

# **Pan American STEPS Question-by-Question Guide**

**(Core and Expanded)**



**The WHO STEPwise approach to chronic  
disease risk factor surveillance (STEPS)**

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For further information: [www.who.int/chp/steps](http://www.who.int/chp/steps)

# Pan American STEPS Question-by-Question (Q-by-Q) Guide

## Overview

**Introduction** The Question-by-Question Guide presents the STEPS Instrument with a brief explanation for each of the questions.

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**Purpose** The purpose of the Question-by-Question Guide is to provide background information to the interviewers and supervisors as to what is intended by each question.

Interviewers can use this information when participants request clarification about specific questions or they do not know the answer.

Interviewers and supervisors should refrain from offering their own interpretations.

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

| 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 | The question text to be read to the participants followed by question instructions.   | <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. C6).</li><li>• Change skip 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.  |



# Pan American STEPS Q-by-Q Guide for Chronic Disease Risk Factor Surveillance <insert country/site name>

## Survey Information

| Location and Date |   | Response                                       | Code |
|-------------------|---|--|------|
| 1                 | Cluster/Centre/Village ID<br><i>Record Cluster, Centre or Village ID from list provided</i>   | _____  | I1   |
| 2                 | Cluster/Centre/Village name<br><i>Insert Cluster, Centre or Village name as appropriate</i>   |  | I2   |
| 3                 | Interviewer ID<br><i>Record interviewer's identification</i>                                  | _____  | I3   |
| 4                 | Date of completion of the instrument<br><i>Record date when instrument actually completed</i> | ____ ____ ____<br>dd          mm          year | I4   |

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

| Consent, Interview Language and Name       |   | Response  | Code |
|--|---|---|------|
| Participant Id Number _____                |   |   |      |
| 5  | Consent has been read and obtained<br><i>Circle relevant response.</i>  | Yes 1<br>No 2 <b>IF NO, END</b>                                 | I5   |
| 6  | Interview Language [Insert Language]<br><i>Circle relevant response.</i>  | English 1<br>[Add others] 2<br>[Add others] 3<br>[Add others] 4 | I6   |
| 7  | Time of interview (24 hour clock)<br><i>Record time interview started.</i>  | ____ : ____<br>hrs          mins                                | I7   |
| 8  | Family Surname<br><i>Write family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i> |   | I8   |
| 9  | First Name<br><i>Write first name of respondent.</i>  |   | I9   |
| Additional Information that may be helpful |   |   |      |
| 10   | Contact phone number where possible<br><i>Record phone number.</i>  |   | I10  |

*Record and file identification information (I5 to I10) separately from the completed questionnaire.*

## Step 1 Demographic Information

*For further guidance on completing demographic information, see Part 3, Section 2.*

| CORE: Demographic Information |  |  |      |
|-------------------------------|--|--|------|
| Question                      |  | Response   | Code |
| 11                            | Sex ( <i>Record Male / Female as observed</i> )<br><i>Circle Male / Female as observed.</i>  | Male 1<br>Female 2   | C1   |
| 12                            | What is your date of birth?<br><i>Don't Know 77 77 7777</i><br><i>Record date of birth of participant.</i>   | _ _ _ _   _ _ _ _   _ _ _ _ _  <i>If known, Go to C4</i><br>dd mm year | C2   |
| 13                            | How old are you?<br><i>Help participant estimate their age by interviewing them about their recollection of widely known major events.</i>   | Years  _ _ _   | C3   |
| 14                            | In total, how many years have you spent at school or in full-time study (excluding pre-school)?<br><i>Record total number of years of education (excluding pre-school and kindergarten).</i> | Years  _ _ _   | C4   |

