

## Appendix 2. Questionnaire (English Version)



### GOVERNMENT OF AMERICAN SAMOA DEPARTMENT OF HEALTH & WORLD HEALTH ORGANIZATION



### The WHO STEPwise approach to Surveillance of noncommunicable diseases (STEPS)

<i>Check if the following are completed (to be checked by:)</i>		Yes	No
Fasting status Station)	(Step 2&3 Registration)	<input type="checkbox"/>	<input type="checkbox"/>
Checkout Station)	(Step 2&3 Check-out)	<input type="checkbox"/>	<input type="checkbox"/>
EpiData data entry personnel)	(Data entry)	<input type="checkbox"/>	<input type="checkbox"/>
Epilinfo data entry personnel)	(Data entry)	<input type="checkbox"/>	<input type="checkbox"/>
Data entry irregularities	(Data entry personnel)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Identification Information:</b>			
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	Village code: (SEE NOTE BELOW)	<input type="checkbox"/> <input type="checkbox"/>	
I 4	Interviewer code	<input type="checkbox"/> <input type="checkbox"/>	
I 5	Date of completion of the questionnaire	<div> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2004                         </div> <div> <div>Month</div> <div>Day</div> </div> <div>Year</div>	



Respondent ID Number □□□□□			
	Consent		
I 6	Consent has been read out to respondent	Yes 1 No 2	<input type="checkbox"/> If NO, read consent
I 7	Consent has been obtained (verbal or written)	Yes 1 No 2	<input type="checkbox"/> If NO, END
I 8	Interview Language	English 1 Samoan 2	<input type="checkbox"/>
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 Neighbor 3 Other 4	<input type="checkbox"/>

Note: Identification information I6 to I12 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.

Step 1 Demographic Information			
			Coding Column
C1	Sex (Record Male / Female as observed )	Male 1 Female 2	<input type="checkbox"/>
C2	What is your date of birth?  If Don't Know, See Note* below and Go to C3	Month□□ Day□□ Year19□□	

C3	How old are you?	Years	<input type="text"/> <input type="text"/>
C4	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"/>

## 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? (NOTE: Currently = past 12 months)	Yes 1 No 2	<input type="checkbox"/>
S 1b	<u>If Yes,</u> Do you currently smoke tobacco products daily?	Yes 1 No 2	<input type="checkbox"/>
S 2a	How old were you when you first started smoking daily?	Age (years) Don't remember DK	<input type="text"/> <input type="text"/>
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 average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE) (CODE DK FOR DON'T KNOW OR DON'T REMEMBER)	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"/> <input type="text"/>

*If No, go to Next Section*

*If No, go to Next Section*

*If Known, go to S 3*

### 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? <i>USE SHOWCARD or SHOW EXAMPLES</i>	Yes 1 No 2	<input type="checkbox"/>	<i>If No, Go to Next Section</i>
A 1b	Have you consumed alcohol within the past 12 months?	Yes 1 No 2	<input type="checkbox"/>	<i>If No, Go to Next Section</i>

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

Code DK for DON'T KNOW or DON'T REMEMBER except for where answers are mandatory such as Village code, date of interview and either date of birth or age.

A 2	In the past 12 months, how frequently have you had at least one drink? <i>(READ RESPONSES)</i> <i>USE SHOWCARD</i>	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	When you drink alcohol, on average, how many drinks do you have during one day?	Number Don't know DK	<input type="checkbox"/> <input type="checkbox"/>
A 4	During each of the past 7 days, how many standard drinks of any alcoholic drink did you have each day? <i>(RECORD FOR EACH DAY)</i> <i>USE SHOWCARD</i>	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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? <i>USE SHOWCARD</i>	Number of days	<input type="checkbox"/>	If Zero days, go to D 2a
D 1b	How many servings of fruit do you eat on one of those days? <i>USE SHOWCARD</i>	Number of servings	<input type="checkbox"/> <input type="checkbox"/>	
D 2a	In a typical week, on how many days do you eat vegetables? <i>USE SHOWCARD</i>	Number of days	<input type="checkbox"/>	If Zero days, go to P1
D 2b	How many servings of vegetables do you eat on one of those days? <i>USE SHOWCARD</i>	Number of servings	<input type="checkbox"/> <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, 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 activities, like <i>heavy lifting, digging or construction work</i> for at least 10 minutes at a time? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	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"/>	

Note: Code DK for DON'T KNOW or DON'T REMEMBER except for where answers are mandatory such as Village code, date of interview and either date of birth or age.

