WHO STEPS Instrument

(Core and Expanded)



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

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World Health Organization

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

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).

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.

Guide to the columns

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

Description	Site Tailoring
Each question is to be read to the participants	• Select sections to use.
	 Add expanded and optional questions as desired.
This column lists the available response	• Add site specific responses
	for demographic responses
	(e.g. C6).
instructions are shown on the right hand side	 Change skip question
of the responses and should be carefully	identifiers where necessary.
followed during interviews.	·
The column is designed to match data from	This should never be changed
the instrument into the data entry tool, data	or removed. The code is used
analysis syntax, data book, and fact sheet.	as a general identifier for the
	data entry and analysis.
	Each question is to be read to the participants 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. The column is designed to match data from the instrument into the data entry tool, data



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID		I 1
Cluster/Centre/Village name		12
Interviewer ID		13
Date of completion of the instrument	dd mm year	14

Consent, Interview Language and Name		Re	esponse	Code
	Yes	1		
Consent has been read and obtained	No	2	If NO, END	15
	English	1		
later in the second florest language.	[Add others]	2		ıc
Interview Language [Insert Language]	[Add others]	3		16
	[Add others]	4		
Time of interview (24 hour clock)			hrs mins	17
Family Surname				18
First Name				19
Additional Information that may be helpful				
Contact phone number where possible				I10

Step 1 Demographic Information

CORE: Demographic Information			
Question	Response	Code	
Cont (Decord Male (Famely on the same))	Male 1	C1	
Sex (Record Male / Female as observed)	Female 2		
What is your date of birth?		00	
Don't Know 77 77 7777	dd mm year	C2	
How old are you?	Years	C3	
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years L_L_I	C4	

EXPANDED: Demographic Information			
EXI ANDED. Demographic information	No formal schooling	1	
	Less than primary school	2	
\\\\\ - \tau \cdot \cdot \tau \cdot	Primary school completed	3	
What is the highest level of education you have completed?	,	4	
	Secondary school completed		C5
	High school completed	5	
[INSERT COUNTRY-SPECIFIC CATEGORIES]	College/University completed	6	
	Post graduate degree	7	
	Refused	88	
	[Locally defined]	1	
What is your [insert relevant ethnic group / racial group / cultural	[Locally defined]	2	C6
subgroup / others] background?	[Locally defined]	3	
	Refused	88	
	Never married	1	
	Currently married	2	
	Separated	3	
What is your marital status?	Divorced	4	C7
	Widowed	5	
	Cohabitating	6	
	Refused	88	
	Government employee	1	
Which of the following best describes your main work status	Non-government employee	2	
over the past 12 months?	Self-employed	3	
	Non-paid	4	
	Student	5	00
[INSERT_COUNTRY-SPECIFIC CATEGORIES]	Homemaker	6	C8
	Retired	7	
	Unemployed (able to work)	8	
(USE SHOWCARD)	Unemployed (unable to work)	9	
	Refused	88	
How many people older than 18 years, including yourself, live in your household?	Number of people		C9

EXPANDED: Demographic Information, Continued				
Question	Response	Code		
Taking the past year, can you tell me what the average	Per week LIIII Go to T1	C10a		
earnings of the household have been?	OR per month	C10b		
(RECORD ONLY ONE, NOT ALL 3)	OR per year L L L L Go to T1	C10c		
	Refused 88	C10d		
	≤ Quintile (Q) 1 1			
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 [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS)	More than Q 1, \leq Q 2 2			
	More than Q 2, \leq Q 3 3			
	More than Q 3, \leq Q 4 4	C11		
	More than Q 4 5			
	Don't Know 77			
	Refused 88			

Step 1 Behavioural Measurements

CORE: Tobacco Use			
Now I am going to ask you some questions about toba	acco use.		
Question		Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?	Yes	1	T1
(USE SHOWCARD)	No	2 If No, go to T8	
Do you currently smoke tobacco products daily?	Yes No	1 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77	└──┴──┘ If Known, go to T5a/T5aw	Т3
Do you remember how long ago it was?	In Years	If Known, go to T5a/T5aw	T4a
(RECORD ONLY 1, NOT ALL 3)	OR in Months	If Known, go to T5a/T5aw	T4b
Don't know 77	OR in Weeks		T4c
		DAILY↓ WEEKLY↓	
	Manufactured cigarettes		T5a/T5aw
On average, how many of the following products do you	Hand-rolled cigarettes		T5b/T5bw
smoke each day/week?	Pipes full of tobacco		T5c/T5cw
(IF LESS THAN DAILY, RECORD WEEKLY)	Cigars, cheroots, cigarillos		T5d/T5dw
(RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	Number of Shisha sessions		T5e/T5ew
Bon Critical Title	Other	If Other, go to T5other, else go to T6	T5f/T5fw
	Other (please specify):		T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes No	1 2	Т6
During any visit to a doctor or other health worker in the	Yes	1 If T2=Yes, go to T12; if T2=No, go to T9	
past 12 months, were you advised to quit smoking tobacco?	No No visit during the past 12 months	2 If T2=Yes, go to T12; if T2=No, go to T9 3 If T2=Yes, go to T12; if T2=No, go to T9	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes	1	Т8
In the past, did you ever smoke daily ?	No Yes	2 If No, go to T12 1 If T1=Yes, go to T12, else go to T10	T9
•	No	2 If T1=Yes, go to T12, else go to T10	