| EXPANDED: Demographic Information |  |                                |    |
|-----------------------------------|--|--------------------------------|----|
| 15                                | What is the <b>highest level of education</b> you have completed?<br><i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i><br><i>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, record "less than primary school".</i><br><i>Circle appropriate response.</i>  | No formal schooling 1          | C5 |
|                                   |  | Less than primary school 2     |    |
|                                   |  | Primary school completed 3     |    |
|                                   |  | Secondary school completed 4   |    |
|                                   |  | High school completed 5        |    |
|                                   |  | College/University completed 6 |    |
|                                   |  | Post graduate degree 7         |    |
| 16                                | What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> <b>background</b> ?<br><i>Circle the relevant ethnic/cultural group to which the participant belongs.</i>   | <i>[Locally defined]</i> 1     | C6 |
|                                   |  | <i>[Locally defined]</i> 2     |    |
|                                   |  | <i>[Locally defined]</i> 3     |    |
|                                   |  | Refused 88                     |    |
| 17                                | What is your <b>marital status</b> ?<br><i>Circle the appropriate response.</i>  | Never married 1                | C7 |
|                                   |  | Currently married 2            |    |
|                                   |  | Separated 3                    |    |
|                                   |  | Divorced 4                     |    |
|                                   |  | Widowed 5                      |    |
|                                   |  | Cohabiting 6                   |    |
| 18                                | Which of the following best describes your <b>main work status</b> over the past 12 months?<br><i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i><br><i>(USE SHOWCARD)</i><br><i>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.</i><br><i>Circle appropriate response.</i> | Government employee 1          | C8 |
|                                   |  | Non-government employee 2      |    |
|                                   |  | Self-employed 3                |    |
|                                   |  | Non-paid 4                     |    |
|                                   |  | Student 5                      |    |
|                                   |  | Homemaker 6                    |    |
|                                   |  | Retired 7                      |    |
|                                   |  | Unemployed (able to work) 8    |    |
|                                   |  | Unemployed (unable to work) 9  |    |
|                                   |  | Refused 88                     |    |
| 19                                | How many people older than 18 years, including yourself, live in your household?<br><i>Record the total number of people living in the household who are 18 years or older.</i>  | Number of people  _ _ _        | C9 |



| EXPANDED: Tobacco Use |  |   |   |          |
|-----------------------|--|---|---|----------|
| Question              |  | Response                                  |   | Code     |
| 27                    | In the past, did you <b>ever</b> smoke <b>daily</b> ?<br><i>Ask the participant to think of the time when he/she may have been smoking tobacco products on a daily basis.</i>  | Yes                                       | 1   | T6       |
|                       |  | No  | 2 <i>If No, go to T9</i>                                |          |
| 28                    | How old were you when you <b>stopped</b> smoking <b>daily</b> ?<br><i>Ask the participant to think of the time when he/she stopped smoking tobacco products on a daily basis.</i>  | Age (years)                               | _ _ _  <i>If Known, go to T9</i>                        | T7       |
|                       |  | Don't Know                                | 77  |          |
| 29                    | Do you remember how long ago it was?<br>(RECORD ONLY 1, NOT ALL 3)<br><br><i>Don't know 77</i><br><i>If the participant doesn't remember his/her age when they started smoking, then record the time in weeks, months or years as appropriate.</i>   | In Years                                  | _ _ _  <i>If Known, go to T9</i>                        | T8a      |
|                       |  | OR in Months                              | _ _ _  <i>If Known, go to T9</i>                        | T8b      |
|                       |  | OR in Weeks                               | _ _ _   | T8c      |
| 30                    | Do you <b>currently</b> use any <b>smokeless tobacco</b> such as [snuff, chewing tobacco, betel]?<br>(USE SHOWCARD)<br><i>Ask the participant to think of any smokeless tobacco products the he/she is using currently.</i>  | Yes                                       | 1   | T9       |
|                       |  | No  | 2 <i>If No, go to T12</i>                               |          |
| 31                    | Do you <b>currently</b> use <b>smokeless tobacco</b> products <b>daily</b> ?<br><i>For current users of smokeless tobacco products only.</i>   | Yes                                       | 1   | T10      |
|                       |  | No  | 2 <i>If No, go to T12</i>                               |          |
| 32                    | On average, how many <b>times a day</b> do you use ....<br>(RECORD FOR EACH TYPE, USE SHOWCARD)<br><br><i>Don't Know 77</i><br><br><i>For daily users of smokeless tobacco products only. Record for each type of smokeless tobacco products. Record zero if no products were used in each category instead of leaving categories blank. Then go to T13. Daily users of smokeless tobacco don't have to answer the question on past use T12.</i> | Snuff, by mouth                           | _ _ _   | T11a     |
|                       |  | Snuff, by nose                            | _ _ _   | T11b     |
|                       |  | Chewing tobacco                           | _ _ _   | T11c     |
|                       |  | Betel, quid                               | _ _ _   | T11d     |
|                       |  | Other                                     | _ _ _  <i>If Other, go to T14 other, else go to T13</i> | T11e     |
|                       |  | Other (specify)                           | _ _ _ _ _ _ _  <i>Go to T13</i>                         | T11other |
| 33                    | In the past, did you <b>ever</b> use smokeless tobacco such as [snuff, chewing tobacco, or betel] <b>daily</b> ?<br><i>Ask the participant to think of the time when he/she may have been using smokeless tobacco products on a daily basis.</i>   | Yes                                       | 1   | T12      |
|                       |  | No  | 2   |          |
| 34                    | During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?<br><i>Record the number of days.</i>   | Number of days                            |   | T13      |
|                       |  | Don't know                                | 77  _ _ _   |          |
| 35                    | During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?<br><i>Record the number of days. For those not working in a closed area, record 77.</i>  | Number of days                            |   | T14      |
|                       |  | Don't know or don't work in a closed area | 77  _ _ _   |          |

