

# Pan American Version of STEPS

## Question-by-Question Guide



# STEPS Instrument

## Overview

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**Introduction** This is the generic STEPS Instrument template which sites/countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes)
- Response options for Step 1, Step 2 and Step 3

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**Core items** The Core items for each section ask questions required to calculate basic variables. For example:

- Current daily smokers
- Mean BMI

**Note:** All the core questions should be asked, removing core questions will impact the analysis.

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**Expanded Items** The Expanded items for each section ask more detailed information. These should be included in your instrument if you want to obtain more detailed information on a risk factor. Examples include:

- Use of smokeless tobacco
- History of raised blood pressure

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**Guide to the columns** The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Site Tailoring
Number	This question reference number is designed to help interviewers find their place if interrupted.	Renumber the instrument sequentially once the content has been finalized.
Question	Each question is to be read to the participants.	<ul style="list-style-type: none"><li>• Select sections to use.</li><li>• Add expanded and optional questions as desired.</li></ul>
Response	This column lists the available response options which the interviewer will be circling or filling in the text boxes. The skip instructions are shown on the right hand side of the responses and should be carefully followed during interviews.	<ul style="list-style-type: none"><li>• Add site specific responses for demographic responses (e.g. C5).</li><li>• Change skips question identifiers from code to question number.</li></ul>
Code	The column is designed to match data from the instrument into the data entry tool, data analysis syntax, data book, and fact sheet.	This should never be changed or removed. The code is used as a general identifier for the data entry and analysis.

**Note:** It is recommended that you use both the core and expanded questions.



## STEPS Q by Q Guide

### for Chronic Disease Risk Factor Surveillance

<Insert country / site name>

### Survey Information

Location and Date		Response	Code
1	District code <i>Record District code from list provided</i>	<input type="text"/>	I1
2	Center/Village name <i>Insert Centre or Village Name as appropriate</i>		I2
3	Center/Village code <i>Record Centre or Village code from list provided</i>	<input type="text"/>	I3
4	Interviewer Identification <i>Record interviewer's identification</i>	<input type="text"/>	I4
5	Date of completion of the instrument <i>Record date when instrument actually completed</i>	<input type="text"/> <input type="text"/> <input type="text"/> dd    mm    year	I5

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For further guidance on obtaining Consent, see Part 4, Section 1, Page 4-1-11.

		Participant Id Number <input type="text"/>	
Consent, Interview Language and Name		Response	Code
6	Consent has been read out to participant. <i>Circle relevant response</i>	Yes 1 No 2 <b>If NO, read Consent</b>	I6
7	Consent has been obtained (verbal or written) <i>Circle relevant response</i>	Yes 1 No 2 <b>If NO, END</b>	I7
8	Interview Language [Insert Language] <i>Circle relevant response</i>	English 1 [Add others] 2 [Add others] 3 [Add others] 4	I8
9	Time of interview (24 hour clock) <i>Record time interview started</i>	<input type="text"/> : <input type="text"/> hours    minutes	I9
10	Last name <i>Write family name (reassure the participant on the confidentiality nature of this information and is only needed for follow up)</i>		I10
11	First name <i>Write first name of respondent</i>		I11
<b>Additional Information that may be helpful</b>			
12	Contact phone number where possible <i>Record phone number</i>		I12
13	Specify whose phone <i>Circle relevant response</i>	Work 1 Home 2 Neighbour 3 Other 4	I13
14	Address <i>Write the complete address</i>		I14

*Record and file identification information (I6 to I13) separately from the completed questionnaire.*

## Step 1 Demographic information

For further guidance on completing demographic information, see Part 3, Section 3, Page 3-3-1

