

Section 2: Forms for STEPS Field Work

Overview


Introduction This section includes some document templates that can be used during the STEPS Field Work.

In this section This section contains the following forms for use during the survey.


Topic	See Page
Notification of WHO STEPS Survey Visit	6-2-2
Script for Data Collectors	6-2-3
Interview Tracking Form	6-2-4
Participant Information Form (Step 1, 2 and 3)	6-2-5
Consent Form 1 (Steps 1 and 2)	6-2-8
Consent Form 2 (Step 3)	6-2-9
Participant Feedback Form (Step 2)	6-2-10
Participant Feedback Form (Step 3)	6-2-11
BMI Classification Chart	6-2-13
Step 3 Appointment Card	6-2-14
Instructions for Spot Urine Collection (Step 3)	6-2-15
Fasting Instructions (Step 3)	6-2-17
Step 3 Registration Form	6-2-18

Notification of WHO STEPS Surveillance Visit



 Notification of WHO STEPS Survey Visit		
<p>Today Ministry of Health employees visited your household to conduct a survey of people between the ages of 18 to 69 on health issues. We will try to return on the date indicated below. If this is not convenient, please contact us to make a suitable time for the survey.</p>		
Date of Visit		
Household Number		
Next Visit	Day/Date:	Time:
Contact		
[name of country] Ministry of Health, [address]		



 Notification of WHO STEPS Survey Visit		
<p>Today Ministry of Health employees visited your household to conduct a survey of people between the ages of 18 to 69 on health issues. We will try to return on the date indicated below. If this is not convenient, please contact us to make a suitable time for the survey.</p>		
Date of Visit		
Household Number		
Next Visit	Day/Date:	Time:
Contact		
[name of country] Ministry of Health, [address]		

Script for Data Collectors

My name is _____ and this is _____.
We are employees of the <Ministry of Health> and we are working in a team to conduct a survey on health issues. We are hoping that the people in this house will participate in this survey. We would like to find out the number of people usually residing in this house between the ages of 18-69. Can you please give me the first name of those who usually live in this house between the ages 18-69 (starting, for example, with the oldest male)?

Interview Tracking Form

Cluster No. _____
Interviewer ID _____

Household ID Number	No. Eligible in Household	Participant ID	At Home		Male				Female				Step 1		Step 2		Step 3		Appointment Time	Individual Comment
			Visit 1	Visit 2	18-29	30-44	45-59	60-69	18-29	30-44	45-59	60-69	Yes	Decline	Yes	Decline	Yes	Decline		

Note:

- Fill in form by using "y/n" for At home (corresponds with participant at home yes/no) and using an "x" for the correct responses in Male, Female, Step 1, Step 2, Step 3"

Participant Information Form (Step 1, 2 and 3)

Introduction This form describes what participation in the WHO STEPS survey means.

Title of survey The title of this survey is the STEPS Survey of Risk Factors for Noncommunicable Diseases (NCDs)

Aim of the survey This survey will determine the extent in [name of country] of several of the major risk factors for major NCDs (e.g. diseases not caused by infections). These diseases and their risk factors include:

- Tobacco use
 - Alcohol consumption
 - Low intake of fruit and vegetables
 - Diet high in salt
 - Physical inactivity
 - Raised blood pressure
 - Obesity
 - Raised blood glucose
 - High levels of fat in the blood
-

Data collection methods We will collect information from [insert sample size] participants throughout the area in which the survey is being conducted.

Information will be gathered through 3 steps of data collection:

- Step 1 - Interview questions
 - Step 2 - Measurements of blood pressure, height, weight, waist and hip
 - Step 3 – Urine tests for salt and blood tests for sugar and fats
-

What's involved The table below shows each of the steps involved. You will be given time to consider your participation.

Step	Action
1	We will describe the STEPS survey to you.
2	You may ask any questions you may have.
3	We will ask you to sign a consent form.

Continued on next page

Participant Information Form (Step 1, 2 and 3), Continued

What's involved (cont.)

Step	Action
4	You will be asked to participate in Step 1. This will involve a data collector asking you some questions about your: <ul style="list-style-type: none">• Age• Education• Employment and income• Tobacco and alcohol use• Fruit and vegetable intake• Consumption of salt• Physical activity• History of raised blood pressure, diabetes, raised cholesterol, and cardio-vascular diseases• Lifestyle advice• Cervical cancer screening
5	You will then be asked to participate in Step 2. This will involve a data collector taking some simple measurements of your: <ul style="list-style-type: none">• Blood pressure• Height• Weight• Waist and hip circumference
6	You will also be asked to participate in Step 3. This will involve you collecting a urine sample that will be tested for salt, and health staff taking a small amount of blood from the tip of your finger to test for sugar and fat levels in your blood after you have fasted overnight. This may cause some mild pain.

