

Section 2: Interview, Blood Collection and Data Entry Forms

Overview


Introduction This section includes some document templates that can be used during the interview, measurement, and data entry stages.

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


Topic	See Page
Notification of WHO STEPS Surveillance Visit	6-2-2
Participant Information Form (Step 1, 2 and 3)	6-2-3
Consent Form 1 (Steps 1 and 2)	6-2-6
Consent Form 2 (Step 3)	6-2-7
Participant Feedback Form (Step 2)	6-2-8
Participant Feedback Form (Step 3)	6-2-9
BMI Classification Chart	6-2-10
Kish Household Coversheet	6-2-11
Interview Tracking Form	6-2-12
Clinic Appointment Card (Step 3)	6-2-13
Fasting Instructions (Step 3)	6-2-14
Clinic Registration Form (Step 3)	6-2-15
Data Entry Tracking Form	6-2-16
Data Entry Folder Coversheet	6-2-17

Notification of WHO STEPS Surveillance Visit



 Notification of WHO STEPS Surveillance Visit		
<p>Today Ministry of Health employees visited your household to conduct a survey of people between the ages of 25 to 64 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 site] Ministry of Health, [address]		



 Notification of WHO STEPS Surveillance Visit		
<p>Today Ministry of Health employees visited your household to conduct a survey of people between the ages of 25 to 64 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 site] Ministry of Health, [address]		

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 Surveillance of Risk Factors for Chronic Non-Communicable Diseases (NCDs)

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

- Tobacco use
 - Alcohol consumption
 - Low intake of fruit and vegetable
 - Physical inactivity
 - Raised blood pressure
 - Raised fasting blood glucose
 - Obesity
 - 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 (X number of) steps of data collection:

- Step 1 - Interview questions
 - Step 2 - Measurements of height, weight, waist & blood pressure
 - Step 3 - 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 surveillance 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 Ministry of Health employee 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• Physical activity• History of diabetes and or raised blood pressure
5	You will then be asked to participate in Step 2. This will involve a Ministry of Health employee taking some simple measurements of your: <ul style="list-style-type: none">• Height• Weight• Waist circumference• Blood pressure
6	You may also be asked to participate in Step 3. This will involve taking a small amount of blood from (a vein in your arm / the tip of your finger) to test for sugar and fat levels in your blood. 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 chronic non-communicable diseases.

Your rights It is your right to:

- decline to take part in the study
- withdraw your consent at any time
- decline to answer any questions 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 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 chronic non-communicable diseases 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 from the instrument, 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 [Principal Investigator at site].

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. For participants under 21 years old, a parent or guardian must also sign this form.

Name:

Sign:

Parent/Guardian:

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 from the instrument, 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 [Principal Investigator at site].

What's involved

You will have a small amount of blood taken from (the tip of your finger / a vein in your arm) to be tested for sugar and fat. This may cause some mild pain. You will be informed about the kind of tests which will be done on 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 Chronic Disease Risk Factor Study.

Name: _____ Sign: _____

Witness: _____ Sign: _____

Participant Feedback Form (Step 2)

Dear Participant,

We thank you very much for participating in the STEPS Surveillance of Risk Factors for Chronic Diseases in [name of site], conducted by [name of institution].

This study was undertaken in order to gather information on the following risk factors for chronic diseases in [name of site]: tobacco use, alcohol consumption, low intake of fruit and vegetables, physical inactivity, raised blood pressure, obesity, raised fasting 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 (average of reading 2 and 3)

Diastolic: _____ mmHg (average of reading 2 and 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: _____ (average of reading 2 and 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 = $(68 / (1.7^2)) = 23.5$)

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)

Dear Participant,

We thank you very much for participating in the STEPS Surveillance of Risk Factors for Chronic Diseases in [name of site], conducted by [name of institution].

This study was undertaken in order to gather information on the following risk factors for chronic diseases in [name of site]: tobacco use, alcohol consumption, low intake of fruit and vegetables, physical inactivity, raised blood pressure, obesity, raised fasting 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 (< 7.0 mmol/l)
 - Raised (\geq 7.0 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 for Women)

Triglycerides Triglycerides: _____ mmol/l

- Triglycerides classification**
- Normal (< 2.0 mmol/l)
 - Raised (\geq 2.0 mmol/l)
-

BMI Classification Chart

Weight (kg)

Height (cm)

