

APPENDICES



WHO STEPS for Non-communicable Disease Risk Factor Surveillance

TRINIDAD AND TOBAGO

Survey Information

Location and Date	Response	Code
Enumeration District	<input type="text"/>	I1
Address	<input type="text"/>	I2
Interviewer ID	<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"/> dd mm year	I4

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

Step 1 Demographic Information

CORE: Demographic Information	
1. Name	
2. Age	
3. Gender	
4. Ethnicity	
5. Religion	
6. Marital Status	
7. Education Level	
8. Employment Status	
9. Annual Income	
10. Home Address	
11. Phone Number	
12. Email Address	
13. Social Security Number	
14. Date of Birth	
15. Place of Birth	
16. Current Residence	
17. Number of Children	
18. Number of Pets	
19. Number of Vehicles	
20. Number of Siblings	
21. Number of Friends	
22. Number of Acquaintances	
23. Number of Neighbors	
24. Number of Colleagues	
25. Number of Business Partners	
26. Number of Clients	
27. Number of Customers	
28. Number of Suppliers	
29. Number of Vendors	
30. Number of Contractors	
31. Number of Consultants	
32. Number of Advisors	
33. Number of Mentors	
34. Number of Mentees	
35. Number of Partners	
36. Number of Associates	
37. Number of Subordinates	
38. Number of Superiors	
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Question	Response	Code
Sex	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div><i>If known, Go to</i></div> <div><i>C4</i></div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div>	C2
How old are you?	Years <div> <div></div> <div></div> </div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <div> <div></div> <div></div> </div>	C4

EXPANDED: Demographic Information			
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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 4 Technical / Vocational completed 5 University completed 6 Post graduate degree 7 Refused 88	C5
What is your <i>[ethnic background]</i> ?	African descent 1 East Indian descent 2 Mixed 3 White 4 Chinese 5 Other 6 Refused 88	C6
What is your marital status ?	Single 1 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?	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 <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="margin-right: 5px;">If Not Known, Go</div> </div> to C11	C9
EXPANDED: Demographic Information, Continued		
Question	Response	Code
Taking the past year , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Go to T1</div> </div>	C10a
	OR per month <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Go to T1</div> </div>	C10b
	OR per year <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Go to T1</div> </div>	C10c
	Refused 88	C10d
If you don't know the amount, can you give an estimate of the monthly household income if I read some options to you? Is it	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>≤ \$5,000 1</div> <div>More than \$5,000, ≤ \$10,000 2</div> <div>More than \$10,000, ≤ \$15,000 3</div> <div>More than \$15,000 4</div> <div>Don't Know 77</div> <div>Refused 88</div> </div>	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 currently smoke any tobacco products, such as cigarettes, cigars or pipes? (I WILL SHOW)	Yes 1 No 2 If No, go to T8	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/>	T4c
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, I WILL SHOW) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
	Hand-rolled tobacco cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
	Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5e/T5ew
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f/T5fw
	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking 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 If T2=Yes, go to T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7

In the past, did you ever smoke 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 ever smoke daily ?	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 stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <i>If Known, go to T12</i>	T10
How long ago 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 currently use any smokeless tobacco 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 currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many times a day/week 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14a/ T14aw
	Snuff, by nose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14b/ T14bw
	Chewing tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14c/ T14cw
	Betel, quid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14d/ T14dw
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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/ T14otherw
	Yes 1	

In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> ?	No 2 <i>If No, go to T17</i>	T15
In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> daily ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (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>(I WILL SHOW)</i>		
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 daily ?	Yes 1	T20
	No 2	

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you ever 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 past 12 months ?	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, how frequently have you had at least one standard alcoholic drink ? <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 past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <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 standard drinks on average did you have during one drinking occasion? <i>(I WILL SHOW)</i>	Number Don't know 77 <input type="text"/> <input type="text"/>	A7
During the past 30 days, what was the largest number 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"/>	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 <input type="text"/> <input type="text"/>	A9

CORE: Alcohol Consumption, continued		
Question	Response	Code
During each of the past 7 days , 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 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? <i>(I WILL SHOW)</i>	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>[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 past 12 months , 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 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?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
	Yes, more than monthly 1	

