



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



Prepared by (including date and contact information):

Consent, Interview Language and Name

Consent, Interview Language and Name			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
6		Consent has been read out to participant	1 Yes		16		Numeric	
			2 No					
			7 Don't Know					
			8 Not applicable					
			9 Missing					
7		Consent has been obtained (verbal or written)	1 Yes		17		Numeric	
			2 No					
8		Interview Language [Insert Language]	1 English		18			
			2 [Add others]					
			3 [Add others]					
			4 [Add others]					
9		Time of interview (24 hour clock)	Numeric, entered as date hh:mm		19		Numeric	
10		Family Name	Text		110		Not entered	
11		First Name	Text		111		Not entered	
12		Contact phone number where possible	Text		112		Not entered	

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Step 1: Demographic Information

Step 1: Demographic Information			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
15		Sex (<i>Record Male / Female as observed</i>)	1 Male 2 Female		C1		Numeric	
16		What is your date of birth? <i>Don't Know 77 777 7777</i>	Value entered as date dd/mm/yyyy		C2		Date/Time	
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 99 Missing		C4		Numeric	
19		What is your [<i>insert relevant ethnic group / racial group / cultural subgroup / others</i>] <u>background</u> ?	1 [<i>Locally defined</i>] 2 [<i>Locally defined</i>] 3 [<i>Locally defined</i>] 8 Refused 9 Missing		C5		Numeric	
20		What is your marital status?	1 Single 2 Married 3 Living Together 4 Widow/Widower 5 Separated/Divorced		C5a		Numeric	

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Step 1: Demographic Information, Continued

Step 1: Demographic Information			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
21		What is the highest level of education you have completed?	1 No formal schooling		C6		Numeric	
			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					
22		Can you read and write?	1 Yes		C6a		Numeric	
			2 No					
23		Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee		C7		Numeric	
			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					

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Step 1: Tobacco Use

Step 1: Tobacco Use			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
27		Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	1 Yes		T1		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
28		<u>If Yes,</u> Do you currently smoke tobacco products daily ?	1 Yes		T2		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
29		How old were you when you first started smoking daily?	8-64		T3		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
30		Do you remember how long ago it was?	1-55 (years)		T4a		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing		T4b		Numeric	
			1-24 (months)					
			777 Don't Know					
			88 No Applicable		T4c		Numeric	
			99 Missing					
			1-48 (weeks)					
			77 Don't Know					
			88 No Applicable					
			99 Missing					

Step 1: Tobacco Use, Continued

Step 1: Tobacco Use			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	
31		On average, how many of the following do you smoke each day?	Manufactured cigarettes	1-50		T5a		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Hand-rolled cigarettes	1-50		T5b		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Pipes full of tobacco	1-50		T5c		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Cigars, cheroots, cigarillos	1-50		T5d		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Other	1-50		T5e		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Other (please specify):	Text		T5other		Text	

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Step 1: Tobacco Use, Continued

Step 1: Tobacco Use			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
32		In the past, did you ever smoke daily ?	1 Yes		T6		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
33		<u>If Yes</u> , How old were you when you stopped smoking daily ?	10-64		T7		Numeric	
			77 Don't Know					
			88 Refused					
			99 Missing					
34		How long ago did you stop smoking daily?	1-54 (years)		T8a		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T8b		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T8c		Numeric	
			77 Don't Know					
			88 No Applicable					
			99 Missing					
35		Do you currently use any smokeless tobacco such as [<i>snuff, chewing tobacco, betel</i>]?	1 Yes		T9		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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Step 1: Tobacco Use, Continued

Step 1: Tobacco Use			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
36		<u>If Yes,</u> Do you currently use smokeless tobacco products daily?	1 Yes		T10		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
37		On average, how many times a day do you use	Snuff, by mouth	1-50	T11a		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Snuff, by nose	1-50	T11b		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Chewing tobacco	1-50	T11c		Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Betel, quid	1-50	T11d		Numeric	
				77 Don't know				
88 Refused								
99 Missing								
Other	1-50	T11e		Numeric				
	77 Don't know							
	88 Refused							
	99 Missing							
Other (please specify):	Text	T11other		Text				

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Step 1: Alcohol Use

Step 1: Alcohol Use			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
41		Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 12 months?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		A1		Numeric	
42		In the past 12 months, how frequently have you had at least one drink?	1 (Daily) 2 (5-6 days per week) 3 (1-4 days per week) 4 (1-3 days per month) 5 (Less than once a month) 7 Don't Know 8 Refused 9 Missing		A2		Numeric	
43		When you drink alcohol, on average , how many drinks do you have during one day?	Number 1-50 77 Don't Know 88 Refused / NA 99 Missing		A3		Numeric	
44		Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 30 days?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		A4		Numeric	

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Step 1: Alcohol Use, Continued