CORE: Demographic information			
Question	Response		Code
15	Sex ((Record Male/Female as observed)) Circle Male/Female as observed	Male 1 Female 2	C1
16	What is your date of birth? Record date of birth of participant Do not know 77 777 7777	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	C2
17	How old are you? Help participant estimate their age by interviewing them about their recollection of widely known major events.	Years <input type="text"/> <input type="text"/>	C3
18	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Record total number of years of education (excluding pre-school and kindergarten)	Years <input type="text"/> <input type="text"/>	C4
EXPANDED: Demographic Information			
Question	Response		Code
19	What is your [insert relevant ethnic group / racial group / cultural subgroup / others] background? Circle the relevant ethnic/cultural group the participant belongs to	[Locally defined] 1 [Locally defined] 2 [Locally defined] 3 Refused 8	C5
20	What is your marital status? Circle the relevant marital status	Single 1 Married 2 Living together 3 Widow/Widower 4 Separated / Divorced 5	C5a
21	What is the highest level of education you have completed? If a person attended a few months of the first year of secondary school but did not complete the year, record "primary school completed". If a person only attended a few years of primary school or never went to school, record "less than primary school". Circle appropriate response [INSERT COUNTRY-SPECIFIC CATEGORIES]	No formal education 1 Primary school incomplete 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/university completed 6 Post graduate degree 7 Refused 8	C6
22	Can you read and write? Circle appropriate response.	Yes 1 No 2	C6a
23	Which of the following best describes your <u>main</u> work status over the last 12 months?  The purpose of this question is to help answer other questions such as whether or not health status contributes to unemployment, or whether people in different kinds of occupations may be confronted with different risk factors. Circle appropriate response. [INSERT COUNTRY-SPECIFIC CATEGORIES] (USE SHOWCARD)	Government employee 1 Non-government employee 2 Self-employed 3 Non paid 4 Student 5 Home maker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C7
24	How many people older than 18 years, including yourself, live in your household? Record the total number of people living in the household who are 18 years or older.	Number of people <input type="text"/> <input type="text"/>	C8



## Step 1 Behavioral measurements

For further guidance on completing Behavioural Measures, see Part 3, Section 3, Page 3-3-1

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
27	Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes? <i>Think of any tobacco products the participant is smoking currently.</i>	Yes 1 No 2 <i>If No, go to T6</i>	T1
28	<b>If Yes,</b> Do you currently smoke tobacco products daily? <i>This question is only for current smokers/users of tobacco products.</i>	Yes 1 No 2 <i>If No, go to T6</i>	T2
29	How old were you when you <b>first started</b> smoking daily? <i>For daily smokers/users of tobacco products only. Think of the time the participant started to smoke any tobacco products daily.</i>	Age (years) <input type="text"/> Don't remember 777 <i>If known, go to T5a</i>	T3
30	Do you remember how long ago it was? <i>This question is for daily smokers/users of tobacco products only. If the participant doesn't remember his/her age, then record the time in weeks, months or years as appropriate. (RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't remember 777</i>	In Years <input type="text"/> <i>If known go to T5a</i>	T4a
		Or in months <input type="text"/> <i>If known go to T5a</i>	T4b
		Or in weeks <input type="text"/>	T4c
31	On average, <b>how many</b> of the following do you smoke each day? Specify zero if no products were used in each category instead of leaving categories blank.  <i>(RECORD FOR EACH TYPE)</i>  <i>Don't remember 777</i>	Manufactured cigarettes <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/>	T5c
		Cigars, cheroots, cigarillos <input type="text"/>	T5d
		Other <input type="text"/> <i>If other go to T5</i>	T5e
		Other (please specify): <input type="text"/>	T5other
EXPANDED: Tobacco use			
Question	Response		Code
32	In the past, did you ever smoke daily? <i>Think of the time when the participant may have been smoking tobacco products on a daily basis.</i>	yes 1 No 2 <i>If No, go to T9</i>	T6
33	<b>If Yes,</b> How old were you when stopped smoking daily? <i>Think of the time when the participant stopped smoking any tobacco products on a daily basis.</i>	Age (years) <input type="text"/> <i>If known go to T9</i> Don't remember 777	T7
34	How <b>long ago</b> did you stop smoking daily? <i>If the participant doesn't remember his/her age, then record the time duration in weeks, months or years as appropriate. (RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't remember 777</i>	Years ago <input type="text"/> <i>If known go to T9</i>	T8a
		Or Months ago <input type="text"/> <i>If known go to T9</i>	T8b
		Or Weeks before <input type="text"/>	T8c
35	Do you <b>currently use</b> any <b>smokeless tobacco</b> such as [snuff, chewing tobacco, betel]? <i>Think of any smokeless tobacco products the participant is using currently</i>	Yes 1 No 2 <i>If no, go to T12</i>	T9
36	<b>If Yes,</b> Do you currently use smokeless tobacco products daily? <i>For daily users of smokeless tobacco products only.</i>	Yes 1 No 2 <i>If no, go to T12</i>	T10