	30	32.5	35	37.5	40	42.5	45	47.5	50	52.5	55	57.5	60	62.5	65	67.5	70	72.5	75	77.5	80	82.5	85	87.5	90	92.5	95	97.5	100	102.5	105	107.5	110	112.5	115	117.5	120	122.5	125	127.5	130
140	15	17	18	19	20	22	23	24	26	27	28	29	31	32	33	34	36	37	38	40	41	42	43	45	46	47	48	50	51	52	54	55	56	57	59	60	61	63	64	65	66
142	15	16	17	19	20	21	22	24	25	26	27	29	30	31	32	33	35	36	37	38	40	41	42	43	45	46	47	48	50	51	52	53	55	56	57	58	60	61	62	63	64
144	14	16	17	18	19	20	22	23	24	25	27	28	29	30	31	33	34	35	36	37	39	40	41	42	43	45	46	47	48	49	51	52	53	54	55	57	58	59	60	61	63
146	14	15	16	18	19	20	21	22	23	25	26	27	28	29	30	32	33	34	35	36	38	39	40	41	42	43	45	46	47	48	49	50	52	53	54	55	56	57	59	60	61
148	14	15	16	17	18	19	21	22	23	24	25	26	27	29	30	31	32	33	34	35	37	38	39	40	41	42	43	45	46	47	48	49	50	51	53	54	55	56	57	58	59
150	13	14	16	17	18	19	20	21	22	23	24	26	27	28	29	30	31	32	33	34	36	37	38	39	40	41	42	43	44	46	47	48	49	50	51	52	53	54	56	57	58
152	13	14	15	16	17	18	19	21	22	23	24	25	26	27	28	29	30	31	32	34	35	36	37	38	39	40	41	42	43	44	45	46	48	49	50	51	52	53	54	55	56
154	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	50	51	52	53	54	55
156	12	13	14	15	16	17	18	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
158	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
160	12	13	14	15	16	17	18	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
162	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
164	11	12	13	14	15	16	17	18	19	20	20	21	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39	40	41	42	43	44	45	46	46	47	48
166	11	12	13	14	15	15	16	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	33	34	34	35	36	37	38	39	40	41	42	43	44	44	45	46	47
168	11	12	12	13	14	15	16	17	18	19	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	35	36	37	38	39	40	41	42	43	43	44	45	46
170	10	11	12	13	14	15	16	16	17	18	19	20	21	22	22	23	24	25	26	27	28	29	29	30	31	32	33	34	35	35	36	37	38	39	40	41	42	42	43	44	45
172	10	11	12	13	14	14	15	16	17	18	19	19	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35	36	37	38	39	40	41	41	42	43	44
174	10	11	12	12	13	14	15	16	17	17	18	19	20	21	21	22	23	24	25	26	26	27	28	29	30	31	31	32	33	34	35	35	36	37	38	39	40	40	41	42	43
176	10	10	11	12	13	14	15	15	16	17	18	19	19	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32	33	34	35	36	36	37	38	39	40	40	41	42
178	9	10	11	12	13	13	14	15	16	17	17	18	19	20	21	21	22	23	24	24	25	26	27	28	28	29	30	31	32	32	33	34	35	36	36	37	38	39	39	40	41
180	9	10	11	12	12	13	14	15	15	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	32	33	34	35	35	36	37	38	39	39	40
182	9	10	11	11	12	13	14	14	15	16	17	17	18	19	20	20	21	22	23	23	24	25	26	26	27	28	29	29	30	31	32	32	33	34	35	35	36	37	38	38	39
184	9	10	10	11	12	13	13	14	15	16	16	17	18	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	32	33	34	35	35	36	37	38	38
186	9	9	10	11	12	12	13	14	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	27	28	29	30	30	31	32	33	33	34	35	35	36	37	38
188	8	9	10	11	11	12	13	13	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30	30	31	32	33	33	34	35	35	36	37
190	8	9	10	10	11	12	12	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	24	24	25	26	26	27	28	28	29	30	30	31	32	33	33	34	35	35	36
192	8	9	9	10	11	12	12	13	14	14	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30	31	31	32	33	33	34	35	35
194	8	9	9	10	11	11	12	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	28	29	30	31	31	32	33	33	34	35
196	8	8	9	10	10	11	12	12	13	14	14	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	27	27	28	29	29	30	31	31	32	33	33	34
198	8	8	9	10	10	11	11	12	13	13	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27	27	28	29	29	30	31	31	32	33	33
200	8	8	9	9	10	11	11	12	13	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	24	25	26	26	27	28	28	29	29	30	31	31	32	33
202	7	8	9	9	10	10	11	12	12	13	13	14	15	15	16	17	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26	27	28	28	29	29	30	31	31	32
204	7	8	8	9	10	10	11	11	12	13	13	14	14	15	16	16	17	17	18	19	19	20	20	21	22	22	23	23	24	25	25	26	26	27	28	28	29	29	30	31	31

Underweight (<18.5)
Normal weight (18.5-24.9)
Overweight (25-29.9)
Obese (30-39.9)
Morbidly Obese (≥ 40)

Clinic Appointment Card (Step 3)

APPOINTMENT TIME

Thank you for agreeing to participate in the STEPS survey.

Participant ID: _____

CLINIC APPOINTMENT

Centre: _____

Date: _____

Time: _____

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

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 12 hours BEFORE blood collection. This means that if you have your clinic appointment in the morning, please do not eat or drink after 8:00 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.

Data Entry Tracking Form

Computer Label _____

Participant ID	Date 1 st Keying Completed	Date 2nd Keying Completed	Error on Instrument	Supervisor's decision	Individual Comment

Note: This form is available electronically in Excel and can be downloaded with the data entry templates available from www.who.int/chp/steps/resources



STEPS Data Entry

Folder Coversheet

Topic	Tracking Information
Computer (Write the label)	
Phase of data entry: First key, second key entry or complete. (Circle one)	1 st Key Entry 2 nd Key Entry Complete
Instrument section entered and template being used. (Circle only one)	Survey Consent Biochemical
Data entry staff name or ID number	
Start Date	
End Date	

