

Pan Am STEPS Mapped Instrument & Dataset Structure for [Insert Site/Country and Survey year]



Prepared by (including date and contact information):

Respondent Identification, Location and Date

Location	and Date		Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
		Respondent Identification	1-999999		ID		Numeric	
1		District code	1-999		I1		Numeric	
2		Centre/Village name	Text		12		Text	
3		Centre/Village code	1-999		13		Numeric	
4		Interviewer Identification	1-999		14		Numeric	
5		Date of completion of the instrument	Value entered as date dd/mm/yyyy		15		Date/Time	
Optional	Questions	S						

Consent, Interview Language and Name

Consent,	Interview L	anguage and Name	Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
6		Consent has been read out to participant	1 Yes					
			2 No					
			7 Don't Know	_ 16	16		Numeric	
			8 Not applicable	 				
			9 Missing					
7		Consent has been obtained (verbal or written)	1 Yes		17		Numeric	
		, , , , , , , , , , , , , , , , , , , ,	2 No		17		1141110110	
8		Interview Language [Insert Language]	1 English	_				
		Interview Earlydage [moon Earlydage]	2 [Add others]		10			
			3 [Add others]		18			
			4 [Add others]					
9		Time of interview (24 hour clock)	Numeric, entered as date hh:mm		19		Numeric	
10		Family Name	Text		I10		Not entered	
11		First Name	Text		l11		Not entered	
12		Contact phone number where possible	Text		l12		Not entered	

Consent, Interview Language and Name, Continued

Consent,	Interview L	anguage and Name	Res	ponse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
13		Specify whose phone	1 Work 2 Home 3 Neighbour 4 Other (specify)		I13		Not entered	
			Text- Other		I13other			
14		Address	Text		l14		Not entered	
Optional	Question	S						

Step 1: Demographic Information

Step 1: E	Demograpl	hic Information	Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
15		Sex (<i>Record Male / Female as observed</i>)	1 Male		C1		Numeric	
. •		,	2 Female		01		Numeric	
16		What is your date of birth?	Value entered as date dd/mm/yyyy		C2		Date/Time	
		Don't Know 77 777 7777	aammyyyy					
17		How old are you?	25-64		C3		Numeric	
18		In total, how many years have you spent at school or in full-time study (excluding pre-school)?	0-22 77 Don't know 88 Refused		C4		Numeric	
		Turn time study (excluding pre-series).	99 Missing	-			Numeric	
19		What is your [insert relevant ethnic group / racial group /	1 [Locally defined]					
		cultural subgroup / others] background?	2 [Locally defined] 3 [Locally defined]		C5		Numeric	
		, i	8 Refused		03		Numenc	
			9 Missing					
20		What is your marital status?	1 Single 2 Married					
			3 Living Together	_	C5a		Numorio	
			4 Widow/Widower		Coa		Numeric	
			5 Separated/Divorced					

Step 1: Demographic Information, Continued

Step 1: [Demograpl	nic Information	Resp	oonse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
21		What is the highest level of education you have completed?	1 No formal schooling 2 Less than primary school 3 Primary school completed 4 Secondary school completed 5 High school completed 6 College/University completed 7 Post graduate degree 77 Don't know 88 Refused 99 Missing		C6		Numeric	
22		Can you read and write?	1 Yes 2 No		C6a		Numeric	
23		Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee 2 Non-government employee 3 Self-employed 4 Non-paid 5 Student 6 Homemaker 7 Retired 8 Unemployed (able to work) 9 Unemployed (unable to work) 77 Don't know 88 Refused 99 Missing		C7		Numeric	

Step 1: Demographic Information, Continued

Step 1: D	Demograph	nic Information		Resp	oonse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS	Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
24		How many people older than 18 years, including yourself, live in your household?	0-25 77 Don't Know 88 Refused 99 Missing			C8			
25		Taking the past year, can you tell me what the average	Per week	1-9999999		00			
		earnings of the household have been?		7777777 DK		C9a			
			Per month	1-9999999		201			
				7777777 DK		C9b		Numeric	
			Per Year	1-9999999					
				7777777 DK		C9c			
			8 Refused			C9d			
26		If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it	1 ≤ Quintile 2 More than 3 More than 4 More than 5 More than 7 Don't Knov 8 Refused 9 Missing	$Q 1, \le Q 2$ $Q 2, \le Q 3$ $Q 3, \le Q 4$ Q 4		C10		Numeric	
Optional	Question	S	,						

