

National STEPS Survey Questionnaire for Chronic Noncommunicable Diseases (NCDs) Risk Factors

Palau 2011



Survey Information

Location and Date		Response	Code
1	Hamlet ID	_____	I1
2	Hamlet name		I2
3	Interviewer ID	_____	I3
4	Date of completion of the questionnaire	____/____/____ dd mm year	I4

Consent, Interview Language and Name		Response	Code
Participant Id Number _____			
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
6	Interview Language	English 1 Tagalog 2	I6
7	Time of interview (24 hour clock)	____ : ____ 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.

Demographic Information, Continued					
Question		Response		Code	
20	Taking the past year, can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week	<input type="checkbox"/>	Go to T1a	C10a
		OR per month	<input type="checkbox"/>	Go to T1a	C10b
		OR per year	<input type="checkbox"/>	Go to T1a	C10c
		Refused	88		C10d
21	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it (READ OPTIONS)	£ Quintile (Q) 1	1	C11	
		More than Q 1, £ Q 2	2		
		More than Q 2, £ Q 3	3		
		More than Q 3, £ Q 4	4		
		More than Q 4	5		
		Don't Know	77		
Refused	88				

Step 1 Behavioural Measurements

Tobacco Use				
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 tobacco.				
Question		Response		Code
22	Have you ever smoked tobacco products?	Yes	1	T1a
		No	2 If No, go to X1	
23	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes	1	T1
		No	2 If No, go to T6	
24	Do you currently smoke tobacco products daily?	Yes	1	T2
		No	2 If No, go to T6	
25	How old were you when you first started smoking daily?	Age (years)		T3
		Don't know	77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T5a	
26	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T5a	T4a
		OR in Months	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T5a	T4b
		OR in Weeks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T4c
27	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Manufactured cigarettes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5a
		Hand-rolled cigarettes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5b
		Pipes full of tobacco	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5c
		Cigars, cheroots, cigarillos	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5d
		Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Other, go to T5other, else go to T9	T5e
	Other (please specify):	<input type="checkbox"/>	Go to T9	T5other
28	In the past, did you ever smoke daily?	Yes	1	T6
		No	2 If No, go to T9	
29	How old were you when you stopped smoking daily?	Age (years)		T7
		Don't Know	77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T9	
30	How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T9	T8a
		OR Months ago	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Known, go to T9	T8b
		OR Weeks ago	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T8c

31	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days Don't know 77 <input type="text"/>	T9
32	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/>	T10
Betel Nut Use			
Question		Response (see comments at the end of page)	Code
33	Do you currently chew betel nut?	Yes 1 No 2 If No, go to X5	X1
34	<u>If Yes,</u> Do you currently chew betel nuts daily?	Yes 1 No 2	X2
35	When you chew, how many nuts on average do you chew at one time?	Number of Betel Nuts <input type="text"/>	X3
36	On average, how many times each day do you chew?	Times per day <input type="text"/>	X4
Betel Nut with Tobacco			
Question		Response	Code
37	Do you currently chew betel nut with Tobacco?	Yes 1 No 2 If No, go to A1a	X5
38	Do you currently chew betel nut with Tobacco daily?	Number of days Don't Know 77 <input type="text"/>	X6
39	During the past 30 days, during how many occasions did you chew betel nut with Tobacco?	Number of bowls Don't Know 77 <input type="text"/>	X7
Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
40	Have you ever consumed an alcoholic drink such as beer, wine, spirits or fermented cider? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to D1	A1a
41	Have you consumed an alcoholic drink within the past 12 months?	Yes 1 No 2 If No, go to D1	A1b
42	During the past 12 months, how frequently 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
43	Have you consumed an alcoholic drink within the past 30 days?	Yes 1 No 2 If No, go to D1	A3
44	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
45	During the past 30 days, when you drank alcohol, on average, how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A5
46	During the past 30 days, what was the largest number 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

47	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7
48	During each of the past 7 days, how many standard alcoholic drinks did you have each day? (USE SHOWCARD) Don't Know 77	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