Step 1: Alcohol Use			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
45		During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50		A5a		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Tuesday	1-50		A5b		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Wednesday	1-50		A5c		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Thursday	1-50		A5d		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Friday	1-50		A5e		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Saturday	1-50		A5f		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Sunday	1-50		A5g		Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					

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Step 1: Diet

Step 1: Diet			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
50		In a typical week, on how many days do you eat fruit?	Days 0-7		D1		Numeric	
			9 Missing					
51		How many servings of fruit do you eat on one of those days?	Number 1-15		D2		Numeric	
			77 Don't Know					
			88 Refused / NA					
			99 Missing					
52		In a typical week, on how many days do you eat vegetables?	Days 0-7		D3		Numeric	
			99 Missing					
53		How many servings of vegetables do you eat on one of those days?	Number 1-15		D4		Numeric	
			77 Don't Know					
			88 Refused / NA					
			99 Missing					

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Step 1: Physical Activity

Step 1: Physical Activity			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
Activity at work								
56		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> for at least 10 minutes continuously?	1 Yes		P1		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
57		In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7		P2		Numeric	
			9 Missing					
58		How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24		P3A			
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P3B			
			77 Don't Know					
			99 Missing					
59		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> for at least 10 minutes continuously?	1 Yes		P4		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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Step 1: Physical Activity, Continued

Step 1: Physical Activity			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	
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 and from places									
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

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Step 1: Physical Activity, Continued

Step 1: Physical Activity			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
64		How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b		Numeric	
			77 Don't Know					
99 Missing								
Recreational activities								
65		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> ,] for at least 10 minutes continuously?	1 Yes		P10		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
66		In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P11		Numeric	
			9 Missing					
67		How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24		P12a		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b		Numeric	
			77 Don't Know					
99 Missing								

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Step 1: Physical Activity, Continued

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

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Step 1: History of Raised Blood Pressure

Step 1: History of Raised Blood Pressure			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
72		Have you ever had your blood pressure measured by a health professional?	1 Yes		H1a		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
73		Have been told by a doctor or other health worker that you have raised blood pressure or hypertension?	1 Yes		H2a		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
74		<u>If Yes</u> Were you told in the last 12 months?	1 Yes		H2b		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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Step 1: History of Raised Blood Pressure, Continued

Step 1: History of Raised Blood Pressure			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		
75		Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?								
		Drugs (medication) that you have taken in the last 2 weeks	1 Yes		H3a		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Special prescribed diet	1 Yes		H3b		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Advice or treatment to lose weight	1 Yes		H3c		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Advice or treatment to stop smoking	1 Yes		H3d		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
9 Missing										

Continued on next page

Step 1: History of Raised Blood Pressure, Continued

Step 1: History of Raised Blood Pressure			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
75 cont.		Advice to start or do more exercise	1 Yes		H3e		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
76		During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension?	1 Yes		H4		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
77		Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes		H5		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

Step 1: History of Diabetes

Step 1: History of Diabetes			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
78		Have you ever had your blood sugar measured by a health professional?	1 Yes		H6a		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
79		Have you ever been told by a doctor or other health worker that you have diabetes?	1 Yes		H7a		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
80		<u>If yes.</u> Were you told in the last 12 months?	1 Yes		H7b		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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Step 1: History of Diabetes, Continued

Step 1: History of Diabetes			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	
81		Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?							
		Insulin	1 Yes			H8a		Numeric	
			2 No						
			7 Don't Know						
			8 Refused						
			9 Missing						
		Oral drug (medication) that you have taken in the last 2 weeks	1 Yes			H8b		Numeric	
			2 No						
			7 Don't Know						
			8 Refused						
			9 Missing						
		Special prescribed diet	1 Yes			H8c		Numeric	
			2 No						
			7 Don't Know						
			8 Refused						
			9 Missing						
		Advice or treatment to lose weight	1 Yes			H8d		Numeric	
			2 No						
			7 Don't Know						
			8 Refused						
9 Missing									

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Step 1: History of Diabetes, Continued

Step 1: Diabetes			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
81 cont.		Advice or treatment to stop smoking	1 Yes		H8e		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice to start or do more exercise	1 Yes		H8f		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
82		During the past 12 months have you seen a traditional healer for diabetes?	1 Yes		H9		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
83		Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes		H10		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

Step 1: History of Raised Cholesterol

Step 1: Raised Cholesterol			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
84		Have you ever had your cholesterol measured by a health professional?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L1a		Numeric	
85		Have you ever been told by a doctor or other health worker that you have raised cholesterol?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L2a		Numeric	
86		<u>If yes,</u> Were you told in the last 12 months?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L2b		Numeric	
87		Are you currently receiving any of the following for raised cholesterol prescribed by a doctor or other health worker?						
		Oral treatment (medication) taken in the last 2 weeks	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		L3a		Numeric	

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Step 1: History of Raised Cholesterol, Continued