Participa	nt Ide	ntification	n Number
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EXPANDED: Tobacco Use			T
Question	Re	esponse	Code
How old were you when you stopped smoking?	Age (years) Don't Know 77	└─┴─┴ If Known, go to T12	T10
How long ago did you stop smoking?	Years ago	If Known, go to T12	T11a
(RECORD ONLY 1, NOT ALL 3)	OR Months ago	If Known, go to T12	T11b
Don't Know 77	OR Weeks ago		T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes No	1 2 If No, go to T15	T12
Do you currently use smokeless tobacco products daily?	Yes No	1 2 If No, go to T14aw	T13
		DAILY↓ WEEKLY↓	
	Snuff, by mouth		T14a/ T14aw
	Snuff, by nose		T14b/ T14bw
On average, how many times a day/week do you use	Chewing tobacco		T14c/ T14cw
(IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD)	Betel, quid		T14d/ T14dw
Don't Know 7777	Other	If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify):	If T13=No, go to T16, else go to T17	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes No	1 2 If No, go to T17	T15
In the past, did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily?	Yes No	1 2	T16
During the past 30 days, did someone smoke in your home?	Yes No	1 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or	Yes No	1 2	T18
a specific office)?	Don't work in a closed area	3	

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question	Res	ponse	Code
Have you ever consumed any alcohol such as beer, wine, spirits or [add other local examples]?	Yes	1	A1
(USE SHOWCARD OR SHOW EXAMPLES)	No	2 If No, go to A16	
Have you consumed any alcohol within the past 12 months?	Yes No	1 If Yes, go to A4	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes No	1 If Yes, go to A16 2 If No, go to A16	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 5-6 days per week 3-4 days per week 1-2 days per week 1-3 days per month	1 2 3 4 5	A4
	Less than once a month	6	
Have you consumed any alcohol within the past 30 days?	Yes No	1 2 If No, go to A13	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77		A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion?	Number Don't know 77	1 1 1	A7
(USE SHOWCARD) During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77		A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77		A9
	Monday		A10a
During each of the past 7 days , how many standard drinks did	Tuesday		A10b
you have each day?	Wednesday		A10c
(USE SHOWCARD)	Thursday		A10d
	Friday		A10e
Don't Know 77	Saturday		A10f
	Sunday		A10g

CODE.	Alaahal	Consumption.	aantinuad
CUKE:	Alconoi	Consumption.	continued

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

Question	Respon	ise	Code
During the past 7 days, did you consume any homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol?	Yes 1		A11
[AMEND ACCORDING TO LOCAL CONTEXT]	No 2	If No, go to A13	
(USE SHOWCARD)			
	Homebrewed spirits, e.g. moonshine		A12a
On average, how many standard drinks of the following did you consume during the past 7 days ?	Homebrewed beer or wine, e.g. beer, palm or fruit wine		A12b
[INSERT COUNTRY-SPECIFIC EXAMPLES]	Alcohol brought over the border/from another country		A12c
(USE SHOWCARD)	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves		A12d
Don't Know 77	Other untaxed alcohol in the country		A12e

EXPANDED: Alcohol Consumption			
	Daily or almost daily	1	
	Weekly	2	
During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Monthly	3	A13
Word not able to stop armining shoe you had started.	Less than monthly	4	
	Never	5	
	Daily or almost daily	1	
	Weekly	2	
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Monthly	3	A14
mat was normany expected norm you because of armining.	Less than monthly	4	
	Never	5	
	Daily or almost daily	1	
During the past 12 months , how often have you needed a first	Weekly	2	
drink in the morning to get yourself going after a heavy drinking	Monthly	3	A15
session?	Less than monthly	4	
	Never	5	
	Yes, more than monthly	1	
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, monthly	2	
	Yes, several times but less than monthly	3	A16
	Yes, once or twice	4	
	No	5	

