

## Appendix 2 Vanuatu STEPS Survey Questionnaire

# National STEPS Survey Questionnaire for NCD Risk Factors

Vanuatu 2011



of Health



### Survey Information

| Location and Date |   | Response                              | Code |
|-------------------|---|---------------------------------------|------|
| 1                 | EA No                                   | _____                                 | I1   |
| 2                 | Island name                             |                                       | I2   |
| 3                 | Interviewer ID                          | _____                                 | I3   |
| 4                 | Date of completion of the questionnaire | _____<br>dd          mm          year | I4   |

| Consent, Interview Language and Name |                                      | Response                           | Code |
|--------------------------------------|--------------------------------------|------------------------------------|------|
| Participant Id Number _____          |                                      |                                    |      |
| 5                                    | Consent has been read and obtained   | Yes 1<br>No 2 <b>If NO, END</b>    | I5   |
| 6                                    | Interview Language                   | Bislama 1<br>English 2<br>Other 3  | I6   |
| 7                                    | Time of interview<br>(24 hour clock) | _____ : _____<br>hrs          mins | I7   |
| 8                                    | Family Surname                       |                                    | I8   |
| 9                                    | First Name                           |                                    | I9   |
| 10                                   | Contact phone number where possible  |                                    | I10  |

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





|    |   |   |                                      |
|----|---|---|--------------------------------------|
|    |   | Other <input type="checkbox"/> <i>T5other,</i><br><input type="checkbox"/> <i>else go to T6</i> | <i>If Other, go to</i><br><b>T5f</b> |
|    |   | Other (please specify):<br><i>Go to T9</i>  | <b>T5other</b>                       |
| 28 | In the past, did you <b>ever</b> smoke <b>daily</b> ?   | Yes 1<br>No 2 <i>If No, go to T9</i>  | <b>T6</b>                            |
| 29 | How old were you when you <b>stopped</b> smoking <b>daily</b> ?   | Age (years)<br>Don't Know 77 <input type="checkbox"/> <i>If Known, go to T9</i>                 | <b>T7</b>                            |
| 30 | How <b>long ago</b> did you stop smoking daily?<br><i>(RECORD ONLY 1, NOT ALL 3)</i><br><br><i>Don't Know 77</i>  | Years ago <input type="checkbox"/> <i>If Known, go to T9</i>                                    | <b>T8a</b>                           |
|    |   | OR Months ago <input type="checkbox"/> <i>If Known, go to T9</i>                                | <b>T8b</b>                           |
|    |   | OR Weeks ago <input type="checkbox"/>   | <b>T8c</b>                           |
| 31 | During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?   | Number of days<br>Don't know 77 <input type="checkbox"/>  | <b>T9</b>                            |
| 32 | During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present? | Number of days<br>Don't know or don't work in a closed area 77 <input type="checkbox"/>         | <b>T10</b>                           |

| <b>Betel Nut Use</b>          |  |   |             |
|-------------------------------|--|---|-------------|
| <b>Question</b>               |  | <b>Response</b>   | <b>Code</b> |
| 33                            | Do you <b>currently</b> chew betel nut?  | Yes 1<br>No 2 <i>If No, go to A1a</i>                     | <b>X1</b>   |
| 34                            | <b>If Yes,</b><br>Do you <b>currently</b> chew betel nuts <b>daily</b> ?                 | Yes 1<br>No 2   | <b>X2</b>   |
| 35                            | When you chew, how many nuts on average do you chew at one time?                         | Number of Betel Nuts <input type="checkbox"/>             | <b>X3</b>   |
| 36                            | On average, how many times each day do you chew?   | Times per day <input type="checkbox"/>                    | <b>X4</b>   |
| <b>Betel Nut with Tobacco</b> |  |   |             |
| <b>Question</b>               |  | <b>Response</b>   | <b>Code</b> |
| 37                            | Do you currently chew betel nut <b>with Tobacco</b> ?                                    | Yes 1<br>No 2 <i>If No, go to A1a</i>                     | <b>X5</b>   |
| 38                            | Do you currently chew betel nut with Tobacco <b>daily</b> ?                              | Yes 1<br>No 2   | <b>X6</b>   |
| 39                            | During the past 30 days, how many occasions did you chew <b>betel nut with Tobacco</b> ? | Number of times<br>Don't Know 77 <input type="checkbox"/> | <b>X7</b>   |

