

Part 5: STEPS Instrument

Overview

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WHO STEPS Instrument (Core and Expanded)



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

World Health Organization
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For further information: [Noncommunicable Disease Surveillance, Monitoring and Reporting \(who.int\)](#)

STEPS Instrument

Overview

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

- CORE items (unshaded boxes)
 - EXPANDED items (shaded boxes).
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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.

Expanded items The Expanded items for each section ask more detailed information. Examples include:

- use of smokeless tobacco
 - sedentary behaviour.
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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	Country Tailoring
Question	Each question is to be read to the participants	<ul style="list-style-type: none">• Select sections to use.• Add expanded and optional questions as desired.
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">• Add country-specific responses for demographic responses (e.g. C6).• Change skip question identifiers where necessary.
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.



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

<insert country name>

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID	_ _ _ _ _ _ _ _ _	I1
Cluster/Centre/Village name		I2
Interviewer ID	_ _ _ _	I3
Date of completion of the instrument	_ _ _ _ _ _ _ _ _ dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language <i>[Insert Language]</i>	English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4	I6
Time of interview (24 hour clock)	_ _ : _ _ hrs mins	I7
Family Surname		I8
First Name		I9
Additional Information that may be helpful		
Contact phone number where possible		I10

Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ <i>If Known, Go to C4</i> dd mm year	C2
How old are you?	Years _ _	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years _ _	C4

EXPANDED: Demographic Information		
What is the highest level of education you have completed? <i>[[INSERT COUNTRY-SPECIFIC CATEGORIES]]</i>	No formal schooling 1 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 Refused 88	C5
What is your <i>[[insert relevant ethnic group / racial group / cultural subgroup / others]]</i> background ?	<i>[[Locally defined]]</i> 1 <i>[[Locally defined]]</i> 2 <i>[[Locally defined]]</i> 3 Refused 88	C6
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your main work status over the past 12 months? <i>[[INSERT COUNTRY-SPECIFIC CATEGORIES]]</i> <i>(USE SHOWCARD)</i>	Government employee 1 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	C8
How many people older than 18 years, including yourself, live in your household?	Number of people _ _ <i>If Not Known, Go to C11</i>	C9

Step 1 Behavioural Measurements

CORE: Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 _ _ _ _ <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i>	In Years _ _ _ _ <i>If Known, go to T5a/T5aw</i>	T4a
Don't know 77	OR in Months _ _ _ _ <i>If Known, go to T5a/T5aw</i>	T4b
Don't know 77	OR in Weeks _ _ _ _	T4c
On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes _ _ _ _ _ _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes _ _ _ _ _ _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco _ _ _ _ _ _ _ _ _ _	T5c/T5cw
	Cigars, cheroots, cigarillos _ _ _ _ _ _ _ _ _ _	T5d/T5dw
	Number of Shisha sessions _ _ _ _ _ _ _ _ _ _	T5e/T5ew
	Other _ _ _ _ _ _ _ _ _ _ <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify): _ _ _ _ _ _ _ _ _ _	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you ever smoke any tobacco products? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use		
Question	Response	Code
How old were you when you stopped smoking?	Age (years) Don't Know 77 _ _ _ _ <i>If Known, go to T12</i>	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago _ _ _ _ <i>If Known, go to T12</i>	T11a
	OR Months ago _ _ _ _ <i>If Known, go to T12</i>	T11b
	OR Weeks ago _ _ _ _	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Snuff, by mouth _ _ _ _ _ _ _ _ _ _	T14a/ T14aw
	Snuff, by nose _ _ _ _ _ _ _ _ _ _	T14b/ T14bw
	Chewing tobacco _ _ _ _ _ _ _ _ _ _	T14c/ T14cw
	Betel, quid _ _ _ _ _ _ _ _ _ _	T14d/ T14dw
	Other _ _ _ _ _ _ _ _ _ _ <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
	Other (please specify): _ _ _ _ _ <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes 1 No 2 <i>If No, go to T17</i>	T15
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i>	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6 Never 7	A4
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/> <input type="text"/> <i>If Zero, go to A13</i>	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/> <input type="text"/>	A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/> <input type="text"/>	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/> <input type="text"/>	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i>	Monday <input type="text"/> <input type="text"/>	A10a
	Tuesday <input type="text"/> <input type="text"/>	A10b
	Wednesday <input type="text"/> <input type="text"/>	A10c
	Thursday <input type="text"/> <input type="text"/>	A10d
	Friday <input type="text"/> <input type="text"/>	A10e
	Saturday <input type="text"/> <input type="text"/>	A10f
	Sunday <input type="text"/> <input type="text"/>	A10g

CORE: Alcohol Consumption, continued

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? <i>[AMEND ACCORDING TO LOCAL CONTEXT]</i> <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to A13</i>	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? <i>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(USE SHOWCARD)</i> <i>Don't Know 77</i>	Homebrewed spirits, e.g. moonshine _ _	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine _ _	A12b
	Alcohol brought over the border/from another country _ _	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves _ _	A12d
	Other untaxed alcohol in the country _ _	A12e

EXPANDED: Alcohol Consumption

During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

CORE: Diet		
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ If Zero days, go to D5	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 _ _	D4
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soy sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>[insert country specific examples]</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
How often do you add salt or a salty sauce such as soy sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
How often do you eat processed food high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat <i>[add country specific examples]</i> . <i>[INSERT EXAMPLES]</i> (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8

EXPANDED: Diet		
Question	Response	Code
How important to you is lowering the salt in your diet?	Very important 1	D9
	Somewhat important 2	
	Not at all important 3	
	Don't know 77	
Do you think that too much salt or salty sauce in your diet could cause a health problem ?	Yes 1	D10
	No 2	
	Don't know 77	
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)		
Limit consumption of processed foods	Yes 1	D11a
	No 2	
Look at the salt or sodium content on food labels	Yes 1	D11b
	No 2	
Buy low salt/sodium alternatives	Yes 1	D11c
	No 2	
Use spices other than salt when cooking	Yes 1	D11d
	No 2	
Avoid eating foods prepared outside of a home	Yes 1	D11e
	No 2	
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i>	D11f
	No 2	
Other (please specify)	_ _ _ _ _ _ _ _ _ _ _ _ _ _	D11other

CORE: Physical Activity		
Question	Response	Code
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. <i>[Insert other examples if needed]</i>. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>		
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> ? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 4</i>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days _	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> ? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 7</i>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days _	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P6 (a-b)
Travel to and from places		
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[Insert other examples if needed]</i></p>		
Do you walk or use a bicycle (<i>pedal cycle</i>) to get to and from places?	Yes 1 No 2 <i>If No, go to P 10</i>	P7
In a typical week, on how many days do you walk or to get to and from places?	Number of days _	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P9 (a-b)

CORE: Physical Activity, Continued		
Question	Response	Code
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 (<i>leisure</i>), <i>[Insert relevant terms]</i> .		
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> ? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 13</i>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _ _	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>[cycling, swimming, volleyball]</i> ? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P16</i>	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _ _	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P15 (a-b)

EXPANDED: Physical Activity		
Sedentary behaviour		
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Were you first told in the past 12 months?	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Were you first told in the past 12 months?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

CORE: History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Were you first told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE: Lifestyle Advice		
Question	Response	Code
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1, go to M1 If No and C1=2, go to CX1</i>	H20
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20g

CORE (for women only): Cervical Cancer Screening		
The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.		
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1 No 2 Don't know 77	CX1

Step 2 Physical Measurements

CORE: Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _ _	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	M6b
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M7
CORE: Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	_ _ _ _	M9
Device IDs for height and weight	Height _ _ _	M10a
	Weight _ _ _	M10b
Height	in Centimetres (cm) _ _ _ _ _ _ _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ _ _ _	M12
CORE: Waist		
Device ID for waist	_ _ _	M13
Waist circumference	in Centimetres (cm) _ _ _ _ _ _ _	M14
EXPANDED: Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) _ _ _ _ _ _ _	M15
Heart Rate		
Reading 1	Beats per minute _ _ _ _	M16a
Reading 2	Beats per minute _ _ _ _	M16b
Reading 3	Beats per minute _ _ _ _	M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	_ _ _ _	B2
Device ID	_ _	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
Fasting blood glucose <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _ _ _ _ _ mg/dl _ _ _ _ _	B5
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 No 2	B6
CORE: Blood Lipids		
Device ID	_ _	B7
Total cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _ _ _ _ _ mg/dl _ _ _ _ _	B8
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 No 2	B9
CORE: Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10
Technician ID	_ _ _ _	B11
Device ID	_ _	B12
Time of day urine sample taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B13
Urinary sodium	mmol/l _ _ _ _ _	B14
Urinary creatinine	mmol/l _ _ _ _ _	B15
EXPANDED: Triglycerides and HDL Cholesterol		
Question	Response	Code
Triglycerides <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _ _ _ _ _ mg/dl _ _ _ _ _	B16
HDL Cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i>	mmol/l _ _ _ _ _ mg/dl _ _ _ _ _	B17

WHO STEPS Instrument Question-by-Question Guide (Core and Expanded)



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

World Health Organization
20 Avenue Appia, 1211 Geneva 27, Switzerland



For further information: [Noncommunicable Disease
Surveillance, Monitoring and Reporting \(who.int\)](http://www.who.int/nmh/surveillance)

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.