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
49	In a typical week, on how many days do you eat fruit? (USE SHOWCARD)	Number of days <input type="text"/> If Zero days, go to Don't Know 77 <input type="text"/> D3	D1
50	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/>	D2
51	In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)	Number of days <input type="text"/> If Zero days, go to Don't Know 77 <input type="text"/> D5	D3
52	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/>	D4
53	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 If Other, go to D5 other None in particular 6 None used 7 Don't know 77	D5
		Other <input type="text"/>	D5other
54	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
55	On average how long does it take to consume 500g of salt? (USE SHOWCARD)	Number of days <input type="text"/> If Zero days, go to Don't Know 77 <input type="text"/> P1	X8

Physical Activity			
<p>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.</p> <p>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.</p>			
Question		Response	Code
Work			
56	Does your work involve vigorous-intensity 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? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P 4</p>	P1
57	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
58	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)
59	Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P 7</p>	P4
60	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
61	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)
Travel to and from places			
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>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.</p>			
62	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 If No, go to P 10</p>	P7
63	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
64	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)

Physical Activity, Continued			
Question		Response	Code
Recreational activities			
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).			
65	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10
66	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P11
67	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)
68	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
69	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P14
70	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

Physical Activity			
Sedentary behaviour			
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. (USE SHOWCARD)			
71	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)

History of Raised Blood Pressure			
Question		Response	Code
72	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 If No, go to H6	H1
73	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 If No, go to H6	H2a
74	Have you been told in the past 12 months?	Yes 1 No 2	H2b
75	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 No 2	H3a
	Advice to reduce salt intake	Yes 1 No 2	H3b
	Advice or treatment to lose weight	Yes 1 No 2	H3c
	Advice or treatment to stop smoking	Yes 1 No 2	H3d
	Advice to start or do more exercise	Yes 1 No 2	H3e
76	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
77	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of Diabetes			
Question		Response	Code
78	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 If No, go to M1	H6
79	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 If No, go to M1	H7a
80	Have you been told in the past 12 months?	Yes 1 No 2	H7b

Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
81	Insulin	Yes 1 No 2	H8a
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	H8b
	Special prescribed diet	Yes 1 No 2	H8c
	Advice or treatment to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
	Advice to start or do more exercise	Yes 1 No 2	H8f
82	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H9
83	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H10

Step 2 Physical Measurements

Height and Weight			
Question	Response		Code
84	Interviewer ID	_____	M1
85	Device IDs for height and weight	Height _____	M2a
		Weight _____	M2b
86	Height	in Centimetres (cm) _____	M3
87	Weight If too large for scale 666.6	in Kilograms (kg) _____	M4
88	For women: Are you pregnant?	Yes 1 If Yes, go to M 8	M5
		No 2	
Waist			
89	Device ID for waist	_____	M6
90	Waist circumference	in Centimetres (cm) _____	M7
Blood Pressure			
91	Interviewer ID	_____	M8
92	Device ID for blood pressure	_____	M9

93	Cuff size used	Small 1 Medium 2 Large 3	M10
94	Reading 1	Systolic (mmHg) <input type="text"/>	M11a
		Diastolic (mmHg) <input type="text"/>	M11b
95	Reading 2	Systolic (mmHg) <input type="text"/>	M12a
		Diastolic (mmHg) <input type="text"/>	M12b
96	Reading 3	Systolic (mmHg) <input type="text"/>	M13a
		Diastolic (mmHg) <input type="text"/>	M13b
97	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 No 2	M14
98	Hip circumference	in Centimeters (cm) <input type="text"/>	M15

Step 3 Biochemical Measurements

Blood Glucose			
Question		Response	Code
100	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
101	Technician ID	_ _ _ _	B2
102	Device ID	_ _ _	B3
103	Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs mins _ _ : _ _	B4
104	Fasting blood glucose	mmol/l _ _ . _ _	B5
105	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
Blood Lipids			
106	Device ID	_ _ _	B7
107	Total cholesterol	mmol/l _ _ . _ _	B8
108	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
109	Triglycerides	mmol/l _ _ . _ _	B10