\sim	\mathbf{D}	Diet
	ĸF.	1) 12 T

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
In a typical week, on how many days do you eat fruit? (USE SHOWCARD)	Number of days Don't Know 77	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 L	D2
In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)	Number of days Don't Know 77	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77	D4

Dietary salt

With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as [insert country specific examples], and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

	Always	1	
How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it?	Often	2	
	Sometimes	3	D.F.
(SELECT ONLY ONE)	Rarely	4	D5
	Never	5	
(USE SHOWCARD)	Don't know	77	
	Always	1	
	Often	2	
How often is salt, salty seasoning or a salty sauce added in	Sometimes	3	DC
cooking or preparing foods in your household?	Rarely	4	D6
	Never	5	
	Don't know	77	
How often do you eat processed food high in salt? By	Always	1	
processed food high in salt, I mean foods that have been altered	Often	2	
from their natural state, such as packaged salty snacks, canned	Sometimes	3	
salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat [add]	Rarely	4	D7
country specific examples].	Never	5	
[INSERT EXAMPLES] (USE SHOWCARD)	Don't know	77	
	Far too much	1	
	Too much	2	
	Just the right amount	3	D8
How much salt or salty sauce do you think you consume?	Too little	4	סט
	Far too little	5	
	Don't know	77	

Participant 1 4 1	Identification	Number
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EXPANDED: Diet		
Question	Response	Code
	Very important 1	
How important to you is lowering the salt in your diet?	Somewhat important 2	D9
3 ,	Not at all important 3	
	Don't know 77	
Do you think that too much salt or salty sauce in your diet could	Yes 1 No 2	D10
cause a health problem?	Don't know 77	D10
Do you do any of the following on a regular basis to control you		
(RECORD FOR EACH)	Yes 1	
Limit consumption of processed foods	No 2	D11a
	Yes 1	
Look at the salt or sodium content on food labels	No 2	D11b
	Yes 1	D11a
Buy low salt/sodium alternatives	No 2	D11c
Use spices other than salt when cooking	Yes 1	D11d
Ose spices other than sait when cooking	No 2	Dila
Avoid eating foods prepared outside of a home	Yes 1	D11e
, troid dating locate propared datalate or a nome	No 2	
Do other things specifically to control your salt intake	Yes 1 If Yes, go to D11other No 2	D11f
Other (please specify)		D11other
	en used for meal preparation in your household, and about meals tha	t you eat
outside a home.	Vegetable oil 1	
	Lard or suet 2	
	Butter or ghee 3	
What type of oil or fat is most often used for meal preparation in your household?	Margarine 4	D.10
F F	Other 5 If Other, go to D12 other	D12
(USE SHOWCARD) (SELECT ONLY ONE)	None in particular 6	
	None used 7	
	Don't know 77	
	Other L I I I I I	D12other
On average, how many meals per week do you eat that were	Number	D42
not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Don't know 77	D13

CORE:	Phys	sical	Activ	/itv
~~:\-:	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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. [Insert other examples if needed]. 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
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously?	Yes 1	P1
[INSERT EXAMPLES] (USE SHOWCARD)	No 2 If No, go to P 4	
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes : L : L : hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking	Yes 1	P4
[or carrying light loads] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	No 2 If No, go to P 7	
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours: minutes	P6 (a-b)
Travel to and from places		
The next questions exclude the physical activities at work the Now I would like to ask you about the usual way you travel worship. [Insert other examples if needed]	nat you have already mentioned. to and from places. For example to work, for shopping, to market, to p	lace of
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 P 10	P7
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	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours: minutes	P9 (a-b)

Participan	t Identification	Number
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CORE: Physical Activity, Continued			
Question	Response	Code	
Recreational activities			
The next questions exclude the work and transport activities Now I would like to ask you about sports, fitness and recrea			
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10	
In a typical week, on how many days do you do vigorous- intensity sports, fitness or recreational (leisure) activities?	Number of days	P11	
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes : L : L : hrs mins	P12 (a-b)	
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13	
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days	P14	
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes : L : L : hrs mins	P15 (a-b)	

EXPANDED: Physical Activity		
Sedentary behaviour		
	It home, getting to and from places, or with friends including time spent, playing cards or watching television, but do not include time spent sle	
How much time do you usually spend sitting or reclining on a typical day?	Hours: minutes L: L; hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question	Response	Code	
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 If No, go to H6	H1	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 If No, go to H6	H2a	
Have you been told in the past 12 months?	Yes 1 No 2	H2b	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	НЗ	
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4	
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5	