EXPANDED: Tobacco use, contd.			
37	On average, how many <b>times a day</b> you use...  <i>Record for each type of smokeless tobacco products</i>  <i>(RECORD FOR EACH TYPE)</i>  Don't know 777	Snuff, by mouth   <input type="text"/>	T11a
		Snuff, by nose   <input type="text"/>	T11b
		Chewing tobacco <input type="text"/>	T11c
		Betel, quid <input type="text"/>	T11d
		Other <input type="text"/> <i>If yes, go to T11other</i>	T11e
		Other (please specify) <input type="text"/>	T11other
38	In the past, did you <b>ever use</b> smokeless tobacco such as [snuff, chewing tobacco, or betel] <b>daily</b> ? <i>Think of the time when the participant may have been using smokeless tobacco products on a daily basis.</i>	Yes No	1 2 T12
39	In the last 7 days, how many days did someone in the house smoke when you were present? <i>Circle appropriate response.</i>	0 day 1 - 2 days 3 - 4 days 5 - 6 days 7 days	1 2 3 4 5 T13
40	During the last 7 days, how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present? <i>Circle appropriate response.</i>	0 day 1 - 2 days 3 - 4 days 5 - 6 days 7 days You do not work in a closed area Don't know	1 2 3 4 5 6 7 T14

CORE: Alcohol consumption			
The next questions ask about the consumption of alcohol.			
Questions	Response	Code	
41	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the <b>past 12 months</b> ? <i>Think of any drinks that contains alcohol</i> <i>(USE SHOW CARDS OR SHOW EXAMPLES)</i>	Yes 1 No 2 <i>If No go to D1</i>	A1
42	In the past 12 months, <b>how frequently</b> have you had at least one drink? <i>(READ RESPONSES SHOW CARDS)</i> <i>Think of the past year only</i>	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
43	When you drink alcohol, <b>on average</b> , how many drinks do you have during one day? <i>(READ RESPONSES SHOW CARDS)</i> <i>Help the respondent by averaging out the total number of drinks</i>	Number <input type="text"/> Don't Know 77	A3
44	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the <b>past 30 days</b> ? <i>Think of the past 30 days only</i> <i>(USE SHOW CARDS OR SHOW EXAMPLES)</i>	Yes 1 No 2 <i>If no go to A6</i>	A4
45	During each of the <b>past 7 days</b> , how many standard drinks of any alcoholic drink did you have each day? <i>Think of the past week, only.</i> <i>A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits.</i> <i>Depending on the country, these amounts will vary between 8 and 13 grams of ethanol.</i> <i>Record for each day the number of standard drinks. If no drinks records 00.</i> <i>(RECORD FOR EACH DAY)</i>	Monday <input type="text"/>	A5a
		Tuesday <input type="text"/>	A5b
		Wednesday <input type="text"/>	A5c
		Thursday <input type="text"/>	A5d
		Friday <input type="text"/>	A5e
		Saturday <input type="text"/>	A5f
		Sunday <input type="text"/>	A5g
EXPANDED: Alcohol consumption			
Questions	Response	Code	
46	In the past 12 months, what was the <b>largest number</b> of drinks you had on a single occasion, counting all types of standard drinks together? <i>Think of the past year only.</i>	Largest Number <input type="text"/>	A6
47	<b>For men only:</b> In the past 12 months, on how many days did you have five or more standard drinks in a single day? <i>To be asked to men only and think of the past year only</i>	Number of Days <input type="text"/>	A7
48	<b>For women only:</b> In the past 12 months, on how many days did you have four or more standard drinks in a single day? <i>To be asked to women only and think of the past year only.</i>	Number of Days <input type="text"/>	A8
49	In the last 30 days, how many days on an average did you consume alcoholic beverages? <i>Circle appropriate response.</i>	Days <input type="text"/> Don't remember/Not sure 77 Don't want to respond 99	A9

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.		
Questions	Response	Code
50 In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD) <i>Think of any fruit on the show card. "Typical week" means a week when a person is eating fruit and not an average over a period.</i>	Number of days Do not know 77 <input type="text"/> <i>If none go to D3</i>	D1
51 How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD) <i>Think of one day the participant can recall easily.</i>	Number of servings <input type="text"/> Do not know 77	D2
52 In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD) <i>Think of any vegetable on the show card. Typical week means a week when a person is eating fruit and not an average over a period.</i>	Number of days <input type="text"/> <i>If none go to D5</i> Do not know 77	D3
53 How many <b>servings</b> of vegetables do you eat on one of those days? <i>Think of one day the participant can recall easily</i> (USE SHOWCARD)	Number of servings <input type="text"/> Do not know 77	D4
EXPANDED: Diet		
54 What type of <b>oil or fat is most often</b> used for meal preparation in your household?  <i>Circle the appropriate response</i>  (USE SHOWCARD SELECT ONLY ONE)	Vegetable oil 1 Lard or suet 2 Butter 3 Margarine 4 Other 5 <i>If other, go to D5 other</i> None in particular 6 None used 7 Do not know 77	D5
	Other <input type="text"/>	D5other
55 In a typical week how many meals do you eat outside the house?	Number <input type="text"/> Do not know 77	D6

**CORE: Physical Activity**

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

The respondent will have to 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. *[Insert other examples if needed]*. 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.

