Respondent Identification Number ☐ ☐☐☐

Appendix 1: Tokelau NCD STEPS Questionnaire

Government of Tokelau
Department of Health & World Health Organisation

The WHO STEPwise approach to Surveillance of noncommunicable diseases (STEPS)

Check if the following are completed **(to be checked by:)**		Yes	No
Fasting status	(Registration Station)	☐	☐
Checkout	(Check-out Station)	☐	☐
EpiData data entry	(Data entry personnel)	☐	☐
EpiInfo data entry	(Data entry personnel)	☐	☐
Data entry irregularities	(Data entry personnel)	☐	☐

Identification Information:

I 1	Island code	Fakaofo 1 Atafu 2 Nukunonu 3	☐
I 2	Island name		☐☐☐☐☐☐☐☐☐☐
I 3	Interviewer code		☐☐
I 4	Date of completion of the questionnaire		☐☐/☐☐/2005 Day Month Year

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	Consent		
I 5	Consent has been read out to respondent	Yes 1 No 2	☐ **If NO, read consent**
I 6	Consent has been obtained (verbal or written)	Yes 1 No 2	☐ **If NO, END**
I 7	Interview Language [*Insert Language*]	English 1 Tokelauan 2	☐
I 8	Time of interview (24 hour clock)		☐☐:☐☐
I 9	Family Name		☐☐☐☐☐☐☐☐☐☐
I 10	First Name		☐☐☐☐☐☐☐☐☐☐

Note: *Identification information I6 should be stored separately from the questionnaire because it contains confidential information. Please note Village Code is required as part of main instrument for data analyses. Date of interview is required to calculate age*

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Step 1 Demographic Information

			Coding Column
C1	Sex (*Record Male / Female as observed*)	Male 1 Female 2	☐
C2	What is your date of birth? *If Don't Know, See Note* below and Go to C3*	Day ☐☐ Month ☐☐ Year ☐☐☐☐	
C3	How old are you?	Years	☐☐
C4	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	☐☐
C5	What is the highest level of education you have **completed**?	No formal schooling 1 Less than tertiary 2 Tertiary 3 Post graduate degree 4	☐
C6	How long have you been residing in Tokelau? (select ONE only)	Less than 3 months 1 3 months to 12 months 2 1 year to 3 years 3 More than 3 years 4	☐
C7	What is your *cultural subgroup*?	Tokelauan born in Tokelau 1 Tokelauan born overseas 2 Samoan 3 Others 4	☐
C8	Which of the following best describes your main work status over the last 12 months?	National employee 1 Village employee 2 Privately employed 3 Student 4 Homemaker 5 Retired 6 Unemployed (able to work) 7 Unemployed (unable to work) 8	☐
C9	How many people, including yourself, live in your household?	Number of people	☐☐

Note: 1) Missing values are not permissible for Island code, Date of Interview and Sex.*
*2) The **Date of Birth** (C2) or the **age** (C3) or **both** (C2 and C3) have to be filled. CODE "DK" FOR DON'T KNOW or DON'T REMEMBER.*

Step 1 Behavioural Measures

Tobacco Use (Section S)

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with smoking.

		Response	Coding Column	
S 1a	Do you currently smoke any **tobacco products**, such as cigarettes, cigars or pipes?	Yes 1 No 2	☐	*If No, go to Next Section*
S 1b	**If Yes,** Do you currently smoke tobacco products **daily**?	Yes 1 No 2	☐	*If No, go to Next Section*
S 2a	How old were you when you **first started** smoking daily?	Age (years)	☐☐	*If Known, go to S 3*
S 2b	Do you remember how long ago it was?	In Years	Years ☐☐	
		OR in Months	Months ☐☐	
		OR in Weeks	Weeks ☐☐	

S 3	On average, **how many** of the following do you smoke each day?	a) Manufactured cigarettes	☐☐	
	← _____	b) Other (please specify):	☐☐	

Alcohol Consumption (Section A)

The next questions ask about the consumption of alcohol.