Step 1: Tobacco Use

Do you currently smoke any tobacco products, such as	STEPS Generic	Site Specific	STEPS	C:1-		
			Generic	Site Specific	STEPS Generic	Site Specific
	1 Yes					
cigarettes, cigars or pipes?	2 No					
	7 Don't Know		T1		Numeric	
	8 Refused					
	9 Missing					
If Yes,	1 Yes					
	2 No					
	7 Don't Know		T2		Numeric	
	8 Refused					
	9 Missing					
How old were you when you first started smoking daily?	8-64					
	77 Don't Know		T2		Numeric	
	88 No Applicable		13			
	99 Missing					
Do you remember how long ago it was?	1-55 (years)					
	77 Don't Know		T/la		Numorio	
	88 No Applicable		140		Numenc	
	99 Missing					
			T4b		Numeric	
					Tuniono	
			T4c		Numeric	
	If Yes, Do you currently smoke tobacco products daily? How old were you when you first started smoking daily?	Ton't Know 8 Refused 9 Missing 1 Yes 2 No 7 Don't Know 8 Refused 9 Missing 1 Yes 2 No 7 Don't Know 8 Refused 9 Missing How old were you when you first started smoking daily? 8-64 77 Don't Know 88 No Applicable 99 Missing Do you remember how long ago it was? 1-55 (years) 77 Don't Know 88 No Applicable	7 Don't Know 8 Refused 9 Missing 1 Yes 2 No 7 Don't Know 8 Refused 9 Missing 1 Yes 2 No 7 Don't Know 8 Refused 9 Missing 1 Yes 2 No 7 Don't Know 8 Refused 9 Missing 1 Yes 1 Yes	Ton't Know Refused 9 Missing To Don't Know Refused 9 Missing To Don't Know To	Ton't Know Refused P Missing T2	1

Step 1: T	obacco U	se		Respons	se .	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS	Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
31		On average, how many of the following do you smoke each day?	Manufactured cigarettes	1-50 77 Don't know 88 Refused 99 Missing		T5a		Numeric	
			Hand-rolled cigarettes	1-50 77 Don't know 88 Refused 99 Missing		T5b		Numeric	
			Pipes full of tobacco	1-50 77 Don't know 88 Refused 99 Missing		T5c		Numeric	
			Cigars, cheroots, cigarillos	1-50 77 Don't know 88 Refused 99 Missing		T5d		Numeric	
			Other	1-50 77 Don't know 88 Refused 99 Missing		T5e		Numeric	
			Other (please specify):	Text		T5other		Text	

Step 1: T	Tobacco U	se	Res	ponse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
32		In the past, did you ever smoke daily?	1 Yes					
			2 No					
			7 Don't Know		T6		Numeric	
			8 Refused					
			9 Missing					
33		If Yes, How old were you when you stopped smoking	10-64					
		daily?	77 Don't Know		T-7			
			88 Refused		T7		Numeric	
			99 Missing					
34		How long ago did you stop smoking daily?	1-54 (years)					
	34		77 Don't Know		TOo		Numeric	
			88 No Applicable		T8a		Numenc	
			99 Missing					
			1-24 (months)					
			77 Don't Know		TOb		Numeric	
			88 No Applicable		T8b		Numenc	
			99 Missing					
			1-48 (weeks)					
			77 Don't Know		T8c		Numeric	
			88 No Applicable		180		Numeric	
			99 Missing					
35		Do you currently use any smokeless tobacco such as	1 Yes					
		[snuff, chewing tobacco, betel]?	2 No					
		-	7 Don't Know		Т9		Numeric	
			8 Refused		17	Trainono		
			9 Missing					