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 OR in Minutes only	hrs□□ : mins□□ or minutes □□□
P 4	Does your work involve moderately intense activities, like brisk walking <i>or carrying light loads</i> for at least 10 minutes at a time? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	Yes 1 No 2	<input type="checkbox"/>
P 5a	In a typical week, on how many days do you do moderately intense activities as part of your work?	Days a week	<input type="checkbox"/>
P 5b	On a typical day on which you did moderately intense activities, how much time do you spend doing such work?	In hours and minutes OR in Minutes only	hrs□□ : mins□□ 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 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"/>
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 OR in Minutes only	hrs□□ : mins□□ or minutes □□□
The next questions ask about activities you do in your leisure time. Think about activities you do for recreation, fitness or sports. Do not include the physical activities you do at work or for travel mentioned already.			
P 9	Does your <i>leisure time</i> 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"/>
P 10	In your <i>leisure time</i> , do you do any vigorous activities like <i>running or strenuous sports, weight lifting</i> for at least 10 minutes at a time? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	Yes 1 No 2	<input type="checkbox"/>
P 11a	<u>If Yes,</u> In a typical week, on how many days do you do vigorous activities as part of your <i>leisure time</i> ?	Days a week	<input type="checkbox"/>
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 □□□
P 12	In your <i>leisure time</i> , do you do any	Yes 1	<input type="checkbox"/>

If No, go to P6

If No, go to P9

If Yes, go to P 14

If No, go to P 12

	moderate-intensity activities like brisk walking, cycling or swimming for at least 10 minutes at a time? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	No	2		<i>If No, go to P 14</i>
P 13a	<u>If Yes</u> In a typical week, on how many days do you do moderately intense activities as part of <i>leisure time</i> ?	Days a week		<input type="checkbox"/>	
P 13b	How much time do you spend doing this 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"/>		

Note: Code DK for DON'T KNOW or DON'T REMEMBER except for where answers are mandatory such as Village code, date of interview and either date of birth or age.

The following question is about sitting or reclining. Think back over the past 7 days, to time spent at work, at home, in <i>leisure</i> , 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"/>	

History of High Blood Pressure					
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	<input type="checkbox"/>	<i>If No, skip to H7</i>
		No	2		
H 3a	During the last 2 weeks, have you taken any drugs (medication) for high blood pressure prescribed by a doctor or other health worker?	Yes	1	<input type="checkbox"/>	
		No	2		

History of Diabetes				
H 7	During the past 12 months, have you been told by a doctor or other health worker that you have diabetes?	Yes No	1 2	<input type="checkbox"/>
H 8	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker? (NOTE: Currently = past 2 weeks)			
H 8a	Insulin	Yes No	1 2	<input type="checkbox"/>
H 8b	Oral drug (medication that you have taken in the last 2 weeks)	Yes No	1 2	<input type="checkbox"/>
H 8c	Special prescribed diet	Yes No	1 2	<input type="checkbox"/>

If No, skip  
to  
V3

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

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

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## 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"/> (2b) weight <input type="text"/>	
M 3	Height	(in Centimetres) <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 Pounds) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M 5	(For women) Are you pregnant?	Yes 1 No 2	<input type="checkbox"/>
Waist			
M 6	Technician ID		<input type="text"/> <input type="text"/>
M 7	Device ID for waist		<input type="text"/>
M 8	Waist circumference	(in Centimetres) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

*If Yes,  
go to M9*

Blood pressure			Coding Column
M 9	Technician ID		<input type="text"/> <input type="text"/>
M 10	Device ID for blood pressure		<input type="text"/>
M 11	Cuff size used	Standard 1 Large 2 X-Large (Manual) 3	<input type="checkbox"/>
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"/>

### Step 3 Biochemical Measurements

Blood glucose			Coding Column
B 1	Since 10 o'clock 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="text"/>
B 3	Device ID code		<input type="text"/>
B 4	Time of day blood specimen taken (24 hour clock)		hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/>
B 5	Blood glucose	Low 1 High 2 Unable to assess 3	mg/dL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/>
Blood Lipids			
B 6	Technician ID Code		<input type="text"/>
B 7	Device ID code		<input type="text"/>
B 8	Total cholesterol	Low 1 High 2 Unable to assess 3	mg/dL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/>

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	<input type="checkbox"/>
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If yes, please state the irregularities or problems in the space provided below.

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