

Subject ID number: -

Appendix 1. FSM (Pohnpei) STEPS Survey Questionnaire

NCD Risk Factors Survey in the Federated States of Micronesia

Conducted by the FSM Department of HESA and the Pohnpei State Department of Health Services
in collaboration with the World Health Organization

The WHO STEPwise approach

Check if the following are completed:

<u>For Interviewer:</u>	Consent	<input type="checkbox"/>	Appointment / fasting instructions	<input type="checkbox"/>
<u>For Team Leader:</u>	Questionnaire review	<input type="checkbox"/>	STEP 1 done	<input type="checkbox"/> see Team Leader <input type="checkbox"/>
<u>For Registration:</u>	Participant is fasting	<input type="checkbox"/>	(only if STEP 3 required)	
	Consent	<input type="checkbox"/>	STEP 1 done	<input type="checkbox"/>
<u>For Checkout:</u>	STEP 2 done	<input type="checkbox"/>	STEP 3 done	<input type="checkbox"/> (only if STEP 3 required)
	Results form given	<input type="checkbox"/>	Health promotion material given if needed	<input type="checkbox"/>
	Checkout completed	<input type="checkbox"/>		
<u>For data entry:</u>	Data entry complete	<input type="checkbox"/>	first	<input type="checkbox"/> second
	Data entry problems	<input type="checkbox"/>	(write comments on page at end of form)	

PART 1: QUESTIONNAIRE-BASED ASSESSMENT

I. Identification information

I.2 Interviewer code: I.3 House code: I.4 Cluster code:
I.5 Cluster Name:
I.6 Date of completion of the questionnaire: / /
Month Day Year

I.7 Name (family):
I.8 First name/s:
I.9 Phone number (if any): -
I.10 Hospital number (if any and respondent remembers) - -

D. Demographic information

D.1 Sex: ----- Male ☐¹ Female ☐²
D.2 What is your date of birth? / /
Month Day Year
D.3 How old are you? (only if unsure of DOB) ----- Years
D.4 In total, how many years have you spent at school and in full-time study? ---- Years
D.5 Ethnicity Chuukese ☐¹ Pingalapese ☐⁵ Mokilese ☐⁹
Yapese ☐² Mortlockese ☐⁶ Kapingese ☐¹⁰
Kosraen ☐³ Nukuoroan ☐⁷ Other ☐¹¹
Pohnpeian ☐⁴ Sapwuahfikese ☐⁸

D.6	<p>What is the highest level of education you have completed?</p> <p>Never attended school ----- <input type="checkbox"/> ¹</p> <p>Elementary school (1-8 grades) ----- <input type="checkbox"/> ²</p> <p>High school (9-12 grades) ----- <input type="checkbox"/> ³</p> <p>2-Year college ----- <input type="checkbox"/> ⁴</p> <p>4-Year college ----- <input type="checkbox"/> ⁵</p> <p>Professional (Graduate, postgraduate) -- <input type="checkbox"/> ⁶</p>
D.7	<p>Which of the following best describes your main work status over the last 12 months?</p> <p>Government employee ----- <input type="checkbox"/> ¹</p> <p>Non-government employee ----- <input type="checkbox"/> ²</p> <p>Self-employed ----- <input type="checkbox"/> ³</p> <p>Non- paid (volunteer, subsistence etc) -- <input type="checkbox"/> ⁴</p> <p>Student ----- <input type="checkbox"/> ⁵</p> <p>Homemaker ----- <input type="checkbox"/> ⁶</p> <p>Retired ----- <input type="checkbox"/> ⁷</p> <p>Unemployed (able to work) ----- <input type="checkbox"/> ⁸</p> <p>Unemployed (unable to work) ----- <input type="checkbox"/> ⁹</p>
D.8	<p>How many people older than 18 years, including yourself, live in your household?</p> <p style="text-align: right;">Number of people: ----- <input type="text"/><input type="text"/></p>
D.9	<p>Taking the past year, can you tell me what the average <u>gross</u> earnings of the household have been?</p> <p>Per bi-weekly ¹: ----- \$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Or Per month ²: ----- \$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Or Per year ³: ----- \$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Or Refuse to reply: ----- <input type="checkbox"/> ⁴</p> <p>Or Don't know: ----- <input type="checkbox"/> ⁵</p>
D.10	<p>If you don't know the amount, can you give an estimate of the annual household income if I read some options to you?</p> <p style="text-align: right;">(choose one)</p> <p>Is it less than \$5,000? ----- <input type="checkbox"/> ¹</p> <p>Is it between \$5,000 and \$10,000? ----- <input type="checkbox"/> ²</p> <p>Is it between \$10,000 and \$15,000? ----- <input type="checkbox"/> ³</p> <p>Is it between \$15,000 and \$20,000? ----- <input type="checkbox"/> ⁴</p> <p>Is it more than \$20,000? ----- <input type="checkbox"/> ⁵</p>

