

Part 5: STEPS Instrument

Overview

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WHO STEPS Instrument (Core and Expanded)



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

World Health Organization
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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.
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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 ?	<i>[Locally defined]</i> 1 <i>[Locally defined]</i> 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: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
36	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1a
37	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If No, go to D1</i>	A1b
38	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
39	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 <i>If No, go to D1</i>	A3
40	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
41	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A5
42	During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A6
43	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7

EXPANDED: Alcohol Consumption			
44	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
45	During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	A9g

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
46	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
47	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
48	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
49	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

50	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1	D5
		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			
		Other _ _ _ _ _ _ _ _	D5other
51	On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 _ _	D6

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

Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
80	Interviewer ID	_ _ _ _	M1
81	Device IDs for height and weight	Height _ _ _	M2a
		Weight _ _ _	M2b
82	Height	in Centimetres (cm) _ _ _ _ _ . _	M3
83	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ _ . _	M4
84	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
85	Device ID for waist	_ _ _	M6
86	Waist circumference	in Centimetres (cm) _ _ _ _ _ . _	M7
CORE: Blood Pressure			
87	Interviewer ID	_ _ _ _	M8
88	Device ID for blood pressure	_ _ _	M9
89	Cuff size used	Small 1	M10
		Medium 2	
		Large 3	
90	Reading 1	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
91	Reading 2	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
92	Reading 3	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	M13b
93	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			
94	Hip circumference	in Centimeters (cm) _ _ _ _ _ . _	M15
95	Heart Rate		M16a
	Reading 1	Beats per minute _ _ _ _	
	Reading 2	Beats per minute _ _ _ _	
	Reading 3	Beats per minute _ _ _ _	

Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question		Response	Code
96	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
97	Technician ID	_ _ _ _	B2
98	Device ID	_ _ _	B3
99	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ _ : _ _ _ hrs mins	B4
100	Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ _ _ _ _ _ _	B5
		mg/dl _ _ _ _ _ _ _	
101	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			
102	Device ID	_ _ _	B7
103	Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ _ _ _ _ _ _	B8
		mg/dl _ _ _ _ _ _ _	
104	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
EXPANDED: Triglycerides and HDL Cholesterol			
105	Triglycerides <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ _ _ _ _ _ _	B10
		mg/dl _ _ _ _ _ _ _	
106	HDL Cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l _ _ _ _ _ _ _	B11
		mg/dl _ _ _ _ _ _ _	



WHO STEPS Instrument Question-by-Question Guide (Core and Expanded)



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STEPS Question-by-Question (Q-by-Q) Guide

Overview

Introduction The Question-by-Question Guide presents the STEPS Instrument with a brief explanation for each of the questions.

Purpose The purpose of the Question-by-Question Guide is to provide background information to the interviewers and supervisors as to what is intended by each question.

Interviewers can use this information when participants request clarification about specific questions or they do not know the answer.

Interviewers and supervisors should refrain from offering their own interpretations.

Guide to the columns The table below is a brief guide to each of the columns in the Q-by-Q Guide.

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	The question text to be read to the participants followed by question instructions.	<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.



STEPS Q-by-Q Guide

for Chronic Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID <i>Record Cluster, Centre or Village ID from list provided</i>	_____	I1
2	Cluster/Centre/Village name <i>Insert Cluster, Centre or Village name as appropriate</i>		I2
3	Interviewer ID <i>Record interviewer's identification</i>	_____	I3
4	Date of completion of the instrument <i>Record date when instrument actually completed</i>	____ ____ ____ dd mm year	I4

✂ For further guidance on obtaining consent, see Part 4, Section 1, Page 4-1-11. ✂

Consent, Interview Language and Name		Response	Code
Participant Id Number _____			
5	Consent has been read and obtained <i>Circle relevant response.</i>	Yes 1 No 2 IF NO, END	I5
6	Interview Language [Insert Language] <i>Circle relevant response.</i>	English 1 [Add others] 2 [Add others] 3 [Add others] 4	I6
7	Time of interview (24 hour clock) <i>Record time interview started.</i>	____ : ____ hrs mins	I7
8	Family Surname <i>Write family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I8
9	First Name <i>Write first name of respondent.</i>		I9
Additional Information that may be helpful			
10	Contact phone number where possible <i>Record phone number.</i>		I10

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

Step 1 Demographic Information

For further guidance on completing demographic information, see Part 3, Section 2.

