading furniture (stoves, fridge)
  - Instructing spinning (fitness)
  - Instructing sports aerobics
  - Sorting postal parcels (fast pace)
  - Cycle rickshaw driving
- 

## Moderate Physical Activity at Work

**Examples for MODERATE Intensity Activities**  
**MODERATE** Make you breathe somewhat harder than normal activities at work



**Other examples for MODERATE activities at WORK**

- Cleaning (vacuuming, mopping, polishing, scrubbing, sweeping, ironing)
  - Washing (beating and brushing carpets, wringing clothes (by hand))
  - Gardening
  - Milking cows (by hand)
  - Planting and harvesting crops
  - Digging dry soil (with spade)
  - Weaving
  - Woodwork (chiselling, sawing softwood)
  - Mixing cement (with shovel)
  - Labouring (pushing loaded wheelbarrow, operating jackhammer)
  - Walking with load on head
  - Drawing water
  - Tending animals
- 

## Vigorous Physical Activity during Leisure Time

**Examples for VIGOROUS normal activities during LEISURE TIME**

**VIGOROUS Intensity Activities**  
Make you breathe much harder than



**Other examples For VIGOROUS activities during LEISURE TIME**

- Soccer
  - Rugby
  - Tennis
  - High-impact aerobics
  - Aqua aerobics
  - Ballet dancing
  - Fast swimming
-

## Moderate Physical Activity during Leisure Time

Examples for  
**MODERATE**  
normal activities  
during  
**LEISURE**  
**TIME**

**MODERATE Intensity Activities**  
Make you breathe somewhat harder than



Other examples  For **MODERATE** activities at **WORK**

- Cycling
- Jogging
- Dancing
- Horse-riding
- Tai chi
- Yoga
- Pilates
- Low-impact aerobics
- Cricket

# Sedentary Behaviour