		Response		Coding Column	
A 1a	Have you **ever consumed** a drink that contains alcohol such as beer, wine, spirit or Kaleve (fermented coconut)? *USE SHOWCARD or SHOW EXAMPLES*	Yes No	1 2	☐	*If No, Go to Next Section*
A 1b	Have you consumed alcohol within the **past 12 months**?	Yes No	1 2	☐	*If No, Go to Next Section*
A 2	In the past 12 months, **how frequently** have you had at least one drink? *(READ RESPONSES)* *USE SHOWCARD*	5 or more days a week 1-4 days per week 1-3 days a month Less than once a month	1 2 3 4	☐	
A 3	When you drink alcohol, **on average**, how many drinks do you have during one day?	Number Don't know	 77	☐☐	
A 4	During each of the **past 7 days**, how many standard drinks of any alcoholic drink did you have each day? *(RECORD FOR EACH DAY* *USE SHOWCARD)*	Monday Tuesday Wednesday Thursday Friday Saturday Sunday		☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐	
A 5	In the past 12 months, what was the **largest number** of drinks you had on a single occasion, counting all types of standard drinks together?	Largest number		☐☐	
A 6a	**For men only:** In the past 12 months, on how many days did you have **five or more** standard drinks in a single day?	Number of days		☐☐☐	
A 6b	**For women only**: In the past 12 months, on how many days did you have **four or more** standard drinks in a single day?	Number of days		☐☐☐	

Note: Code ***DK*** for "Don't know" or "Don't remember".

Diet (Section D)

The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that describes for you examples of local fruits and vegetables, what I consider to be a fruit or vegetable, and what I consider to NOT be a fruit or vegetable. As you answer these questions please think of a typical week in the last year.

D 1a	In a typical week, on how many days do you **eat fruit**? *USE SHOWCARD*	Number of days	☐	*If Zero days, go to D 2a*
D 1b	How many **servings** of fruit do you eat on **one** of those days? *USE SHOWCARD*	Number of servings	☐☐	

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D 2a	In a typical week, on how many days do you **eat vegetables**? *USE SHOWCARD*	Number of days	☐	If Zero days, go to Section P
D 2b	How many **servings** of vegetables do you **eat on one** of those days? *USE SHOWCARD*	Number of servings	☐☐	

Physical Activity (Section P)

Next I am going to ask you about the time you spend doing different types of physical activity. Please answer these questions even if you do not consider yourself to be an 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, household chores, harvesting food, fishing or hunting for food, seeking employment.

P 1	Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?	Yes 1 No 2	☐	*If Yes, go to P6*
P 2	Does your work involve vigorous activity, like [*heavy lifting, digging or construction work*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P4*
P 3a	In a typical week, on how many days do you do vigorous activities as part of your work?	Days a week	☐	
P 3b	On a typical day on which you do vigorous activity, how much time do you spend doing such work?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		
P 4	Does your work involve moderate-intensity activity, like brisk walking *[or carrying light loads]* for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P6*
P 5a	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days a week	☐	
P 5b	On a typical day on which you did moderate-intensity activities, how much time do you spend doing such work?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		
P 6	How long is your typical work day?	Number of hours	hrs ☐☐	
Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places. For example to work, for shopping, to market, to church. *[insert other examples if needed]*				
P 7	Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2	☐	*If No, go to P9*
P 8a	In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?	Days a week	☐	
P 8b	How much time would you spend walking or bicycling for travel on a typical day?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		
The next questions ask about activities you do other than work or travel. You might consider this as leisure or recreation time. Think about activities you outside of work or travel including recreation, fitness or sports activities *[insert relevant terms]*. Remember to not include the physical activities you do at work or for travel mentioned already.				
P 9	Does your [*recreation, sport or leisure time*] involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time?	Yes 1 No 2	☐	*If Yes, go to P 14*
P 10	In your [*leisure time*], do you do any vigorous activities like [*running or strenuous sports, weight lifting*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 12*
P 11a	If Yes, In a typical week, on how many days do you do vigorous activities as part of your [*leisure time*]?	Days a week	☐	

P 11b	How much time do you spend doing this on a typical day?	In hours and minutes OR in Minutes only	hrs☐☐ : mins☐☐ or minutes ☐☐☐	
P 12	In your [*leisure time*], do you do any moderate-intensity activities like brisk walking,[*cycling or swimming*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 14*
P 13a	If Yes In a typical week, on how many days do you do moderate-intensity activities as part of [*leisure time*]?	Days a week	☐	
P 13b	How much time do you spend doing this on a typical day?	In hours and minutes OR in Minutes only	hrs☐☐ : mins☐☐ or minutes ☐☐☐	
The following question is about sitting or reclining. Think back over the past 7 days, to time spent at work, at home, in *[leisure]*, including time spent sitting at a desk, visiting friends, reading, or watching television, but do not include time spent sleeping.				
P 14	Over the past 7 days, how much time did you spend sitting or reclining on a typical day?	In hours and minutes OR in Minutes only	hrs☐☐ : mins☐☐ or minutes ☐☐☐	

Note: Code ***DK*** for "Don't know" or "Don't remember".