CORE: Demographic Information			
Question		Response	Code
11	Sex (<i>Record Male / Female as observed</i>) <i>Circle 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>Record date of birth of participant.</i>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year	C2
13	How old are you? <i>Help participant estimate their age by interviewing them about their recollection of widely known major events.</i>	Years _ _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? <i>Record total number of years of education (excluding pre-school and kindergarten).</i>	Years _ _ _	C4

EXPANDED: Demographic Information			
15	What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> <i>If a person attended a few months of the first year of secondary school but did not complete the year, record "primary school completed". If a person only attended a few years of primary school, record "less than primary school".</i> <i>Circle appropriate response.</i>	No formal schooling 1	C5
		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	
16	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background ? <i>Circle the relevant ethnic/cultural group to which the participant belongs.</i>	<i>[Locally defined]</i> 1	C6
		<i>[Locally defined]</i> 2	
		<i>[Locally defined]</i> 3	
		Refused 88	
17	What is your marital status ? <i>Circle the appropriate response.</i>	Never married 1	C7
		Currently married 2	
		Separated 3	
		Divorced 4	
		Widowed 5	
		Cohabiting 6	
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> <i>The purpose of this question is to help answer other questions such as whether or not health status contributes to unemployment, or whether people in different kinds of occupations may be confronted with different risk factors.</i> <i>Circle appropriate response.</i>	Government employee 1	C8
		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			
19	How many people older than 18 years, including yourself, live in your household? <i>Record the total number of people living in the household who are 18 years or older.</i>	Number of people _ _ _	C9

EXPANDED: Tobacco Use				
Question		Response		Code
27	In the past, did you ever smoke daily ? <i>Ask the participant to think of the time when he/she may have been smoking tobacco products on a daily basis.</i>	Yes	1	T6
		No	2 <i>If No, go to T9</i>	
28	How old were you when you stopped smoking daily ? <i>Ask the participant to think of the time when he/she stopped smoking tobacco products on a daily basis.</i>	Age (years)	_ _ _ <i>If Known, go to T9</i>	T7
		Don't Know	77	
29	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i> <i>If the participant doesn't remember his/her age when they started smoking, then record the time in weeks, months or years as appropriate.</i>	In Years	_ _ _ <i>If Known, go to T9</i>	T8a
		OR in Months	_ _ _ <i>If Known, go to T9</i>	T8b
		OR in Weeks	_ _ _	T8c
30	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]? <i>(USE SHOWCARD)</i> <i>Ask the participant to think of any smokeless tobacco products the he/she is using currently.</i>	Yes	1	T9
		No	2 <i>If No, go to T12</i>	
31	Do you currently use smokeless tobacco products daily ? <i>For current users of smokeless tobacco products only.</i>	Yes	1	T10
		No	2 <i>If No, go to T12</i>	
32	On average, how many times a day do you use <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i> <i>For daily users of smokeless tobacco products only. Record for each type of smokeless tobacco products. Record zero if no products were used in each category instead of leaving categories blank. Then go to T13. Daily users of smokeless tobacco don't have to answer the question on past use T12.</i>	Snuff, by mouth	_ _ _	T11a
		Snuff, by nose	_ _ _	T11b
		Chewing tobacco	_ _ _	T11c
		Betel, quid	_ _ _	T11d
		Other	_ _ _ <i>If Other, go to T11 other, else go to T13</i>	T11e
		Other (specify)	_ _ _ _ _ _ _ <i>Go to T13</i>	T11other
33	In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily ? <i>Ask the participant to think of the time when he/she may have been using smokeless tobacco products on a daily basis.</i>	Yes	1	T12
		No	2	
34	During the past 7 days, on how many days did someone in your home smoke when you were present? <i>Record the number of days.</i>	Number of days		T13
		Don't know	77 _ _ _	
35	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present? <i>Record the number of days. For those not working in a closed area, record 77.</i>	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	
36	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES) <i>Think of any drinks that contain alcohol.</i>	Yes 1 No 2 <i>If No, go to D1</i>	A1a
37	Have you consumed an alcoholic drink within the past 12 months ? <i>Think of any drinks that contain alcohol.</i>	Yes 1 No 2 <i>If No, go to D1</i>	A1b
38	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD) <i>Think of the past year only.</i>	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
39	Have you consumed an alcoholic drink within the past 30 days ? <i>Circle the appropriate response.</i>	Yes 1 No 2 <i>If No, go to D1</i>	A3
40	During the past 30 days, on how many occasions did you have at least one alcoholic drink? <i>Think of the past 30 days only. Record the number of occasions. Note that there can be more than one occasion in which alcohol is consumed in a given day.</i>	Number Don't know 77 _ _	A4
41	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD) <i>Help the respondent by averaging out the total number of drinks.</i>	Number Don't know 77 _ _	A5
42	During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together? <i>Think of the past 30 days only.</i>	Largest number Don't Know 77 _ _	A6
43	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion? <i>Think of the past 30 days only. Be sure to read the correct number of times: 5 or more for <u>MEN</u>, 4 or more for <u>WOMEN</u>.</i>	Number of times Don't Know 77 _ _	A7

