Respondent Identification Number ☐☐ ☐☐☐

Appendix 1. Solomon Islands STEPS Survey Questionnaire



The WHO STEPwise approach to Surveillance of Noncommunicable Diseases (STEPS)

Check if the following are completed	(to be checked by:)	Yes	No	Signature
Fasting status	(Registration Station)	☐	☐	
Step 1, 2 & 3 data collection	(Checkout Station)	☐	☐	
First EpiData data entry	(Data entry personnel)	☐	☐	
Second EpiData data entry	(Data entry personnel)	☐	☐	
Data entry irregularities	(Data entry personnel)	☐	☐	

Identification Information:		
I 1	Province code	☐☐
I 2	Province Name:	
I 3	Village code: (SEE NOTE BELOW)	☐☐
I 4	Interviewer code	☐☐
I 5	Date of completion of the questionnaire	☐☐/☐☐/200☐ Day Month Year

✂ ---------- ✂

Respondent ID Number ☐☐-☐☐☐

	Consent		
I 6	Consent has been read out to respondent	Yes 1 No 2	☐ If NO, read consent
I 7	Consent has been obtained (verbal or written)	Yes 1 No 2	☐ If NO, END
I 8	Interview Language	English 1 Pidgin English 2	☐
I 9	Time of interview (24 hour clock)		☐☐:☐☐
I 10	Family Name		
I 11	First Name		
I 12	Contact phone number where possible		
I 13	Specify whose phone	Work 1 Home 2 Neighbour 3 Other (specify) 4	☐

<u>Note:</u> Identification information I6 to I13 should be stored separately from the questionnaire because it contains confidential information.
Please note: Village code is required as part of main instrument for data analyses. Date of interview is required to calculate age.

Respondent Identification Number ☐☐ ☐☐☐

Step 1 Demographic Information

				Coding Column
C1	Sex (*Record Male / Female as observed)*	Male Female	1 2	☐
C2	What is your date of birth? *If Don't Know, See Note* below and Go to C3*	Day ☐☐ Month ☐☐ Year 19☐☐		
C3	How old are you?	Years		☐☐
C4	What is your *ethnic* background?	Melanesian Polynesian Micronesian Chinese/Asian Others	1 2 3 4 5	☐
C5	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years		☐☐
C6	What is the highest level of education you have completed?	No formal schooling Preclass Primary school Secondary/High school Higher education/college other than secondary school University Post graduate degree	1 2 3 4 5 6 7	☐
C7	Which of the following best describes your main work status over the last 12 months? [*INSERT COUNTRY-SPECIFIC CATEGORIES]* USE SHOWCARD	Government employee Non-government employee Self-employed Non-paid Student Homemaker Retired Unemployed (able to work) Unemployed (unable to work)	1 2 3 4 5 6 7 8 9	☐
C8	How many people older than 18 years, including yourself, live in your household?	Number of people		☐☐
C9	Taking the past year, can you tell me what the average earnings of the household have been?	Per week OR per month OR per year *Go to Next Section (S1a) if given estimated earnings* Refused	 8	☐☐☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐☐☐ ☐ *If Refused Go to C10*
C10	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 *[USE SHOWCARD & READ OPTIONS]* *[INSERT QUINTILE VALUES*]	≤ Quintile (Q) 1 More than Q 1, ≤ Q 2 More than Q 2, ≤ Q 3 More than Q 3, ≤ Q 4 More than Q 4 Refused	1 2 3 4 5 8	☐

Note: 1) The Date of Birth (C2) or the age (C3) or both (C2 and C3) have to be filled. If both C2 and C3 not available, then STOP. CODE "DK" FOR DON'T KNOW or DON'T REMEMBER.*

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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	☐	*If No, go to N1a*
S 1b	If Yes, Do you currently smoke tobacco products **daily**?	Yes No	1 2	☐	*If No, go to N1a*
S 2a	How old were you when you **first started** smoking daily?	Age (years) Don't remember	D K	☐☐	*If Known, go to S 3*
S 2b	Do you remember how long ago it was?	In Years OR in Months OR in Weeks		Years ☐☐ Months ☐☐ Weeks ☐☐	
S 3	On average, **how many** of the following do you smoke each day? *(RECORD FOR EACH TYPE)*	Manufactured cigarettes Hand-rolled cigarettes Pipes full of tobacco Cigars, cheroots, cigarillos ← Other (please specify):		☐☐ ☐☐ ☐☐ ☐☐ ☐☐	

Betel Nut Use (Section N)

The next questions ask about the use of betel nut.