| <b>Alcohol Consumption</b>                               |  |                                      |             |
|--|--|--------------------------------------|-------------|
| The next questions ask about the consumption of alcohol. |  |                                      |             |
| <b>Question</b>  |  | <b>Response</b>                      | <b>Code</b> |
| 40   | Have you <b>ever</b> consumed an alcoholic drink such as beer, home brew, wine or spirits? | Yes 1<br>No 2 <i>If No, go to X8</i> | <b>A1a</b>  |

|    |  |   |     |
|----|--|---|-----|
| 41 | Have you consumed an alcoholic drink within the <b>past 12 months</b> ?  | Yes 1<br>No 2 <i>If No, go to X8</i>  | A1b |
| 42 | During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink?<br><br>( <i>READ RESPONSES</i> )   | Daily 1<br>5-6 days per week 2<br>1-4 days per week 3<br>1-3 days per month 4<br>Less than once a month 5 | A2  |
| 43 | Have you consumed an alcoholic drink within the <b>past 30 days</b> ?  | Yes 1<br>No 2 <i>If No, go to X8</i>  | A3  |
| 44 | During the past 30 days, how many <b>occasions</b> did you have at least one alcoholic drink?  | Number<br>Don't know ?? <input type="text"/>  | A4  |
| 45 | During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion?                          | Number<br>Don't know ?? <input type="text"/>  | A5  |
| 46 | During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?            | Largest number<br>Don't Know ?? <input type="text"/>  | A6  |
| 47 | During the past 30 days, how many times did you have<br>for <b>men: five or more</b><br>for <b>women: four or more</b><br>standard alcoholic drinks in a single drinking occasion? | Number of times<br>Don't Know ?? <input type="text"/>   | A7  |
| 48 | During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day?<br><br><i>Don't Know ??</i>  | Monday <input type="text"/>   | A8a |
|    |  | Tuesday <input type="text"/>  | A8b |
|    |  | Wednesday <input type="text"/>  | A8c |
|    |  | Thursday <input type="text"/>   | A8d |
|    |  | Friday <input type="text"/>   | A8e |
|    |  | Saturday <input type="text"/>   | A8f |
|    |  | Sunday <input type="text"/>   | A8g |

| Kava     |   |   |      |
|----------|---|---|------|
| Question |   | Response  | Code |
| 49       | Have you consumed kava in the <b>past 30 days</b> ?                               | Yes 1<br>No 2 <i>If No, go to D1</i>                  | X8   |
| 50       | During the past 30 days, how many occasions did you drink kava?                   | Number of times<br>Don't Know ?? <input type="text"/> | X9   |
| 51       | On each occasion that you drank kava, how many bowls did you consume?             | Number of bowls<br>Don't Know ?? <input type="text"/> | X10  |
| 52       | Do you smoke when you drink kava?   | Yes 1<br>No 2 <i>If No, go to D1</i>                  | X11  |
| 53       | How many tobacco products do you usually smoke during one kava drinking occasion? | Number of products <input type="text"/>               | X12  |

|    |   |               |     |
|----|---|---------------|-----|
| 54 | After drinking kava, do you continue with drinking alcohol? | Yes 1<br>No 2 | X13 |
|----|---|---------------|-----|

| 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 |
| 55   | In a typical week, on how many days do you eat fruit?  | Number of days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D3<br>Don't Know 77 <input type="text"/> <input type="text"/>   | D1   |
| 56   | How many servings of fruit do you eat on one of those days?  | Number of servings <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Don't Know 77 <input type="text"/> <input type="text"/>  | D2   |
| 57   | In a typical week, on how many days do you eat vegetables  | Number of days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D5<br>Don't Know 77 <input type="text"/> <input type="text"/>   | D3   |
| 58   | How many servings of vegetables do you eat on one of those days?   | Number of servings <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Don't know 77 <input type="text"/> <input type="text"/>  | D4   |
| 59   | On average, how many meals per week do you eat that were not prepared at a home?<br>By meal, I mean breakfast, lunch and dinner. | Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Don't know 77 <input type="text"/> <input type="text"/>  | D5   |
| 60   | On average how long does it take to consume 500g of salt?  | Number of days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to P1<br>Don't Know 77 <input type="text"/> <input type="text"/>   | X14  |
| 61   | Please choose an example that best represents what your biggest meal of the day is made of                                       | <p>1.  2.  3. </p> <p>4.  5. </p> | X15  |

