

Appendix 1. Cook Islands STEPS Survey Questionnaire

GOVERNMENT OF THE COOK ISLANDS TE MARAE ORA (Ministry of Health) & World Health Organization



The WHO STEPwise approach to surveillance of NCD Risk Factors

Check if the following are completed (to be checked by:)		Yes	No
Fasting status	(Step 2&3 Registration Station)	<input type="checkbox"/>	<input type="checkbox"/>
Checkout	(Step 2&3 Check-out Station)	<input type="checkbox"/>	<input type="checkbox"/>
EpiData data entry	(Data entry personnel)	<input type="checkbox"/>	<input type="checkbox"/>
EpiInfo data entry	(Data entry personnel)	<input type="checkbox"/>	<input type="checkbox"/>
Data entry irregularities	(Data entry personnel)	<input type="checkbox"/>	<input type="checkbox"/>

Identification Information:

V 1	Is the respondent on the participation list for the survey?	Yes, on the original list 1 Yes, on the replacement list 2 No (if "No", then END) 3	<input type="checkbox"/>
I 2	Village name:		
I 3	Vaka / Island code: (See Note*)	<input type="text"/> <input type="text"/>	
I 4	Interviewer code	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		code	initials
I 5	Date of completion of the questionnaire (See Note*)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
		Day	Month Year

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participant

	Consent		
I 6	Consent has been read out to participant	Yes 1 No 2	<input type="checkbox"/> If NO, read consent
I 7	Consent has been obtained (verbal and written)	Yes 1 No 2	<input type="checkbox"/> If NO, END
I 9	Time of interview (24 hour clock)	<input type="text"/> : <input type="text"/>	
I 10	Family Name		
I 11	First Name		
I 12	Contact phone number where possible	<input type="text"/>	
I 13	Specify whose phone _____	Work 1 Home 2 Neighbour 3 Other (specify) 4	<input type="checkbox"/>

Note: Identification information on this page should be stored separately from the questionnaire because it contains confidential information.

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participant

Step 1 Demographic Information

			Coding Column
C 1	Sex (<i>Record Male / Female as observed</i>) (<i>See Note*</i>)	<div>Male 1</div> <div>Female 2</div>	<input type="checkbox"/>
C 2	What is your date of birth? (<i>See Note*</i>)	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
C 3	How old are you? (<i>See Note*</i>)	Years	<input type="text"/> <input type="text"/>
C 4	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	<input type="text"/> <input type="text"/>
C 5	What is your ethnic Origin? _____	<div>Cook Islands Maori 1</div> <div>European 2</div> <div>Other (Specify) 3</div> <div>Refused 4</div>	<input type="checkbox"/>
C 6	What is the highest level of education you have completed ?	<div>Never attended school 1</div> <div>Some primary school 2</div> <div>Primary school 3</div> <div>Secondary school (Form 6 or equivalent e.g. high school) 4</div> <div>Tertiary (College/University) 5</div> <div>Post graduate degree 6</div>	<input type="checkbox"/>
C 7	Which of the following best describes your main work status over the last 12 months?	<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>	<input type="checkbox"/>

Note*: 1) Missing values are not permissible for Vaka / Island code, Date of Interview and Sex.

2) The **Date of Birth** (C2) or the **age** (C3) and preferably **both** (C2 & C3) have to be filled. CODE "DK" FOR DON'T KNOW or DON'T REMEMBER.

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participant

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 No	1 2	<input type="checkbox"/>	If No, go to S9a
S 1b	If Yes, Do you currently smoke tobacco products daily ?	Yes No	1 2	<input type="checkbox"/>	If No, go to S9a
S 2a	How old were you when you first started smoking daily? (CODE DK FOR DON'T KNOW or DON'T REMEMBER)	Age (years)		<input type="text"/> <input type="text"/>	If known, go to S3
S 2b	Do you remember how long ago it was? (CODE DK FOR DON'T KNOW or DON'T REMEMBER)	In Years OR in Months OR in Weeks		Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Weeks <input type="text"/> <input type="text"/>	
S 3	On a typical day , how many of the following do you smoke? (RECORD FOR EACH TYPE)	Manufactured cigarettes Hand-rolled cigarettes Pipes full of tobacco Cigars, cheroots, cigarillos 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"/> <input type="text"/> <input type="text"/>	
S 9a	During the past 7 days , on how many days have people smoked in your presence at work ?	Number of Days		<input type="text"/>	
S 9b	During the past 7 days , on how many days have people smoked in your presence at home ?	Number of Days		<input type="text"/>	
S 9c	During the past 7 days , on how many days have people smoked in your presence in public ? "In public" refers to both open and enclosed areas.	Number of Days		<input type="text"/>	