| CORE: Alcohol Consumption                                |  |   |      |
|--|--|---|------|
| The next questions ask about the consumption of alcohol. |  |   |      |
| Question   |  | Response  | Code |
| 36   | Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ?<br>(USE SHOWCARD OR SHOW EXAMPLES)<br><i>Think of any drinks that contain alcohol.</i>  | Yes 1<br>No 2 <i>If No, go to D1</i>  | A1a  |
| 37   | Have you consumed an alcoholic drink within the <b>past 12 months</b> ?<br><i>Think of any drinks that contain alcohol.</i>  | Yes 1<br>No 2 <i>If No, go to D1</i>  | A1b  |
| 38   | During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink?<br>(READ RESPONSES, USE SHOWCARD)<br><i>Think of the past year only.</i>   | Daily 1<br>5-6 days per week 2<br>1-4 days per week 3<br>1-3 days per month 4<br>Less than once a month 5 | A2   |
| 39   | Have you consumed an alcoholic drink within the <b>past 30 days</b> ?<br><i>Circle the appropriate response.</i>   | Yes 1<br>No 2 <i>If No, go to D1</i>  | A3   |
| 40   | During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?<br><i>Think of the past 30 days only. Record the number of occasions. Note that there can be more than one occasion in which alcohol is consumed in a given day.</i>  | Number<br>Don't know 77<br><input type="text"/>   | A4   |
| 41   | During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion?<br>(USE SHOWCARD)<br><i>Help the respondent by averaging out the total number of drinks.</i>   | Number<br>Don't know 77<br><input type="text"/>   | A5   |
| 42   | During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?<br><i>Think of the past 30 days only.</i>  | Largest number<br>Don't Know 77<br><input type="text"/>   | A6   |
| 43   | During the past 30 days, how many times did you have for <b>men: five or more</b><br>for <b>women: four or more</b><br>standard alcoholic drinks in a single drinking occasion?<br><i>Think of the past 30 days only. Be sure to read the correct number of times: 5 or more for <u>MEN</u>, 4 or more for <u>WOMEN</u>.</i> | Number of times<br>Don't Know 77<br><input type="text"/>  | A7   |

