

# WHO STEPS Instrument

## for Chronic Disease

## Risk Factor Surveillance

### Tonga 2012

#### Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	<div><div></div><div></div><div></div><div></div></div>	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	I3
4	Date of completion of the instrument	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div>ddmmyear</div></div>	I4

		Participant Id Number																	
Consent, Interview Language and Name		Response															Code		
5	Consent has been read and obtained	Yes 1 No 2 If NO, END															15		
6	Time of interview (24 hour clock)	<div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div> <div>hrsmins</div>															17		
7	Family Surname																18		
8	First Name																19		


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

## Step 1 Demographic Information

**CORE: Demographic Information**

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

## EXPANDED: Demographic Information

13	What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 College/University completed 5 Post graduate degree 6 Refused 88	C5
14	What is your <b>ethnic background</b> ?	Tongan 1 Non-Tongan 2 Refused 88	C6
15	What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
16	Which of the following best describes your <b>main work status</b> over the past 12 months?   (USE SHOWCARD)	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
17	How many people older than 18 years, including yourself, live in your household?	Number of people 	C9

Question		Response	Code
18	Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week <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"/> <i>Go to T1</i>	C10a
		OR per month <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"/> <i>Go to T1</i>	C10b
		OR per year <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"/> <i>Go to T1</i>	C10c
		Refused    88	C10d

**CORE: Tobacco Use**

Question		Response	Code
19	Have you <b>ever smoked</b> any tobacco products?	Yes 1 No 2 If No, go to T9a	T1a
20	Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T6	T1
21	Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2 If No, go to T6	T2
22	How old were you when you <b>first started</b> smoking daily?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a	T3
23	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> If Known, go to T5a	T4a
	(RECORD ONLY 1, NOT ALL 3)	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a	T4b
	Don't know 77	OR in Weeks <input type="text"/> <input type="text"/>	T4c
24	On average, <b>how many</b> of the following do you smoke each day?  (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 77	Manufactured cigarettes <input type="text"/> <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/>	T5c
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/>	T5d
		Other <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T9a	T5e
		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"/> Go to T9a	T5other
25	During the past 12 months, have you tried to stop smoking?	Yes 1 No 2	X1
26	During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 No 2 NA/ did not visit a doctor 77	X2

EXPANDED: Tobacco Use				
Question		Response		Code
27	In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes 1		T6
		No 2	If No, go to T9a	
28	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years)		T7
		Don't Know 77	____ If Known, go to T9a	
29	How <b>long ago</b> did you stop smoking daily?	Years ago	____ If Known, go to T9a	T8a
	(RECORD ONLY 1, NOT ALL 3)	OR Months ago	____ If Known, go to T9a	T8b
	Don't Know 77	OR Weeks ago	____	T8c
30	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	____	
31	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	____	

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
32	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider, etc? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to D1	A1a
33	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 If No, go to D1	A1b
34	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
35	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 If No, go to D1	A3
36	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
37	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
38	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
39	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

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
44	In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
45	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	D2
46	In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
47	How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/>	D4
EXPANDED: Diet			
48	What type of <b>oil or fat is most often</b> 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D5other
49	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"/> <input type="text"/>	D6

**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. 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>		
50 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? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 4	P1
51 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
52 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)
53 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? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 7	P4
54 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
55 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.		
56 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 If No, go to P 10	P7
57 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
58 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)			
59	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? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 13	P10
60	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	P11
61	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>              hrs mins           </div>	P12 (a-b)
62	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? (USE SHOWCARD)	Yes 1  No 2 If No, go to P16	P13
63	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	P14
64	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>              hrs mins           </div>	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. (USE SHOWCARD)			
65	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>              hrs mins           </div>	P16 (a-b)

CORE: History of Raised Blood Pressure				
Question		Response		Code
66	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes	1	H1
		No	2 <i>If No, go to H6</i>	
67	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes	1	H2a
		No	2 <i>If No, go to H6</i>	
68	Have you been told in the past 12 months?	Yes	1	H2b
		No	2	

EXPANDED: History of Raised Blood Pressure				
69	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	
	70	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1
No			2	
71	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
		No	2	



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

75	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		
76	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H9
		No	2	
77	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
78	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M1
79	Device IDs for height and weight	Height <div><div></div><div></div></div>	M2a
		Weight <div><div></div><div></div></div>	M2b
80	Height	in Centimetres (cm) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M3
81	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M4
82	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5
CORE: Waist			
83	Device ID for waist	<div><div></div><div></div><div></div></div>	M6
84	Waist circumference	in Centimetres (cm) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M7
CORE: Blood Pressure			
85	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M8
86	Device ID for blood pressure	<div><div></div><div></div><div></div></div>	M9
87	Cuff size used	Small 1 Medium 2 Large 3	M10
88	Reading 1	Systolic ( mmHg) <div><div></div><div></div><div></div><div></div></div>	M11a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11b
89	Reading 2	Systolic ( mmHg) <div><div></div><div></div><div></div><div></div></div>	M12a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12b
90	Reading 3	Systolic ( mmHg) <div><div></div><div></div><div></div><div></div></div>	M13a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13b
91	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

<b>EXPANDED: Hip Circumference and Heart Rate</b>			
92	Hip circumference	in Centimeters (cm) <u>    </u> <u>    </u> <u>    </u> . <u>    </u>	M15

### Step 3 Biochemical Measurements

**CORE: Blood Glucose**

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