Timeframe It is estimated that Step 1 and 2 of the survey will take approximately 1 hour.

Community benefits The results of this study will be used to assist the Ministry of Health in developing public health programmes that target efforts to lower the risk factors that lead to NCDs.

Your rights It is your right to:

- decline to take part in the study;
- withdraw your consent at any time;
- decline to answer any question in the interview that you do not wish to answer.

Continued on next page

Participant Information Form (Step 1, 2 and 3), Continued

Confidentiality You will be asked to provide your name and contact information so that you can be contacted if there is any need to follow up with you after the survey is conducted.

Your participation and data provided will be completely confidential.

Your name will not be used in any report of the study.

Results The results of this survey will be used to help plan strategies in reducing the risk factors that contribute to NCDs in your community.

The results will be published in research publications, media briefings, fact sheets, and reports and can be made available to you through the local researchers.

Ethical approval This study has received ethical approval from the Research Ethics Review Committee of [insert name of institution and of location].

Consent Form 1 (Steps 1 and 2)

Dear Participant,

Random selection

You have been randomly selected to be part of this survey and this is why we would like to interview you. This survey is conducted by the World Health Organization in collaboration with the Ministry of Health and the WHO Regional Office and will be carried out by professional interviewers from [name of institution]. This survey is currently taking place in several countries around the world.

Confidentiality

The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name, address, and other personal information will be removed, and only a code will be used to connect your name and your answers without identifying you. You may be contacted by the survey team again only if it is necessary to complete the information on the survey.

Voluntary participation

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this survey you may ask me or contact [name of institution and contact details] or [STEPS Survey Coordinator].

Consent to participate

Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

Read by Participant		Interviewer	
Agreed		Refused	

Signatures

I hereby provide INFORMED CONSENT to take part in Steps 1 and 2 of the Risk Factors Study.

Name:

Sign:

Witness:

Sign:

Consent Form 2 (Step 3)

Dear Participant

Random selection

You have been randomly selected to be part of this survey and this is why we would like to interview you. This survey is conducted by the World Health Organization in collaboration with the Ministry of Health and the WHO Regional Office and will be carried out by professional interviewers from [name of institution]. This survey is currently taking place in several countries around the world.

Confidentiality

The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name, address, and other personal information will be removed, and only a code will be used to connect your name and your answers without identifying you. You may be contacted by the Survey Team again only if it is necessary to complete the information on the survey.

Voluntary participation

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this survey you may ask me or contact [name of institution and contact details] or [STEPS Survey Coordinator].

What's involved

You will be asked to collect a urine sample to be tested for salt, and you will have a small amount of blood taken from the tip of your finger to be tested for sugar and fat after you have fasted overnight. This may cause some mild pain. You will be informed about the results of the test with your blood sample.

Consent to participate

Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

Read by Participant		Interviewer	
Agreed		Refused	

Signatures

I hereby provide INFORMED CONSENT to take part in Step 3 of the Risk Factor Study.

Name:

Sign:

Witness:

Sign:

Participant Feedback Form (Step 2)

Dear Participant,

We thank you very much for participating in the STEPS Survey of Risk Factors for Noncommunicable Diseases in [name of country], conducted by [name of institution]. This study was undertaken in order to gather information on the following risk factors for noncommunicable diseases in [name of country]: tobacco use, alcohol consumption, low intake of fruit and vegetables, diet high in salt, physical inactivity, raised blood pressure, obesity, raised blood glucose, and high levels of blood cholesterol.

We would like to provide you with an overview of your results from the physical measurements.

Blood pressure Systolic: _____ mmHg (reading 3)

Diastolic: _____ mmHg (reading 3)

Blood pressure classification

- ☐ Normal (SBP< 140 and DBP< 90)
- ☐ Elevated (SBP 140-159 and/or DBP 90-99)
- ☐ Raised (SBP \geq 160 and/or DBP \geq 100)
- ☐ Currently on medication

Heart rate Beats per minute: _____ (reading 3)

Height Height: _____ cm

Weight Weight: _____ kg

Body Mass Index BMI: _____ kg/m² (weight in kg divided by height in meters squared; ex. for height 170 cm and weight 68 kg BMI=(68/(1.7²))=23.5)

BMI classification

- ☐ Underweight (BMI< 18.5)
 - ☐ Normal weight (BMI 18.5-24.9)
 - ☐ Overweight (BMI 25-29.9)
 - ☐ Obese (BMI \geq 30)
-

Waist circumference Waist: _____ cm

Hip circumference Hip: _____ cm

Participant Feedback Form (Step 3 – mmol/L)

Dear Participant,

We thank you very much for participating in the STEPS Survey of Risk Factors for Noncommunicable Diseases in [name of country], conducted by [name of institution]. This study was undertaken in order to gather information on the following risk factors for noncommunicable diseases in [name of country]: tobacco use, alcohol consumption, low intake of fruit and vegetables, diet high in salt, physical inactivity, raised blood pressure, obesity, raised blood glucose, and high levels of blood cholesterol.