EXPANDED: Alcohol Consumption				
44	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks. <i>Think of the past 30 days only.</i>	Usually with meals	1	A8
		Sometimes with meals	2	
		Rarely with meals	3	
		Never with meals	4	
45	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day? <i>(USE SHOWCARD)</i> <i>Don't know 77</i> <i>Think of the past week only.</i> <i>A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits.</i> <i>Depending on the country, these amounts will vary between 8 and 13 grams of ethanol. See showcard.</i> <i>Record for each day the number of standard drinks. If no drinks record 0.</i>	Monday	_ _	A9a
		Tuesday	_ _	A9b
		Wednesday	_ _	A9c
		Thursday	_ _	A9d
		Friday	_ _	A9e
		Saturday	_ _	A9f
		Sunday	_ _	A9g

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
46 In a typical week, on how many days do you eat fruit ? (USE SHOWCARD) <i>Think of any fruit on the show card. A typical week means a "normal" week when your diet is not affected by cultural, religious, or other events. Do not report an average over a period.</i>	Number of days _ _ Don't Know 77	D1 <i>If Zero days, go to D3</i>
47 How many servings of fruit do you eat on one of those days? (USE SHOWCARD) <i>Think of one day the participant can recall easily.</i>	Number of servings Don't Know 77 _ _	D2
48 In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) <i>Think of any vegetable on the show card. A typical week means a "normal" week when your diet is not affected by cultural, religious, or other events. Do not report an average over a period.</i>	Number of days _ _ Don't Know 77	D3 <i>If Zero days, go to D5</i>
49 How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) <i>Think of one day the participant can recall easily.</i>	Number of servings Don't know 77 _ _	D4

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

60	How much time do you spend walking or bicycling for travel on a typical day? <i>Think of one day you can recall easily. Consider the total amount of time walking or bicycling for trips of 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i>	Hours : minutes _ _ _ : _ _ _ hrs mins	P9 (a-b)
Recreational activities			
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure), [insert relevant terms]. <i>This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time. It includes sports and exercise but is not limited to participation competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned. This statement should not be omitted.</i>			
Question		Response	Code
61	Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [<i>running or football,</i>] for at least 10 minutes continuously? <i>Activities are regarded as vigorous intensity if they cause a large increase in breathing and/or heart rate. [INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 13</i>	P10
62	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities? <i>Valid responses range from 1-7.</i>	Number of days _	P11
63	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? <i>Think of one day you can recall easily. Consider the total amount of time doing vigorous recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).</i>	Hours : minutes _ _ _ : _ _ _ hrs mins	P12 (a-b)
64	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking, (<i>cycling, swimming, volleyball</i>) for at least 10 minutes continuously? <i>Activities are regarded as moderate intensity if they cause a small increase in breathing and/or heart rate. [INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P16</i>	P13
65	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities? <i>Valid responses range from 1-7</i>	Number of days _	P14
66	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day? <i>Think of one day you can recall easily. Consider the total amount of time doing moderate recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).</i>	Hours : minutes _ _ _ : _ _ _ hrs mins	P15 (a-b)

EXPANDED: Physical Activity**Sedentary behavior**

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.
[INSERT EXAMPLES] (USE SHOWCARD)