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.

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

Column	Description	Country Tailoring
Question	Each question is to be read to the participants	<ul style="list-style-type: none">• Select sections to use.• Add expanded and optional questions as desired.
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">• Add country-specific responses for demographic responses (e.g. C6).• Change skip question identifiers where necessary.
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.



WHO STEPS Q-BY-Q GUIDE FOR NONCOMMUNICABLE DISEASE RISK FACTOR SURVEILLANCE

<INSERT COUNTRY NAME>

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID <i>Enter Cluster, Centre or Village ID from list provided.</i>	_ _ _ _ _ _ _ _ _	I1
Cluster/Centre/Village name <i>Enter Cluster, Centre or Village name as appropriate.</i>		I2
Interviewer ID <i>Enter interviewer's identification.</i>	_ _ _ _	I3
Date of completion of the instrument <i>Enter date when instrument actually completed.</i>	_ _ _ _ _ _ _ _ _ _ _ _ _ dd mm year	I4

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

Step 1 Demographic Information

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

EXPANDED: Demographic Information		
What is the highest level of education you have completed? [INSERT COUNTRY-SPECIFIC CATEGORIES] <i>If a person attended a few months of the first year of secondary school but did not complete the year, select "primary school completed". If a person only attended a few years of primary school, select "less than primary school". Select appropriate response.</i>	No formal schooling 1 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 Refused 88	C5
What is your [insert relevant ethnic group / racial group / cultural subgroup / others] background ? <i>Select the relevant ethnic/cultural group to which the participant belongs.</i>	[Locally defined] 1 [Locally defined] 2 [Locally defined] 3 Refused 88	C6
What is your marital status ? <i>Select the appropriate response.</i>	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your main work status over the past 12 months? [INSERT COUNTRY-SPECIFIC CATEGORIES] (USE SHOWCARD) <i>The purpose of this question is to help answer other questions such as whether people in different kinds of occupations may be confronted with different risk factors. Select appropriate response.</i>	Government employee 1 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	C8
How many people older than 18 years, including yourself, live in your household? <i>Enter the total number of people living in the household who are 18 years or older.</i>	Number of people _ _ _ _ <i>If Not Known, Go to C11</i>	C9

Step 1 Behavioural Measurements

CORE: Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD) <i>Ask the participant to think of any tobacco products he/she is smoking currently.</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ? <i>This question is only for current smokers of tobacco products.</i>	Yes 1 No 2	T2
How old were you when you first started smoking? <i>For current smokers only. Ask the participant to think of the time when he/she started to smoke any tobacco products.</i>	Age (years) Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77 <i>If the participant doesn't remember his/her age when started smoking, then record the time in years, months or weeks as appropriate.</i>	In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks <input type="text"/>	T4c
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777 <i>For current smokers only. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily smokers. If products are smoked less than daily by daily smokers, enter weekly consumption. Also enter weekly consumption for current, non-daily smokers.</i>	<div style="text-align: center;">DAILY↓ WEEKLY↓</div> Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
	Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5e/T5ew
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ? <i>For current smokers only. Ask the participant to think of any quit attempt during the past 12 months.</i>	Yes 1 No 2	T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco? <i>For current smokers only. Ask the participant to think of visits to a doctor or other health worker during the past 12 months. If no visit, select "no visit during the past 12 months".</i>	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD) <i>Ask the participant to think of the time when he/she may have been smoking tobacco products.</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you ever smoke daily ? <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 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use		
Question	Response	Code
How old were you when you stopped smoking? <i>Ask the participant to think of the time when he/she stopped smoking tobacco products.</i>	Age (years) Don't Know 77 _ _ _ _ _ <i>If Known, go to T12</i>	T10
How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't Know 77 <i>If the participant doesn't remember his/her age when they stopped smoking, then record the time in weeks, months or years as appropriate.</i>	Years ago _ _ _ _ _ <i>If Known, go to T12</i>	T11a
	OR Months ago _ _ _ _ _ <i>If Known, go to T12</i>	T11b
	OR Weeks ago _ _ _ _ _	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? <i>(USE SHOWCARD)</i> <i>Ask the participant to think of any smokeless tobacco products that he/she is using currently.</i>	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you currently use smokeless tobacco products daily ? <i>For current users of smokeless tobacco products only.</i>	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many times a day/week do you use <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777 <i>For current users of smokeless tobacco only. Record for each type of smokeless tobacco products. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily users. If products are used less than daily by daily users, enter weekly consumption. Also enter weekly consumption for current, non-daily users.</i>	DAILY↓ WEEKLY↓	
	Snuff, by mouth _ _ _ _ _ _ _ _ _ _	T14a/ T14aw
	Snuff, by nose _ _ _ _ _ _ _ _ _ _	T14b/ T14bw
	Chewing tobacco _ _ _ _ _ _ _ _ _ _	T14c/ T14cw
	Betel, quid _ _ _ _ _ _ _ _ _ _	T14d/ T14dw
	Other _ _ _ _ _ _ _ _ _ _ <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
Other (please specify): _ _ _ _ _ _ _ _ _ _ <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14otherw	
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]? <i>Ask the participant to think of the time when he/she may have been using smokeless tobacco products.</i>	Yes 1 No 2 <i>If No, go to T17</i>	T15
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ? <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 No 2	T16
During the past 30 days, did someone smoke in your home ? <i>The participant should only think about other people, not about him-/herself. Smokers should exclude themselves. The question is asking about inside the participant's home. This only includes fully enclosed areas of the home.</i>	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)? <i>For those not working in a closed area, record "don't work in a closed area".</i> <i>Ask the participant to think of seeing somebody smoke or smelling the smoke in indoor areas at work during the past 30 days.</i>	Yes 1 No 2 Don't work in a closed area 3	T18

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
<p>Have you ever consumed any alcohol such as beer, wine, spirits or <i>[add other local examples]</i>?</p> <p><i>(USE SHOWCARD OR SHOW EXAMPLES)</i></p> <p><i>Ask the participant to think of any alcohol, with the exception of alcohol-based medication that is taken due to health reasons. Even if the participant has only consumed a few sips of alcohol, the response should be "Yes".</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to A16</i></p>	A1
<p>Have you consumed any alcohol within the past 12 months?</p> <p><i>Ask the participant to think of any alcohol, with the exception of alcohol-based medication that is taken due to health reasons. Even if the participant has only consumed a few sips of alcohol in the past 12 months, the response should be "Yes".</i></p>	<p>Yes 1 <i>If Yes, go to A4</i></p> <p>No 2</p>	A2
<p>Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?</p> <p><i>This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.</i></p>	<p>Yes 1 <i>If Yes, go to A16</i></p> <p>No 2 <i>If No, go to A16</i></p>	A3
<p>During the past 12 months, how frequently have you had at least one standard alcoholic drink?</p> <p><i>(READ RESPONSES, USE SHOWCARD)</i></p> <p><i>For those that have consumed alcohol in the past 12 months. A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits. Depending on the country, these amounts will vary between 8 and 13 grams of ethanol. See showcard. For those participants that only consumed a few sips of alcohol during the past 12 months, the answer should be "Never".</i></p>	<p>Daily 1</p> <p>5-6 days per week 2</p> <p>3-4 days per week 3</p> <p>1-2 days per week 4</p> <p>1-3 days per month 5</p> <p>Less than once a month 6</p> <p>Never 7</p>	A4
<p>Have you consumed any alcohol within the past 30 days?</p> <p><i>Select the appropriate response. Even if the participant has only consumed a few sips of alcohol in the past 30 days, the response should be "Yes".</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to A13</i></p>	A5
<p>During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?</p> <p><i>Ask the participant to 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. For those participants that only drank a few sips of alcohol during the past 30 days, the answer should be "Zero" occasions.</i></p>	<p>Number</p> <p>Don't know 77</p> <p> _ _ _ <i>If Zero, go to A13</i></p>	A6
<p>During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion?</p> <p><i>(USE SHOWCARD)</i></p> <p><i>Help the participant to average out the total number of drinks by using the showcard that shows standard alcoholic drinks.</i></p>	<p>Number</p> <p>Don't know 77</p> <p> _ _ </p>	A7
<p>During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?</p> <p><i>Ask the participant to think of the past 30 days only. This question is about the largest number of drinks that the participant had on one single occasion.</i></p>	<p>Largest number</p> <p>Don't Know 77</p> <p> _ _ </p>	A8
<p>During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?</p> <p><i>Ask the participant to think of the past 30 days only, and to report the number of occasions when he/she had six or more standard drinks.</i></p>	<p>Number of times</p> <p>Don't Know 77</p> <p> _ _ </p>	A9