Questions	Response	Code
<b>Activity at work</b>		
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?  Activities are regarded as vigorous intensity if they cause a large increase in breathing and/or heart rate. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 4</i>  P1
57	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?  "Typical week" means a week when a person is doing vigorous intensity activities and not an average over a period Valid responses range from 1-7.	Number of days <input type="text"/>
58	How much time do you spend doing vigorous-intensity activities at work on a typical day?  Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins P3 (a-b)
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?  Activities are regarded as moderate intensity if they cause a small increase in breathing and/or heart rate. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P7</i>  P4
60	In a typical week, on how many days do you do moderate-intensity activities as part of your work?  Valid responses range from 1-7	Number of days <input type="text"/>
61	How much time do you spend doing moderate-intensity activities at work on a typical day?  Think of one you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins P6 (a-b)

**Travel to and from places**

The next questions exclude the physical activities at work that you have already mentioned.

Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. *[insert other examples if needed]*

The introductory statement to the following questions on transport-related physical activity is ver important. Is asks and helps the participant to now think about how they travel around getting from place-to-place. This statement **should not be omitted**.

62	Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?  Circle the appropriate response	Yes 1  No 2 <i>If No, go to P 10</i>  P7
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?  Valid responses range from 1-7	Number of days <input type="text"/>
64	How much time do you spend walking or bicycling for travel on a typical day?  Think of one day you can recall easily. Consider the total amount of time walking or bicycling fro trips of 10 minutes or more. Probe very high responses (over 4 hrs) to verify).	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), *[insert relevant terms]*.

This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time. It includes sports and exercise but is not limited to participation competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned.

65	<p>Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [running or football, ] for at least 10 minutes continuously?  <i>[[INSERT EXAMPLES] (USE SHOWCARD)</i>  <b>Activities are regarded as vigorous intensity if they cause a large increase in breathing and/or heart rate.</b></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 13</i></p>	P10
66	<p>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?  <b>Valid responses range from 1-7.</b></p>	<p>Number of days <input type="text"/></p>	P11
67	<p>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?  <b>Think of one day you can recall easily. Consider the total amount of time doing vigorous recreational activities for periods of 10 minutes or more. Probe very high responses (over4 hrs)</b></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/>          hrs mins</p>	P12 (a-b)

CORE: Physical Activity (Recreational activities) continued.			
Questions	Response	Code	
68	<p>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, (cycling, swimming, volleyball) for at least 10 minutes continuously?</p> <p>Activities are regarded moderate intensity if they cause a small increase in breathing and/or heart rate.</p> <p>[[INSERT EXAMPLES] (USE SHOWCARD)</p>	<p>Yes 1</p> <p>No 2 If No, go to P 16</p>	P13
69	<p>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p>Valid responses range from 1-7</p>	<p>Number of days <input type="text"/></p>	P14
70	<p>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?</p> <p>Think of one day you can recall easily. Consider the total amount of time doing moderate recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs)</p>	<p>Hours : minutes</p> <p><input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P15 (a-b)
<b>Sedentary behaviour</b>			
<p>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, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.</p> <p>[[INSERT EXAMPLES] (USE SHOWCARD)</p>			
71	<p>How much time do you usually spend sitting or reclining on a typical day?</p> <p>Consider total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting tc. Do not include time spent sleeping.</p>	<p>Hours : minutes</p> <p><input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P16 (a-b)