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- D.11 Which of the following health problems has a member of your immediate Family (siblings, parents or children)? (Check all that apply)
- a) Heart disease ----- ☐¹
 - b) Mental health disease ----- ☐¹
 - c) Diabetes ----- ☐¹
 - d) Stroke ----- ☐¹
 - e) Asthma ----- ☐¹
 - f) Kidney disease ----- ☐¹
 - g) Liver disease ----- ☐¹
 - h) Hypertension ----- ☐¹
 - i) Cancer (specify site if possible) ---- ☐¹ _____
 - j) Hearing related ----- ☐¹
 - k) Visual related ----- ☐¹

S. Tobacco use

- S.1 (a) Do you **currently smoke** any tobacco products, such as cigarettes, cigars, or pipes? ----- Yes ☐¹ No ☐²
[If "no", skip to S.5]
- (b) If "yes", do you currently smoke tobacco products **daily**? ----- Yes ☐¹ No ☐²
[If "no", skip to S.5]

Note: "Smoking daily" means to have a smoke at least once a day. Note that people, who smoke every day, except on days of religious fasting, are still considered daily smokers.

- S.2 (a) **How old** were you when you first **started** smoking daily? Years old: -----
[If "you don't remember", answer S.2(b) instead.]
- (b) If you don't know how old you were, do you remember how long ago it was?
- Weeks ago: -----
Months ago: -----
Years ago: -----

- S.3 On average, how many of the following items do you smoke each day? Number per day
- Manufactured cigarettes: -----
Hand-rolled cigarettes: -----
Pipefuls of tobacco: -----
Cigars/cheroots/cigarillos: ---
Other (specify _____)

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S.4 If you smoke, in your opinion, how useful would each of the following be in helping you to quit smoking tobacco? Please check one response for EACH item.

	Not Useful ¹	Somewhat Useful ²	Very Useful ³
a) Friends			
b) Substance abuse and mental health program / staff			
c) Medical Doctor			
d) Hang out with friends who don't smoke			
e) Pastor/Minister/Priest			
f) Youth groups			
g) Teacher/Professor			
h) Uncles, spouse or other relatives			
i) Parents			
j) Exercise/Increase participation in sports			
k) Stay away from bars/night clubs			

Note: Ask S5 and S6 ONLY to those who are NOT a current daily smoker

S.5 **In the past**, did you ever smoke daily? Yes ☐¹ No ☐² [If "no", skip to S.7-9]

S.6 (a) **How old** were you when you **stopped** smoking daily? Years old -----
 [If "you don't remember", answer S.6(b) instead.]

(b) If you don't know how old you were, do you remember how long ago? Weeks ago: -----
 Months ago: -----
 Years ago: -----

Assessing use of smokeless tobacco (ex. chewing tobacco / snuff)

S.7 (a) Do you **currently use** smokeless tobacco such as chewing tobacco or snuff? Yes ☐¹ No ☐²
 [If "no", skip to S.9]

(b) If "yes", do you currently smoke tobacco products **daily**? ----- Yes ☐¹ No ☐²
 [If "no", skip to S.9]

S.8 On average, how many times do you use smokeless tobacco on the days that you use it?
 Times per day -----

Note: Ask S9 ONLY to those who are NOT a current daily user of smokeless tobacco

S.9 In the past, did you ever use smokeless tobacco **daily**? ----- Yes ☐¹ No ☐²

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S.10 If you use smokeless tobacco, in your opinion, how useful would each of the following be in helping you to quit using smokeless tobacco? Please check one response for EACH item.