Step 1: T	obacco U	se		Respo	onse	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STE	PS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
36		If Yes, Do you currently use smokeless tobacco products daily?	1 Yes 2 No 7 Don't Kr 8 Refused 9 Missing	l		T10		Numeric	
37		On average, how many times a day do you use	Snuff, by mouth	1-50 77 Don't know 88 Refused 99 Missing		T11a		Numeric	
			Snuff, by nose	1-50 77 Don't know 88 Refused 99 Missing		T11b		Numeric	
			Chewing tobacco	1-50 77 Don't know 88 Refused 99 Missing		T11c		Numeric	
			Betel, quid	1-50 77 Don't know 88 Refused 99 Missing		T11d		Numeric	
			Other	1-50 77 Don't know 88 Refused 99 Missing		T11e		Numeric	
			Other (please specify):	Text		T11other		Text	

Step 1: T	obacco U	se	Res	ponse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
38		In the past, did you ever use smokeless tobacco such	1 Yes					
		as [snuff, chewing tobacco, or betel] daily?	2 No					
			7 Don't Know		T12		Numeric	
			8 Refused					
			9 Missing					
		In the last 7 days, how many years did someone smoke	1 0 day					
		in the house smoke when you were present?	2 1-2 days					
39			3 3-4 days 4 5-6 days		T13		Numeric	
			5 7 days					
			7 Don't Know					
		During the last 7 days, how many days did someone	1 0 day					
		smoke in closed areas in your workplace (in the building,	2 1-2 days					
		in a work area or a specific office) when you were	3 3-4 days 4 5-6 days					
40		present?	5 7 days		T14		Numeric	
			6 You do not work in a					
			closed area					
			7 Don't know					
Optional C	Questions To	pbacco						

Step 1: Alcohol Use

Step 1: A	Alcohol Us	se	Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
41		Have you consumed alcohol (such as beer, wine, spirits,	1 Yes					
		fermented cider or [add other local examples] within the	2 No					
		past 12 months?	7 Don't Know		A1		Numeric	
			8 Refused					
			9 Missing					
42		In the past 12 months, how frequently have you had at	1 (Daily)					
		least one drink?	2 (5-6 days per week)					
			3 (1-4 days per week)	-				
			4 (1-3 days per month)	-				
			5 (Less than once a		A2		Numeric	
			month)					
			7 Don't Know					
			8 Refused	-				
40			9 Missing					
43		When you drink alcohol, on average , how many drinks	Number 1-50	-				
		do you have during one day?	77 Don't Know	-	A3		Numeric	
			88 Refused / NA	-				
4.4			99 Missing					
44		Have you consumed alcohol (such as beer, wine, spirits,	1 Yes	-				
		fermented cider or [add other local examples] within the	2 No		A 4			
		past 30 days?	7 Don't Know		A4		Numeric	
			8 Refused	-				
			9 Missing					

Step 1: Alcohol Use, Continued

Step 1: A	Alcohol Us	e		Respor	ıse	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEP	'S Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
45		During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50 77 Don't know 88 Refused 99 Missing		A 5a		Numeric	
			Tuesday	1-50 77 Don't know 88 Refused 99 Missing		A5b		Numeric	
			Wednesday	1-50 77 Don't know 88 Refused 99 Missing		A5c		Numeric	
			Thursday	1-50 77 Don't know 88 Refused 99 Missing		A5d		Numeric	
			Friday	1-50 77 Don't know 88 Refused 99 Missing		A5e		Numeric	
			Saturday	1-50 77 Don't know 88 Refused 99 Missing		A5f		Numeric	
			Sunday	1-50 77 Don't know 88 Refused 99 Missing		A5g		Numeric	

Step 1: Alcohol Use, Continued

Step 1: A	Alcohol Us	e	Res	ponse	Code (varia	able name)	Data	Туре		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific		
46		In the past 12 months, what was the largest number of	1-30							
		drinks you had on a single occasion, counting all types	77 Don't Know		A6		Numeric			
		of standard drinks together?	88 Refused / NA		Au		Numeric			
			99 Missing							
47		For men only:	1-365							
		In the past 12 months, on how many days did you have	77 Don't Know		A7		Numeric			
		five or more standard drinks in a single day?	88 Refused / NA		A		Numenc			
			99 Missing							
48		For women only:	1-365							
		In the past 12 months, on how many days did you have	77 Don't Know		A8		Numeric			
		four or more standard drinks in a single day?	88 Refused / NA		7.0	Nume	Numeric	Num	Numenc	
			99 Missing							
49		In the last 30 days, how many days on an average did	1-30							
		you consume alcoholic beverages?	77 Don't Know		A9		Numeric			
			99 Missing							
Optional	Questions	Alcohol								

