Pan American Version of the 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





Pan American 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.

Column	Description	Site Tailoring
Number	This question reference number is designed	Renumber the instrument
	to help interviewers find their place if	sequentially once the content
	interrupted.	has been finalized.
Question	Each question is to be read to the participants	• Select sections to use.
		 Add expanded and optional
		questions as desired.
Response	This column lists the available response	• Add site specific responses
	options which the interviewer will be circling	for demographic responses
	or filling in the text boxes. The skip	(e.g. C6).
	instructions are shown on the right hand side	 Change skip question
	of the responses and should be carefully	identifiers from code to
	followed during interviews.	question number.
Code	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.



Pan American STEPS Instrument for Chronic Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

Loca	tion and Date	Response	Code
1	Cluster/Centre/Village ID		11
2	Cluster/Centre/Village name		12
3	Interviewer ID		13
4	Date of completion of the instrument	dd mm year	14

Cons	ent, Interview Language and Name		Re	esponse	Code
		Yes	1	оролос	
5	Consent has been read and obtained	No	2	If NO, END	15
6	Interview Language [Insert Language]	English [Add others] [Add others]	1 2 3 4		16
7	Time of interview (24 hour clock)			hrs mins	17
8	Family Surname				18
9	First Name				19

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

Step 1 Demographic Information

CORE: Demographic Information			
Ques	tion	Response	Code
11	Sex (Record Male / Female as observed)	Male 1 Female 2	C1
12	What is your date of birth? Don't Know 77 77 7777	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 L	C4

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

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

Step 1 Behavioural Measurements

COR	E: Tobacco Use			
	am going to ask you some questions about various		nings like smoking, drinking alcohol,	eating fruits
Ques	egetables and physical activity. Let's start with tobac		ponse	Code
22	Have you ever smoked any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes	1	T1a
23	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes No	 2 If No, go to T9a 1 2 If No, go to T6 	T1
24	Do you currently smoke tobacco products daily?	Yes	1 2 If No, go to T6a	T2
25	How old were you when you first started smoking daily?	Age (years) Don't know 77	If Known, go to T5a	Т3
	Do you remember how long ago it was?	In Years	If Known, go to T5a	T4a
26	(RECORD ONLY 1, NOT ALL 3)	OR in Months	If Known, go to T5a	T4b
	Don't know 77	OR in Weeks		T4c
		Manufactured cigarettes		T5a
	On average, how many of the following do you	Hand-rolled cigarettes		T5b
07	smoke each day?	Pipes full of tobacco		T5c
27	(RECORD FOR EACH TYPE, USE SHOWCARD)	Cigars, cheroots, cigarillos		T5d
	Don't Know 77	Other	If Other, go to T5other, else go to T6a	T5e
		Other (please specify):		T5other

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28	During the past 12 months, have you tried to stop smoking?	Yes No	1 2		T6a
00	During any visit of a doctor or other health worker in	Yes	1	If T2=Yes, go to T9a	T 0.
29	the past 12 months, were you advised to quit smoking	No		If T2=Yes, go to T9a	T6b
	tobacco?	No visit during the past 12 months	3	If T2=Yes, go to T9a	

EXP	ANDED: Tobacco Use		
Que	stion	Response	Code
30	In the past, did you ever smoke daily?	Yes 1 No 2 If No, go to T9a	T6
31	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77	T7
	How long ago did you stop smoking daily?	Years ago LLL If Known, go to T9a	T8a
32	(RECORD ONLY 1, NOT ALL 3)	OR Months ago L If Known, go to T9a	T8b
	Don't Know 77	OR Weeks ago	T8c
33	Have you ever used smokeless tobacco products, such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T13</i>	Т9а
34	Do you currently use any smokeless tobacco , such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	Т9
35	Do you currently use smokeless tobacco products daily?	Yes 1 No 2 If No, go to T12	T10
		Snuff, by mouth	T11a
	On average, how many times a day do you use	Snuff, by nose	T11b
36	(RECORD FOR EACH TYPE, USE SHOWCARD)	Chewing tobacco	T11c
30	(NECOND FOR EACH FIFE, USE SHOWCARD)	Betel, quid	T11d
	Don't Know 77	Other LLJ else go to T13	T11e
		Other (specify)	T11other
37	In the past , did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2	T12
38	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days Don't know 77	T13
39	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?	Number of days Don't know or don't work in a closed area 77	T14