During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, monthly 2 Yes, several times but less 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 ? (I WILL SHOW)	Number of days Don't Know 77 <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-left: 10px;">If Zero days, go to D3</div> </div>	D1
How many servings of fruit do you eat on one of those days? (I WILL SHOW)	Number of servings Don't Know 77 <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> </div>	D2
In a typical week, on how many days do you eat vegetables ? (I WILL SHOW)	Number of days Don't Know 77 <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-left: 10px;">If Zero days, go to D5</div> </div>	D3
How many servings of vegetables do you eat on one of those days? (I WILL SHOW)	Number of servings Don't know 77 <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> </div>	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 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 add salt or a salty sauce such as soy sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (I WILL SHOW).	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 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	
How much salt or salty sauce do you think you consume?	Far too much	1	D8
	Too much	2	
	Just the right amount	3	
	Too little	4	
	Far too little	5	
	Don't know	77	
EXPANDED: Diet			
Question	Response		Code
How important to you is lowering the salt in your diet?	Very important	1	D9
	Somewhat important	2	
	Not at all important	3	
	Don't know	77	
Do you think that too much salt or salty sauce in your diet could cause a health problem ?	Yes	1	D10
	No	2	
	Don't know	77	
Do you do any of the following on a regular basis to control your salt intake ? <i>(RECORD FOR EACH)</i>			
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 D11oher	D11f
	No	2	
Other (please specify)			D11othe r

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. 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.</p>		
Question	Response	Code
Work		
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)	<p>Yes 1</p> <p>No 2 If No, go to P 4</p>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	<p>Number of days</p> <p><input type="text"/></p>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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)	<p>Yes 1</p> <p>No 2 If No, go to P 7</p>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	<p>Number of days</p> <p><input type="text"/></p>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
Travel to and from places		
<p>The next questions exclude the physical activities at work 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 work, for shopping, to market, to place of worship.</p>		
Do you walk or use a bicycle (<i>pedal cycle</i>) to get to and from places?	<p>Yes 1</p> <p>No 2 If No, go to P 10</p>	P7
In a typical week, on how many days do you walk or bicycle to get to and from places?	<p>Number of days</p> <p><input type="text"/></p>	P8

CORE: Physical Activity, Continued		
Question	Response	Code
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)
Recreational activities		
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 (leisure) activities that cause large increases in breathing or heart rate like [running or football]? (I WILL SHOW)	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
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 (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball]? (I WILL SHOW)	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 (leisure) activities?	Number of days <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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, reading, playing cards or watching television, but do not include time spent sleeping. (I WILL SHOW)		
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)

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 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

CORE: History of Diabetes		
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

PANAM CORE: History of Diabetes		
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	H12
	No	2 <i>If No, go to H17</i>	
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes	1	H13a
	No	2 <i>If No, go to H17</i>	
Were you first 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 a traditional healer or herbalist for raised cholesterol?	Yes	1	H15
	No	2	
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes	1	H16
	No	2	

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	H17
	No	2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes	1	H18
	No	2	
Are you currently taking statins (Rosuvastatin/Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes	1	H19
	No	2	

CORE: Lifestyle Advice		
Question	Response	Code
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? (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 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

CORE (for women only): Cervical Cancer Screening		
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.		
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
<u>This question is for men only:</u> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
<u>The following questions are for women only:</u> 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 sad or depressed for most of the day, nearly every day ?	Yes 1 No 2 Refused 88	MH1
In the last 12 months, have you, for a period of at least 2 weeks, been a lot less interested in, or experienced a lot less pleasure 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 worst ?		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 trouble concentrating and staying focused on things than usual OR did you struggle more than usual to make decisions ?	Yes 1 No 2 Refused 88	MH4
Did you feel less valuable as a person or even worthless ?	Yes 1 <i>Go to MH7</i> No 2 Refused 88	MH5
Did you feel you let yourself or others down ?	Yes 1 No 2 Refused 88	MH6
Did you feel more hopeless about the future, like things would never turn out well for you?	Yes 1 No 2	MH7
The next question can be a sensitive question. Did you think often about death or suicide, or did you try to end your life?	Yes 1 No 2 Refused 88	MH8
Did you have more trouble sleeping 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 not want to eat even when food was available, OR did you eat more than before your [LOW MOOD, and/or LOSS OF INTEREST] started?	Yes 1 No 2 Refused 88	MH10
Did you have less energy than before your [LOW MOOD, and/or LOSS OF INTEREST] started OR 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 more slowly than is normal for you, OR the opposite —	Yes 1	

were you fidgeting or pacing around 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) OR did these difficulties bother you a lot?	Yes 1 No 2 <i>Go to next module</i> Refused 88	MH13
Treatment coverage		
In the past 12 months, have you taken medications 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 psychological therapy/counselling sessions 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