CORE: History of Diabetes		
Have you ever had your blood sugar measured by a doctor or	Yes 1	H6
other health worker?	No 2 If No, go to H12	
Have you ever been told by a doctor or other health worker that	Yes 1	H7a
you have raised blood sugar or diabetes?	No 2 If No, go to H12	IIIa
Have you been told in the past 12 months?	Yes 1	H7b
Have you been told in the past 12 months?	No 2	1170
In the past two weeks, have you taken any drugs (medication)	Yes 1	H8
for diabetes prescribed by a doctor or other health worker?	No 2	110
Are you currently taking insulin for diabetes prescribed by a	Yes 1	H9
doctor or other health worker?	No 2	113
Have you ever seen a traditional healer for diabetes or raised	Yes 1	H10
blood sugar?	No 2	1110
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H11
	No 2	''''

CORE: History of Raised Total Cholesterol			
Question	Response	Code	
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 If No, go to H17	H12	
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 If No, go to H17	H13a	
Have you been told in the past 12 months?	Yes 1 No 2	H13b	
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14	
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15	
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16	

CORE: History of Cardiovascular Diseases			
Have you ever had a heart attack or chest pain from heart	Yes	1	H17
disease (angina) or a stroke (cerebrovascular accident or incident)?	No	2	ПП
Are you currently taking aspirin regularly to prevent or treat heart	Yes	1	H18
disease?	No	2	1110
Are you currently taking statins	Yes	1	H19
(Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	No	2	1119

CORE: Lifestyle Advice				
During the past three years, has a doctor or other health worker a (RECORD FOR EACH)	advised you to do any of the following?			
Outh union taken and and atom	Yes	1		H20a
Quit using tobacco or don't start	No	2		11200
Deduce celt is your dist	Yes	1		H20b
Reduce salt in your diet	No	2		11200
	Yes	1		11000
Eat at least five servings of fruit and/or vegetables each day	No	2		H20c
	Yes	1		11004
Reduce fat in your diet	No	2		H20d
	Yes	1		1100-
Start or do more physical activity	No	2		H20e
	Yes	1	If C1=1 go to M1	11004
Maintain a healthy body weight or lose weight	No	2	If C1=1 go to M1	H20f

CORE	(for women only): Cervical Cancer Screening	

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

Question	Response	Code
	Yes 1	
Have you ever had a screening test for cervical cancer, using any of these methods described above?	No 2	CX1
	Don't know 77	

Step 2 Physical Measurements

CORE: Blood Pressure			
Question	Resp	onse	Code
Interviewer ID			M1
Device ID for blood pressure			M2
Cuff size used	Small Medium Large	1 2 3	М3
	Systolic (mmHg)		M4a
Reading 1	Diastolic (mmHg)		M4b
Reading 2	Systolic (mmHg)		M5a
Reduing 2	Diastolic (mmHg)		M5b
Destine 2	Systolic (mmHg)		M6a
Reading 3	Diastolic (mmHg)		M6b
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or	Yes	1	M7
other health worker?	No	2	IVI7
CORE: Height and Weight			
For women: Are you pregnant?	Yes No	1 If Yes, go to M 16 2	M8
Interviewer ID			M9
D : 10 (1 : 11	Height		M10a
Device IDs for height and weight	Weight		M10b
Height	in Centimetres (cm)	L_L	M11
Weight If too large for scale 666.6	in Kilograms (kg)	L	M12
CORE: Waist			
Device ID for waist			M13
Waist circumference	in Centimetres (cm)	لــارلــلــــا	M14
EVENUED III O			
EXPANDED: Hip Circumference and Heart Rat			N445
Hip circumference	in Centimeters (cm)		M15
Heart Rate	Danta man minuta		M16a
Reading 1	Beats per minute		M16a
Reading 2	Beats per minute		M16b
Reading 3	Beats per minute		M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question	Respo	onse	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes No	1 2	B1
Technician ID			B2
Device ID			В3
Time of day blood specimen taken (24 hour clock)	Hours : minutes	hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l	<u> </u>	B5
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 No	1 2	В6
CORE: Blood Lipids			
Device ID			B7
Total cholesterol	mmol/l	للا. للا	B8
[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mg/dl	لــا. لــلــــا	
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes No	1 2	В9
CORE: Urinary sodium and creatinine			
Had you been fasting prior to the urine collection?	Yes No	1 2	B10
Technician ID			B11
Device ID			B12
Time of day urine sample taken (24 hour clock)	Hours : minutes	hrs mins	B13
Urinary sodium	mmol/l	لـــــــــــــــــــــــــــــــــــــ	B14
Urinary creatinine	mmol/l		B15

EXPANDED: Triglycerides and HDL Cholesterol			
Question	Response	Code	
Triglycerides [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l mg/dl	B16	
HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l LJ . LJ . LJ . LJ . LJ .	B17	