CORE: Alcohol Consumption, continued		
Question	Response	Code
<p>During each of the past 7 days, how many standard drinks did you have each day? (USE SHOWCARD) Don't Know ?? Ask the participant to think of each of the past 7 days. Use the showcard that shows standard alcoholic drinks to help the participant report the number of standard drinks for each of the past 7 days. Record for each day the number of standard drinks. If no drinks record 0.</p>	Monday _ _	A10a
	Tuesday _ _	A10b
	Wednesday _ _	A10c
	Thursday _ _	A10d
	Friday _ _	A10e
	Saturday _ _	A10f
	Sunday _ _	A10g
<p>I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.</p>		
<p>During the past 7 days, did you consume any homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD) [AMEND ACCORDING TO LOCAL CONTEXT] Ask the participant to only think of homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol.</p>	<p>Yes 1</p> <p>No 2 If No, go to A13</p>	A11
<p>On average, how many standard drinks of the following did you consume during the past 7 days? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) Don't Know ?? Ask the participant to think of the past 7 days. Use the showcard that specifies what standard drinks are for each type of alcohol. Alcohol not intended for drinking should be treated like spirits. Record for each type of alcohol the number of standard drinks. If no drinks record 0.</p>	Homebrewed spirits, e.g. moonshine _ _	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine _ _	A12b
	Alcohol brought over the border/from another country _ _	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves _ _	A12d
	Other untaxed alcohol in the country _ _	A12e

EXPANDED: Alcohol Consumption		
<p>During the past 12 months, how often have you found that you were not able to stop drinking once you had started? Ask the participant to think of the past 12 months. Read out all the answer options.</p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A13
<p>During the past 12 months, how often have you failed to do what was normally expected from you because of drinking? Ask the participant to think of the past 12 months. Read out all the answer options.</p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A14
<p>During the past 12 months, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session? Ask the participant to think of the past 12 months. Read out all the answer options.</p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A15
<p>During the past 12 months, have you had family problems or problems with your partner due to someone else's drinking? Ask the participant to think of the past 12 months. Read out all the answer options. The participant should not think of his/her own drinking, but of someone else's drinking.</p>	<p>Yes, more than monthly 1</p> <p>Yes, monthly 2</p> <p>Yes, several times but less than 3</p> <p>Yes, once or twice 4</p> <p>No 5</p>	A16

CORE: Diet		
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
<p>In a typical week, on how many days do you eat fruit? (USE SHOWCARD)</p> <p><i>Ask the participant to think of any fruit on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p style="text-align: right;"> _ _ If Zero days, go to D3</p>	D1
<p>How many servings of fruit do you eat on one of those days? (USE SHOWCARD)</p> <p><i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i></p>	<p>Number of servings Don't Know 77</p> <p style="text-align: right;"> _ _ </p>	D2
<p>In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)</p> <p><i>Ask the participant to think of any vegetables on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p style="text-align: right;"> _ _ If Zero days, go to D5</p>	D3
<p>How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)</p> <p><i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i></p>	<p>Number of servings Don't know 77</p> <p style="text-align: right;"> _ _ </p>	D4
Dietary salt		
<p>With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soy sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>[insert country specific examples]</i>, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.</p> <p><i>Read this opening statement out loud. Don't forget to use the showcard which will help the respondent when answering to the questions.</i></p>		
<p>How often do you add salt or a salty sauce such as soy sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)</p> <p><i>Read out all the answer options. Use the showcard that shows salt and salty sauces.</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D5
<p>How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household? <i>Read out all the answer options. Select the appropriate response.</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D6
<p>How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat <i>[add country specific examples]</i>. <i>[INSERT EXAMPLES]</i> (USE SHOWCARD)</p> <p><i>Read out all the answer options. Use the showcard that shows processed food high in salt.</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D7
<p>How much salt or salty sauce do you think you consume? <i>Read out all the answer options and select the appropriate response.</i></p>	<p>Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77</p>	D8

EXPANDED: Diet		
Question	Response	Code
How important to you is lowering the salt in your diet? <i>Select the appropriate response.</i>	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
Do you think that too much salt or salty sauce in your diet could cause a health problem ? <i>Select the appropriate response.</i>	Yes 1 No 2 Don't know 77	D10
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH) <i>Select the appropriate response for each option. Ask the participant to only consider actions that he/she undertakes specifically to control salt intake, and not for any other purpose.</i>		
Limit consumption of processed foods	Yes 1 No 2	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to</i> No 2	D11f
Other (please specify)	_ _ _ _ _ _ _ _ _	D11other

CORE: Physical Activity		
Question	Response	Code
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. <i>[Insert other examples if needed]</i>. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p> <p><i>Read this opening statement out loud. It should not be omitted. The respondent will have to think first about the time he/she spends doing work (paid or unpaid work, household chores, harvesting food, fishing or hunting for food, seeking employment [Insert other examples if needed]), then about the time he/she travels from place to place, and finally about the time spent in vigorous as well as moderate physical activity during leisure time.</i></p> <p><i>Remind the respondent when he/she answers the following questions that '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. Don't forget to use the showcard which will help the respondent when answering to the questions.</i></p>		
Work		
<p>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>?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about vigorous-intensity activities at work only. Activities are regarded as vigorous intensity if they cause large increases in breathing and/or heart rate.</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	P1
<p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <p> _ </p>	P2
<p>How much time do you spend doing vigorous-intensity activities at work on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in vigorous-intensity activities at work. The participant should only consider those activities undertaken. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes</p> <p> _ _ : _ _ </p> <p>hrs mins</p>	P3 (a-b)
<p>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>?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about moderate-intensity activities at work only. Activities are regarded as moderate intensity if they cause small increases in breathing and/or heart rate.</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	P4
<p>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <p> _ </p>	P5
<p>How much time do you spend doing moderate-intensity activities at work on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in moderate-intensity activities at work. The participant should only consider those activities undertaken. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes</p> <p> _ _ : _ _ </p> <p>hrs mins</p>	P6 (a-b)
Travel to and from places		
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[Insert other examples if needed]</i></p> <p><i>The introductory statement to the following questions on transport-related physical activity is very important. It asks and helps the participant to now think about how they travel around getting from place-to-place. This statement should not be omitted.</i></p>		
<p>Do you walk or use a bicycle (<i>pedal cycle</i>) to get to and from places?</p> <p><i>Select the appropriate response.</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	P7
<p>In a typical week, on how many days do you walk or bicycle to get to and from places?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <p> _ </p>	P8

CORE: History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Were you first told in the past 12 months? <i>Only for those that have previously been diagnosed with raised blood pressure.</i>	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for raised blood pressure prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure? <i>Select the appropriate response.</i>	Yes 1 No 2	H5

CORE: History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Were you first told in the past 12 months? <i>Only for those that have previously been diagnosed with diabetes.</i>	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for diabetes prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider insulin that was prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar? <i>Select the appropriate response.</i>	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes? <i>Select the appropriate response.</i>	Yes 1 No 2	H11

