

WHO STEPS Questionnaire

Section 1: Demographic Information

Age: _____

Sex: Male Female

Marital status: Single Married Divorced Widowed

Educational level: No formal education Primary education Secondary education University or higher

Employment status: Employed Unemployed Retired Student Self-employed

Monthly income (optional): _____

Ethnicity or tribe: _____

Section 2: Tobacco Use

Have you ever used any form of tobacco (cigarettes, pipe, shisha, chewing tobacco, or electronic cigarettes)? Yes No

Do you currently use tobacco? Yes No

How many cigarettes do you smoke per day? _____

Do you use shisha (waterpipe) or pipe? Yes No

How often do you use shisha or pipe per week? Less than once 1–3 times 4 times or more

Do you use other types of tobacco (such as chewing tobacco or electronic cigarettes)? Yes No

If yes, how many times per week do you use them? _____

Section 3: Dietary Habits

How many times do you eat fruits per week? Never 1–2 times 3–4 times 5 times or more

How many times do you eat vegetables per week? Never 1–2 times 3–4 times 5 times or more

Do you add extra salt to your food after it has been cooked? Yes No

How often do you eat fried foods or fast food per week? Never 1–2 times 3–4 times 5 times or more

Do you drink soft drinks or sugar-sweetened beverages? Yes No

How many servings of whole grains do you consume daily? Less than 1 serving 1–2 servings 3 servings or more

Do you drink Mauritanian tea containing caffeine on a daily basis? Yes No

If yes, how many times per day? _____

Section 4: Physical Activity

How many hours per week do you perform moderate physical activity (such as walking, house cleaning, or dancing)? I do not practice Less than 2 hours 2–4 hours More than 4 hours

Do you perform vigorous physical activity (such as running, weightlifting, or intense sports)? Yes No

How many hours per day do you spend sitting (for example watching television or using your phone)? Less than 2 hours 2–4 hours More than 4 hours

Do you walk or use a bicycle instead of transportation? Yes No

Section 5: Clinical Measurements and Tests

Have you had your blood pressure measured in the past 12 months? Yes No

Have you had your blood glucose measured in the past 12 months? Yes No

Have you had your blood cholesterol measured in the past 12 months? Yes No

Have your waist circumference measured in the past 12 months? Yes No

Have you ever been diagnosed with diabetes by a doctor? Yes No

Have you ever been diagnosed with hypertension by a doctor? Yes No

Are you currently taking medication for diabetes or hypertension? Yes No

Section 6: Medical and Family History

Do any members of your family (parents, siblings, or grandparents) have heart disease? Yes No

Do you have a family history of diabetes? Yes No

Do you have a family history of hypertension? Yes No