We would like to provide you with an overview of your results from the biochemical measurements.

Fasting blood glucose

Fasting blood glucose: _____ mmol/l

Fasting blood glucose classification

- ☐ Normal (< 6.1 mmol/l)
☐ Raised (\geq 6.1 mmol/l)
☐ Currently on medication
-

Total blood cholesterol

Total cholesterol: _____ mmol/l

Total blood cholesterol classification

- ☐ Normal (<5.0 mmol/l)
☐ Elevated (5.0-6.1 mmol/l)
☐ High (\geq 6.2 mmol/l)

HDL cholesterol

HDL cholesterol: _____ mmol/l

HDL cholesterol classification

- ☐ Normal (\geq 1.03 mmol/l for Men, \geq 1.29 mmol/l for Women)
☐ Low (< 1.03 mmol/l for Men, < 1.29 mmol/l for Women)

Triglycerides

Triglycerides: _____ mmol/l

Triglycerides classification

- ☐ Normal (<1.7 mmol/l)
☐ Raised (\geq 1.7 mmol/l)
-

Participant Feedback Form (Step 3 – mg/dL)

Dear Participant,

We thank you very much for participating in the STEPS Survey of Risk Factors for Noncommunicable Diseases in [name of country], conducted by [name of institution]. This study was undertaken in order to gather information on the following risk factors for noncommunicable diseases in [name of country]: tobacco use, alcohol consumption, low intake of fruit and vegetables, diet high in salt, physical inactivity, raised blood pressure, obesity, raised blood glucose, and high levels of blood cholesterol.

We would like to provide you with an overview of your results from the biochemical measurements.

Fasting blood glucose

Fasting blood glucose: _____ mg/dl

Fasting blood glucose classification

- ☐ Normal (<110 mg/dl)
☐ Raised (\geq 110 mg/dl)
☐ Currently on medication
-

Total blood cholesterol

Total cholesterol: _____ mg/dl

Total blood cholesterol classification

- ☐ Normal (<190 mg/dl)
☐ Elevated (190-239 mg/dl)
☐ High (\geq 240 mg/dl)

HDL cholesterol

HDL cholesterol: _____ mg/dl

HDL cholesterol classification

- ☐ Normal (\geq 40 mg/dl for Men, \geq 50 mg/dl for Women)
☐ Low (<40 mg/dl for Men, <50 mg/dl for Women)