CORE: Blood Pressure		
Interviewer ID	<div> <div></div> <div></div> <div></div> <div></div> </div>	M1
Device ID for blood pressure	<div> <div></div> <div></div> </div>	M2
Cuff size used	Small 1 Medium 2 Extra Large 3	M3
Reading 1	Systolic (<div> <div></div> <div></div> <div></div> <div></div> </div> mmHg)	M4a
	Diastolic (mmHg) <div> <div></div> <div></div> <div></div> <div></div> </div>	M4b
Reading 2	Systolic (mmHg) <div> <div></div> <div></div> <div></div> <div></div> </div>	M5a
	Diastolic (mmHg) <div> <div></div> <div></div> <div></div> <div></div> </div>	M5b
Reading 3	Systolic (mmHg) <div> <div></div> <div></div> <div></div> <div></div> </div>	M6a
	Diastolic (mmHg) <div> <div></div> <div></div> <div></div> <div></div> </div>	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) <u> </u> <u> </u> <u> </u> <u> </u> . <u> </u>	M15
Heart Rate		
Reading 1	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	M16a
Reading 2	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	M16b
Reading 3	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	M16c

CORE: Height and Weight

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

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	<div> </div>	B2
Device ID	<div> </div>	B3
Time of day blood specimen taken (24 hour clock)	<div> <div>Hours : minutes</div> <div> <div> </div> : <div> </div> <div>hrs mins</div> </div> </div>	B4
Fasting blood glucose	mmol/l <div> </div> . <div> </div>	B5
<i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mg/dl <div> </div> . <div> </div>	
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	<div>Yes 1</div> <div>No 2</div>	B6

CORE: Blood Lipids

Device ID	<div> </div>	B7
Total cholesterol	mmol/l <div> </div> . <div> </div>	B8
<i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mg/dl <div> </div> . <div> </div>	
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div>Yes 1</div> <div>No 2</div>	B9

EXPANDED: Triglycerides and HDL Cholesterol

Triglycerides	mmol/l <div> </div> . <div> </div>	B16
<i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mg/dl <div> </div> . <div> </div>	
HDL Cholesterol	mmol/l <div> </div> . <div> </div>	B17
<i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mg/dl <div> </div> . <div> </div>	

2024 STEPS SURVEY SHOWCARDS

Tobacco Show Card

Smoked tobacco products



Manufactured cigarettes



Hand-rolled cigarettes



Pipe



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



Shisha

Smokeless tobacco products



Snuff, available in wet and dry form



Chewing tobacco



Betel nut, quid

Electronic cigarettes/e-cigarettes/vaping



E-cigarette



Electronic Cigar

Alcohol - Standard drink

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



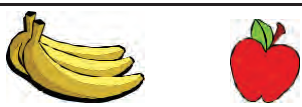
Alcohol not intended for drinking

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

Table salt
and sea salt



Salty stock
cubes and
powders

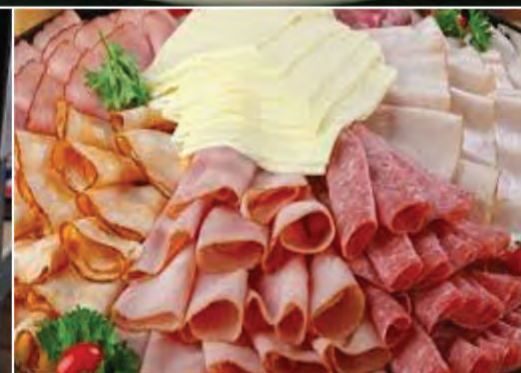


Soya sauce and
fish sauce



**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

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