| EXPANDED: Alcohol Consumption |  |  |   |     |   |   |   |    |
|-------------------------------|--|--|---|-----|---|---|---|----|
| 44                            | <p>During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.</p> <p><i>Think of the past 30 days only.</i></p>   | <p>Usually with meals</p> <p>Sometimes with meals</p> <p>Rarely with meals</p> <p>Never with meals</p> | <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table> | 1   | 2 | 3 | 4 | A8 |
| 1                             |  |  |   |     |   |   |   |    |
| 2                             |  |  |   |     |   |   |   |    |
| 3                             |  |  |   |     |   |   |   |    |
| 4                             |  |  |   |     |   |   |   |    |
| 45                            | <p>During each of the <b>past 7 days</b>, how many standard drinks of any alcoholic drink did you have each day? (USE SHOWCARD)</p> <p><i>Don't know 77</i></p> <p><i>Think of the past week only.</i></p> <p><i>A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits.</i></p> <p><i>Depending on the country, these amounts will vary between 8 and 13 grams of ethanol. See showcard.</i></p> <p><i>Record for each day the number of standard drinks. If no drinks record 0.</i></p> | Monday   | <input type="text"/>  | A9a |   |   |   |    |
|                               |  | Tuesday  | <input type="text"/>  | A9b |   |   |   |    |
|                               |  | Wednesday  | <input type="text"/>  | A9c |   |   |   |    |
|                               |  | Thursday   | <input type="text"/>  | A9d |   |   |   |    |
|                               |  | Friday   | <input type="text"/>  | A9e |   |   |   |    |
|                               |  | Saturday   | <input type="text"/>  | A9f |   |   |   |    |
|                               |  | Sunday   | <input type="text"/>  | A9g |   |   |   |    |

| CORE: Diet   |   |                              |
|--|---|------------------------------|
| The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year. |   |                              |
| Question   | Response                                    | Code                         |
| 46<br>In a typical week, on how many days do you <b>eat fruit</b> ?<br>(USE SHOWCARD)<br><i>Think of any fruit on the show card. A typical week means a "normal" week when your diet is not affected by cultural, religious, or other events. Do not report an average over a period.</i>            | Number of days  _ _ _ <br>Don't Know 77     | If Zero days, go to D3<br>D1 |
| 47<br>How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)<br><i>Think of one day the participant can recall easily.</i>   | Number of servings  _ _ _ <br>Don't Know 77 | D2                           |
| 48<br>In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)<br><i>Think of any vegetable on the show card. A typical week means a "normal" week when your diet is not affected by cultural, religious, or other events. Do not report an average over a period.</i>      | Number of days  _ _ _ <br>Don't Know 77     | If Zero days, go to D5<br>D3 |
| 49<br>How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)<br><i>Think of one day the participant can recall easily.</i>   | Number of servings  _ _ _ <br>Don't know 77 | D4                           |

| EXPANDED: Diet  |  |         |
|---|--|---------|
| 50<br>What type of <b>oil or fat is most often</b> used for meal preparation in your household?<br>(USE SHOWCARD, SELECT ONLY ONE)<br><i>Circle the appropriate response.</i> | Vegetable oil 1<br>Lard or suet 2<br>Butter or ghee 3<br>Margarine 4<br>Other 5 <i>If Other, go to D5other</i><br>None in particular 6<br>None used 7<br>Don't know 77 | D5      |
|   | Other  _ _ _ _ _ _ _ _   | D5other |
| 51<br>On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.<br><i>Record the number of meals.</i>     | Number  _ _ _ <br>Don't know 77  | D6      |