	RE: Alcohol Consumption				
	next questions ask about the consumption of alcohol.	Res	ponse	Code	
36	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider or [add other local examples]? (USE SHOWCARD OR SHOW EXAMPLES)	Yes No	1 2 If No, go to D1	A1a	
37	Have you consumed an alcoholic drink within the past 12 months?	Yes No	1 2 If No, go to D1	A1b	
38	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 5-6 days per week 1-4 days per week 1-3 days per month Less than once a month	1 2 3 4 5	A2	
39	Have you consumed an alcoholic drink within the past 30 days?	Yes No	1 2 If No, go to D1	А3	
40	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	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)	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?	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?	Number of times Don't Know 77		A7	

EXPA	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 Sometimes with meals Rarely with meals Never with meals	1 2 3 4	A8	
		Monday		A9a	
	During each of the past 7 days , how many standard alcoholic drinks did you have each day?	Tuesday		A9b	
		Wednesday		A9c	
45	(USE SHOWCARD)	Thursday		A9d	
	Don't Know 77	Friday		A9e	
	DUIT KNOW 17	Saturday		A9f	
		Sunday		A9g	

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	IKF.	Dia

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.

Ques	tion	Response	Code
46	In a typical week, on how many days do you eat fruit? (USE SHOWCARD)	Number of days Don't Know 77	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	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

CORE: Dietary salt

The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt 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.

Que	stion	Response	9	Code
	How often do you add salt to your food before you eat it	Always	1	
	or as you are eating it?	Often	2	
1		Sometimes	3	DS1
•	(SELECT ONLY ONE)	Rarely	4	
	(105 010140 450)	Never	5	
	(USE SHOWCARD)	Don't know	77	
		Always	1	
		Often	2	
2	How often is salt added in cooking or preparing foods in	Sometimes	3	DS2
	your household?	Rarely	4	502
		Never	5	
		Don't know	77	
	How often do you eat processed food high in salt,	Always	1	
	such as [add country specific examples]?	Often	2	
3		Sometimes	3	DS3
3	[INSERT EXAMPLES]	Rarely	4	D00
		Never	5	
	(USE SHOWCARD)	Don't know	77	
		Far too much	1	
		Too much	2	
4	Harry march, and the way think way accounts 2	Just the right amount	3	DS4
4	How much salt do you think you consume?	Too little	4	D34
		Far too little	5	
		Don't know	77	
		Yes	1	
5	Do you think that too much salt in your diet could cause a serious health problem?	No	2	DS5
a serious	a serious nealth problem?	Don't know	77	
	•			<u> </u>

Darticinant	Identification	Number
Participant	identification	number

		Very important	1	
		Somewhat important	2	DCC
6	How important to you is lowering the salt in your diet?	Not at all important	3	DS6
		Don't know	77	

Quest	tion	Response		Code
	Do you do anything of the following on a regular basis to co (RECORD FOR EACH)	ontrol your salt intake?		
	Avoid/minimize consumption of processed foods	Yes	1	DS7a
	Avoid/minimize consumption of processed foods	No	2	Dora
	Look at the salt or sodium labels on food	Yes	1	DS7b
	Look at the sait of Sodium labels of flood	No	2	DOTE
	Do not add salt on the table	Yes	1	DS7c
	Do not add sait on the table	No	2	Dorc
	Duy low solt/ordium alternatives	Yes	1	DS7d
	Buy low salt/sodium alternatives	No	2	Doru
7	De cost add adt of the consequence	Yes	1	DS7e
	Do not add salt when cooking	No	2	Dore
	Lies enions other than colt when engling	Yes	1	DS7g
	Use spices other than salt when cooking	No	2	Dorg
	Avoid acting out	Yes	1	DS7g
	Avoid eating out	No	2	Dorg
	Other	Yes	1 If Yes, go to S7other	DS7h
	Other	No	2	DOTTI
	Other (please specify)			DS7other

EXP	ANDED: Diet				
		Vegetable oil	1		
	What type of oil or fat is most often used for meal	Lard or suet	2		
		Butter or ghee	3		
	preparation in your household?	Margarine	4		D5
50		Other	5	If Other, go to D5 other	D3
30	(USE SHOWCARD) (SELECT ONLY ONE)	None in particular	6		
		None used	7		
		Don't know	77		
		Other	L		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	L		D6

Participant Identification Number

CORF	Physical	Activity

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.