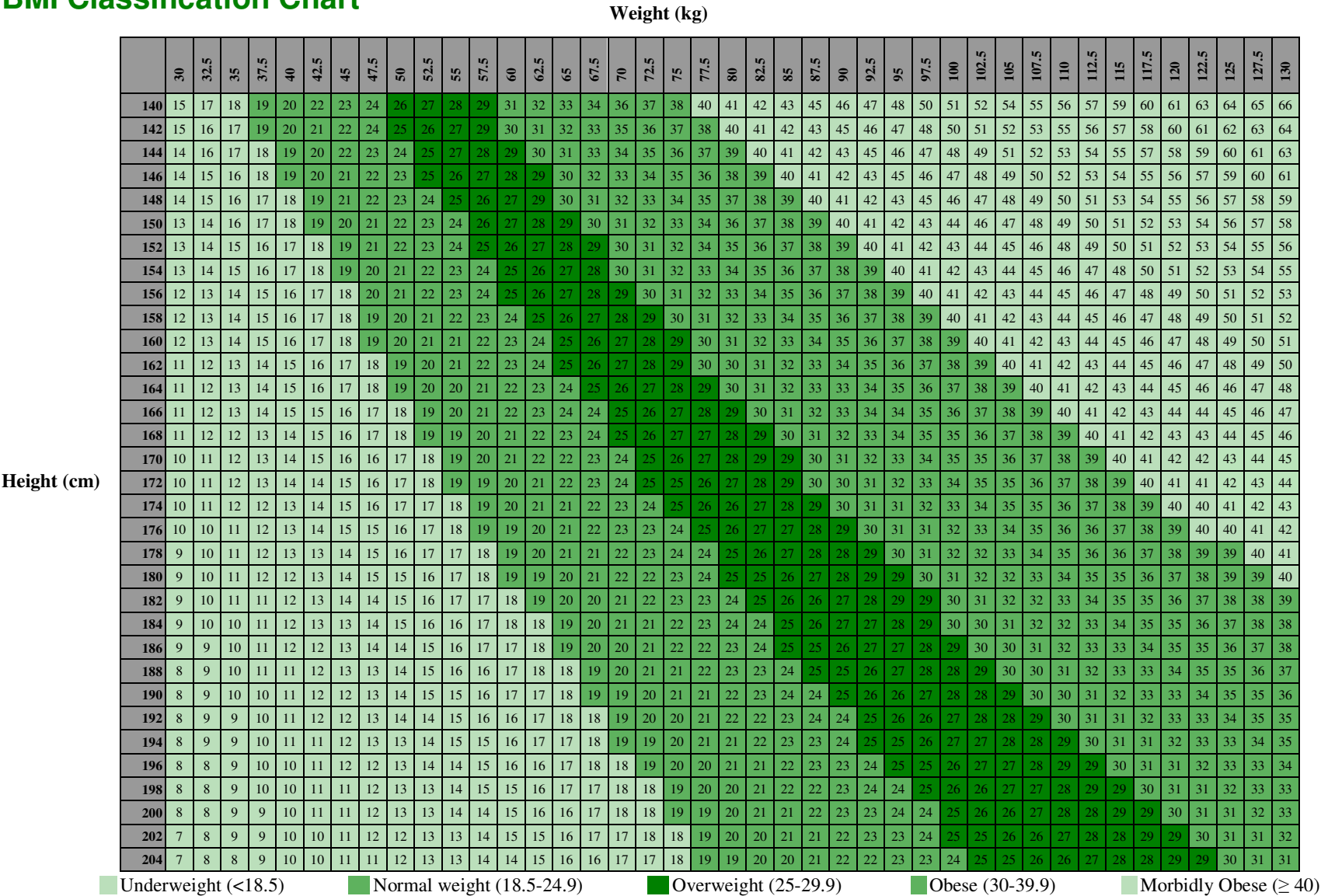
Triglycerides

Triglycerides: _____ mg/dl

Triglycerides classification

- ☐ Normal (<150 mg/dl)
☐ Raised (\geq 150 mg/dl)
-

BMI Classification Chart



Step 3 Appointment Card

APPOINTMENT TIME

Thank you for agreeing to participate in the STEPS survey.

Participant ID: _____

APPOINTMENT

Centre: _____

Date: _____

Time: _____

**PLEASE BRING THIS FORM WITH YOU
WHEN YOU COME FOR AN APPOINTMENT**

Instructions for Spot Urine Collection (Step 3)

Participant ID: _____

INSTRUCTIONS FOR SPOT URINE COLLECTION

DATE: _____

1

We are asking you to collect a sample of your urine (pee) in the evening before you commence your fast.



2

When you go the bathroom (toilet) void urine (pee) into the container. Once the container is half full finish voiding in the toilet. Screw on the lid tightly and place the container in the zip closable plastic bag (do not remove labels).



Write down the time you collect your sample

TIME OF COLLECTION: ____ ____

3

Place container filled with urine (pee) in a zip closable plastic bag and store upright in a cool, dark place.



4

Bring your container filled with urine in the zip closable plastic bag and this instruction sheet to the collection centre



If there is anything you are unsure about please contact: _____

**Frequently
Asked
Questions**

Why do I have a participant identification number (ID)?

An ID number will be assigned to your information and samples to ensure confidentiality.

Why is it important to complete a spot urine sample?

The spot sample will allow us to determine information related to the salt intake in your diet.

What are you testing in the urine sample?

A number of nutritional factors including sodium and creatinine [optional potassium/iodine].

Will the urine sample be tested for drugs?

No. Your urine sample will only be analysed for nutritional markers.

What happens if I spill some urine?

It is important that spillages do not occur, however simply clean up the spillage.

I take prescribed medications - can I still take part?

Yes you can.

Do I still take my medications on the day I provide my urine sample?

Yes, absolutely.

Do I need to fill up the container?

No, half full is perfect.

What if I have my period?

We ask that you use a tampon, if available, when collecting your urine samples; otherwise we ask you not to participate.

What if I am feeling sick?

Please collect the urine sample if you are able to.

Is there any health risks involved in providing a urine sample?

No - there is no risk to your health or the health of others.

Where do I keep my urine container?

It is best to keep the container and contents in a cool, dark place.

Will insurance companies or any other body find out my results?

No.

Fasting Instructions (Step 3)

Introduction

To get accurate results from the blood test it is very important that you have fasted.

Fasting instructions

Please ensure that you DO NOT have anything to eat or drink including chewing gum (except plain water) for at least 8 hours (12 hours if triglycerides are also measured) BEFORE blood collection. This means that if you have your appointment in the morning, please do not eat or drink after 10:00 PM the night before the appointment.

Note for diabetics

If you have diabetes controlled with tablets and/or insulin, please AVOID taking these on the morning of your appointment, but bring them with you to take after testing is completed. Please take any other morning medications as usual.

[illegible]