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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 and home brew?	Yes 1 No 2	<input type="checkbox"/>
A 1b	Have you consumed alcohol within the past 12 months ?	Yes 1 No 2	<input type="checkbox"/>
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 1-4 days per week 2 1-3 days a month 3 Less than once a month 4	<input type="checkbox"/>
A 3	On a typical day that you drink alcohol, how many drinks do you have? (CODE DK FOR DON'T KNOW or DON'T REMEMBER)	Number	<input type="text"/> <input type="text"/>
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If No, Go to Next Section (D1a)

If No, Go to Next Section (D1a)

Diet (Section D)			
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. I will explain to you what I mean by the size of a serving. 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 ?	Number of days	<input type="checkbox"/>
D 1b	How many servings of fruit do you eat on one of those days? DEMONSTRATE SERVING SIZE	Number of servings	<input type="text"/> <input type="text"/>
D 2a	In a typical week, on how many days do you eat vegetables ?	Number of days	<input type="checkbox"/>
D 2b	How many servings of vegetables do you eat on one of those days? DEMONSTRATE SERVING SIZE	Number of servings	<input type="text"/> <input type="text"/>
D 3	What type of oil or fat is most often used for meal preparation in your household? SELECT ONLY ONE _____ ←	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 None in particular 6 None used 7 Don't know 8	<input type="checkbox"/>

If Zero days, go to D2a

If Zero days, go to D3

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D 4	In a typical week, on how many days do you eat fresh fish ?	Number of days	<input type="checkbox"/>
D 5	In a typical week, on how many days do you eat tinned fish ?	Number of days	<input type="checkbox"/>

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, or 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	<input type="checkbox"/>	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?	Yes 1 No 2	<input type="checkbox"/>	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	<input type="checkbox"/>	
P 3b	On a typical day on which you do vigorous activities, how much time do you spend doing such work?	In hours and minutes hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> OR in minutes only or minutes <input type="text"/> <input type="text"/> <input type="text"/>		
P 4	Does your work involve moderate-intensity activity, like brisk walking or carrying light loads for at least 10 minutes at a time?	Yes 1 No 2	<input type="checkbox"/>	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	<input type="checkbox"/>	
P 5b	On a typical day on which you do moderate-intensity activities, how much time do you spend doing such work?	In hours and minutes hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> OR in minutes only or minutes <input type="text"/> <input type="text"/> <input type="text"/>		
P 6	How long is your typical work day?	Number of hours	hrs <input type="text"/> <input type="text"/>	

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, etc

P 7	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	<input type="checkbox"/>	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	<input type="checkbox"/>	
P 8b	How much time would you spend walking or bicycling for travel on a typical day?	In hours and minutes hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> OR in minutes only or minutes <input type="text"/> <input type="text"/> <input type="text"/>		

The next questions ask 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.

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	<input type="checkbox"/>	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?	Yes 1 No 2	<input type="checkbox"/>	If No, go to P 12
P11a	If Yes. In a typical week, on how many days do you do vigorous activities as part of your leisure time?	Days a week	<input type="checkbox"/>	

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P11b	On a typical day on which you do vigorous activities, how much time do you spend doing this?	In hours and minutes hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> OR in minutes only or minutes <input type="text"/> <input type="text"/> <input type="text"/>	
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?	Yes 1 No 2	<input type="text"/> <input type="text"/>
P13a	<u>If Yes</u> In a typical week, on how many days do you do moderate-intensity activities as part of leisure time?	Days a week	<input type="text"/>
P13b	On a typical day on which you do moderate-intensity activities, how much time do you spend doing this?	In hours and minutes hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> OR in minutes only or minutes <input type="text"/> <input type="text"/> <input type="text"/>	
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 hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> OR in minutes only or minutes <input type="text"/> <input type="text"/> <input type="text"/>	
P 15	What physical activities did you do in the past 4 weeks as exercise?		
	a. Walking	Yes 1 No 2	<input type="text"/>
	b. Running	Yes 1 No 2	<input type="text"/>
	c. Team sports (Specify)	Yes 1 No 2	<input type="text"/>
	d. Cycling	Yes 1 No 2	<input type="text"/>
	e. Dancing	Yes 1 No 2	<input type="text"/>
	f. Strength training (Lifting weights, push-ups, sit-ups)	Yes 1 No 2	<input type="text"/>
	g. Aerobics	Yes 1 No 2	<input type="text"/>
	h. Other (Specify)	Yes 1 No 2	<input type="text"/>

