

## Appendix 1: Niue STEPS Survey Questionnaire



### WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

Niue

#### Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	_____	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	_____	I3
4	Date of completion of the instrument	____ _ : ____ _ : ____ _ dd mm year	I4

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

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

#### Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code

11	Sex ( <i>Record Male / Female as observed</i> )	<div>Male 1</div> <div>Female 2</div>	C1
12	What is your date of birth? <i>Don't Know 77 77 7777</i>	<div> <div>dd</div> <div>mm</div> <div>year</div> </div> <div><i>If known, Go to C4</i></div>	C2
13	How old are you?	Years <div></div>	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div></div>	C4

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



EXPANDED: Tobacco Use				
Question		Response		Code
27	In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes	1	T6
		No	2 <i>If No, go to T9</i>	
28	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years)		T7
		Don't Know 77	<input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	
29	How <b>long ago</b> did you stop smoking daily?	Years ago	<input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8a
	( <i>RECORD ONLY 1, NOT ALL 3</i> )	OR Months ago	<input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8b
	Don't Know 77	OR Weeks ago	<input type="text"/> <input type="text"/>	T8c
30	Do you <b>currently use</b> any <b>smokeless tobacco</b> such as [ <i>snuff, chewing tobacco, betel</i> ] ( <i>USE SHOWCARD</i> )	Yes	1	T9
		No	2 <i>If No, go to T12</i>	
31	Do you <b>currently use</b> <b>smokeless tobacco</b> products <b>daily</b> ?	Yes	1	T10
		No	2 <i>If No, go to T12</i>	
32	On average, how many <b>times a day</b> do you use ....  ( <i>RECORD FOR EACH TYPE, USE SHOWCARD</i> )  Don't Know 77	Snuff, by mouth	<input type="text"/> <input type="text"/>	T11a
		Snuff, by nose	<input type="text"/> <input type="text"/>	T11b
		Chewing tobacco	<input type="text"/> <input type="text"/>	T11c
		Betel, quid	<input type="text"/> <input type="text"/>	T11d
		Other	<input type="text"/> <input type="text"/> <i>If Other, go to T11other, else go to T13</i>	T11e
		Other (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"/> <i>Go to T13</i>	T11other
33	In the <b>past</b> , did you <b>ever use</b> smokeless tobacco such as [ <i>snuff, chewing tobacco, or betel</i> ] <b>daily</b> ?	Yes	1	T12
		No	2	
34	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days		T13
		Don't know 77	<input type="text"/> <input type="text"/>	
35	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?	Number of days		T14
		Don't know or don't work in a closed area 77	<input type="text"/> <input type="text"/>	

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

EXPANDED: Alcohol Consumption			
44	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
45	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day?  (USE SHOWCARD)  <i>Don't Know 77</i>	Monday <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	A9g

Kava			
Question		Response	Code
	Have you consumed kava in the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	
	During the past 30 days, how many occasions did you drink kava?	Number of times Don't Know 77 <input type="text"/>	
	On each occasion that you drank kava, how many bowls did you consume?	Number of bowls Don't Know 77 <input type="text"/>	
	Do you smoke when you drink kava?	Yes 1 No 2 <i>If No, go to D1</i>	

CORE: Diet			
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.			
Question		Response	Code
46	In a typical week, on how many days do you <b>eat fruit</b> ? ( <i>USE SHOWCARD</i> )	Number of days <input type="text"/> Don't Know 77 <i>If Zero days, go to D3</i>	D1
47	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? ( <i>USE SHOWCARD</i> )	Number of servings Don't Know 77 <input type="text"/>	D2
48	In a typical week, on how many days do you <b>eat vegetables</b> ? ( <i>USE SHOWCARD</i> )	Number of days <input type="text"/> Don't Know 77 <i>If Zero days, go to D5</i>	D3
49	How many <b>servings</b> of vegetables do you eat on one of those days? ( <i>USE SHOWCARD</i> )	Number of servings Don't know 77 <input type="text"/>	D4