	Not Useful ¹	Somewhat Useful ²	Very Useful ³
Friends			
Substance abuse and mental health program / staff			
Medical Doctor			
Hang out with friends who don't use smokeless tobacco			
Pastor/Minister/Priest			
Youth groups			
Teacher/Professor			
Uncles, spouse or other relatives			
Parents			
Exercise/Increase participation in sports			
Stay away from bars/night clubs			

Assessing use of betel nut

S.11 (a) Do you currently chew betel nut? Yes ☐¹ No ☐² [If "no", skip to S.15]

(b) If "yes", do you currently chew **daily**? Yes ☐¹ No ☐² [If "no", skip to S.15]

S.12 When you chew, how many nuts on average do you chew at one time? -----

S.13 On average, how many times each day do you chew? Times per day -----

S.14 When you chew betel nut, do you add cigarettes or tobacco? (choose one)
 Yes, all the time ----- ☐¹
 Yes, but not all the time ----- ☐²
 No, never ----- ☐³

Note: Ask S15 ONLY to those who are NOT a current daily betel nut user

S.15 In the past, did you ever chew betel nut **daily**? ----- Yes ☐¹ No ☐²

S.16 If you use betel nut, in your opinion, how useful would each of the following be in helping you to quit using betel nut? Please check one response for EACH item.

	Not Useful ¹	Somewhat Useful ²	Very Useful ³
a) Friends			
b) Substance abuse and mental health program / staff			
c) Medical Doctor			
d) Hang out with friends who don't use betel nut			
e) Pastor/Minister/Priest			
f) Youth groups			
g) Teacher/Professor			
h) Uncles, spouse or other relatives			
i) Parents			
j) Exercise/Increase participation in sports			
k) Stay away from bars/night clubs			

A. Alcohol consumption

Definition of 1 *standard drink* = 10g of alcohol content, for example:

- 1 glass/can/bottle (330 ml) of regular beer (5%)
- 1 measure (40 ml) of spirit or homebrew
- 1 glass (120 ml) of wine

A.1 (a) Have you ever consumed a drink that contains alcohol (such as beer, wine, liquor, fermented yeast, tuba/faluba)? ----- Yes ☐¹ No ☐²
[If "no", skip to Nutrition section.]

(b) If "yes", was this within the past 12 months? ----- Yes ☐¹ No ☐²
[If "no", skip to Nutrition section.]

A.2 In the past 12 months, how frequently have you had at least one alcoholic drink? 5 or more days a week ----- ☐¹
1-4 days per week ----- ☐²
(Note: Use marked plastic cup to help determine the number of standard drinks) 1-3 days a month ----- ☐³
less than once a month ----- ☐⁴

A.3 When you drink alcohol, on average, how many drinks do you have during one day? Number of drinks: -----

A.4 During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day? Number of standard drinks
Monday: -----
Tuesday: -----
Wednesday: -----
Thursday: -----
Friday: -----
Saturday: -----
Sunday: -----
(Note: Use marked plastic cup to help determine the number of standard drinks)

A.5 (a) **For men only:**
In the past 12 months, on how many days did you have **five** or more alcoholic drinks in a single day? Number of days: -----

(b) **For women only:**
In the past 12 months, on how many days did you have **four** or more alcoholic drinks in a single day? Number of days: -----

A.6 **For everyone:**
In the past 12 months, what was the **largest number of drinks** you had on a single occasion, counting all types of alcoholic beverages combined? Number of drinks: -----

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A.7 If you use alcohol, in your opinion, how useful would each of the following be in helping you to quit using alcohol? Please check one response for EACH item.