<b>EXPANDED: History of raised Blood Pressure</b>				
<b>Questions</b>		<b>Response</b>		<b>Code</b>
72	Have you ever had your blood pressure measured by a health professional? <i>Circle appropriate response.</i>	Yes	1	H1a
		No	2	
73	Have you been told by a doctor or other health worker that you have raised blood pressure or hypertension? <i>Circle appropriate response.</i>	Yes	1	H2a
		No	2	
74	<b>If yes</b> Were you told in the last 12 months? <i>Circle appropriate response.</i>	Yes	1	H2b
		No	2	
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 <i>Circle appropriate response.</i>	Yes	1	H3a
		No	2	
	Special prescribed diet <i>Circle appropriate response.</i>	Yes	1	H3b
		No	2	
	Advice or treatment to lose weight <i>Circle appropriate response.</i>	Yes	1	H3c
		No	2	
	Advice or treatment to stop smoking <i>Circle appropriate response.</i>	Yes	1	H3d
		No	2	
	Advice to start or do more exercise <i>Circle appropriate response.</i>	Yes	1	H3e
		No	2	
76	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension? <i>Circle appropriate response.</i>	Yes	1	H4
		No	2	
77	Are you currently taking any herbal or traditional remedy for your raised blood pressure? <i>Circle appropriate response.</i>	Yes	1	H5
		No	2	

<b>EXPANDED: History of Diabetes</b>				
<b>Questions</b>		<b>Response</b>		<b>Code</b>
78	Have you ever had your blood sugar measured by a health professional? <i>Circle appropriate response.</i>	Yes	1	H6a
		No	2	
79	Have you ever been told by a doctor or other health worker that you have diabetes? <i>Circle appropriate response.</i>	Yes	1	H7a
		No	2	
80	<b>If yes</b> Were you told in the last 12 months? <i>Circle appropriate response.</i>	Yes	1	H7b
		No	2	
81	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
	Insulin <i>Circle appropriate response.</i>	Yes	1	H8a
		No	2	
	Oral drug (medication) that you have taken in the last 2 weeks <i>Circle appropriate response.</i>	Yes	1	H8b
		No	2	
	Special prescribed diet <i>Circle appropriate response.</i>	Yes	1	H8c
		No	2	
	Advice or treatment to lose weight <i>Circle appropriate response.</i>	Yes	1	H8d
		No	2	
	Advice or treatment to stop smoking <i>Circle appropriate response.</i>	Yes	1	H8e
		No	2	
	Advice to start or do more exercise <i>Circle appropriate response.</i>	Yes	1	H8f
		No	2	
82	During the past 12 months have you seen a traditional healer for diabetes? <i>Circle appropriate response.</i>	Yes	1	H9
		No	2	
83	Are you currently taking any herbal or traditional remedy for your diabetes? <i>Circle appropriate response.</i>	Yes	1	H10
		No	2	

<b>EXPANDED: History of raised total cholesterol</b>				
<b>Questions</b>		<b>Response</b>		<b>Code</b>
84	Have you ever had your cholesterol measured by a health professional? <i>Circle appropriate response.</i>	Yes	1	L1a
		No	2	
85	Have you ever been told by a doctor or other health worker that you have raised cholesterol? <i>Circle appropriate response.</i>	Yes	1	L2a
		No	2	
86	<b>If yes</b> Were you told in the last 12 months? <i>Circle appropriate response.</i>	Yes	1	L2b
		No	2	
87	Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?			
	Oral treatment (medication) taken in the last 2 weeks <i>Circle appropriate response.</i>	Yes	1	L3a
		No	2	
	Special prescribed diet <i>Circle appropriate response.</i>	Yes	1	L3b
		No	2	
	Advice or treatment to lose weight <i>Circle appropriate response.</i>	Yes	1	L3c
		No	2	
	Advice or treatment to stop smoking <i>Circle appropriate response.</i>	Yes	1	L3d
		No	2	
	Advice to start or do more exercise <i>Circle appropriate response.</i>	Yes	1	L3e
		No	2	
88	During the past 12 months have you seen a traditional healer for raised cholesterol? <i>Circle appropriate response.</i>	Yes	1	L4
		No	2	
89	Are you currently taking any herbal or traditional remedy for your raised cholesterol? <i>Circle appropriate response.</i>	Yes	1	L5
		No	2	

<b>EXPANDED: Family history</b>				
<b>Questions</b>		<b>Response</b>		<b>Code</b>
90	Have some of your family members been diagnosed with the following diseases?			
	Diabetes or blood sugar <i>Circle appropriate response.</i>	Yes 1 No 2		F1a
	Raised Blood pressure <i>Circle appropriate response.</i>	Yes 1 No 2		F1b
	Stroke <i>Circle appropriate response.</i>	Yes 1 No 2		F1c
	Cancer or malignant tumor <i>Circle appropriate response.</i>	Yes 1 No 2		F1d
	Raised Cholesterol <i>Circle appropriate response.</i>	Yes 1 No 2		F1e
	Early Myocardial Infarction <i>Circle appropriate response.</i>	Yes 1 No 2		F1f