| Physical Activity   |   |                                |      |
|---|---|--------------------------------|------|
| Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. 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. 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. |   |                                |      |
| Question  | Response  |                                | Code |
| <b>Work</b>   |   |                                |      |
| 62  | Does your work involve <b>vigorous-intensity</b> activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously? | Yes 1<br>No 2 If No, go to P 4 | P1   |

|   |   |   |              |
|---|---|---|--------------|
| 63  | In a typical week, on how many days do you do <b>vigorous-intensity</b> activities as part of your work?  | Number of days <input type="text"/>                                     | P2           |
| 64  | How much time do you spend doing <b>vigorous-intensity</b> activities at work on a typical day?   | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs mins | P3<br>(a-b)  |
| 65  | Does your work involve <b>moderate-intensity</b> activity, that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously?   | Yes 1<br>No 2 If No, go to P 7  | P4           |
| 66  | In a typical week, on how many days do you do <b>moderate-intensity</b> activities as part of your work?  | Number of days <input type="text"/>                                     | P5           |
| 67  | How much time do you spend doing <b>moderate-intensity</b> activities at work on a typical day?   | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs mins | P6<br>(a-b)  |
| <b>Travel to and from places</b>  |   |   |              |
| The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. |   |   |              |
| 68  | Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?   | Yes 1<br>No 2 If No, go to P 10   | P7           |
| 69  | In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?  | Number of days <input type="text"/>                                     | P8           |
| 70  | How much time do you spend walking or bicycling for travel on a typical day?  | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs mins | P9<br>(a-b)  |
| <b>Physical Activity, Continued</b>   |   |   |              |
| <b>Question</b>   |   | <b>Response</b>   | <b>Code</b>  |
| <b>Recreational activities</b>  |   |   |              |
| The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure).  |   |   |              |
| 71  | Do you do any <b>vigorous-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously?                              | Yes 1<br>No 2 If No, go to P 13   | P10          |
| 72  | In a typical week, on how many days do you do <b>vigorous-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities?  | Number of days <input type="text"/>                                     | P11          |
| 73  | How much time do you spend doing <b>vigorous-intensity</b> sports, fitness or recreational activities on a typical day?   | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs mins | P12<br>(a-b) |
| 74  | Do you do any <b>moderate-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball] for at least 10 minutes continuously? | Yes 1<br>No 2 If No, go to P16  | P13          |
| 75  | In a typical week, on how many days do you do <b>moderate-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities?  | Number of days <input type="text"/>                                     | P14          |

|    |  |  |              |
|----|--|--|--------------|
| 76 | How much time do you spend doing <b>moderate-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day? | Hours : minutes<br><div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <span style="font-size: 20px; margin: 0 5px;">:</span> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-left: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>hrs</span> <span>mins</span> </div> | P15<br>(a-b) |
|----|--|--|--------------|

|  |   |  |              |
|--|---|--|--------------|
| <b>Physical Activity</b>   |   |  |              |
| <b>Sedentary behaviour</b>   |   |  |              |
| 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, reading, playing cards or watching television, but do not include time spent sleeping. |   |  |              |
| 77   | How much time do you usually spend sitting or reclining on a typical day? | Hours : minutes<br><div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <span style="font-size: 20px; margin: 0 5px;">:</span> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-left: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>hrs</span> <span>mins</span> </div> | P16<br>(a-b) |

| <b>History of Raised Blood Pressure</b> |   |      |  |
|---|---|------|--|
| Question                                | Response  | Code |  |
| 78                                      | Have you ever had your blood pressure measured by a doctor or other health worker?<br>Yes 1<br>No 2 <i>If No, go to H6</i>                              | H1   |  |
| 79                                      | Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?<br>Yes 1<br>No 2 <i>If No, go to H6</i> | H2a  |  |
| 80                                      | Have you been told in the past 12 months?<br>Yes 1<br>No 2  | H2b  |  |
| 81                                      | Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?               |      |  |
|   | Drugs (medication) that you have taken in the past two weeks<br>Yes 1<br>No 2   | H3a  |  |
|   | Advice to reduce salt intake<br>Yes 1<br>No 2   | H3b  |  |
|   | Advice to lose weight<br>Yes 1<br>No 2  | H3c  |  |
|   | Advice or treatment to stop smoking<br>Yes 1<br>No 2  | H3d  |  |
|   | Advice to start or do more exercise<br>Yes 1<br>No 2  | H3e  |  |
| 82                                      | Have you ever seen a traditional healer for raised blood pressure or hypertension?<br>Yes 1<br>No 2   | H4   |  |
| 83                                      | Are you currently taking any herbal or traditional remedy for your raised blood pressure?<br>Yes 1<br>No 2  | H5   |  |