Step 1: Diet

Step 1: D	Diet		Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
50		In a typical week, on how many days do you eat fruit?	Days 0-7		D1		Numeric	
			9 Missing		Di		Numenc	
51		How many servings of fruit do you eat on one of those	Number 1-15					
		days?	77 Don't Know		D2		Numeric	
			88 Refused / NA			Numenc		
			99 Missing					
52		In a typical week, on how many days do you eat	Days 0-7		D3		Numeric	
		vegetables?	99 Missing		D3		Numenc	
53		How many servings of vegetables do you eat on one of	Number 1-15					
		those days?	77 Don't Know		D4		Numeric	
			88 Refused / NA		D4		Numenc	
			99 Missing					

Continued on next page

Step 1: Diet, Continued

Step 1: D	Diet		Res	ponse	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
54		What type of oil or fat is most often used for meal preparation in your household?	1 Vegetable oil 2 Lard or suet 3 Butter or ghee 4 Margarine 5 Other 6 None in particular 7 None used 77 Don't know 99 Missing Other (please Text		D5 D5other		Numeric Text	
55		In a typical week how many meals do you eat outside the house?	specify): 1-50 77 Don't know		D6		Numeric	
Optional	Questions	Diet						

Step 1: Physical Activity

Step 1: F	Physical A	ctivity	Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Activity at	work				•			
56		Does your work involve vigorous-intensity activity that	1 Yes					
		causes large increases in breathing or heart rate like	2 No					
		[carrying or lifting heavy loads, digging or construction	7 Don't Know	_	P1		Numeric	
		work] for at least 10 minutes continuously?	8 Refused					
			9 Missing					
57		In a typical week, on how many days do you do	Days 1-7		P2		Numeric	
		vigorous-intensity activities as part of your work?	9 Missing		1.2		Numeric	
58		How much time do you spend doing vigorous-intensity	Hours 1-24	_				
		activities at work on a typical day?	77 Don't Know		P3A			
			99 Missing					
			Minutes 1-60	-				
			77 Don't Know	-	P3B			
			99 Missing					
59		Does your work involve moderate-intensity activity, that	1 Yes	-				
		causes small increases in breathing or heart rate such	2 No	-		D. (
		as brisk walking [or carrying light loads] for at least 10	7 Don't Know	WC	P4		Numeric	
		minutes continuously?	8 Refused					
			9 Missing					

Step 1: F	Physical A	ctivity	Res	ponse	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
60		In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7 9 Missing		P5		Numeric	
61		How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24 77 Don't Know 99 Missing		P6A		Numeric	
			Minutes 1-60 77 Don't Know 99 Missing		P6B		Numeric	
Travel to a	and from pla	ces	, , , , , , , , , , , , , , , , , , ,					
62		Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		P7		Numeric	
63		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?	Days 1-7 9 Missing		P8		Numeric	

Continued on next page

Step 1: F	Physical A	ctivity	Res	ponse	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
64		How much time do you spend walking or bicycling for	Hours 1-24		P9a			
		travel on a typical day?	77 Don't Know		. /		Numeric	
			99 Missing					
			Minutes 1-60		P9b		Numeric	
			77 Don't Know					
			99 Missing					
Recreation	nal activities	3						
65		Do you do any vigorous-intensity sports, fitness or	1 Yes					
		recreational (<i>leisure</i>) activities that cause large increases	2 No					
		in breathing or heart rate like [running or football,] for at	7 Don't Know		P10		Numeric	
		least 10 minutes continuously?	8 Refused					
			9 Missing					
66		In a typical week, on how many days do you do	Days 1-7					
		vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	9 Missing		P11		Numeric	
67		How much time do you spend doing vigorous-intensity	Hours 1-24					
		sports, fitness or recreational activities on a typical day?	77 Don't Know		P12a		Numeric	
			99 Missing					
			Minutes 1-60					
			77 Don't Know		P12b		Numeric	
			99 Missing					