N 1a	Do you **currently** *chew betel* nut ?	Yes No	1 2	☐	*If No, go to A1a*
N 1b	If Yes, Do you **currently chew betel nuts daily?**	Yes No	1 2	☐	*If No, go to A1a*
N 2a	How old were you when you **first started** chewing betel nuts daily?	Age (years) Don't remember	D K	☐☐	*If Known, go to N3*
N 2b	Do you remember how long ago it was? *(CODE DK FOR DON'T REMEMBER)*	In Years OR in Months OR in Weeks		Years ☐☐ Months ☐☐ Weeks ☐☐	
N 3	Do you **usually** smoke while chewing betel nut?	Yes No	1 2	☐	

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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 or fermented cider? *USE SHOWCARD or SHOW EXAMPLES*	Yes No	1 2	☐	*If No, Go to D1a*
A 1b	Have you consumed alcohol within the **past 12 months**?	Yes No	1 2	☐	*If No, Go to D1a*
A 2	Have you **ever** tried or drunk home brewed alcohol or kwaso in the past 12 months?	Yes No	1 2	☐	
A 3	In the past 12 months, **how frequently** have you had at least one drink? *(READ RESPONSES)* *USE SHOWCARD*	5 or more days a week 1-4 days per week 1-3 days a month Less than once a month	1 2 3 4	☐	

Note: Code ***DK*** for "Don't know" or "Don't remember".

A 4	When you drink alcohol, **on average**, how many drinks do you have during one day?	Number Don't know	D K	☐☐
A 5	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		☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
A 6	During the **last 30 days**, on **how many days** did you drink home brewed alcohol or kwaso?	Number of days		☐☐
A 7	Do you usually smoke during or after drinking alcohol?	Yes No	1 2	☐

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. Each picture represents 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**? *USE SHOWCARD*	Number of days	☐	*If Zero days, go to D 2a*
D 1b	How many **servings** of fruit do you eat on **one** of those days? *USE SHOWCARD*	Number of servings	☐☐	
D 2a	In a typical week, on how many days do you **eat vegetables**? *USE SHOWCARD*	Number of days	☐	If Zero days, go to Section P
D 2b	How many **servings** of vegetables do you eat on one of those days? *USE SHOWCARD*	Number of servings	☐☐	

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 Coconut oil ← Other 5 None in particular 6 None used 7 Don't know 8	☐
D 4	In a typical week, on how many days do you eat **fresh fish**?	Number of days	☐
D 5	In a typical week, on how many days do you eat **tinned fish**?	Number of days	☐

Note: Code *DK* for "Don't know" or "Don't remember".

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, seeking employment. *[Insert other examples if needed]*

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	☐	*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? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*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	☐	
P 3b	On a typical day on which you do vigorous activity, how much time do you spend doing such work?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		
P 4	Does your work involve moderate-intensity activity, like brisk walking *[or carrying light loads*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*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	☐	
P 5b	On a typical day on which you did moderate-intensity activities, how much time do you spend doing such work?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		
P 6	How long is your typical work day?	Number of hours	hrs ☐☐	
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. [*insert other examples if needed*]				
P 7	Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2	☐	*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	☐	
P 8b	How much time would you spend walking or bicycling for travel on a typical day?	In hours and minutes hrs ☐☐ : mins ☐☐ OR in Minutes only or minutes ☐☐☐		

The next questions ask about activities you do in your leisure time. Think about activities you do for recreation, fitness or sports *[insert relevant terms]*. Do not include the physical activities you do at work or for travel mentioned already.				
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	☐	*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? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 12*
P 11a	<u>If Yes,</u> In a typical week, on how many days do you do vigorous activities as part of your [*leisure time*]?	Days a week	☐	
P 11b	How much time do you spend doing this on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	
	<u>Note</u>: Code *DK* for "Don't know" or "Don't remember".			
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? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 14*
P 13a	<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	☐	
P 13b	How much time do you spend doing this on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	
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 OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	

History of High Blood Pressure				
V 1	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	☐☐	
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	☐	
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?	Yes 1 No 2	☐	*If No, skip to Next Section*
H 3	Are you currently receiving any of the following treatments for high blood pressure prescribed by a doctor or other health worker?			
H 3a	Drugs (medication) that you have taken in the last 2 weeks	Yes 1 No 2	☐	
H 3b	Special prescribed diet	Yes 1 No 2	☐	
H 3c	Advice or treatment to lose weight	Yes 1 No 2	☐	
H 3d	Advice or treatment to stop smoking	Yes 1 No 2	☐	
H 3e	Advice to start or do more exercise	Yes 1 No 2	☐	