	Not Useful ¹	Somewhat Useful ²	Very Useful ³
a) Friends			
b) Substance abuse and mental health program / staff			
c) Medical Doctor			
d) Hang out with friends who don't use alcohol			
e) Pastor/Minister/Priest			
f) Youth groups			
g) Teacher/Professor			
h) Uncles, spouse or other relatives			
i) Parents			
j) Exercise/Increase participation in sports			
k) Stay away from bars/night clubs			

SAK. Sakau consumption

SAK1. In your lifetime, have you ever tried or drunk sakau even once? ----- Yes ☐¹ No ☐²
[If "no", go to next section on Nutrition]

SAK2. If "Yes, how old were you when you first tried sakau? ----- years old

SAK3. During the last 30 days, on how many days or nights did you drink sakau?

SAK4. Are you likely to smoke tobacco during and/or after drinking sakau? ----- Yes ☐¹ No ☐²

SAK5. Are you likely to drink alcohol during and/or after drinking sakau? ----- Yes ☐¹ No ☐²

SAK6. Which of the following are you likely to consume during or after drinking?

	Yes ¹	No ²
Soft drinks -----	<input type="checkbox"/>	<input type="checkbox"/>
Sweet snacks -----	<input type="checkbox"/>	<input type="checkbox"/>
Cooked food -----	<input type="checkbox"/>	<input type="checkbox"/>
Fish (raw or cooked) -----	<input type="checkbox"/>	<input type="checkbox"/>
Cooked meat (pork, beef, chicken) -----	<input type="checkbox"/>	<input type="checkbox"/>
Chicken -----	<input type="checkbox"/>	<input type="checkbox"/>
Bread -----	<input type="checkbox"/>	<input type="checkbox"/>
Rice -----	<input type="checkbox"/>	<input type="checkbox"/>
Nothing at all -----	<input type="checkbox"/>	<input type="checkbox"/>

N. Nutrition

Definition of serving size of fruit

(fresh, canned, frozen, excludes fruit juice) eaten with meals or as a snack:

- 1 cup diced
- 1 medium piece
- 2 small pieces

Example of fruit

fresh apple, orange, banana, grapes, watermelon, cantaloupe, kiwi, peaches, pears, pineapple, papaya, pandanus, lime, canned fruits, etc.

Definition of serving size of vegetable

(fresh, canned, frozen, excludes vegetable juice) eaten with meals or as a snack:

- 1 cup raw vegetables
- ½ cup cooked vegetables

Example of vegetables

corn, cucumber, cabbage, lettuce, carrots, bell peppers, broccoli, frozen vegetables, canned vegetables, breadfruit, taro, pumpkin, etc.

N.1 (a) On how many days do you eat fruit in a typical week? Number of days: [If "zero", skip to N.2]

(b) How many servings of fruit do you eat on one of these days? Number of servings:
(Use measuring cups for serving size)

N.2 (a) On how many days do you eat vegetables in a typical week? Number of days: [If "zero", skip to N.3]
(Note definition of vegetables as shown above)

(b) How many servings of vegetables do you eat on one of these days? Number of servings:

N.3 On how many days do you eat the following in a typical week?

Meat:	Number of days:	<input type="text"/>
Chicken:	Number of days:	<input type="text"/>
Eggs:	Number of days:	<input type="text"/>
Milk products:	Number of days:	<input type="text"/>
Fish:	Number of days:	<input type="text"/>

N.4 (a) Do **you** usually prepare meals at home? ----- Yes ☐¹ No ☐²
[If "no", skip to Physical Activity Section]

(b) What types of oil or fat are used **most often** for meal preparation at home? (Indicate one only.) (choose one)

Vegetable oil -----	<input type="checkbox"/> ¹
Lard or animal fat -----	<input type="checkbox"/> ²
Butter -----	<input type="checkbox"/> ³
Margarine -----	<input type="checkbox"/> ⁴
Coconut oil -----	<input type="checkbox"/> ⁵
Others -----	<input type="checkbox"/> ⁶
Nothing in particular -----	<input type="checkbox"/> ⁷
I don't use any oil or fat when preparing meals -----	<input type="checkbox"/> ⁸
Don't know -----	<input type="checkbox"/> ⁹

Physical activity – Core data set

O. Occupation-related physical activity (paid or unpaid)

Reply to the following questions thinking about a typical week during the past 12 months.