Step 1: F	Physical A	ctivity	Res	ponse	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
68		Do you do any moderate-intensity sports, fitness or	1 Yes		P13			
		recreational (leisure) activities that causes a small	2 No					
		increase in breathing or heart rate such as brisk	7 Don't Know				Numeric	
		walking,(cycling, swimming, volleyball)for at least 10	8 Refused					
		minutes continuously?	9 Missing					
69		In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational	Days 1-7		P14		Numeric	
		(leisure) activities?	9 Missing		1 17		Numeric	
70		How much time do you spend doing moderate-intensity	Hours 1-24		P15a			
		sports, fitness or recreational (<i>leisure</i>) activities on a	77 Don't Know				Numeric	
		typical day?	99 Missing					
			Minutes 1-60		P15b			
			77 Don't Know				Numeric	
			99 Missing					
Sedentary	behaviour							
71		How much time do you usually spend sitting or reclining	Hours 1-24					
		on a typical day?	77 Don't Know		P16a		Numeric	
			99 Missing					
			Minutes 1-60					
			77 Don't Know		P16b		Numeric	
			99 Missing					

Step 1: F	Physical A	ctivity	Res	ponse	Code (vari	able name)	Data	Туре		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Site Generic Specific		STEPS Generic	Site Specific		
Optional	Optional Questions Physical Activity									

Step 1: History of Raised Blood Pressure

Step 1: H	listory of I	Raised Blood Pressure	Res	ponse	Code (varia	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
72		Have you ever had your blood pressure measured by a	1 Yes					
		health professional?	2 No					
		'	7 Don't Know		H1a		Numeric	
			8 Refused					
			9 Missing					
73		Have been told by a doctor or other health worker that	1 Yes					
		you have raised blood pressure or hypertension?	2 No					
		, 31	7 Don't Know		H2a		Numeric	
			8 Refused					
			9 Missing					
74		If Yes	1 Yes		H2b			
		Were you told in the last 12 months?	2 No					
			7 Don't Know				Numeric	
			8 Refused					
			9 Missing					

Continued on next page

Step 1: History of Raised Blood Pressure, Continued

Step 1: H	listory of	Raised Blood Pressure	Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
75		Are you currently receiving any of the following treats	ments/advice for high blo	ood pressure prescribed	by a doctor o	r other health	worker?	
		Drugs (medication) that you have taken in the last 2	1 Yes					
		weeks	2 No					
			7 Don't Know		H3a		Numeric	
			8 Refused					
			9 Missing					
		Special prescribed diet	1 Yes					
			2 No					
			7 Don't Know		H3b		Numeric	
			8 Refused					
			9 Missing					
		Advice or treatment to lose weight	1 Yes					
			2 No	-				
			7 Don't Know	<u>-</u>	H3c		Numeric	
			8 Refused 9 Missing	<u>-</u>	НЗс			
		Advice or treatment to stop smoking	1 Yes	-				
			2 No					
			7 Don't Know		H3d		Numeric	
			8 Refused	1				
			9 Missing					

Step 1: History of Raised Blood Pressure, Continued

Step 1: H	listory of I	Raised Blood Pressure	Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
75 cont.		Advice to start or do more exercise	1 Yes					
			2 No					
			7 Don't Know		H3e		Numeric	
			8 Refused					
			9 Missing					
76		During the past 12 months have you seen a traditional	1 Yes					
		healer for raised blood pressure or hypertension?	2 No					
			7 Don't Know		H4		Numeric	
			8 Refused					
			9 Missing					
77		Are you currently taking any herbal or traditional remedy	1 Yes					
		for your raised blood pressure?	2 No					
			7 Don't Know		H5		Numeric	
			8 Refused					
			9 Missing					