## Step 2 Physical Measurements

**For guidance on taking & completing physical measurements, see Part 3, Section 4, Page 3-4-1**

CORE: Height and Weight		Response	Code
91	Interviewer ID Record interviewer ID (for height, weight and waist circumference)	<input type="text"/>	M1
92	Device IDs for height and weight Record device IDS	Height <input type="text"/>	M2a
		Weight <input type="text"/>	M2b
93	Height Record participant's weight in Kg	In Centimeters (cm) <input type="text"/>	M3
94	Weight Record participant's weight in kg If too large for scale, code 666.6	In Kilograms (kg) <input type="text"/>	M4
95	(For women) Are you pregnant? If yes, skip to MB	Yes 1 If Yes, go to M8 No 2	M5
CORE: Waist			
96	Device ID for waist Record device IDs	<input type="text"/>	M6
97	Waist circumference Record participant's waist in centimeters	In centimeters (cm) <input type="text"/>	M7
CORE: Blood pressure			
98	Interviewer ID Record interviewer's ID (in most cases technician would be the same as for height, weight, & waist circumference)	<input type="text"/>	M8
99	Device ID for blood pressure Record device IDS	<input type="text"/>	M9
100	Cuff size used Circle size used	Small 1 Medium 2 Large 3	M10
101	Reading 1  Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.	Systolic (mmHg) <input type="text"/>	M11a
		Diastolic (mmHg) <input type="text"/>	M11b
102	Reading 2  Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.	Sistólica ( mmHg) <input type="text"/>	M12a
		Diastólica (mmHg) <input type="text"/>	M12b
103	Reading 3  Record third measurement	Systolic (mmHg) <input type="text"/>	M13a
		Diastolic (mmHg) <input type="text"/>	M13b
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? Circle appropriate response	Yes 1 No 2	M14
EXPANDED: Hip circumference and Heart rate			
105	Hip circumference Record participant's circumference in cm	In centimeters (cm) <input type="text"/>	M15
106	Heart Rate (Record if automatic blood pressure device is used)		
	Reading 1 Record first measurement	Beat per minute	<input type="text"/>
	Reading 2 Record second measurement	Beat per minute	<input type="text"/>
	Reading 3 Record third measurement	Beat per minute	<input type="text"/>

## Step 3 Biochemical measurements

**For guidance on taking & completing physical measurements, see Part 3, Section 5, Page 3-5-1**

<b>CORE: Blood glucose</b>		<b>Response</b>	<b>Code</b>
107	During the last 12 hours have you had anything to eat or drink, other than water? <i>It is essential that the participant has fasted</i>	Yes 1 No 2	B1
108	Technician ID <i>Record technician ID</i>	<input type="text"/>	B2
109	Device ID <i>Record device ID</i>	<input type="text"/>	B3
110	Time of day blood specimen taken (24 hour clock) <i>Record time</i>	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
111	Fasting Blood glucose <i>Record measurement</i>	mmol/l <input type="text"/> . <input type="text"/>	B5

<b>CORE: Blood lipids</b>			
112	Device ID <i>Record device ID</i>	<input type="text"/>	B6
113	Total cholesterol <i>Record measurement</i>	mmol/l <input type="text"/> . <input type="text"/>	B7

<b>EXPANDED: Triglycerides, HDL Cholesterol and Glucose</b>			
114	Triglycerides <i>Record measurement</i>	mmol/l <input type="text"/> . <input type="text"/>	B8
115	HDL Cholesterol <i>Record measurement</i>	mmol/l <input type="text"/> . <input type="text"/>	B9
116	Oral Glucose Tolerance <i>Record measurement</i>	mmol/l <input type="text"/> . <input type="text"/>	B10



**Step 1** | **Optional modules**

<b>Section: Women Health</b>		<b>Response</b>	<b>Code</b>
117	Have you heard about breast cancer?	Yes 1 No 2	W1
118	Have you been shown how to examine your breasts?	Yes 1 No 2	W2
119	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 Do not remember 7	W3
120	A mammogram is an x-ray of each breast to check for the possibility of a breast cancer. 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 Do not remember 7	W4
121	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?	Yes 1 No 2	W5
122	Have you heard about cervical cancer?	Yes 1 No 2	W6
123	Pap test or a cytological test is an exam to detect cervical cancer. When was the last time you had a Pap test?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Do not remember 7	W7

<b>Cancer screening</b>		<b>Response</b>	<b>Code</b>
124	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?	Yes 1 No 2	R1
125	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?	Yes 1 No 2	R2
126	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?	Yes 1 No 2	R3