Step 1: Raised Cholesterol			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
87 cont.		Special prescribed diet	1 Yes		L3b		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice or treatment to lose weight	1 Yes		L3c		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice or treatment to stop smoking	1 Yes		L3d		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Advice to start or do more exercise	1 Yes		L3e		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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Step 1: History of Raised Cholesterol, Continued

Step 1: Raised Cholesterol			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
88		During the past 12 months have you seen a traditional healer for raised cholesterol?	1 Yes		L4		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
89		Are you currently taking any herbal or traditional remedy for your raised cholesterol?	1 Yes		L5		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

Step 1: Family History

Step 1: Family History			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		
90		Have some of your family members been diagnosed with the following diseases?								
		Diabetes or blood sugar	1 Yes		F1a		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Raised Blood pressure	1 Yes		F1b		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Stroke	1 Yes		F1c		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
			9 Missing							
		Cancer or malignant tumor	1 Yes		F1d		Numeric			
			2 No							
			7 Don't Know							
			8 Refused							
9 Missing										

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Step 1: Family History, Continued

Step 1: Family History			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
90 cont.		Raised Cholesterol	1 Yes		F1e		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
		Early Myocardial Infarction	1 Yes		F1f		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

Step 2: Physical Measurements

Step 2: Physical 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
Height and weight								
91		Interviewer ID	1-900		M1		Numeric	
			999 Missing					
92		Device IDs for height and weight	Height	1-90		M2a	Numeric	
				99 Missing				
			Weight	1-90		M2b		
				99 Missing				
93		Height	100.0-270.0		M3		Numeric	
			888.8 Refused					
			999.9 Missing					
94		Weight	20.0-350.0		M4		Numeric	
			666.6 Too large for scale					
			888.8 Refused					
			999.9 Missing					
95		<i>(For women)</i> Are you pregnant?	1 Yes		M5		Numeric	
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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Step 2: Physical Measurements, Continued

Step 2: Physical 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
Waist								
96		Device ID for waist	1-90		M6		Numeric	
			99 Missing					
97		Waist circumference	30.0-200.0		M7		Numeric	
			888.8 Refused					
			999.9 Missing					
Blood pressure								
98		Interviewer ID	1-900		M8		Numeric	
			999 Missing					
99		Device ID for blood pressure	1-90		M9		Numeric	
			99 Missing					
100		Cuff size used	1 Small		M10		Numeric	
			2 Medium					
			3 Large					
			9 Missing					
101		Reading 1	Systolic	40.0-300		M11a	Numeric	
				888 Refused				
				999 Missing				
			Diastolic	30.0-200.0		M11b	Numeric	
				888 Refused				
				999 Missing				

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Step 2: Physical Measurements, Continued

Step 2: Physical 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				
102		Reading 2	Systolic	40.0-300.0		M12a		Numeric					
				888 Refused									
				999 Missing									
			Diastolic	30.0-200.0						M12b		Numeric	
				888 Refused									
				999 Missing									
103		Reading 3	Systolic	40.0-300.0		M13a		Numeric					
				888 Refused									
				999 Missing									
			Diastolic	30.0-200.0						M13b		Numeric	
				888 Refused									
				999 Missing									
104		During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	1 Yes			M14		Numeric					
			2 No										
			7 Don't Know										
			8 Refused										
			9 Missing										
Hip Circumference and Heart Rate													
105		Hip circumference	45.0-300.0			M15		Numeric					
			888.8 Refused										
			999.9 Missing										

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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		During the last 12 hours have you had anything to eat or drink, other than water?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing		B1		Numeric	
108		Technician ID	1-900 999 Missing		B2		Numeric	
109		Device ID	1-90 99 Missing		B3		Numeric	
110		Time of day blood specimen taken (24 hour clock)	Numeric hh:mm		B4		Numeric	
111		Blood glucose	1-50.00 99.99 Missing		B5		Numeric	
Blood Lipids								
112		Device ID	1-60 99 Missing		B6		Numeric	
113		Total cholesterol	1.75-20.00 99.99 Missing		B7		Numeric	
Triglycerides and HDL Cholesterol								
114		Triglycerides	0.25-50.0 99.99 Missing		B8		Numeric	
115		HDL Cholesterol	0.10-5.00 9.99 Missing		B9		Numeric	

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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 2 No		W1		Numeric	
117		Have you been shown how to examine your breast?	1 Yes 2 No		W2		Numeric	
118		When was the last time you had an examination of your breast?	1 1 year or less 2 Between 1 and 2 years 3 More than 2 years 4 Never 7 Do not remember		W3		Numeric	
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 2 Between 1 and 2 years 3 More than 2 years 4 Never 7 Do not remember		W4		Numeric	
120		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 2 No		W5		Numeric	
121		Have you heard about cervical cancer?	1 Yes 2 No		W6		Numeric	

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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?	1 1 year or less 2 Between 1 and 2 years 3 More than 2 years 4 Never 7 Do not remember		W7		Numeric	

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	