|   |   |  |              |
|---|---|--|--------------|
| 60  | How much time do you spend walking or bicycling for travel on a typical day?<br><i>Think of one day you can recall easily. Consider the total amount of time walking or bicycling for trips of 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i>  | Hours : minutes<br> _ _ _  :  _ _ _ <br>hrs mins | P9<br>(a-b)  |
| <b>Recreational activities</b>  |   |  |              |
| The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure), [insert relevant terms].<br><i>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. This statement <b>should not</b> be omitted.</i> |   |  |              |
| <b>Question</b>   |   | <b>Response</b>                                  | <b>Code</b>  |
| 61  | 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?<br><i>Activities are regarded as vigorous intensity if they cause a large increase in breathing and/or heart rate. [INSERT EXAMPLES] (USE SHOWCARD)</i>                             | Yes 1<br><br>No 2 <i>If No, go to P 13</i>       | P10          |
| 62  | In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities? <i>Valid responses range from 1-7.</i>  | Number of days<br> _                             | P11          |
| 63  | How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?<br><i>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 (over 4 hrs).</i>  | Hours : minutes<br> _ _ _  :  _ _ _ <br>hrs mins | P12<br>(a-b) |
| 64  | 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?<br><i>Activities are regarded as moderate intensity if they cause a small increase in breathing and/or heart rate. [INSERT EXAMPLES] (USE SHOWCARD)</i> | Yes 1<br><br>No 2 <i>If No, go to P16</i>        | P13          |
| 65  | In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?<br><i>Valid responses range from 1-7</i>  | Number of days<br> _                             | P14          |
| 66  | How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?<br><i>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).</i>   | Hours : minutes<br> _ _ _  :  _ _ _ <br>hrs mins | P15<br>(a-b) |

**EXPANDED: Physical Activity****Sedentary behavior**

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.  
*[INSERT EXAMPLES] (USE SHOWCARD)*

|    |   |   |              |
|----|---|---|--------------|
| 67 | How much time do you usually spend sitting or reclining on a typical day?<br><i>Consider total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. Do not include time spent sleeping.</i> | Hours : minutes<br> _ _ _  :  _ _ _ <br>hrs min s | P16<br>(a-b) |
|----|---|---|--------------|



| CORE: History of Diabetes |   |          |                          |      |
|---------------------------|---|----------|--------------------------|------|
| Question                  |   | Response |                          | Code |
| 74                        | Have you ever had your blood sugar measured by a doctor or other health worker?<br><i>Circle the appropriate response.</i>                          | Yes      | 1                        | H6   |
|                           |   | No       | 2 <i>If No, go to M1</i> |      |
| 75                        | Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?<br><i>Circle the appropriate response.</i> | Yes      | 1                        | H7a  |
|                           |   | No       | 2 <i>If No, go to M1</i> |      |
| 76                        | Have you been told in the past 12 months?<br><i>Circle the appropriate response.</i>  | Yes      | 1                        | H7b  |
|                           |   | No       | 2                        |      |

| EXPANDED: History of Diabetes       |   |                         |     |     |
|-------------------------------------|---|-------------------------|-----|-----|
| 77                                  | Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?<br><i>Circle the appropriate response for each of the following.</i> |                         |     |     |
|                                     | Insulin   | Yes                     | 1   | H8a |
|                                     |   | No                      | 2   |     |
|                                     | Drugs (medication) that you have taken in the past two weeks  | Yes                     | 1   | H8b |
|                                     |   | No                      | 2   |     |
|                                     | Special prescribed diet   | Yes                     | 1   | H8c |
|                                     |   | No                      | 2   |     |
| Advice or treatment to lose weight  | Yes   | 1                       | H8d |     |
|                                     | No  | 2                       |     |     |
| Advice or treatment to stop smoking | Yes   | 1                       | H8e |     |
|                                     | No  | 2                       |     |     |
| Advice to start or do more exercise | Yes   | 1                       | H8f |     |
|                                     | No  | 2                       |     |     |
| 78                                  | Have you ever seen a traditional healer for diabetes or raised blood sugar?<br><i>Circle the appropriate response.</i>  | Yes                     | 1   | H9  |
|                                     |   | No                      | 2   |     |
| 79                                  | Are you currently taking any herbal or traditional remedy for your diabetes?<br><i>Circle the appropriate response.</i>   | Yes                     | 1   | H10 |
|                                     |   | No                      | 2   |     |
| 80                                  | When was the last time your eyes were examined as part of your diabetes control?<br><i>Circle the appropriate response.</i>   | Within the past 2 years | 1   | H11 |
|                                     |   | More than 2 years ago   | 2   |     |
|                                     |   | Never                   | 3   |     |
|                                     |   | Don't know              | 77  |     |
| 81                                  | When was the last time your feet were examined as part of your diabetes control?<br><i>Circle the appropriate response.</i>   | Within the past year    | 1   | H12 |
|                                     |   | More than 1 year ago    | 2   |     |
|                                     |   | Never                   | 3   |     |
|                                     |   | Don't know              | 77  |     |