CORE: History of Raised Total Cholesterol		
Questions	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Were you first told in the past 12 months? <i>Only for those that have previously been diagnosed with raised total cholesterol.</i>	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for raised total cholesterol prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)? <i>Select the appropriate response.</i>	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H19

CORE: Lifestyle Advice		
Question	Response	Code
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1, go to M1 If No and C1=2, go to CX1</i>	H20
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH) <i>Select the appropriate response. Ask the participant to only consider advice from a doctor or other health worker.</i>		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20g

CORE (for women only): Cervical Cancer Screening		
The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done. <i>Read this opening statement out loud. It should not be omitted.</i>		
Have you ever had a screening test for cervical cancer, using any of these methods described above? <i>Select the appropriate response.</i>	Yes 1 No 2 Don't know 77	CX1

Step 2 Physical Measurements

CORE: Blood Pressure		
Interviewer ID <i>Record interviewer ID (in most cases interviewer would be the same as for behavioural measurements).</i>	_ _ _ _	M1
Device ID for blood pressure <i>Record device ID.</i>	_ _	M2
Cuff size used <i>Select cuff size used.</i>	Small 1 Medium 2 Large 3	M3
Reading 1 <i>Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.</i>	Systolic (mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2 <i>Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.</i>	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3 <i>Record third measurement.</i>	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	M6b
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? <i>Select appropriate response.</i>	Yes 1 No 2	M7
CORE: Height and Weight		
Question	Response	Code
For women: Are you pregnant? <i>Pregnant women skip over height, weight, waist and hip measurements.</i>	Yes 1 <i>If Yes, go to M16</i> No 2	M8
Interviewer ID <i>Record interviewer ID (in most cases interviewer would be the same as for behavioural and blood pressure measurements).</i>	_ _ _ _	M9
Device IDs for height and weight <i>Record device IDs.</i>	Height _ _ Weight _ _	M10a M10b
Height <i>Record participant's height in cm with one decimal point.</i>	in Centimetres (cm) _ _ _ _ _ _ _	M11
Weight <i>If too large for scale 666.6</i> <i>Record participant's weight in kg with one decimal point.</i>	in Kilograms (kg) _ _ _ _ _ _ _	M12
CORE: Waist		
Device ID for waist <i>Record device ID.</i>	_ _	M13
Waist circumference <i>Record participant's waist circumference in centimetres with one decimal point.</i>	in Centimetres (cm) _ _ _ _ _ _ _	M14
EXPANDED: Hip Circumference and Heart Rate		
Hip circumference <i>Record participant's hip circumference in centimetres with one decimal point.</i>	in Centimeters (cm) _ _ _ _ _ _ _	M15
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

CORE: Blood Glucose		
Question	Response	Code
During the past 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
Technician ID <i>Record ID of the person taking the measurement.</i>	_ _ _ _	B2
Device ID <i>Record device ID.</i>	_ _	B3
Time of day blood specimen taken (24 hour clock) <i>Enter time measurement started.</i>	Hours : minutes _ _ : _ _ hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Double check that the participant has fasted.</i>	mmol/l _ _ . _ _ mg/dl _ _ _ . _	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose? <i>Select appropriate response.</i>	Yes 1 No 2	B6
CORE: Blood Lipids		
Device ID <i>Record device ID.</i>	_ _	B7
Total cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Record value for total cholesterol.</i>	mmol/l _ _ . _ _ mg/dl _ _ _ . _	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? <i>Select appropriate response.</i>	Yes 1 No 2	B9
CORE: Urinary sodium and creatinine		
Had you been fasting prior to the urine collection? <i>It is essential that the participant did not fast prior to urine collection.</i>	Yes 1 No 2	B10
Technician ID <i>Record technician ID.</i>	_ _ _ _	B11
Device ID <i>Record device ID.</i>	_ _	B12
Time of day urine sample taken (24 hour clock) <i>Record time of day urine sample taken as reported by the participant.</i>	Hours : minutes _ _ : _ _ hrs mins	B13
Urinary sodium <i>Record value for urinary sodium.</i>	mmol/l _ _ _ . _	B14
Urinary creatinine <i>Record value for urinary creatinine.</i>	mmol/l _ _ . _ _	B15
EXPANDED: Triglycerides and HDL Cholesterol		
Triglycerides [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Record value for triglycerides.</i>	mmol/l _ _ . _ _ mg/dl _ _ _ . _	B16
HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Record value for HDL cholesterol.</i>	mmol/l _ . _ _ mg/dl _ _ _ . _	B17

Tobacco Show Card

Smoked tobacco products



Manufactured cigarettes



Hand-rolled cigarettes



Pipe



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



Shisha

Smokeless tobacco products



Snuff, available in wet and dry form



Chewing tobacco



Betel nut, quid

Alcohol - Standard drink

1 standard drink =



1 standard bottle
of **regular beer**
(285ml)



1 single measure
of **spirits** (30ml)




1 medium size
glass of **wine**
(120ml)




1 measure of
aperitif (60ml)

Note: net alcohol content of a **standard drink is approximately 10g** of ethanol.

Typical Fruit and Vegetables and Serving Sizes

FRUIT Is considered to be:	1 Serving =	Examples
Apple, banana, orange	1 medium size piece	
Chopped or cooked fruit	½ cup	

VEGETABLES are considered to be:	1 Serving =	Examples
Raw green leafy vegetables	1 cup	Spinach, salad, etc.
Other vegetables, cooked or chopped raw	½ cup	Tomatoes, carrots, pumpkin, corn, Chinese cabbage, fresh beans, onion, etc. 

Serving size

One standard serving = 80 grams (translated into different units of cups depending on type of vegetable and standard cup measures available in the country).

Note: Fruit or vegetable juice, or canned fruit should not be included. Tubers such as potatoes and cassava should not be included.

Dietary Salt

Table salt and sea salt



Salty stock cubes and powders



Soya sauce and fish sauce



Examples for processed food high in salt

Packaged salty food and snacks, canned salty food, salty food prepared at a fast food restaurant.



Physical Activity

Vigorous Physical Activity at Work

Examples for
vigorous
activities at
WORK

VIGOROUS Intensity Activities

Make you breathe much harder than normal



**Other examples
for
VIGOROUS
activities at
WORK**

- Forestry (cutting, chopping, carrying wood)
 - Sawing hardwood
 - Ploughing
 - Cutting crops (sugar cane)
 - Gardening (digging)
 - Grinding (with pestle)
 - Labouring (shovelling sand)
 - Loading furniture (stoves, fridge)
 - Instructing spinning (fitness)
 - Instructing sports aerobics
 - Sorting postal parcels (fast pace)
 - Cycle rickshaw driving
-

Moderate Physical Activity at Work

**Examples for
MODERATE
activities at
work**

MODERATE Intensity Activities
Make you breathe somewhat harder than normal



Other examples for MODERATE activities at WORK

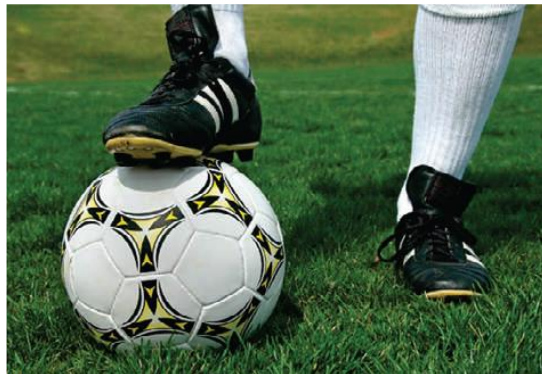
- Cleaning (vacuuming, mopping, polishing, scrubbing, sweeping, ironing)
 - Washing (beating and brushing carpets, wringing clothes (by hand))
 - Gardening
 - Milking cows (by hand)
 - Planting and harvesting crops
 - Digging dry soil (with spade)
 - Weaving
 - Woodwork (chiselling, sawing softwood)
 - Mixing cement (with shovel)
 - Labouring (pushing loaded wheelbarrow, operating jackhammer)
 - Walking with load on head
 - Drawing water
 - Tending animals
-

Vigorous Physical Activity during Leisure Time

Examples for VIGOROUS activities during LEISURE TIME

VIGOROUS Intensity Activities

Make you breathe much harder than normal



Other examples for VIGOROUS activities during LEISURE TIME

- Soccer
 - Rugby
 - Tennis
 - High-impact aerobics
 - Aqua aerobics
 - Ballet dancing
 - Fast swimming
-

Moderate Physical Activity during Leisure Time

Examples for
MODERATE
activities
during
LEISURE
TIME

MODERATE Intensity Activities

Make you breathe somewhat harder than normal



Other examples
for
MODERATE
activities at
WORK

- Cycling
 - Jogging
 - Dancing
 - Horse-riding
 - Tai chi
 - Yoga
 - Pilates
 - Low-impact aerobics
 - Cricket
-

Section 4: Optional Modules

Overview

Introduction

There are optional modules available that cover specific topics that can be assessed in STEPS surveys. These modules can be used if a country wishes to go beyond the core and expanded STEPS Instrument, and to describe population level indicators for these specific topics.

