



STEPS Stroke Application for Participation

Introduction

This form registers an expression of interest in participating in WHO STEPS Stroke and provides the ICC with background information on the planned stroke surveillance site.

Name of SSS

Site coordinator	Contact details
Title	
Name (family)	
Name (first)	
Institution	
Mail address	
City, Country	
Postal code	
Telephone	
Fax	
E-mail	

Other details

Please provide brief details of your experience in cerebrovascular disease and other details relating to data management:

Type	Previous experience (please tick or give brief details)
Clinical	
Research	
Epidemiologic	
Other	

Data management	Yes	No
Are computers available for data entry ?		
Do you have software licence for MicroSoft Access?		
Which version of MicroSoft Assess do you have?		
Is secure storage of original and electronic data possible?		
Do you take responsibility for all data entered?		
Do you have access to a data analyst?		

Ethical and legal issues	Yes	No
Does the site coordinator take responsibility for all ethical and legal issues related to the study (including approval from local ethics committee, insurance for staff members, providing informed consent, data security etc)?		
Financial support		
Have you obtained financial support to cover all expenses Related to the study? Please state the kind of financial support (in kind, Grant etc):		

Access to routine DCs Do you have access to routine death certificates?
Please give details on how you plan to verify potential stroke deaths.

Study duration Please provide details of proposed duration

Study duration	Please tick
Start date of Registration	
Duration - one off register 12 months	
Duration - ongoing register	
Duration - other (provide details)	

Planned Start date (first enrolled patient)	

Proposed design Indicate which of the following study designs is planned:

Study design	Please tick	Estimated # of stroke patients per year
Hospital register - case series only		
Hospital register - with population denominator		
Population based incidence study		

Note: for meaningful analyses by age and sex, a minimum of 250 per year is required

Case finding Please provide details of planned case finding methods (including frequency)

Hot pursuit	
Cold pursuit	
Mixed pursuit	
Frequency	

Hospital registers

Please list all health facilities to be included in the proposed Stroke Surveillance Site

Hospital Name	Type	No. Wards (No. beds)	Est # stroke cases per week	Brain imaging available? (please tick)

Population based registers

If data are available from the source population from which all eligible stroke cases (Hospital register - step 1; or Incidence study - Steps 1-3), please complete:

Age group (yrs)	Instrument coverage	Men	Women	Total
0 - 14	Optional			
15 - 24	Expanded			
25 - 34	Expanded			
35 - 44	Expanded			
45 - 54	Core			
55 - 64	Core			
65 - 74	Core			
75 - 84	Core			
85 - 94	Expanded			
95 or more	Optional			
Total				

Population

Which of the following provides the information for your defined population?

Source	Date of info
Census	
Intercensal estimate	
Household registers	
Other population based register (eg cancer)	
Other (briefly explain)	

Final STEPS Instrument

Please send a copy of the planned instrument to be used in your site. This should include expanded items (and any optional items if you require feedback on format).

Signature**Date:**