"Work" refers to the total of all activities related to things that the respondent has to do, be it paid or unpaid, such as paid employment, housework, household chores, harvesting food, fishing or hunting for food, seeking employment, etc.

- O.1 Did you work mostly in the household? ----- Yes ☐¹ No ☐²
- O.2 How long is your typical workday? Hours -----
- O.3 Does your work involve mostly sitting or standing still—with walking for less than 10 minutes at a time? ----- Yes ☐¹ No ☐²
[If "yes", skip to T.1.]
- O.4 Does your work involve vigorous activity, like heavy lifting, digging, or construction work for at least 10 minutes at a time? ----- Yes ☐¹ No ☐²
[If "no", skip to O.5.]
- (a) If "yes", on how many days in a typical week? Days per week: -----
- (b) How much time do you spend doing this on a typical day? Hours/minutes: --- h. m.
- O.5 Does your work involve moderate-intensity activities, like brisk walking or carrying light loads for at least 10 minutes at a time? ----- Yes ☐¹ No ☐²
[If "no", skip to question T.1.]
- (a) If "yes", on how many days in a typical week? Days per week: -----
- (b) How much time do you spend doing this on a typical day? Hours/minutes: --- h. m.

T. Travel-related physical activity

- T.1 Do you walk or cycle (pedal bicycle) to and from places (to work, to the market, to church, etc.) for at least 10 minutes at a time? ----- Yes ☐¹ No ☐²
[If "no", skip to L.1.]
- (a) If "yes", on how many days in a typical week? Days per week: -----
- (b) How much time do you spend traveling this way on a typical day? Hours/minutes: - h. m.

L. Other physical activity (recreation/sport/leisure)

This set of questions is about activities you do in your leisure-time for recreation, such as sport (that is, activities aside from your work or travel, and not the activities already mentioned). These are activities that you choose to do voluntarily, not including necessary plantation work or household chores.

- L.1 Does your recreation, sport and leisure (RSL) time involve mostly sitting, reclining, or standing, with walking for less than 10 minutes at a time? ----- Yes ☐¹ No ☐²
[If "yes", skip to R.1.]
- L.2 Do you do vigorous activities like weight lifting, running, or strenuous sports in your RSL-time for at least 10 minutes at a time? ----- Yes ☐¹ No ☐²
[If "no", skip to L.3.]
- (a) If "yes", on how many days in a typical week? Days per week: -----
- (b) How much time do you spend doing this on a typical day? Hours/minutes: --- h. m.
- L.3 Do you do moderate-intensity activities, like brisk walking, cycling or swimming, in your RSL-time for at least 10 minutes at a time? ----- Yes ☐¹ No ☐²
[If "no", skip to R.1.]

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(a) If "yes", on how many days in a typical week?

Days per week: -----

(b) How much time do you spend doing this on a typical day?

Hours/minutes: --- h. m.

R. Sitting/reclining

*This question is about sitting or reclining. Think back over the **past 7 days** to time spent at work, at home, or during recreation time, including time spent sitting at a desk, visiting friends, reading, or watching television – but not counting time spent sleeping.*

R.1 How much time do you spend sitting or reclining on a typical day?

Hours/minutes: ----- h. m.

H. History of Hypertension and Diabetes

History of blood pressure

H.1 When was your blood pressure last measured by a health professional? (choose one)

Within the past 12 months ----- ¹

1-5 years ago ----- ²

Not within the past 5 years ----- ³

Never ----- ⁴

Uncertain ----- ⁵

H.2 During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension? ----- Yes ¹ No ² Uncertain ³
[If "no", skip to H6]

H.3 Are you currently receiving any of the following treatments for high blood pressure prescribed by a doctor or other health worker:

a) Drug(s) (medication) – taken in the last 2 weeks ----- Yes ¹ No ² Uncertain ³

b) Special prescribed diet ----- Yes ¹ No ² Uncertain ³

c) Advice or treatment to lose weight ----- Yes ¹ No ² Uncertain ³

d) Advice or treatment to stop smoking ----- Yes ¹ No ² Uncertain ³

e) Advice to exercise ----- Yes ¹ No ² Uncertain ³

H.4 During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension? ----- Yes ¹ No ²