| <b>EXPANDED: History of raised total cholesterol</b> |   |                 |                           |             |
|--|---|-----------------|---------------------------|-------------|
| <b>Questions</b>                                     |   | <b>Response</b> |                           | <b>Code</b> |
| 82   | Have you ever had your cholesterol measured by a doctor or other health worker?<br><i>Circle the appropriate response.</i>  | Yes             | 1                         | L1a         |
|  |   | No              | 2 <i>If No, go to F1a</i> |             |
| 83   | Have you ever been told by a doctor or other health worker that you have raised cholesterol?<br><i>Circle the appropriate response.</i>   | Yes             | 1                         | L2a         |
|  |   | No              | 2 <i>If No, go to F1a</i> |             |
| 84   | Were you told in the past 12 months?<br><i>Circle the appropriate response.</i>   | Yes             | 1                         | L2b         |
|  |   | No              | 2                         |             |
| 85   | Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?<br><i>Circle the appropriate response for each of the following.</i> |                 |                           |             |
|  | Oral treatment (medication) taken in the last 2 weeks   | Yes             | 1                         | L3a         |
|  |   | No              | 2                         |             |
|  | Special prescribed diet   | Yes             | 1                         | L3b         |
|  |   | No              | 2                         |             |
|  | Advice or treatment to lose weight  | Yes             | 1                         | L3c         |
|  |   | No              | 2                         |             |
|  | Advice or treatment to stop smoking   | Yes             | 1                         | L3d         |
|  |   | No              | 2                         |             |
|  | Advice to start or do more exercise   | Yes             | 1                         | L3e         |
|  |   | No              | 2                         |             |
| 86   | During the past 12 months have you seen a traditional healer for raised cholesterol?  | Yes             | 1                         | L4          |
|  |   | No              | 2                         |             |
| 87   | Are you currently taking any herbal or traditional remedy for your raised cholesterol?  | Yes             | 1                         | L5          |
|  |   | No              | 2                         |             |

| <b>EXPANDED: Family history</b>  |   |                 |     |             |
|--|---|-----------------|-----|-------------|
| <b>Questions</b>   |   | <b>Response</b> |     | <b>Code</b> |
| 88   | Have some of your family members been diagnosed with the following diseases?<br><i>Circle the appropriate response for each of the following.</i> |                 |     |             |
|  | Diabetes or raised blood sugar  | Yes             | 1   | F1a         |
|  |   | No              | 2   |             |
|  | Raised Blood pressure   | Yes             | 1   | F1b         |
|  |   | No              | 2   |             |
|  | Stroke  | Yes             | 1   | F1c         |
|  |   | No              | 2   |             |
|  | Cancer or malignant tumor   | Yes             | 1   | F1d         |
| No   |   | 2               |     |             |
| Raised Cholesterol   | Yes   | 1               | F1e |             |
|  | No  | 2               |     |             |
| Early Heart attack<br><i>Heart Attack, also known as myocardial infarction, in a first degree relative male aged less than 55 years or female aged less than 65 years.</i> | Yes   | 1               | F1f |             |
|  | No  | 2               |     |             |

## Step 2 Physical Measurements

*For guidance on taking and completing physical measurements, see Part 3, Section 3.*

