

WHO STEPS Instrument (Core and Expanded)



The WHO STEPwise approach to chronic disease risk factor surveillance (STEPS)

World Health Organization
20 Avenue Appia, 1211 Geneva 27, Switzerland

For further information: www.who.int/chp/steps



World Health
Organization

STEPS Instrument

Overview

Introduction

This is the generic STEPS Instrument which sites/countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
 - EXPANDED items (shaded boxes).
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Core Items

The Core items for each section ask questions required to calculate basic variables. For example:

- current daily smokers
- mean BMI.

Note: All the core questions should be asked, removing core questions will impact the analysis.

Expanded items

The Expanded items for each section ask more detailed information. Examples include:

- use of smokeless tobacco
 - sedentary behaviour.
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Guide to the columns

The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Site Tailoring
Number	This question reference number is designed to help interviewers find their place if interrupted.	Renumber the instrument sequentially once the content has been finalized.
Question	Each question is to be read to the participants	<ul style="list-style-type: none">• Select sections to use.• Add expanded and optional questions as desired.
Response	This column lists the available response options which the interviewer will be circling or filling in the text boxes. The skip instructions are shown on the right hand side of the responses and should be carefully followed during interviews.	<ul style="list-style-type: none">• Add site specific responses for demographic responses (e.g. C6).• Change skip question identifiers from code to question number.
Code	The column is designed to match data from the instrument into the data entry tool, data analysis syntax, data book, and fact sheet.	This should never be changed or removed. The code is used as a general identifier for the data entry and analysis.



WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

<insert country/site name>

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

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 IF NO, END	I5
6	Interview Language <i>[Insert Language]</i>	English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4	I6
7	Time of interview (24 hour clock)	_ _ _ : _ _ _ hrs mins	I7
8	Family Surname		I8
9	First Name		I9
Additional Information that may be helpful			
10	Contact phone number where possible		I10

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

Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
11	Sex (<i>Record Male / Female as observed</i>) Male 1 Female 2	C1
12	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
13	How old are you? Years _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years _ _	C4

EXPANDED: Demographic Information			
15	What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
16	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background ?	Tongan 1 Non-Tongan 2 <i>[Locally defined]</i> 3 Refused 88	C6
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> <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
19	How many people older than 18 years, including yourself, live in your household?	Number of people _ _	C9

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	
48	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ <i>If Zero days, go to D3</i>	D1
49	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
50	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ <i>If Zero days, go to D5</i>	D3
51	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 _ _	D4

EXPANDED: Diet			
52	What type of oil or fat is most often used for meal preparation and/or consumption in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5
		Other _ _ _ _ _ _ _ _	D5other
53	On average, how many meals per week do you eat that were not prepared at a home ('take away')? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 _ _	D6

CORE: History of Raised Blood Pressure				
Question		Response		Code
70	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>	
71	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>	
72	Have you been told in the past 12 months?	Yes	1	H2b
		No	2	

EXPANDED: History of Raised Blood Pressure				
73	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		
74	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
		No	2	
75	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
		No	2	

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

EXPANDED: History of Diabetes			
79	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		
80	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
81	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
82	Interviewer ID	_ _ _ _	M1
83	Device IDs for height and weight	Height _ _ _	M2a
		Weight _ _ _	M2b
84	Height	in Centimetres (cm) _ _ _ _ _ _ _ _	M3
85	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ _ _ _ _	M4
86	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
87	Device ID for waist	_ _ _	M6
88	Waist circumference	in Centimetres (cm) _ _ _ _ _ _ _ _	M7
CORE: Blood Pressure			
89	Interviewer ID	_ _ _ _	M8
90	Device ID for blood pressure	_ _ _	M9
91	Cuff size used	Small 1	M10
		Medium 2	
		Large 3	
92	Reading 1	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
93	Reading 2	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
94	Reading 3	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	M13b
95	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			
96	Hip circumference	in Centimeters (cm) _ _ _ _ _ _ _ _	M15

Step 3 Biochemical Measurements

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