EXPANDED: Diet			
50	What type of <b>oil or fat</b> is <b>most often</b> used for meal preparation in your household?  ( <i>USE SHOWCARD</i> ) ( <i>SELECT ONLY ONE</i> )	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5
		Other <input type="text"/>	D5other
51	On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 <input type="text"/>	D6
	How many of those meals consisted of fish and chips?	Number Don't know 77 <input type="text"/>	
	What type of meat do you consume most in a typical week?	Chicken 1 Pork 2 Beef 3 Lamb/mutton 4	

	In a typical week, on how many days do you eat <b>fresh fish</b> ?	Number of days <input type="text"/>	
	In a typical week, on how many days do you eat <b>tinned/canned fish</b> ?	Number of days <input type="text"/>	

### CORE: 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. *[Insert other examples if needed]*. 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>		
52 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> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 4</i>	P1
53 In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
54 How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
55 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> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 7</i>	P4
56 In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
57 How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (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. <i>[Insert other examples if needed]</i>		
58 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  No 2 <i>If No, go to P 10</i>	P7
59 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
60 How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued			
Question		Response	Code
<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), <i>[Insert relevant terms]</i> .			
61	Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 13</i>	P10
62	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P11
63	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P12 (a-b)
64	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> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P16</i>	P13
65	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P14
66	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P15 (a-b)

EXPANDED: Physical Activity			
<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, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
67	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question		Response	Code
68	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
69	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
70	Have you been told in the past 12 months?	Yes 1 No 2	H2b

EXPANDED: History of Raised Blood Pressure				
71	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	Yes	1	H3a
		No	2	
	Advice to reduce salt intake	Yes	1	H3b
		No	2	
	Advice or treatment to lose weight	Yes	1	H3c
		No	2	
	Advice or treatment to stop smoking	Yes	1	H3d
		No	2	
	Advice to start or do more exercise	Yes	1	H3e
		No	2	
72	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
		No	2	
73	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
		No	2	

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

EXPANDED: History of Diabetes				
77	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
	Insulin	Yes	1	H8a
		No	2	
	Drugs (medication) that you have taken in the past two weeks	Yes	1	H8b
		No	2	
	Special prescribed diet	Yes	1	H8c
		No	2	
	Advice or treatment to lose weight	Yes	1	H8d
		No	2	
	Advice or treatment to stop smoking	Yes	1	H8e
		No	2	
	Advice to start or do more exercise	Yes	1	H8f
		No	2	

78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H9
		No	2	
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
		No	2	

## Step 2 Physical Measurements

CORE: Height and Weight				
Question		Response		Code
80	Interviewer ID	_____		M1
81	Device IDs for height and weight	Height	_____	M2a
		Weight	_____	M2b
82	Height	in Centimetres (cm)	_____ . ____	M3
83	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)	_____ . ____	M4
84	<b>For women:</b> Are you pregnant?	Yes	1 <i>If Yes, go to M 8</i>	M5
		No	2	
CORE: Waist				
85	Device ID for waist	_____		M6
86	Waist circumference	in Centimetres (cm)	_____ . ____	M7
CORE: Blood Pressure				
87	Interviewer ID	_____		M8
88	Device ID for blood pressure	_____		M9
89	Cuff size used	Small	1	M10
		Medium	2	
		Large	3	
90	Reading 1	Systolic ( mmHg)	_____	M11a
		Diastolic (mmHg)	_____	M11b
91	Reading 2	Systolic ( mmHg)	_____	M12a
		Diastolic (mmHg)	_____	M12b
92	Reading 3	Systolic ( mmHg)	_____	M13a
		Diastolic (mmHg)	_____	M13b
93	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	

EXPANDED: Hip Circumference and Heart Rate			
94	Hip circumference	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	M15
95	Heart Rate		
	Reading 1	Beats per minute <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M16a
	Reading 2	Beats per minute <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M16b
	Reading 3	Beats per minute <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M16c

### Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question		Response	Code
96	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
97	Technician ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B2
98	Device ID	<input type="text"/> <input type="text"/>	B3
99	Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	B4
100	Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	B5
		mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
101	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			
102	Device ID	<input type="text"/> <input type="text"/>	B7
103	Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	B8
		mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
104	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