67	How much time do you usually spend sitting or reclining on a typical day? <i>Consider total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. Do not include time spent sleeping.</i>	Hours : minutes _ _ _ : _ _ _ hrs min s	P16 (a-b)
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CORE: History of Raised Blood Pressure				
Question		Response		Code
68	Have you ever had your blood pressure measured by a doctor or other health worker? <i>Circle the appropriate response.</i>	Yes	1	H1
		No	2 <i>If No, go to H6</i>	
69	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? <i>Circle the appropriate response.</i>	Yes	1	H2a
		No	2 <i>If No, go to H6</i>	
70	Have you been told in the past 12 months? <i>Circle the appropriate response.</i>	Yes	1	H2b
		No	2	

EXPANDED: History of Raised Blood Pressure				
Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker? <i>Circle the appropriate response for each of the following.</i>				
71	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		
72	Have you ever seen a traditional healer for raised blood pressure or hypertension? <i>Circle the appropriate response.</i>	Yes	1	H4
		No	2	
73	Are you currently taking any herbal or traditional remedy for your raised blood pressure? <i>Circle the appropriate response.</i>	Yes	1	H5
		No	2	

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

EXPANDED: History of Diabetes			
Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker? <i>Circle the appropriate response for each of the following.</i>			
77	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		
78	Have you ever seen a traditional healer for diabetes or raised blood sugar? <i>Circle the appropriate response.</i>	Yes 1	H9
		No 2	
79	Are you currently taking any herbal or traditional remedy for your diabetes? <i>Circle the appropriate response.</i>	Yes 1	H10
		No 2	

Step 2 Physical Measurements

For guidance on taking and completing physical measurements, see Part 3, Section 3.

CORE: Height and Weight			
Question		Response	Code
80	Interviewer ID <i>Record interviewer ID (for height, weight and waist circumference).</i>	_ _ _ _	M1
81	Device IDs for height and weight <i>Record device IDs.</i>	Height _ _ _	M2a
		Weight _ _ _	M2b
82	Height <i>Record participant's height in cm.</i>	in Centimetres (cm) _ _ _ _ _ _ _ _	M3
83	Weight <i>If too large for scale, code 666.6 Record participant's weight in kg.</i>	in Kilograms (kg) _ _ _ _ _ _ _ _	M4
84	For women: Are you pregnant? <i>If yes, skip to M8.</i>	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
85	Device ID for waist <i>Record device ID.</i>	_ _ _	M6
86	Waist circumference <i>Record participant's waist circumference in centimetres.</i>	in Centimetres (cm) _ _ _ _ _ _ _ _	M7
CORE: Blood Pressure			
87	Interviewer ID <i>Record interviewer's ID (in most cases technician would be the same as for height, weight and waist circumference).</i>	_ _ _ _	M8
88	Device ID for blood pressure <i>Record device ID.</i>	_ _ _	M9
89	Cuff size used <i>Circle size used</i>	Small 1 Medium 2 Large 3	M10
90	Reading 1 <i>Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.</i>	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
91	Reading 2 <i>Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.</i>	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
92	Reading 3 <i>Record third measurement.</i>	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	M13b
93	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? <i>Circle appropriate response.</i>	Yes 1	M14
		No 2	
EXPANDED: Hip Circumference and Heart Rate			
94	Hip circumference <i>Record participant's hip circumference in cm.</i>	in Centimeters (cm) _ _ _ _ _ _ _ _	M15
95	Heart Rate <i>Record the three heart rate readings.</i>		
	Reading 1	Beats per minute _ _ _ _	M16a
	Reading 2	Beats per minute _ _ _ _	M16b
	Reading 3	Beats per minute _ _ _ _	M16c

Step 3 Biochemical Measurements

For guidance on taking and completing physical measurements, see Part 3, Section 4.

CORE: Blood Glucose			
Question		Response	Code
96	During the past 12 hours have you had anything to eat or drink, other than water? <i>It is essential that the participant has fasted.</i>	Yes 1 No 2	B1
97	Technician ID	_ _ _ _	B2
98	Device ID	_ _	B3
99	Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs mins _ _ : _ _	B4
100	Fasting blood glucose <i>Double check that the participant has fasted.</i>	mmol/l _ _ . _ _	B5
101	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			
102	Device ID	_ _	B7
103	Total cholesterol	mmol/l _ _ . _ _	B8
104	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
EXPANDED: Triglycerides and HDL Cholesterol			
105	Triglycerides	mmol/l _ _ . _ _	B10
106	HDL Cholesterol	mmol/l _ . _ _	B11



Section 3: Show Cards

Overview

Introduction Show cards are to be used during the interviews to show or explain the meanings of some of the items asked. While example show cards are presented in this section, it is strongly recommended that countries develop their own ones displaying country specific examples. This will help respondents when answering to the questions.