Data Books, a full tabulation of all the results from the questions specific to these modules, are available on the STEPS website:

[Noncommunicable Disease Surveillance, Monitoring and Reporting \(who.int\)](https://www.who.int/steps)

Optional Modules

This section contains the following optional modules:

Topic	See Page
Optional Module: Cervical Cancer	5-4A-1
Optional Module: Mental Health / Suicide	5-4B-1
Optional Module: Oral Health	5-4C-1
Optional Module: Tobacco Policy	5-4D-1
Optional Module: Violence and Injury	5-4E-1
Optional Module: Objective Measurement of Physical Activity	5-4F-1
Optional Module: Household Energy Use	5-4G-1
Optional Module: Sensory Function	5-4H-1
Optional Module: Disability	5-4I-1
Optional Module: Mental Health-Depression	5-4J-1
Optional Module: Chronic Respiratory Diseases	5-4K-1

Cervical Cancer

CORE and EXPANDED: Cervical cancer (expanded questions are shaded)		
Question	Response	Code
The next questions ask about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.		
<i>The next questions CX2 – CX10 are administered only to those that ever had a screening test for cervical cancer (CX1=1). If CX1=2, go to CX11.</i>		
At what age were you first tested for cervical cancer?	Age <input type="text"/> Don't know 77 Refused 88	CX2
When was your last (most recent) test for cervical cancer?	Less than 1 year ago 1 1-2 years ago 2 3-5 years ago 3 More than 5 years ago 4 Don't know 77 Refused 88	CX3
What is the main reason you had your last test for cervical cancer?	Part of a routine exam 1 Following up on abnormal or inconclusive result 2 Recommended by healthcare provider 3 Recommended by other source 4 Experiencing pain or other symptoms 5 Other 6 Don't know 77 Refused 88	CX4
Where did you receive your last test for cervical cancer? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	Doctor's office 1 Mobile clinic 2 Community clinic 3 Hospital 4 Other 5 Don't know 77 Refused 88	CX5
What was the result of your last (most recent) test for cervical cancer?	Did not receive result 1 <i>If CC6=1, go to next section</i> Normal / Negative 2 <i>If CC6=2, go to next section</i> Abnormal /Positive 3 Suspect cancer 4 Inconclusive 5 Don't know 77 Refused 88	CX6

CORE and EXPANDED: Cervical cancer		
Question	Response	Code
Did you have any follow-up visits because of your test results?	Yes 1 No 2 Don't know 77 Refused 88	CX7
Did you receive any treatment to your cervix because of your test result?	Yes 1 No 2 <i>If No, go to CC10</i> Don't know 77 <i>If Don't know, go to next section</i> Refused 88 <i>If Refused, go to next section</i>	CX8
Did you receive treatment during the same visit as your last test for cervical cancer?	Yes 1 <i>If Yes, go to next section</i> No 2 <i>If No, go to next section</i> Don't know 77 <i>If Don't know, go to next section</i> Refused 88 <i>If Refused, go to next section</i>	CX9
What is the main reason you did not receive treatment?	Was not told I needed treatment 1 Did not know how/where to get treatment 2 Embarrassment 3 Too expensive 4 Didn't have time 5 Clinic too far away 6 Poor service quality 7 Fear (afraid of procedure; afraid of social stigma) 8 Cultural beliefs 9 Family member would not allow it 10 <i>If CC10=10, go to C10Spec, else go to next section</i> Don't know 77 Refused 88	CX10
	Family member (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CX10Spec
What is the main reason you have never had a cervical cancer test?	Did not know how/where to get test 1 Embarrassment 2 Too expensive 3 Didn't have time 4 Clinic too far away 5 Poor service quality 6 Fear (afraid of procedure; afraid of social stigma) 7 Cultural beliefs 8 Family member would not allow it 9 <i>If CC11=9, go to C11Spec, else go to next section</i> Don't know 77 Refused 88	CX11
	Family member (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CX11Spec

Mental health / Suicide

Mental health / Suicide			
The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.			
Question	Response		Code
During the past 12 months , have you seriously considered attempting suicide?	Yes	1	MH1
	No	2 <i>If No, go to MH3</i>	
	Refused	88	
Did you seek professional help for these thoughts?	Yes	1	MH2
	No	2	
	Refused	88	
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes	1	MH3
	No	2	
	Refused	88	
Have you ever attempted suicide ?	Yes	1	MH4
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
During the past 12 months , have you attempted suicide ?	Yes	1	MH5
	No	2	
	Refused	88	
What was the main method you used the last time you attempted suicide? (<i>SELECT ONLY ONE</i>)	Razor, knife or other sharp instrument	1	MH6
	Overdose of medication (e. g. prescribed, over-the-counter)	2	
	Overdose of other substance (e.g. heroin, crack, alcohol)	3	
	Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer)	4	
	Other poisoning (e.g. plant/seed, household product)	5	
	Poisonous gases from charcoal	6	
	Other	7 <i>If Other, go to MH6other</i>	
	Refused	88	
	Other (specify)	<input type="text"/>	MH6other
Did you seek medical care for this attempt?	Yes	1	MH7
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
Were you admitted to hospital overnight because of this attempt?	Yes	1	MH8
	No	2	
	Refused	88	
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MH9
	No	2	
	Refused	88	
Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes	1	MH10
	No	2	
	Refused	88	

Oral Health

Oral Health		
The next questions ask about your oral health status, problems with your teeth, gums or mouth, any treatment that you may have received for problems and oral hygiene behaviours.		
Question	Response	Code
How do you rate your oral health (conditions of teeth, gums and mouth) right now?	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5	O1
During the past twelve months, did you experience one or more of the following issues because of your teeth, gums or mouth? Please mark all that apply.	Pain 1 Difficulty eating food 2 Difficulty speaking 3 Avoided smiling 4 Difficulty doing other usual activities 5 None 6 <i>If None, go to O5</i> Other 7 <i>If Other, go to O2other</i> Don't Know 77	O2
	Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O2other
During the past twelve months, have you used health care services because of a problem with your teeth, gums or mouth?	Yes 1 <i>If Yes, go to O5</i> No 2	O3
What were the reasons for not using a health care services? Please mark all that apply	No service available 1 Too expensive 2 Service too far away 3 Poor service quality 4 Fear (afraid of dental care) 5 No appointment available 6 Relief from self medication 7 Other 8 <i>If Other, go to O4other</i>	O4
	Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O4other
Please indicate which of the toothpastes shown do you use to clean your teeth?	Image 1 1 Image 2 2 Image 3 3 Image 4 4 Image 5 5 Other 6 <i>If other, go to O5other</i> Do not use toothpaste 7	O5
	Other (specify)	O5other

Oral Health Assessment

Clinical Oral Health Assessment		
Question	Response	Code
Tooth count	0 1 <i>If 0, go to O9</i> 1 - 9 2 10 – 19 3 ≥ 20 4 Refused 88 <i>If 88, end assessment</i>	O6
Presence of untreated dental caries	Yes 1 No 2 <i>If No, go to O9</i>	O7
Presence of severe dental caries	Yes 1 No 2	O8
Presence of severe pain, swelling, damage or unusual lesion in or around the mouth	Yes 1 <i>If Yes, go to O10</i> No 2 <i>If O7=2 and O8=2, end assessment</i>	O9
Need for urgent / immediate oral health care / referral	Yes 1 <i>If O7=1 or O8 = 1 or O9 = 1</i> No 2	O10