History of High Blood Pressure				
H 1	When was your blood pressure last measured by a health professional?	Within past 12 months 1 1-5 years ago 2 Not within past 5 yrs 3	☐	
H 2	Have you ever been told by a doctor or other health worker that you have elevated blood pressure or hypertension? *(Note: Do not include Pregnancy Induced Hypertension)*	Yes 1 No 2	☐	*If No, skip to Next Section*
H 3	Are you currently receiving any of the following treatments for high blood pressure prescribed by a doctor or other health worker?			
H 3a	Drugs (medication) that you have taken in the last 2 weeks	Yes 1 No 2	☐	
H 3b	Special prescribed diet	Yes 1 No 2	☐	
H 3c	Advice or treatment to lose weight	Yes 1 No 2	☐	
H 3d	Advice or treatment to stop smoking	Yes 1 No 2	☐	
H 3e	Advice to start or do more exercise	Yes 1 No 2	☐	
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	Are you currently taking any herbal or traditional remedy for your high blood pressure?	Yes 1 No 2	☐	

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History of Diabetes				
H 6	When was your blood sugar last measured by a health professional *(Note: Do not include self measurements)*	Within past 12 months 1 1-5 years ago 2 Not within past 5 yrs 3	☐	
H 7	Have you ever been told by a doctor or other health worker that you have diabetes? *(Note: Do not include Gestational Diabetes)*	Yes 1 No 2	☐	*If No, skip to Next Section*
H 8	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker?			
H 8a	Insulin	Yes 1 No 2	☐	
H 8b	Oral drug (medication that you have taken in the last 2 weeks	Yes 1 No 2	☐	
H 8c	Special prescribed diet	Yes 1 No 2	☐	
H 8d	Advice or treatment to lose weight	Yes 1 No 2	☐	
H 8e	Advice or treatment to stop smoking	Yes 1 No 2	☐	
H 8f	Advice to start or do more exercise	Yes 1 No 2	☐	
H 9	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1 No 2	☐	
H 10	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	☐	
Comments: Step 1		**(to be answered by the interviewer)**		
V 3	Are there any irregularities or problems with the interview?	Yes 1 No 2	☐	

If yes, please describe. _____

_____

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Step 2 Physical Measurements

Height and weight			Coding Column	
M 1	Technician ID Code		☐☐	
M 2a & 2b	Device IDs for height and weight	(2a) height ☐☐	(2b) weight ☐☐	
M 3	Height	(in Centimetres)	☐☐☐.☐	
M 4	Weight *If too large for scale, use two scales*	(in Kilograms)	☐☐☐.☐	
M 5	***(For women)*** Are you pregnant?	Yes 1 No 2	☐	*If Yes, Skip Waist*
Waist				
M 6	Technician ID		☐☐☐	
M 7	Device ID for waist		☐☐	
M 8	Waist circumference	(in Centimetres)	☐☐☐.☐	

Blood pressure				Coding Column	
M 9	Technician ID			☐☐	
M 10	Device ID for blood pressure			☐☐	
M 11	Cuff size used		Standard 1 Extra Large 2	☐	
M 12a	Reading 1	**Systolic BP**	Systolic mmHg	☐☐☐	
M 12b		**Diastolic BP**	Diastolic mmHg	☐☐☐	
M 13a	Reading 2	**Systolic BP**	Systolic mmHg	☐☐☐	
M 13b		**Diastolic BP**	Diastolic mmHg	☐☐☐	
M 14a	Reading 3	**Systolic BP**	Systolic mmHg	☐☐☐	
M 14b		**Diastolic BP**	Diastolic mmHg	☐☐☐	

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Step 3 Biochemical Measurements

Blood glucose			Coding Column	
B 1	Since 10pm last night, have you had anything to eat or drink, other than water?	Yes 1 No 2	☐	
B 2	Technician ID Code		☐☐	
B 3	Device ID code		☐☐	
B 4	Time of day blood specimen taken (24 hour clock)		hrs ☐☐ : mins ☐☐	
B 5	Blood glucose		mmol/l ☐☐.☐	
		Low 1 High 2 Unable to assess 3	☐	
Blood Lipids				
B 6	Technician ID Code		☐☐	
B 7	Device ID code		☐☐	
B 8	Total cholesterol		mmol/l ☐☐.☐☐	
		Low 1 High 2 Unable to assess 3	☐	
Comments: Step 2 and 3		**(to be answered by any Step 2 or 3 technician)**		
V 4	Are there any irregularities or problems with the measurements?	Yes 1 No 2	☐	

If yes, please describe. _____

_____

_____

_____