If No, go to P 14

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History of High Blood Pressure			
V 2	How many times did you visit the doctor during the last 12 months? (Include hospitalisation or visits to the outpatient department/health clinics; do not include visits to the dentist).	Number of times	<input type="text"/> <input type="text"/>
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	<input type="checkbox"/>
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, OR have you been treated for it? (Including advice on diet, weight, smoking and exercise)	Yes 1 No 2 Don't know/Don't remember 3	<input type="checkbox"/>
H 3a	Are you currently on drugs (medication) for high blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	<input type="checkbox"/>
H 4	During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension?	Yes 1 No 2	<input type="checkbox"/>
H 5	Are you currently taking any herbal or traditional remedy for your high blood pressure?	Yes 1 No 2	<input type="checkbox"/>

If No, skip to H6

History of Diabetes			
H 6	Have you had your blood sugar measured in the last 12 months?	Yes 1 No 2	<input type="checkbox"/>
H 7	During the past 12 months have you been told by a doctor or other health worker that you have diabetes, OR have you been treated for it? (Including advice on diet, weight, smoking and exercise)	Yes 1 No 2 Don't know/Don't remember 3	<input type="checkbox"/>
H 8a	Are you currently on insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	<input type="checkbox"/>
H 8b	Are you currently on any oral drugs (drugs taken by mouth) for diabetes prescribed by a doctor or other health worker? (See Note*)	Yes 1 No 2	<input type="checkbox"/>
H 9	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1 No 2	<input type="checkbox"/>
H 10	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	<input type="checkbox"/>

If No, skip to V3

Note*: Commonly prescribed oral drugs for diabetes in the Cook Islands include:
 Glucophage (metformin)
 Daonil (glibenclimide)
 tolbutamide

Comments: Step 1 (to be answered by Interviewer)			
V 3	Are there any irregularities or problems with the interview?	Yes 1 No 2	<input type="checkbox"/>

If yes, please state the irregularities or problems in the space provided below.

Step 2 Physical Measurements

Height and weight				Coding Column
M 1	Technician ID Code	(1a) height <input type="text"/> <input type="text"/>	(1b) weight <input type="text"/> <input type="text"/>	
M 2a & 2b	Device IDs for height and weight	(2a) height <input type="text"/> <input type="text"/>	(2b) weight <input type="text"/> <input type="text"/>	
M 3	Height	(in Centimetres)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
M 4	Weight <i>If too large for scale, use two scales.</i>	(in Kilograms)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
M 5	(For women less than 50 years) Are you pregnant?	Yes 1 No 2	<input type="text"/>	If Yes, Skip Waist (go to M9)
Waist				
M 6	Technician ID		<input type="text"/> <input type="text"/>	
M 7	Device ID for waist		<input type="text"/> <input type="text"/>	
M 8	Waist circumference	(in Centimetres)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
Blood pressure				Coding Column
M 9	Technician ID		<input type="text"/> <input type="text"/>	
M 10	Device ID for blood pressure		<input type="text"/> <input type="text"/>	
M 11	Cuff size used	Normal 1 Large 2 Extra Large 3	<input type="text"/>	
M 12a	Reading 1	Systolic BP	Systolic mmHg	<input type="text"/> <input type="text"/> <input type="text"/>
M 12b		Diastolic BP	Diastolic mmHg	<input type="text"/> <input type="text"/> <input type="text"/>
M 13a	Reading 2	Systolic BP	Systolic mmHg	<input type="text"/> <input type="text"/> <input type="text"/>
M 13b		Diastolic BP	Diastolic mmHg	<input type="text"/> <input type="text"/> <input type="text"/>
M 14a	Reading 3	Systolic BP	Systolic mmHg	<input type="text"/> <input type="text"/> <input type="text"/>
M 14b		Diastolic BP	Diastolic mmHg	<input type="text"/> <input type="text"/> <input type="text"/>

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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	<input type="checkbox"/>
B 2	Technician ID Code		<input type="checkbox"/> <input type="checkbox"/>
B 3	Device ID code		<input type="checkbox"/> <input type="checkbox"/>
B 4	Time of day blood specimen taken (24 hour clock)		hrs <input type="checkbox"/> <input type="checkbox"/> : mins <input type="checkbox"/> <input type="checkbox"/>
B 5	Blood glucose	OR Too Low 1 Too High 2 Unable to assess 3	mmol/l <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> OR <input type="checkbox"/>

Blood Lipids		
B 6	Technician ID Code	<input type="checkbox"/> <input type="checkbox"/>
B 7	Device ID code	<input type="checkbox"/> <input type="checkbox"/>
B 8	Total cholesterol	mmol/l <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> OR Too Low 1 Too High 2 Unable to assess 3 OR <input type="checkbox"/>

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 state the irregularities or problems in the space provided below.