Step 1: History of Diabetes

Step 1: H	listory of I	Diabetes	Res	ponse	Code (vari	able name)	Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
78		Have you ever had your blood sugar measured by a	1 Yes					
	health professional?		2 No					
			7 Don't Know		H6a		Numeric	
			8 Refused					
			9 Missing					
79		Have you ever been told by a doctor or other health	1 Yes					
	worker that you have diabetes?	2 No						
			7 Don't Know		H7a		Numeric	
			8 Refused					
			9 Missing					
80		If yes,	1 Yes					
	Were you told in the last 12 months?		2 No					
			7 Don't Know		H7b		Numeric	
			8 Refused					
			9 Missing					

Continued on next page

Step 1: History of Diabetes, Continued

Step 1: H	listory of	Diabetes	Res	ponse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
81		Are you currently receiving any of the following treatr	ments/advice for diabete	s prescribed by a doctor	or other heal	th worker?		
		Insulin	1 Yes					
			2 No					
			7 Don't Know		H8a		Numeric	
			8 Refused					
			9 Missing					
		Oral drug (medication) that you have taken in the last 2	1 Yes					
		weeks	2 No					
			7 Don't Know		H8b		Numeric	
			8 Refused					
			9 Missing					
		Special prescribed diet	1 Yes					
			2 No					
			7 Don't Know		H8c		Numeric	
			8 Refused					
			9 Missing					
		Advice or treatment to lose weight	1 Yes					
			2 No	_				
			7 Don't Know		H8d		Numeric	
			8 Refused					
			9 Missing					

Step 1: History of Diabetes, Continued

Step 1: D	iabetes		Res	ponse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
81 cont.		Advice or treatment to stop smoking	1 Yes					
			2 No					
			7 Don't Know		H8e		Numeric	
			8 Refused					
			9 Missing					
		Advice to start or do more exercise	1 Yes					
			2 No					
			7 Don't Know		H8f		Numeric	
			8 Refused					
			9 Missing					
82		During the past 12 months have you seen a traditional	1 Yes					
		healer for diabetes?	2 No					
			7 Don't Know		H9		Numeric	
			8 Refused					
			9 Missing					
83		Are you currently taking any herbal or traditional remedy	1 Yes					
		for your diabetes?	2 No					
			7 Don't Know		H10		Numeric	
			8 Refused					
			9 Missing					

Step 1: History of Raised Cholesterol

Step 1: F	Raised Cho	plesterol	Res	ponse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
84		Have you ever had your cholesterol measured by a	1 Yes					
		health professional?	2 No					
			7 Don't Know		L1a		Numeric	
			8 Refused					
			9 Missing					
85		Have you ever been told by a doctor or other health	1 Yes					
		worker that you have raised cholesterol?	2 No					
			7 Don't Know		L2a		Numeric	
			8 Refused					
			9 Missing					
86		If yes,	1 Yes					
		Were you told in the last 12 months?	2 No					
			7 Don't Know		L2b		Numeric	
			8 Refused					
			9 Missing					
87		Are you currently receiving any of the following for rai	sed cholesterol prescrib	ed by a doctor or other h	ealth worker?		_	
		Oral treatment (medication) taken in the last 2 weeks	1 Yes					
		,	2 No					
			7 Don't Know		L3a		Numeric	
			8 Refused					
			9 Missing					

Step 1: History of Raised Cholesterol, Continued

Step 1: R	Raised Cho	olesterol	Res	ponse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
87 cont.		Special prescribed diet	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L3b		Numeric	
		Advice or treatment to lose weight	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L3c		Numeric	
		Advice or treatment to stop smoking	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L3d		Numeric	
		Advice to start or do more exercise	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L3e		Numeric	

Step 1: History of Raised Cholesterol, Continued

Step 1: R	Raised Cho	olesterol	Res	Response		Code (variable name)		Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic Site Specific		STEPS Generic	Site Specific	STEPS Generic	Site Specific
00 During the past 12 months have you seen a traditional		1 Yes						
		2 No						
			7 Don't Know		L4		Numeric	
			8 Refused					
		9 Missing						
89		Are you currently taking any herbal or traditional remedy	1 Yes					
	for your raised cholesterol?		2 No					
			7 Don't Know		L5		Numeric	
			8 Refused					
			9 Missing					