H.5 If yes: are you currently (i.e. in the last 2 weeks) taking any herbal or traditional remedy for your high blood pressure? ----- Yes ¹ No ²

History of diabetes

H.6 Have you had your blood sugar measured in the last 12 months? ----- Yes ¹ No ² Uncertain ³

H.7 Have you ever been told by a doctor or other health worker that you have diabetes? ----- Yes ¹ No ² Uncertain ³
..... [If "no", skip to the next section]

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- H.8 Are you currently receiving any of the following treatment for diabetes prescribed by doctor or other health worker:
- Insulin ----- Yes ☐¹ No ☐² Uncertain ☐³
- Oral drug (medication) - taken in the last 2 weeks ----- Yes ☐¹ No ☐² Uncertain ☐³
- Special prescribed diet ----- Yes ☐¹ No ☐² Uncertain ☐³
- Advice or treatment to lose weight ----- Yes ☐¹ No ☐² Uncertain ☐³
- Advice or treatment to stop smoking ----- Yes ☐¹ No ☐² Uncertain ☐³
- Advice to exercise ----- Yes ☐¹ No ☐² Uncertain ☐³
- H.9a During the past 12 months have you seen a ----- Yes ☐¹ No ☐²
traditional healer for diabetes?
- H.9b *If yes: are you currently (i.e. in the last 2 ----- Yes ☐¹ No ☐²
weeks) taking any herbal or traditional remedy
for your diabetes?*
- H.10 About how many times in the past 12 months
has a health worker checked your feet for any
sores or irritations? (number)
- H.11 When was the last time you had an eye exam in which the pupils were dilated. This would have made
you temporarily sensitive to bright light.
(choose one)
- Within the past month (anytime less than 1 month ago ----- ☐
- Within the past year (1 month but less than 12 months ago) ----- ☐
- Within the past 2 years (1 year but less than 2 years ago) ----- ☐
- 2 or more years ago ----- ☐
- Never ----- ☐
- Don't know/Not sure ----- ☐
- Refused ----- ☐
- H.12 In the last 12 months, have you had a flu shot? Yes ☐¹ No ☐² Uncertain ☐³
- H.13 In the last 12 months, have you had a
pneumonia shot? This shot is usually given
only once or twice in a person's lifetime and is
different from the flu shot. It is also called
pneumococcal vaccine. Yes ☐¹ No ☐² Uncertain ☐³

Comments

Subject ID number: -

Step 2: Physical measurements

Height and weight

M.1 Technician ID

Use the following for unusual measurements:

Low value (out of range) ----- 777.7

Missing data ----- 888.8

High value (out of range) ----- 999.9

M.2 Height Device ID M.3 Height ----- . centimeters

M.4 Weight Device ID M.5 Weight ----- . kilograms

Waist and hip

M.6 Technician ID

M.7 Participant currently pregnant Yes ☐¹ No ☐² Uncertain ☐³ [If "yes", skip to M.11]

M.8 Tape ID M.9 Waist girth --- . centimeters

M.10 Hip girth ----- . centimeters

Blood pressure

M.11 Technician ID M.12 Device ID

M.13 Cuff size used small ☐¹ normal ☐² large ☐³

Note: Reading 3 needed only if readings 1 and 2 are 10mmHg or more apart

Use the following for unusual measurements:

Low value (out of range) ---- 777

Missing data ----- 888

High value (out of range) --- 999

Measurements: First Second Third

M.14 Systolic blood pressure mmHg:

M.15 Diastolic blood pressure mmHg:

M.16 Pulse Rate bpm:

Step 3: Biochemical measurements

Fasting status

B.1 During the last 12 hours have you had anything to eat, including chewing gum, or drink, other than water or unsweetened black tea or coffee?

Yes ☐¹ No ☐² Uncertain ☐³

[if "yes" or "uncertain", see Team Leader to reschedule for Step 3]

Comments