Tobacco Policy

Tobacco Policy		
You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchases.		
Question	Response	Code
During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (<i>RECORD FOR EACH</i>)		
Newspapers or magazines	Yes 1 No 2 Don't know 77	TP1a
Television	Yes 1 No 2 Don't know 77	TP1b
Radio	Yes 1 No 2 Don't know 77	TP1c
During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP2
During the past 30 days, have you noticed any of the following types of cigarette promotions? (<i>RECORD FOR EACH</i>)		
Free samples of cigarettes	Yes 1 No 2 Don't know 77	TP3a
Cigarettes at sale prices	Yes 1 No 2 Don't know 77	TP3b
Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP3c
Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP3d
Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP3e
Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP3f
<i>The next questions TP4 – TP7 are administered to current smokers only.</i>		
During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 <i>If no, go to TP6</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP6</i> Don't know 77 <i>If Don't know, go to TP6</i>	TP4
During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?	Yes 1 No 2 Don't know 77	TP5
The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes <input type="text"/> Don't know or Don't smoke or purchase manuf. cigarettes 7777 <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i>	TP6
In total, how much money did you pay for this purchase? (<i>DIGITS TO BE ADAPTED TO COUNTRY NEEDS</i>)	Amount <input type="text"/> Don't know 7777 Refused 8888	TP7

Violence and Injury

CORE: Injury		
The next questions ask about different experiences and behaviours that are related to road traffic injuries.		
Question	Response	Code
In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the car I usually am in 5 Don't Know 77 Refused 88	V1
In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2
In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to V5</i> Don't know 77 <i>If don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	V3
Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4
The next questions ask about the most serious accidental injury you have had in the past 12 months.		
In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i>	V5
Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77 Refused 88	V6

	Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	V6other
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CORE: Injury, Continued		
Question	Response	Code
Where were you when you had this injury?	Home	1
	School	2
	Workplace	3
	Road/Street/Highway	4
	Farm	5
	Sports/athletic area	6
	Other (specify)	7
	Don't know	77
	Refused	88
	Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	V7other

EXPANDED: Unintentional Injury		
The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.		
Question	Response	Code
In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always	1
	Sometimes	2
	Never	3
	Did not ride in the past 30 days	4
	Don't Know	77
	Refused	88
In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? <i>(USE SHOWCARD)</i>	Number of times	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Don't Know	77
	Refused	88
In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? <i>(USE SHOWCARD)</i>	Number of times	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Don't Know	77
	Refused	88

CORE: Violence		
The following questions are about different experiences and behaviours that are related to violence.		
Question	Response	Code
In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never	1 <i>If never, go to V14</i>
	Rarely (1- 2 times)	2
	Sometimes (3 – 5 times)	3
	Often (6 or more times)	4
	Don't know	77 <i>If don't know, go to V14</i>
	Refused	88 <i>If Refused, go to V14</i>
The next questions ask about the most serious violent incidence you have had in the past 12 months.		
Please indicate which of the following caused your most serious injury in the last 12 months. <i>(USE SHOWCARDS)</i>	Being shot with a firearm	1
	A weapon (other than a firearm) was used by the person who injured me	2
	Being injured without any weapon (slapped, pushed...)	3
	Don't know	77
	Refused	88

Question	Response	Code	Question
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner	1	V13
	Parent	2	
Child, sibling, or other relative	3		
Friend or acquaintance	4		
Unrelated caregiver	5		
Stranger	6		
Official or legal authorities	7		
Other (specify)	8		
Refused	88		
	Other (please specify)	_____	V13other
Looking back on your childhood (before age 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you?	Never	1	V14
	Very rarely	2	
	Once a month	3	
	Once a week	4	
	Almost daily	5	
	Don't know	77	
	Refused	88	
Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex?	Yes	1	V15
	No	2	
	Refused	88	
Since your 18th birthday, have you ever experienced a sex act involving either vaginal, oral, or anal penetration against your will ?	Never	1	V16
	Once	2	
	A few times (2 to 3 times)	3	
	Many times (4 or more times)	4	
	Don't know	77	
	Refused	88	

EXPANDED: Violence			
The next questions ask about behaviours related to your safety.			
Question	Response	Code	
In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes	1	V17
	No	2 <i>If no, go to V19</i>	
	Refused	88 <i>If refused, go to V19</i>	
Please specify of whom you were most often frightened.	Intimate partner	1	V18
	Parent	2	
	Child, sibling, or other relative	3	
	Friend or acquaintance	4	
	Unrelated caregiver	5	
	Stranger	6	
	Official or legal authority	7	
	Other (specify)	8	
	Refused	88	
	Other (please specify)	_____	V18other

Have you carried a loaded firearm on your person outside the home in the last 30 days?	No	1	V19
	Yes, for protection	2	
	Yes, for work	3	
	Yes, for sport (e.g. hunting target practice)	4	
	Refused	88	

Objective Measurement of Physical Activity

Introduction

Questions on physical activity are included in Step 1 of the STEPS Instrument. This ‘subjective’ measurement relies on perceptions, memory, and judgments of the participant. However, physical activity can also be assessed ‘objectively’, through quantification of movement.

Common objective measures include devices such as accelerometers (activity watches), pedometers (step-counters), or Global Positioning System (GPS) units.

Accelerometer or pedometer measurements as part of Step 2

- Measurements of physical activity with accelerometers or pedometers can be integrated in Step 2 of a STEPS survey. These measurements are generally done with a sub-sample, or ideally the entire sample of the survey, whereby each participant should wear the device over a few days.

Protocols for objective measurement of physical activity

- Protocols for the integration of accelerometry and pedometry in Step 2 of a STEPS survey are available from the WHO Geneva STEPS team upon request. The protocols include an introduction to the measurements, background information and objectives, methods on how to implement the measurements, including survey logistics, as well as plans for data analysis and reporting.

Instructions and training materials for data collectors

- Instructions for data collectors, as well as training materials for objective measurement of physical activity as part of STEPS are also available from the WHO Geneva STEPS team upon request. These instructions include a quick check list, information on device preparation, data collection procedures, data recording as well as device cleaning and storage.

Instructions for participants

- Instructions for participants included in objective physical activity measurement with accelerometers or pedometers have also been developed, and are available from the WHO Geneva STEPS team upon request. They include guidelines on how to use the devices and frequently asked questions.

Devices at WHO Geneva

- Countries interested in including objective measurement of physical activity in their STEPS survey may wish to contact the WHO Geneva STEPS team for loan of pedometers or accelerometers.

Household energy use

CORE: Household energy use

The next questions ask about household energy use. They include questions on the main device used for cooking, heating and lighting.

COOKING

Question	Response	Code
Is any of the food or drink consumed by household members cooked or prepared (<i>cooking food, making tea/coffee, boiling drinking water</i>) at the household dwelling using a cookstove, fire or other cooking device?	Yes 1 No 2 <i>If No, Go to HE5</i> Don't know 77	HE 1
What does this household use for cooking most of the time (<i>including cooking food, making tea/coffee, boiling drinking water</i>)? Please tell me the cookstove or device that is used for the most time.	Solar cooker (thermal energy, not solar panels) 1 <i>If Yes, go to HE5</i> Electric stove 2 <i>If Yes, go to HE5</i> Piped natural gas stove 3 <i>If Yes, go to HE5</i> Biogas stove 4 <i>If Yes, go to HE5</i> Liquefied petroleum gas/cooking gas stove 5 <i>If Yes, go to HE5</i> Manufactured solid fuel stove 6 Traditional solid fuel stove (non-manufactured) 7 Liquid fuel stove (ethanol, alcohol, kerosene) 8 <i>If Yes, go to HE4</i> Moveable firepan/3 stone stove/open fire 9 <i>If Yes, go to HE4</i> Other 10 <i>If Yes, go to HE2other</i> Don't know 77	HE 2
	Please specify other	HE2other
What is the brand of the stove/device? [INSERT COUNTRY SPECIFIC EXAMPLES]	Brand name	HE 3
What type of fuel or energy sources does this household use most of the time for cooking in this cookstove or device?	Alcohol/ethanol 1 Gasoline/diesel (not in generator) 2 Kerosene/paraffin 3 Coal/lignite 4 Charcoal 5 Wood 6 Agricultural or crop residue/grass/straw/shrubs/corn cobs/woodchips/sawdust 7 Animal waste/dung 8 Processed biomass pellets/briquettes 9 Garbage/plastic 10 Other 11 <i>If Yes, go to HE4other</i> Don't know 77	HE4
	Please specify other	HE4other