Step 1: Family History

Step 1: F	amily His	tory	Res	ponse	Code (vari	able name)	Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
90		Have some of your family members been diagnosed with	ith the following disease	es?		_		
		Diabetes or blood sugar	1 Yes					
		3	2 No					
			7 Don't Know		F1a		Numeric	
			8 Refused					
			9 Missing					
		Raised Blood pressure	1 Yes					
		'	2 No					
			7 Don't Know		F1b		Numeric	
			8 Refused					
	9 Mis	9 Missing						
		Stroke	1 Yes					
			2 No					
			7 Don't Know		F1c		Numeric	
			8 Refused					
			9 Missing					
		Cancer or malignant tumor	1 Yes					
		, and the second	2 No					
			7 Don't Know		F1d		Numeric	
			8 Refused					
			9 Missing					

Step 1: Family History, Continued

Step 1: F	amily Hist	ory	Res	Response		able name)	Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic Site Specific		STEPS Generic	Site Specific	STEPS Generic	Site Specific
90 cont.		Raised Cholesterol	1 Yes					
			2 No					
			7 Don't Know		F1e		Numeric	
			8 Refused					
			9 Missing					
		Early Myocardial Infarction	1 Yes					
			2 No					
			7 Don't Know		F1f		Numeric	
			8 Refused					
			9 Missing					

Step 2: Physical Measurements

Step 2: F	Physical M	easurements		Res	ponse	Code (variable name)		Data	Туре
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Height ar	nd weight								
91		Interviewer ID	1-900			M1		Numeric	
			999 Missing]		IVII		Numenc	
92		Device IDs for height and weight	Height	1-90		M2a			
			Troigin	99 Missing				Numeric	
			Weight	1-90		M2b		110110110	
				99 Missing					
93		Height	100.0-270.0						
			888.8 Refus	sed		M3		Numeric	
			999.9 Missi	ng					
94		Weight	20.0-350.0						
		3	666.6 Too la	arge for scale		M4		Numeric	
			888.8 Refus	sed		1014		Numenc	
			999.9 Missi	ng					
95		(For women) Are you pregnant?	1 Yes						
			2 No						
			7 Don't Kno)W		M5		Numeric	
			8 Refused						
			9 Missing						

Step 2: Physical Measurements, Continued

Step 2: F	Physical M	leasurements		Resp	oonse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEP	'S Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Waist									
96		Device ID for waist	1-90 99 Missing			M6		Numeric	
97		Waist circumference	30.0-200.0 888.8 Ref 999.9 Mis	used		M7		Numeric	
Blood pre	essure								
98		Interviewer ID	1-900 999 Missing			M8		Numeric	
99		Device ID for blood pressure	1-90 99 Missing	9		M9		Numeric	
100		Cuff size used	1 Small 2 Medium 3 Large 9 Missing			M10		Numeric	
101		Reading 1	Systolic	40.0-300 888 Refused 999 Missing		M11a		Numeric	
			Diastolic	30.0-200.0 888 Refused 999 Missing		M11b		Numeric	

Step 2: Physical Measurements, Continued

Step 2: F	Physical M	leasurements		Resp	onse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STE	PS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
102		Reading 2		40.0-300.0					
			Systolic	888 Refused		M12a		Numeric	
				999 Missing					
				30.0-200.0					
			Diastolic	888 Refused		M12b		Numeric	
				999 Missing					
103		Reading 3		40.0-300.0					
				888 Refused		M13a		Numeric	
				999 Missing					
				30.0-200.0					
			Diastolic	888 Refused		M13b		Numeric	
				999 Missing					
104		During the past two weeks, have you been treated	1 Yes						
		for raised blood pressure with drugs (medication)	2 No						
		prescribed by a doctor or other health worker?	7 Don't Kr			M14		Numeric	
		·	8 Refused						
			9 Missing						
Hip Circu	mference a	and Heart Rate							
105		Hip circumference	45.0-300.0						
			888.8 Ref	used		M15		Numeric	
			999.9 Mis	sing					