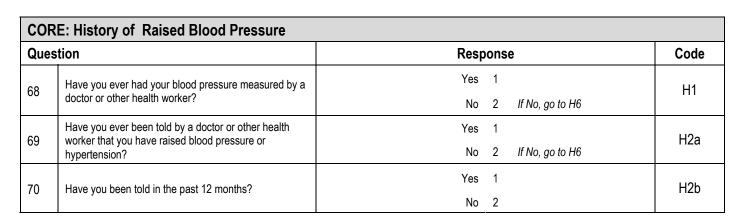
Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. [Insert other examples if needed]. In answering the following questions '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.

Ques	tion		ponse	Code
Work				
52	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? [INSERT EXAMPLES] (USE SHOWCARD)	Yes No	1 2 If No, go to P 4	P1
53	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days		P2
54	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes	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 [or carrying light loads] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes No	1 2 If No, go to P 7	P4
56	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days		P5
57	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes	hrs mins	P6 (a-b)
	I to and from places			
Now I	ext questions exclude the physical activities at work the would like to ask you about the usual way you travel to ip. [Insert other examples if needed]		o work, for shopping, to market, to pl	ace of
58	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	Yes No	1 2 If No, go to P 10	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	Ш	P8
60	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes	LLL : LLL hrs mins	P9 (a-b)

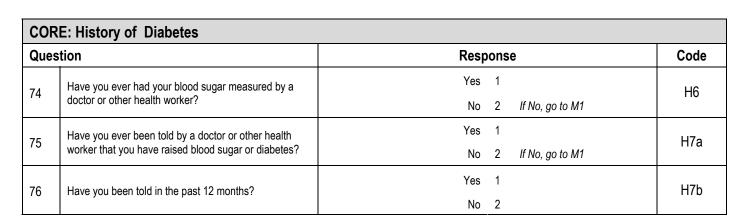
Participant Identification Number

COR	E: Physical Activity, Continued		
Ques	tion	Response	Code
Recre	ational activities		
	ext questions exclude the work and transport activities would like to ask you about sports, fitness and recrea		
61	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
62	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days	P11
63	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes : LLL : LLL : hrs mins	P12 (a-b)
64	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
65	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	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?	Hours : minutes : LLL : LLL : hrs mins	P15 (a-b)

			hrs	mins	
EXPA	ANDED: Physical Activity				
Seder	ntary behaviour				
desk,	Ilowing question is about sitting or reclining at work, a sitting with friends, traveling in car, bus, train, reading RT EXAMPLES] (USE SHOWCARD)				
67	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	hrs	mins	P16 (a-b)



EXP	ANDED: 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?			
	Drugs (medication) that you have taken in the past two	Yes	1	H3a
	weeks	No	2	1100
	Advice to reduce salt intake	Yes	1	H3b
	Advice to reduce sait illiane	No	2	ПЭВ
71	Advice or treatment to lose weight Advice or treatment to stop smoking	Yes	1	H3c
		No	2	1136
		Yes	1	H3d
		No	2	пзи
	Adding to stand and assume according	Yes	1	LI2a
	Advice to start or do more exercise	No	2	H3e
70	Have you ever seen a traditional healer for raised blood	Yes	1	H4
72	pressure or hypertension?	No	2	Π4
70	Are you currently taking any herbal or traditional	Yes	1	115
73	remedy for your raised blood pressure?	No	2	H5



EXP	ANDED: History of Diabetes				
Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?					
	Insulin	Yes	1	Н8а	
	induiii	No	2		
	Drugs (medication) that you have taken in the past two	Yes	1	H8b	
	weeks	No	2		
	Special prescribed diet	Yes	1	H8c	
77	Special prescribed diet	No	2	1100	
	Advise or treatment to less weight	Yes	1	H8d	
	Advice or treatment to lose weight	No	2	Tiou	
	Advice or treatment to stop smoking	Yes	1	H8e	
		No	2		
	Advice to start or do more exercise	Yes	1	H8f	
		No	2	ПОІ	
78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H9	
10		No	2	119	
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10	
19		No	2	піо	
	When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 years	1		
80		More than 2 years ago	2	H11	
		Never	3		
		Don't know	77		
		Within the past year	1		
81	When was the last time your feet were examined as	More than 1 year ago	2	H12	
	part of your diabetes control?	Never			
		Don't know	77		