HEATING		
Question	Response	Code
Does this household use any heating device or fire to keep the dwelling/living quarters warm at any time during the year?	Yes 1 No 2 <i>If No, go to HE9</i> Don't know 77	HE5
What does this household use to heat the home when needed? For example, do you use a space heater(s), or use your cookstove in the winter for warmth? Please tell me the heater, cookstove or heat system used for the most time .	Central heating 1 Manufactured space heater 2 Traditional space heater 3 Manufactured cookstove 4 Traditional cookstove (non-manufactured) 5 Moveable heating pan 6 Open fire/three-stone stove 7 Heat pump 8 Other 9 <i>If Yes, go to HE6other</i> Don't know 77	HE6
	Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HE6other
What type of fuel or energy source does this household use most of the time for heating in this heater, cookstove or device?	Electricity (including solar panels) 1 Piped natural gas 2 Liquefied Petroleum Gas/cooking gas 3 Biogas 4 Alcohol / ethanol 5 Gasoline/diesel 6 Kerosene/paraffin 7 Coal/lignite 8 Charcoal 9 Wood 10 Processed biomass pellets/briquettes 11 Agricultural or crop residue/grass/straw/shrubs/corncoobs/woodchips/sawdust 12 Animal waste/dung 13 Garbage/plastic 14 Other 15 <i>If yes, go to HE7other</i> Don't know 77	HE 7
	Please specify other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HE7other

LIGHTING		
Question	Response	Code
Does this household use anything for lighting?	Yes 1 No 2 <i>If No, go to next section</i> Don't know 77	HE 8
What does this household use most of the time as energy for lighting, or as a light source? Please tell me the light source used for the most time each day.	Electricity 1 Solar-powered lantern or flashlight 2 Rechargeable flashlight, torch or lantern 3 Battery powered flashlight, torch or lantern 4 Biogas lamp 5 Liquefied petroleum gas lamp 6 Gasoline lamp 7 Kerosene or paraffin lamp 8 Oil lamp 9 Candle 10 Open fire (wood/charcoal/crop residue/animal dung or waste) 11 Other 12 <i>If Yes, go to HE9other</i> Don't know 77	HE 9
	Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HE9other

	Had laser surgery or other surgery to replace glasses or contact lenses 4 <i>If Yes, go to SF10</i> Others (please specify) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Have you ever had laser surgery or other surgery to replace glasses or contact lenses?	Yes 1 No 2 <i>If No, go to SF11</i>	SF9
How long ago did you have laser surgery to replace glasses or contact lenses?	Years 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF11</i> OR Months 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF11</i> OR weeks 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF11</i> OR days 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF11</i> Don't know 77	SF10
Have you ever had cataract surgery?	Yes 1 No 2 <i>If No, go to SF14</i>	SF11
On which of your eyes did you have the cataract surgery performed?	Right 1 Left 2 Both 3	SF12
How long ago was your cataract surgery? If SF12=3, Asked for both eyes	Years 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF14</i> OR Months 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF14</i> OR Weeks 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF14</i> OR Days 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Don't know 77	SF13

Hearing		
Question	Response	Code
Do you have difficulty in hearing without hearing aids?	None/no difficulty 1	SF14
	Yes, minimal difficulty 2	
	Yes, moderate difficulty 3	
	Yes, a lot of difficulty 4	
	Yes, extreme difficulty 5	
Have you ever had your hearing checked by a doctor or other health worker?	Yes 1	SF15
	No 2 <i>If No, go to SF19</i>	
How long ago did you have your hearing last checked by a doctor or other health worker?	Years 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF17</i>	SF16
	OR Months 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF17</i>	
	OR Weeks 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF17</i>	
	OR Days 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF17</i>	
	Don't know 77	

Were you told by a doctor or other health worker that you have hearing loss?	<p>Yes 1</p> <p>No 2 <i>If No, go to SF19</i></p> <p>Don't know 77 <i>If DK, go to SF19</i></p>	SF17
Please indicate what your doctor or other health worker recommended or prescribed to aid your hearing as a result of your hearing assessment.	<p>Hearing Aid 1</p> <p>Surgical hearing implant 2</p> <p>Personal sound amplification products (PSAPs) 3</p> <p>No recommendation for hearing aid/implant 4 <i>If Yes, go to end of section</i></p> <p>Other (please specify) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Don't know 77</p>	SF18
Do you currently use a device to assist your hearing such as a hearing aid or cochlear implant?	<p>Yes 1 <i>If Yes, go to SF21</i></p> <p>No 2 <i>If No and SF18=1,2 or 3, go to SF20, otherwise go to end of section</i></p>	SF19
What is the main reason you are not using a device such as a hearing aid or implant to assist your hearing?	<p>Too expensive, could not afford 1 <i>Go to end of section</i></p> <p>No shop/service provider nearby 2 <i>Go to end of section</i></p> <p>Hearing devices not sold in the shop 3 <i>Go to end of section</i></p> <p>Other (please specify reason) 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	SF20
Please indicate the type of hearing device you currently use.	<p>Hearing aid 1</p> <p>Cochlear implant 2</p> <p>Personal sound amplification products (PSAPs) 3</p> <p>Other (please specify) 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	SF21
On/in which ear do you use the hearing device?	<p>Right 1</p> <p>Left 2</p> <p>Both 3</p>	SF22
How long have you been using hearing device/s?	<p>Years 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF24</i></p> <p>OR Months 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF24</i></p> <p>OR Weeks 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF24</i></p> <p>OR Days 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If known, go to SF24</i></p> <p>Don't know 77</p>	SF23
<p>Since you started using your hearing device, how much has it helped you to hear better (for example in watching TV, listening to radio, conversing with people etc?)</p> <p><i>(READ OUT OPTIONS)</i></p>	<p>Helped very much 1</p> <p>Helped quite a lot 2</p> <p>Helped moderately 3</p> <p>Helped slightly 4</p> <p>Helped not at all 5</p>	SF24

Vision and Hearing Assessment

CORE: Visual Acuity Assessment			
Question	Response		Code
Interviewer ID	□ □ □ □		VH1
Device ID (SNELLEN VISUAL ACUITY CHART/SMART PHONE APP)	□ □ □		VH2
Uncorrected Distance visual acuity <i>[Relevant to all participants]</i>	Right eye	fraction □ □ / □ □ □ □ decimal □ □ . □ □ □	VH3a
	Left eye	fraction □ □ / □ □ □ □ decimal □ □ . □ □ □	VH3b
Visual acuity with spectacles or contact lenses (if applicable) <i>[if spectacles or contact lenses for distance vision are worn to the assessment, visual acuity is measured with the person wearing them]</i>	Right eye	fraction □ □ / □ □ □ □ decimal □ □ . □ □ □	VH4a
	Left eye	fraction □ □ / □ □ □ □ decimal □ □ . □ □ □	VH4b
Pinhole Assessment <i>[ONLY Relevant to participants whose presenting visual acuity (i.e. uncorrected visual acuity or visual acuity with spectacles or contact lenses for distance vision are worn to the assessment) is <6/12 in one or both eyes]</i>			
Device ID Pinhole Occluder	□ □ □		VH5
Distance visual acuity using Pinhole Occluder	Right eye	Improve to $\geq 6/12$ 1 Does not improve to $\geq 6/12$ 2	VH6a
	Left eye	Improve to $\geq 6/12$ 1 Does not improve to $\geq 6/12$ 2	VH6b
Near Visual Acuity Assessment (ONLY participants aged ≥ 35 years old)			
Device ID: Device/chart to test for near visual acuity/SMART PHONE APP	□ □ □		VH7
Uncorrected near visual acuity at 40cm. <i>[Relevant to all participants aged 35 years and over]</i>	Right eye	Yes, can see N6 1 No, cannot see N6 2	VH8a
	Left eye	Yes, can see N6 1 No, cannot see N6 2	VH8b
Near visual acuity at 40 cm with spectacles (if applicable)	Right eye	Yes, can see N6 1 No, cannot see N6 2	VH9a

<p>[Relevant to participants aged 35 years and over who present to the examination with spectacles for near vision]</p>	<p>Left eye</p>	<table border="1"> <tr> <td data-bbox="863 129 1070 197">Yes, can see N6</td> <td data-bbox="1075 129 1364 197">1</td> </tr> <tr> <td data-bbox="863 197 1070 241">No, cannot see N6</td> <td data-bbox="1075 197 1364 241">2</td> </tr> </table>	Yes, can see N6	1	No, cannot see N6	2	<p>VH9b</p>
Yes, can see N6	1						
No, cannot see N6	2						
<p>CORE: Hearing Assessment</p>							
<p>Interviewer ID</p>	<p>_____</p>		<p>VH10</p>				
<p>Device ID</p>	<p>_____</p>		<p>VH11</p>				
<p>Hearing test using automated hearing screener (hearWHO)</p> <p><i>Record score in percentages</i></p>	<p>_____ %</p>		<p>VH12</p>				

Disability Module

Disability

The next questions ask about your health, any long-lasting conditions or illnesses that may restrict your day-to-day activities.