Step 2: Physical Measurements, Continued

Step 2: F	Physical M	easurements	Respo	onse	Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
106		Heart Rate (Record if automatic blood pressure device is used)		_				
		Reading 1	30.0-200.0					
			888 Refused		M16a		Numeric	
			999 Missing					
		Reading 2	30.0-200.0					
		, and the second	888 Refused		M16b		Numeric	
			999 Missing					
		Reading 3	30.0-200.0					
			888 Refused		M16c		Numeric	
			999 Missing					
Optional C	Questions St	ep 2						
				_				

Step 3: Biochemical Measurements

Step 3: Biochemical Measurements		Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
107		diffic, other than water.	1 Yes				Numeric	
			2 No					
			7 Don't Know		B1			
			8 Refused					
			9 Missing					
108		Technician ID	1-900		B2		Numeric	
			999 Missing		52		rumono	
109		Device ID	1-90		В3		Numeric	
			99 Missing					
110		Time of day blood specimen taken (24 hour clock)	Numeric hh:mm		B4		Numeric	
111		Blood glucose	1-50.00	Di	DE		Numeric	
			99.99 Missing		B5			
Blood Lip	oids							
112		Device ID	1-60		В6		Numeric	
			99 Missing					
113	Total cholesterol	Total cholesterol	1.75-20.00	-	D.7		Numeric	
113		Total division of	99.99 Missing		В7			
Triglycei	rides and	HDL Cholesterol						
114		Triglycerides	0.25-50.0		D0		Numeric	
			99.99 Missing		B8			
115		HDL Cholesterol	0.10-5.00		В9		Numeric	
			9.99 Missing					

Step 3: Biochemical Measurements, Continued

Step 3: Biochemical Measurements		Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic Site Specific		STEPS Generic	Site Specific	STEPS Generic	Site Specific
Optional Questions STEP 3						_		

Step 1: Women's Health

Step 1: Women's Health		Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
116		Have you heard about breast cancer?	1 Yes		W1		Numorio	
			2 No		VVI		Numeric	
117		Have you been shown how to examine your breast?	1 Yes		W2		NI	
			2 No		VVZ		Numeric	
118		When was the last time you had an examination of your breast?	1 1 year or less				Numeric	
			2 Between 1 and 2 years					
			3 More than 2 years		W3			
			4 Never					
			7 Do not remember					
119		A mammogram is an x-ray of each breast to check for the possibility of breast cancer. When was the last time you had a mammogram?	1 1 year or less				Numeric	
			2 Between 1 and 2 years					
			3 More than 2 years		W4			
			4 Never					
			7 Do not remember					
120	but	The mammograms are done as routine examinations, but are sometimes carried out after a visit to the physician or a health professional due to some irregularity. Was the last mammogram carried out for that reason?	1 Yes		W5		Numeric	
			2 No		VVO			
121		Have you heard about cervical cancer?	1 Yes	W6		NI		
121			2 No		VV6		Numeric	

Step 1: Women's Health, Continued

Step 1: Women's Health		Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
122	Pap test or a cytological test is an exam to detect cervical cancer. When was the last time you had a Pap test?	cervical cancer. When was the last time you had a Pap	1 1 year or less					
			2 Between 1 and 2 years					
		3 More than 2 years		W7		Numeric		
		4 Never						
			7 Do not remember					

Step 1: Rectal Exam, Fecal Exam, and Colonoscopy

Step 1: Rectal Exam, Fecal Exam, and Colonoscopy		Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
123		A medical exam of the rectum is an exam in which a physician or health professional carries out with gloves in order to explore the prostate of the patient and look at the size, shape or hardness. Have you ever had this kind of examination?	1 Yes 2 No		R1		Numeric	
124		An examination of hidden blood in feces is an examination used to know if there is blood in the feces. Have you ever had this kind of examination?	1 Yes 2 No		R2		Numeric	
125		A colonoscopy is a medical examination in which a tube is introduced in the rectum to be able to visualize the intestine in order to know if there are alterations or problems. Have you ever had this kind of examination?	1 Yes 2 No		R3		Numeric	