

# WHO STEPS Instrument

## for Chronic Disease Risk Factor Surveillance

### Tonga 2012

#### 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

Participant Id Number |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_|

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	Time of interview (24 hour clock)	_ _  :  _ _  hrs            mins	I7
7	Family Surname		I8
8	First Name		I9

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)	Male 1 Female 2	C1
10	What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _   _ _ _ _   _ _ _ _ _  <i>If known, Go to C4</i> dd mm year	C2
11	How old are you?	Years  _ _	C3
12	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years  _ _	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</b> status over the past 12 months?  <i>(USE SHOWCARD)</i>	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



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 T9a</i>	
28	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years)	T7
		Don't Know 77  _ _  <i>If Known, go to T9a</i>	
29	How <b>long ago</b> did you stop smoking <b>daily</b> ? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago  _ _  <i>If Known, go to T9a</i>	T8a
		OR Months ago  _ _  <i>If Known, go to T9a</i>	T8b
		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? <i>(USE SHOWCARD OR SHOW EXAMPLES)</i>	Yes 1	A1a
		No 2 <i>If No, go to D1</i>	
33	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1	A1b
		No 2 <i>If No, go to D1</i>	
34	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink? <i>(READ RESPONSES, USE SHOWCARD)</i>	Daily 1	A2
		5-6 days per week 2	
		1-4 days per week 3	
		1-3 days per month 4	
		Less than once a month 5	
35	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1	A3
		No 2 <i>If No, go to D1</i>	
36	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number	A4
		Don't know 77  _ _	
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? <i>(USE SHOWCARD)</i>	Number	A5
		Don't know 77  _ _	
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	A6
		Don't Know 77  _ _	
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	A7
		Don't Know 77  _ _	











## Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
78	Interviewer ID	_ _ _ _	M1
79	Device IDs for height and weight	Height  _ _ _	M2a
		Weight  _ _ _	M2b
80	Height	in Centimetres (cm)  _ _ _ _ _ _ _	M3
81	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)  _ _ _ _ _ _ _	M4
82	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
83	Device ID for waist	_ _ _	M6
84	Waist circumference	in Centimetres (cm)  _ _ _ _ _ _ _	M7
CORE: Blood Pressure			
85	Interviewer ID	_ _ _ _	M8
86	Device ID for blood pressure	_ _ _	M9
87	Cuff size used	Small 1	M10
		Medium 2	
		Large 3	
88	Reading 1	Systolic ( mmHg)  _ _ _ _	M11a
		Diastolic (mmHg)  _ _ _ _	M11b
89	Reading 2	Systolic ( mmHg)  _ _ _ _	M12a
		Diastolic (mmHg)  _ _ _ _	M12b
90	Reading 3	Systolic ( mmHg)  _ _ _ _	M13a
		Diastolic (mmHg)  _ _ _ _	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	M14
		No 2	
EXPANDED: Hip Circumference and Heart Rate			
92	Hip circumference	in Centimeters (cm)  _ _ _ _ _ _ _	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	_ _ _ _	B2
95	Device ID	_ _	B3
96	Time of day blood specimen taken (24 hour clock)	Hours : minutes  _ _  :  _ _  hrs mins	B4
97	Fasting blood glucose <i>mmol/l</i>	mmol/l  _ _  .  _ _	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
CORE: Blood Lipids			
99	Device ID	_ _	B7
100	Total cholesterol <i>mmol/l</i>	mmol/l  _ _  .  _ _	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