Question	Response	Code
Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?	Yes 1	DM1
	No 2 <i>If No, go to next module</i>	
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?	Yes, a lot 1	DM2
	Yes, a little 2	
	Not at all 3	

Mental health (depression)

Mental health		
The next questions are about feelings of sadness, depression, and loss of interest and pleasure.		
Question	Response	Code
In the last 12 months, have you, for a period of at least 2 weeks, felt sad or depressed for most of the day, nearly every day ?	Yes 1 No 2 Refused 88	MH1
In the last 12 months, have you, for a period of at least 2 weeks, been a lot less interested in, or experienced a lot less pleasure from, doing the things you normally enjoy?	Yes 1 No 2 <i>If No and MH1=2, go to next module</i> Refused 88	MH2
Please tell me when in the last 12 months you experienced the worst period of [LOW MOOD and/or LOSS OF INTEREST OR PLEASURE] that lasted for at least 2 weeks?	Period (e.g., month): _____	MH3
The next questions I am going to ask you will all refer specifically to this time, that is [INSERT ANSWER TO MH3]. Try to remember as best you can what you were experiencing during that time , rather than what you might have experienced at other times.		
During this time in which your [LOW MOOD and/or LOSS OF INTEREST] were at its worst, that is [SPECIFY PERIOD FROM MH3], did you have more trouble concentrating and staying focused on things than usual OR did you struggle more than usual to make decisions most of the day, nearly every day for at least 2 weeks?	Yes 1 No 2 Refused 88	MH4
During that same 2-week period, in [SPECIFY PERIOD], did you feel less valuable as a person or even worthless most of the day, nearly every day?	Yes 1 <i>Go to MH7</i> No 2 Refused 88	MH5
During that same 2-week period, did you feel overly guilty about things you did or neglected to do most of the day, nearly every day?	Yes 1 No 2 Refused 88	MH6
During that same 2-week period, did you feel more hopeless about the future, like things would never turn out well for you most of the day, nearly every day?	Yes 1 No 2 Refused 88	MH7
The next question can be a sensitive question. During that same 2-week period, in [SPECIFY PERIOD], on most days did you think about death or suicide, or did you try to end your life?	Yes 1 No 2 Refused 88	MH8
On most days during that same 2-week period, did you have more trouble sleeping than usual (for example falling or staying asleep), or did you sleep a lot more than you usually do?	Yes 1 No 2 Refused 88	MH9
On most days during that same 2-week period, did you not want to eat even when food was available, OR did you eat more than before your [LOW MOOD, and/or LOSS OF INTEREST] started?	Yes 1 No 2 Refused 88	MH10
On most days during that same 2-week period, did you have less energy than before your [LOW MOOD, and/or LOSS OF INTEREST] started OR were you much more tired than usual even when doing some small task?	Yes 1 No 2 Refused 88	MH11
On most days during that same 2-week period, did others notice you were moving or speaking more slowly than is normal for you, OR the opposite — did others notice you were fidgeting or pacing around a lot?	Yes 1 No 2 Refused 88	MH12

If less than five of the following symptoms are coded Yes: [MH1], [MH2], [MH4], [MH5 OR MH6], [MH7], [MH8], [MH9], [MH10], [MH11], [MH12], go to next module		
During this time when you experienced [LIST ALL ENDORSED SYMPTOMS], did these difficulties affect your ability to function in daily life (for example your work or school, your social life, your relationships)?	Yes, some difficulty in daily life 1 Yes, considerable difficulty in multiple aspects of daily life 2 Yes, serious difficulty continuing to function in most aspects of daily life 3 No 4 <i>Go to next module</i> Refused 88	MH13
Treatment coverage		
In the past 12 months, have you taken anti-depressant medication prescribed by a doctor or other health worker?	Yes, for less than 3 months 1 Yes, for 3 months or more 2 No 3 Refused 88	MH14
In the past 12 months, have you received psychological therapy/counselling sessions for at least 30 minutes by a doctor or other health worker for the difficulties we've just talked about?	Yes: 1 to 3 sessions 1 Yes, 4 sessions or more 2 No 3 Refused 88	MH15

Chronic Respiratory Diseases

Chronic Respiratory Diseases		
<p>The next questions ask about chronic lung diseases and difficulty breathing. Firstly, I will ask questions about asthma and chronic obstructive pulmonary disease (COPD) and any treatment that you may have received for asthma and COPD.</p>		
Question	Response	Code
Have you ever been told by a doctor or other health worker that you have asthma?	<p>Yes 1</p> <p>No 2 <i>If No, go to CRD3</i></p> <p>Refused 88</p>	CRD1
In the past two weeks, have you taken any drugs (medication, including inhalers) for asthma prescribed by a doctor or other health worker?	<p>Yes 1</p> <p>No 2</p>	CRD2
Have you ever been told by a doctor or other health worker that you have chronic obstructive pulmonary disease (COPD) or chronic bronchitis or emphysema?	<p>Yes 1</p> <p>No 2 <i>If No, go to CRD5</i></p> <p>Refused 88</p>	CRD3
In the past two weeks, have you taken any drugs (medication, including inhalers) for chronic obstructive pulmonary disease (COPD) or chronic bronchitis or emphysema prescribed by a doctor or other health worker?	<p>Yes 1</p> <p>No 2</p>	CRD4

Are you currently being treated for tuberculosis?	Yes 1 <i>If Yes, go to end of section</i> No 2	CRD5
With the next questions, I would like to learn more about any chronic symptoms of cough, wheeze or difficulty breathing that you may have experienced.		
In the past 12 months, have you had wheezing or whistling in your chest?	Yes 1 No 2 <i>If No, go to CRD10</i>	CRD6
How many attacks of wheezing have you had in the past 12 months?	1-3 1 4 or more 2	CRD7
In the past 12 months, how often, on average has your sleep been disturbed due to wheezing, shortness of breath or coughing?	Less than 1 night per week 1 One or more nights per week 2	CRD8
In the past 12 months, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?	Yes 1 No 2	CRD9
In the past 12 months, have you coughed on most days, for at least 3 months?	Yes 1 No 2 <i>If No, go to CRD12</i>	CRD10
Do you usually cough up phlegm or sputum?	Yes 1 No 2	CRD11
Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?	Yes 1 No 2 <i>If No, end section</i>	CRD12

If Yes to CRD6 OR CRD10 OR CRD12 then ask the following questions

In the past 12 months, have you missed work or have your daily activities been affected by your breathing problems?	Yes 1 No 2	CRD13
In the past 12 months, have you been admitted to hospital because of your breathing problems?	Yes 1 No 2	CRD14

Peak Expiratory Flow Measurement

CORE: Peak Expiratory Flow Measurement

Peak expiratory flow measurement to be done on symptomatic (CRD6=1 OR CRD10=1 OR CRD12=1) and/or participants who have received a diagnosis (CRD1=1 or CRD3=1)
Current diagnosis of TB (CRD5=1) and/or Pregnant women will be excluded (skip if M8='1')

Question	Response		Code
Interviewer ID	<div style="text-align: right;"> <input type="text"/> </div>		PEF1
Device ID	<div style="text-align: right;"> <input type="text"/> </div>		PEF2
Peak Expiratory Flow measurement	Reading 1	<div style="text-align: right;"> <input type="text"/> L/min </div>	PEF3a
Peak Expiratory Flow measurement	Reading 2	<div style="text-align: right;"> <input type="text"/> L/min </div>	PEF3b
Peak Expiratory Flow measurement	Reading 3	<div style="text-align: right;"> <input type="text"/> L/min </div>	PEF3c
Calculated result <i>Record the calculated result</i>	Results	<div style="text-align: right;"> <input type="text"/> L/min <input type="text"/> % </div>	PEF4