Show cards The section contains the following show cards:

Show Card	See Page
List of Work Status	5-3-2
List of Tobacco Products	5-3-3
Tobacco Show Cards	5-3-4
Alcohol Consumption	5-3-6
Diet (Typical Fruit and Vegetables and Serving Sizes)	5-3-7
Typical Physical Activities	5-3-8
Examples of Typical Physical Activities Developed by Different Countries	5-3-9

List of Work Status

For use with This show card relates to:

Step	Section	Items
Step 1, demographic information	C	C8

Work Status	Description
Government employee	An individual who is hired by a government office or agency and paid a salary. This includes employees of: <ul style="list-style-type: none"> • Federal • State, or • Municipal governments and their agencies. • Parastatal enterprises, and • Semi-autonomous institutions (such as social security institutions) that are owned by the government. • Institutions like religious schools (if paid by the government).
Non-government employee	An individual who is hired to work and is paid a salary or wages. This includes any employees not working for the government.
Self-employed	An individual who produces goods for sale or earns an income through provision of services to different people or firms. The individual works alone or with intermittent assistance from others, but does not employ anyone for a paid wage or salary on a regular basis.
Non-paid - subsistence farming etc	An individual who spends significant amount of time working for a volunteer organization, family business, family farm or other similar activity without pay.
Student	An individual whose primary activity is engaging in studies at elementary, secondary, university or technical schools.
Homemaker (household chores)	An individual whose primary activity is in carrying out household tasks without being paid.
Retired	An individual who has earned income during some period in the workforce or as an employer and who is no longer working due to age.
Unemployed - able to work	An individual who could work but does not currently have a job or business (excluding homemaker).
Unemployed - unable to work	An individual who cannot work because of his/her health status.

List of Tobacco Products

For use with This show card relates to:

Step	Section	Items
Step 1, tobacco use	T	T1 to T14

<ul style="list-style-type: none">• Cigarettes
<ul style="list-style-type: none">• Cigarillos
<ul style="list-style-type: none">• Cigars
<ul style="list-style-type: none">• Cheroots
<ul style="list-style-type: none">• Chuttas
<ul style="list-style-type: none">• Bidis
<ul style="list-style-type: none">• Goza / Hookah
<ul style="list-style-type: none">• Local tobacco products (each country to add to the list)
<ul style="list-style-type: none">• Local tobacco products (each country to add to the list)
<ul style="list-style-type: none">• Local tobacco products (each country to add to the list)

Tobacco Show Cards

Examples

The following pictures show a few selected examples of tobacco products. Sites are to develop show cards including specific examples of local tobacco products. These show cards relate to:

Step	Section	Items
Step 1, tobacco use	T	T1 to T14



Manufactured cigarettes.



Roll-your-own (RYO) cigarettes.



Snuff, available in wet and dry form.



Cigars, e.g., cigarillos, double coronas, cheroots, stumpen, chutts and dhuntis.

Continued on next page

Tobacco Show Cards, Continued



Pipe.



Bidi.



Chewing tobacco, e.g., plug, loose-leaf, chimo, toombak, gutkha or twist.



Betel nut.



Water pipe, also known as shisha, hookah or hubble-bubble.

Alcohol Consumption

For use with This show card relates to:

Step	Section	Items
Step 1, alcohol consumption	A	A1 to A9a-g

1 standard drink =



1 standard bottle
of **regular beer**
(285ml)



1 single measure
of **spirits** (30ml)



1 medium size
glass of **wine**
(120ml)




1 measure of
aperitif (60ml)


Note: net alcohol content of a **standard drink is approximately 10g** of ethanol. However, standard drinks in different countries can contain different amounts of ethanol. Therefore, countries may have to adapt this measure according to their own standards and will report this measure if different from the standard mentioned above.

Diet (Typical Fruit and Vegetables and Serving Sizes)

For use with This show card relates to:

Step	Section	Items
Step 1, diet	D	D1 to D4

VEGETABLES are considered to be:	1 Serving =	Examples
Raw green leafy vegetables	1 cup	Spinach, salad, etc.
Other vegetables, cooked or chopped raw	½ cup	Tomatoes, carrots, pumpkin, corn, Chinese cabbage, fresh beans, onion, etc. 
Vegetable juice	½ cup	

FRUIT Is considered to be:	1 Serving =	Examples
Apple, banana, orange	1 medium size piece	
Chopped, cooked, canned fruit	½ cup	
Fruit juice	½ cup	Juice from fruit, not artificially flavoured

Serving size One standard serving = 80 grams (translated into different units of cups depending on type of vegetable and standard cup measures available in the country).