EXP	ANDED: History of raised total cholesterol		
Questions		Response	Code
82	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes 1 No 2 If No, go to F1a	L1a
83	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 F1a	L2a
84	Were you told in the past 12 months?	Yes 1 No 2	L2b
Are yo	ou currently receiving any of the following treatments/advice for rais	ed cholesterol prescribed by a doctor or other health worker?	
85	Oral treatment (medication) taken in the last 2 weeks	Yes 1 No 2	L3a
	Special prescribed diet	Yes 1 No 2	L3b
	Advice or treatment to lose weight	Yes 1 No 2	L3c
	Advice or treatment to stop smoking	Yes 1 No 2	L3d
	Advice to start or do more exercise	Yes 1 No 2	L3e
86	During the past 12 months have you seen a traditional healer for raised cholesterol?	Yes 1 No 2	L4
87	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	L5

EXPANDED: Family history				
Questions			Response	Code
	Have some of your family members been diagnosed with the	ne following diseases?		
	Diabetes or raised blood sugar	Yes	1	F1a
		No	2	Fia
	Raised Blood pressure	Yes	1	F1b
		No	2	1 10
	Stroke	Yes	1	F1c
88		No	2	110
	Cancer or malignant tumor	Yes	1	F1d
		No	2	Tiu
	Raised Cholesterol	Yes	1	F1e
		No	2	1 16
	Early Heart attack (below age 55 for men and below age	Yes	1	F1f
	65 for women)	No	2	1 11

CORE: Height and Weight

104

Reading 2

Reading 3

Step 2 Physical Measurements

Ques	tion	Resp	onse	Code
89	Interviewer ID			M1
90	Device IDs for height and weight	Height		M2
30	Device 155 for Height and Weight	Weight		IVIZ
91	Height	in Centimetres (cm)		М3
92	Weight If too large for scale 666.6	in Kilograms (kg)		M4
93	For women: Are you pregnant?	Yes No	1 If Yes, go to M 8	M5
COR	E: Waist			
94	Device ID for waist			M6
95	Waist circumference	in Centimetres (cm)	ب. بـــــــــــــــــــــــــــــــــــ	M7
COR	E: Blood Pressure			
96	Interviewer ID			M8
97	Device ID for blood pressure			M9
98	Cuff size used	Small Medium	1 2	M10
90	Cum size usea	Large	3	IVITO
99	Reading 1	Systolic (mmHg)		M11a
33	Trocking 1	Diastolic (mmHg)		M11b
100	Reading 2	Systolic (mmHg)		M12a
100	reduing 2	Diastolic (mmHg)		M12b
101	Reading 3	Systolic (mmHg)		M13a
101	Neaumy 5	Diastolic (mmHg)		M13b
102	During the past two weeks, have you been treated for raised blood pressure with drugs (medication)	Yes	1	M14
102	prescribed by a doctor or other health worker?	No	2	IVIT
	ANDED: Hip Circumference and Heart Rate			1445
103	Hip circumference	in Centimeters (cm)		M15
	Heart Rate			N440
	Reading 1	Beats per minute		M16a

Beats per minute

Beats per minute

M16b

M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose					
Question		Response	Code		
105	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1		
106	Technician ID		B2		
107	Device ID		В3		
108	Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs mins	B4		
109	Fasting blood glucose	mmol/l	B5		
110	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	В6		
COR	CORE: Blood Lipids				
111	Device ID		В7		
112	Total cholesterol	mmol/l L_L	B8		
113	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	В9		

EXP	EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance				
114	Triglycerides	mmol/l	B10		
115	HDL Cholesterol	mmol/l	B11		
116	Oral Glucose Tolerance	mmol/l	B12		





Step 1 Optional module

Sect	ion: Health Screening	Re	esponse	Code
117	Have you ever had your feces examined to look for hidden blood?	Yes No	1 2	S1
118	Have you ever had a colonoscopy?	Yes No	1 2	S2
119	This question is for men only: Have you ever had an examination of your prostate?	Yes No	1 2	S3
120	The following questions are for women only: Have you been shown how to examine your breasts?	Yes	1	S4
	When was the last time you had an examination of your breasts?	No 1 year or less	1	
121		Between 1 and 2 years More than 2 years	3	S5
		Never Don't know	4 77	
122	When was the last time you had a mammogram?	1 year or less Between 1 and 2 years More than 2 years	1 2 3	S6
		Never Don't know	4 77	
123	When was the last time you had a Pap test?	1 year or less Between 1 and 2 years More than 2 years Never	1 2 3 4	S7
		Don't know	77	