| CORE: Height and Weight |  |  |      |
|-------------------------|--|--|------|
| Question                |  | Response                               | Code |
| 89                      | Interviewer ID<br><i>Record interviewer ID (for height, weight and waist circumference).</i>   | _ _ _ _                                | M1   |
| 90                      | Device IDs for height and weight<br><i>Record device IDs.</i>  | Height  _ _ _ <br>Weight  _ _ _        | M2   |
| 91                      | Height<br><i>Record participant's height in cm.</i>  | in Centimetres (cm)  _ _ _ _ _ _ _     | M3   |
| 92                      | Weight<br><i>If too large for scale, code 666.6<br/>Record participant's weight in kg.</i>   | in Kilograms (kg)  _ _ _ _ _ _ _       | M4   |
| 93                      | <b>For women:</b> Are you pregnant?<br><i>If yes, skip to M8.</i>  | Yes 1 <i>If Yes, go to M 8</i><br>No 2 | M5   |
| CORE: Waist             |  |  |      |
| 94                      | Device ID for waist<br><i>Record device ID.</i>  | _ _ _                                  | M6   |
| 95                      | Waist circumference<br><i>Record participant's waist circumference in centimetres.</i>   | in Centimetres (cm)  _ _ _ _ _ _ _     | M7   |
| CORE: Blood Pressure    |  |  |      |
| 96                      | Interviewer ID<br><i>Record interviewer's ID (in most cases technician would be the same as for height, weight and waist circumference).</i>   | _ _ _ _                                | M8   |
| 97                      | Device ID for blood pressure<br><i>Record device ID.</i>   | _ _ _                                  | M9   |
| 98                      | Cuff size used<br><i>Circle size used</i>  | Small 1<br>Medium 2<br>Large 3         | M10  |
| 99                      | Reading 1<br><i>Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.</i>   | Systolic ( mmHg)  _ _ _ _              | M11a |
|                         |  | Diastolic (mmHg)  _ _ _ _              | M11b |
| 100                     | Reading 2<br><i>Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.</i>  | Systolic ( mmHg)  _ _ _ _              | M12a |
|                         |  | Diastolic (mmHg)  _ _ _ _              | M12b |
| 101                     | Reading 3<br><i>Record third measurement.</i>  | Systolic ( mmHg)  _ _ _ _              | M13a |
|                         |  | Diastolic (mmHg)  _ _ _ _              | M13b |
| 102                     | During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?<br><i>Circle appropriate response.</i> | Yes 1<br>No 2                          | M14  |

| EXPANDED: Hip Circumference and Heart Rate |   |                                    |      |
|--|---|------------------------------------|------|
| 103  | Hip circumference<br><i>Record participant's hip circumference in cm.</i> | in Centimeters (cm)  _ _ _ _ _ _ _ | M15  |
| 104  | Heart Rate <i>Record the three heart rate readings.</i>                   |                                    |      |
|  | Reading 1   | Beats per minute  _ _ _ _          | M16a |
|  | Reading 2   | Beats per minute  _ _ _ _          | M16b |
|  | Reading 3   | Beats per minute  _ _ _ _          | M16c |

## Step 3 Biochemical Measurements

*For guidance on taking and completing physical measurements, see Part 3, Section 4.*

| <b>CORE: Blood Glucose</b>   |  |   |      |
|--|--|---|------|
| Question   |  | Response  | Code |
| 105  | During the past 12 hours have you had anything to eat or drink, other than water?<br><i>It is essential that the participant has fasted.</i>     | Yes 1<br>No 2   | B1   |
| 106  | Technician ID  | _ _ _ _   | B2   |
| 107  | Device ID  | _ _   | B3   |
| 108  | Time of day blood specimen taken (24 hour clock)   | Hours : minutes<br>hrs           mins<br> _ _  :  _ _ | B4   |
| 109  | Fasting blood glucose<br><i>Double check that the participant has fasted.</i>  | mmol/l  _ _  .  _ _                                   | B5   |
| 110  | Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose? | Yes 1<br>No 2   | B6   |
| <b>CORE: Blood Lipids</b>  |  |   |      |
| 111  | Device ID  | _ _   | B7   |
| 112  | Total cholesterol  | mmol/l  _ _  .  _ _                                   | B8   |
| 113  | During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?   | Yes 1<br>No 2   | B9   |
| <b>EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance</b> |  |   |      |
| 114  | Triglycerides  | mmol/l  _ _  .  _ _                                   | B10  |
| 115  | HDL Cholesterol  | mmol/l  _  .  _ _                                     | B11  |
| 116  | Oral Glucose Tolerance   | mmol/l  _ _  .  _ _                                   | B12  |