Note: Tubers such as potatoes and cassava should not be included.

Typical Physical Activities

For use with This show card relates to:

Step	Section	Items
Step 1, physical activity	P	P to P15

WORK RELATED PHYSICAL ACTIVITY		LEISURE/ SPARE TIME RELATED PHYSICAL ACTIVITY	
MODERATE Intensity Activities Makes you breathe somewhat harder than normal	VIGOROUS Intensity Activities Makes you breathe much harder than normal	MODERATE Intensity Activities Makes you breathe somewhat harder than normal	VIGOROUS Intensity Activities Makes you breathe much harder than normal
<p>Examples:</p> <ul style="list-style-type: none"> • Cleaning (vacuuming, mopping, polishing, scrubbing, sweeping, ironing) • Washing (beating and brushing carpets, wringing clothes (by hand)) • Gardening • Milking cows (by hand) • Planting and harvesting crops • Digging dry soil (with spade) • Weaving • Woodwork (chiselling, sawing softwood) • Mixing cement (with shovel) • Labouring (pushing loaded wheelbarrow, operating jackhammer) • Walking with load on head • Drawing water • Tending animals 	<p>Examples:</p> <ul style="list-style-type: none"> • Forestry (cutting, chopping, carrying wood) • Sawing hardwood • Ploughing • Cutting crops (sugar cane) • Gardening (digging) • Grinding (with pestle) • Labouring (shovelling sand) • Loading furniture (stoves, fridge) • Instructing spinning (fitness) • Instructing sports aerobics • Sorting postal parcels (fast pace) • Cycle rickshaw driving 	<p>Examples:</p> <ul style="list-style-type: none"> • Cycling • Jogging • Dancing • Horse-riding • Tai chi • Yoga • Pilates • Low-impact aerobics • Cricket 	<p>Examples:</p> <ul style="list-style-type: none"> • Soccer • Rugby • Tennis • High-impact aerobics • Aqua aerobics • Ballet dancing • Fast swimming

Examples of Typical Physical Activities Developed by Different Countries

Examples

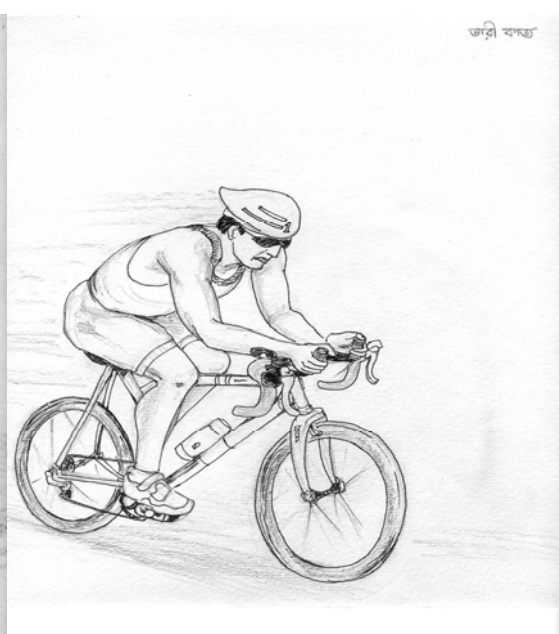
The following pictures show a few selected examples of physical activity show cards that have been developed and used by different countries. These show cards relate to:

Step	Section	Items
Step 1, physical activity	P	P1 to P15

Bangladesh, examples for vigorous activities at work



Bangladesh, examples for vigorous activities during leisure time



Continued on next page

5-3-9

Examples of Typical Physical Activities Developed by Different Countries, Continued

Indonesia,
examples for
moderate
activities



Section 4: Optional Modules

Overview

Introduction

There are optional modules available that cover specific topics that can be assessed in STEPS surveys. These modules can be used if a country/site wishes to go beyond the core and expanded STEPS Instrument, and to describe population level indicators for these specific topics.