H 4	During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension	Yes No	1 2	☐
H 5	Are you currently taking any herbal or traditional remedy for your high blood pressure?	Yes No	1 2	☐

History of Diabetes					
H 6	When was your blood sugar last measured by a health professional	Within past 12 months 1-5 years ago Not within past 5 yrs	1 2 3	☐	
H 7	Have you ever been told by a doctor or other health worker that you have diabetes?	Yes No	1 2	☐	*If No, skip to Next Section*
H 8	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker?				
H 8a	Insulin	Yes No	1 2	☐	
H 8b	Oral drug (medication that you have taken in the last 2 weeks	Yes No	1 2	☐	
H 8c	Special prescribed diet	Yes No	1 2	☐	
H 8d	Advice or treatment to lose weight	Yes No	1 2	☐	
H 8e	Advice or treatment to stop smoking	Yes No	1 2	☐	
H 8f	Advice to start or do more exercise	Yes No	1 2	☐	
H 9	During the past 12 months have you seen a traditional healer for diabetes?	Yes No	1 2	☐	
H 10	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes No	1 2	☐	

Note: Code ***DK*** for "Don't know" or "Don't remember

Comments: Step 1 (to be answered by the Interviewer)				
V 2	Are there any irregularities or problems with the measurements?	Yes No	1 2	☐

If yes, please describe. _____

_____

_____

_____

_____

Respondent Identification Number ☐☐ ☐☐☐

Step 2 Physical Measurements

Height and weight			Coding Column	
M 1	Technician ID Code		☐☐	
M 2a & 2b	Device IDs for height and weight	(2a) height ☐☐	(2b) weight ☐☐	
M 3	Height	(in Centimetres)	☐☐☐.☐	
M 4	Weight *If too large for scale, code 666.6*	(in Kilograms)	☐☐☐.☐	
M 5	*(For women)* Are you pregnant?	Yes 1 No 2	☐	*If Yes, Skip Waist*

Waist and Hip			
M 6	Technician ID		☐☐
M 7	Device ID for waist		☐☐
M 8	Waist circumference	(in Centimetres)	☐☐☐.☐
M 9	Hip circumference	(in Centimetres)	☐☐☐.☐

Blood pressure				Coding Column
M 10	Technician ID			☐☐
M 11	Device ID for blood pressure			☐☐
M 12	Cuff size used	Normal 1 Large 2 Manual 3		☐
M 13a	Reading 1 Systolic BP	Systolic	mmHg	☐☐☐
M 13b	Diastolic BP	Diastolic	mmHg	☐☐☐
M 14a	Reading 2 Systolic BP	Systolic	mmHg	☐☐☐
M 14b	Diastolic BP	Diastolic	mmHg	☐☐☐
M 15a	Reading 3 Systolic BP	Systolic	mmHg	☐☐☐
M 15b	Diastolic BP	Diastolic	mmHg	☐☐☐

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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	☐
B 2	Technician ID Code		☐☐☐
B 3	Device ID code		☐☐
B 4	Time of day blood specimen taken (24 hour clock)		hrs ☐☐ : mins ☐☐
B 5	Blood glucose	Low 1 High 2 Unable to assess 3	mmol/l ☐☐.☐ ☐

Blood Lipids			
B 6	Technician ID Code (cholesterol)		☐☐☐
B 7	Device ID code (cholesterol)		☐☐
B 8	Total cholesterol	Low 1 High 2 Unable to assess 3	mmol/l ☐☐.☐☐ ☐
B 9	Technician ID Code (triglycerides)		☐☐☐
B 10	Device ID code (triglycerides)		☐☐
B 11	Triglycerides	Low 1 High 2 Unable to assess 3	mmol/l ☐☐.☐☐ ☐
Haemoglobin			
B 12	Technician ID Code		☐☐☐
B 13	Device ID Code		☐☐
B 14	Haemoglobin	Low 1 High 2 Unable to access 3	g/l ☐☐.☐☐ ☐

If yes, please describe. _____

Comments: Step 2 and 3		(to be answered by any Step 2 or 3 technician)	
V 3	Are there any irregularities or problems with the measurements?	Yes 1 No 2	☐

_____

_____