| <b>History of Diabetes</b> |   |      |  |
|----------------------------|---|------|--|
| Question                   | Response  | Code |  |
| 84                         | Have you ever had your blood sugar measured by a doctor or other health worker?<br>Yes 1<br>No 2 <i>If No, go to M1</i> | H6   |  |

|    |  |                                      |     |
|----|--|--------------------------------------|-----|
| 85 | Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?                       | Yes 1<br>No 2 <i>If No, go to M1</i> | H7a |
| 86 | Have you been told in the past 12 months?  | Yes 1<br>No 2                        | H7b |
| 87 | Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker? |                                      |     |
|    | Insulin  | Yes 1<br>No 2                        | H8a |
|    | Drugs (medication) that you have taken in the past two weeks   | Yes 1<br>No 2                        | H8b |
|    | Special prescribed diet  | Yes 1<br>No 2                        | H8c |
|    | Advice to lose weight  | Yes 1<br>No 2                        | H8d |
|    | Advice or treatment to stop smoking  | Yes 1<br>No 2                        | H8e |
| 88 | Have you ever seen a traditional healer for diabetes or raised blood sugar?  | Yes 1                                | H9  |
|    |  | No 2                                 |     |
| 89 | Are you currently taking any herbal or traditional remedy for your diabetes?   | Yes 1                                | H10 |
|    |  | No 2                                 |     |

## Step 2 Physical Measurements

| Height and Weight |   |                                    |      |
|-------------------|---|------------------------------------|------|
| Question          | Response  |                                    | Code |
| 90                | Interviewer ID  | _ _ _ _                            | M1   |
| 91                | Device IDs for height and weight  | Height    _ _ _                    | M2a  |
|                   |   | Weight    _ _ _                    | M2b  |
| 92                | Height  | in Centimetres (cm)    _ _ _ _ . _ | M3   |
| 93                | Weight<br><i>If too large for scale 666.6</i>   | in Kilograms (kg)    _ _ _ _ . _   | M4   |
| 94                | For women: Are you pregnant?  | Yes    1 <i>If Yes, go to M 8</i>  | M5   |
|                   |   | No    2                            |      |
| Waist             |   |                                    |      |
| 95                | Device ID for waist   | _ _ _                              | M6   |
| 96                | Waist circumference   | in Centimetres (cm)    _ _ _ _ . _ | M7   |
| Blood Pressure    |   |                                    |      |
| 97                | Interviewer ID  | _ _ _ _                            | M8   |
| 98                | Device ID for blood pressure  | _ _ _                              | M9   |
| 99                | Cuff size used  | Medium    1                        | M10  |
|                   |   | Large    2                         |      |
| 100               | Reading 1   | Systolic (mmHg)    _ _ _ _         | M11a |
|                   |   | Diastolic (mmHg)    _ _ _ _        | M11b |
| 101               | Reading 2   | Systolic (mmHg)    _ _ _ _         | M12a |
|                   |   | Diastolic (mmHg)    _ _ _ _        | M12b |
| 102               | Reading 3   | Systolic (mmHg)    _ _ _ _         | M13a |
|                   |   | Diastolic (mmHg)    _ _ _ _        | M13b |
| 103               | 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                           | M14  |
|                   |   | No    2                            |      |
| 104               | Hip circumference   | in Centimeters (cm)    _ _ _ _ . _ | M15  |
| 105               | Heart Rate  |                                    | M16a |
|                   | Reading 1   | Beats per minute    _ _ _ _        |      |
|                   | Reading 2   | Beats per minute    _ _ _ _        |      |
|                   | Reading 3   | Beats per minute    _ _ _ _        |      |

### Step 3 Biochemical Measurements

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