Data Books, a full tabulation of all the results from the questions specific to these modules, are available on the STEPS website:

<http://www.who.int/chp/steps/resources/en/index.html>

Optional Modules

This section contains the following optional modules:

Topic	See Page
Optional Module: Oral Health	5-4A-1
Optional Module: Violence and Injury	5-4B-1

Oral health

CORE: Oral health

The next questions ask about your oral health status and related behaviours.

Question		Response	Code
1	How many natural teeth do you have?	No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
2	How would you describe the state of your teeth?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
3	How would you describe the state of your gums?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	O3
4	Do you have any removable dentures?	Yes 1 No 2 <i>If No, go to O6</i>	O4
5	Which of the following removable dentures do you have? (RECORD FOR EACH)		
	An upper jaw denture	Yes 1 No 2	O5a
	A lower jaw denture	Yes 1 No 2	O5b
6	During the past 12 months, did your teeth or mouth cause any pain or discomfort?	Yes 1 No 2	O6
7	How long has it been since you last saw a dentist?	Less than 6 months 1 6-12 months 2 More than 1 year but less than 2 years 3 2 or more years but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If Never, go to O9</i>	O7
8	What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If Other, go to O8other</i>	O8
	Other (please specify)	_____	O8other

Violence and Injury

CORE: Injury

The next questions ask about different experiences and behaviours that are related to road traffic injuries.

Question		Response	Code
1	In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the car I usually am in 5 Don't Know 77 Refused 88	V1
2	In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2
3	In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to V5</i> Don't know 77 <i>If don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	V3
4	Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4
The next questions ask about the most serious accidental injury you have had in the past 12 months.			
5	In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i>	V5
6	Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77 Refused 88	V6
		Other (please specify) <input type="text"/>	

CORE: Injury, Continued			
Question		Response	Code
7	Where were you when you had this injury?	Home 1	V7
		School 2	
Workplace 3			
Road/Street/Highway 4			
Farm 5			
Sports/athletic area 6			
Other (specify) 7			
Don't know 77			
Refused 88			
		Other (please specify) <input type="text"/>	

EXPANDED: Unintentional Injury			
The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.			
Question		Response	Code
8	In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always 1	V8
		Sometimes 2	
		Never 3	
		Did not ride in the past 30 days 4	
		Don't Know 77	
		Refused 88	
9	In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARDS)	Number of times <input type="text"/>	V9
		Don't Know 77	
		Refused 88	
10	In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? (USE SHOWCARDS)	Number of times <input type="text"/>	V10
		Don't Know 77	
		Refused 88	

CORE: Violence			
The following questions are about different experiences and behaviours that are related to violence.			
Question		Response	Code
11	In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never 1 <i>If never, go to V14</i> Rarely (1- 2 times) 2 Sometimes (3 – 5 times) 3 Often (6 or more times) 4 Don't know 77 <i>If don't know, go to V14</i> Refused 88 <i>If Refused, go to V14</i>	V11
The next questions ask about the most serious violent incidence you have had in the past 12 months.			
12	Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Don't know 77 Refused 88	V12
13	Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authorities 7 Other (specify) 8 Refused 88	V13
		Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	V13other
14	Looking back on your childhood (before age 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you?	Never 1 Very rarely 2 Once a month 3 Once a week 4 Almost daily 5 Don't know 77 Refused 88	V14
15	Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex?	Yes 1 No 2 Refused 88	V15
16	Since your 18th birthday, have you ever experienced a sex act involving either vaginal, oral, or anal penetration against your will ?	Never 1 Once 2 A few times (2 to 3 times) 3 Many times (4 or more times) 4 Don't know 77 Refused 88	V16

EXPANDED: Violence

The next questions ask about behaviours related to your safety.

Question		Response		Code
17	In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes	1	V17
		No	2 <i>If no, go to V19</i>	
		Refused	88 <i>If refused, go to V19</i>	
18	Please specify of whom you were most often frightened.	Intimate partner	1	V18
		Parent	2	
		Child, sibling, or other relative	3	
		Friend or acquaintance	4	
		Unrelated caregiver	5	
		Stranger	6	
		Official or legal authority	7	
		Other (specify)	8	
		Refused	88	
	Other (please specify)	<input type="text"/>	V18other	
19	Have you carried a loaded firearm on your person outside the home in the last 30 days?	No	1	V19
		Yes, for protection	2	
		Yes, for work	3	
		Yes, for sport (e.g. hunting target practice)	4	
		Refused	88	