

**Restricted circulation**

# **Integrated Population-Based Surveillance of NCDs**

*as part of the*  
National Action Plan for Prevention and Control of  
Non-Communicable Diseases and Health Promotion in Pakistan

## **FIELD GUIDELINES**



*Heartfile*

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## Purpose of Field Manual

The field manual includes:

1. Guidelines for interviewers
3. Question by Question instruction guide and protocols to Instrument

**Sources:** STEPS/NCD V 1.4, INTERHEART Study. Rose–Angina Questionnaire, STEPS S-RF, WHO Injury Module, WHO Mental Health V0.7, Bradford Somatic Inventory, Behavioral Risk Factor Surveillance System V 1.5 and Heartfile

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## 1. Guidelines for Interviewers

### 1.1 General Guidelines

#### 1.1.1 Contact strategies

A number of strategies can be used to maximize the chances of getting an interview with the respondent.

#### 1.1.2 Follow-up calls and visits

In order to increase the chances of finding people in their homes it is important to know, whenever possible, the occupation of the respondent as this may help determine when s/he is likely to be absent. A farmer in a rural area will be up very early and may be home around mid-morning, whereas someone who works in an office will be home late evening. If the respondent is not at home, the interviewer should try to find out what is the best time for getting an interview. Visits should be planned and maximized as much as possible by establishing a contact schedule covering different times throughout the week including week-ends. The interviewer should be ready and flexible to do the interview during the first contact. If the time is inconvenient, s/he should make an appointment and come back at a later stage.

In order to avoid “no” answers, optional times in the form of open-ended questions should be suggested such as “Do you prefer afternoon or evenings?” or “When are you more available?”

#### 1.1.3 Interviewer’s appearance, behavior and attitudes

Studies suggest that people form 90% of their opinion with regard to what they think about someone in the first ninety seconds. The way the interviewer presents himself, such as the clothes s/he wears and how s/he behaves, will have an impact on the chances of getting an interview. Considering that refusals occur within a few minutes, s/he will have to pay attention to his image and behavior that will give nonverbal cues to others. Someone who is unkempt, with dark glasses and leather jacket may convey suspicion rather than trust and openness. A person wearing smart clothes and jewelry may be seen as superior and distant and may not encourage the respondent’s cooperation. What we look like will, to a certain extent, be a reflection of our values, beliefs and status. The interviewer should blend with the environment and adopt a neutral dress code which is culturally acceptable. The way the interviewer speaks and the language s/he uses may open or close doors. S/he must present himself and the survey in the best light so the interview is not immediately turned down. After all you need to be quite motivated to give an hour of your time to a total stranger and tell him / her about your private life.

#### 1.1.4 Persuasion techniques to increase participation

Persuasion is; the art of telling it well, to sell it well. You want to leave the household with a completed questionnaire in hand or with an appointment in your agenda. Even if the interviewer is not successful in getting an interview, persuasion techniques will at least minimize the refusal rate. The interviewer should be polite, pleasant and self-confident, and be well prepared. S/he should stress that s/he is a professional from a legitimate and reputable organization, that the survey is important and that the respondent’s participation is valuable. The message to get across is that you want the respondent to be part of the study and you need his assistance. The interviewer needs to be direct and sure of him / her, and get straight to the point.

**Say the right things and you'll get the right answers**

- I am glad you are home
- I would like to talk to you for a few minutes
- I will not take much of your time

**Close-ended questions will get you nowhere**

- Can I come in?
- Is it a good time for you?
- Am I interrupting anything?
- Do you want me to come back later?
- Are you busy?
- Are you available now?

**Apologies may head straight for refusal**

- I am sorry about calling at such a time
- I hope I am not disturbing you

Do not be put-off by someone's offhand manner such as "what do you want" or "we're busy". Say what you have to say and start the interview.

**1.1.5 Increasing participation**

A number of things can be done to minimize refusal:

**Presentation of self and purpose of visit:** The interviewer should talk about the survey to anyone who happens to be in the house and not wait for the respondent to appear. Information will reassure people and increase trust.

**Knowledge of survey:** The interviewer must know the survey well and what his / her role is. Someone who hesitates will not be convincing and this will affect credibility. The interviewer should anticipate questions, prepare answers and arguments for initial refusals, and deal with any problems that may arise. S/he must also be able to answer any questions that may come up and provide sound information.

**Listening:** The interviewer should actively listen to the respondent and try to understand why s/he may not want to be interviewed. Perhaps s/he has called at the wrong time on a respondent who is tired and stressed out, or feeling unwell or who simply had a very bad day. If this is the case, his / her presence will not be welcome. Another respondent may be in the middle of preparing dinner or may have to care for an elderly relative. S/he may also find someone who might be willing to be interviewed but who is dissuaded from participating by a member of the household. The interview must never be forced on anyone and can always be done another day. The respondent may just need some space and may be very happy to cooperate at some other time.

**Post-contact:** In case of initial refusal the respondent should be re-contacted at a later stage. However, contact calls need to be sufficiently spaced out so that the respondent does not feel pressured and harassed. The chances of success are higher a week or more after the first contact as the respondent has had time to think things over.

**Calling at the best time:**

It is an advantage to know who can be found at home and when.

- Mornings for the elderly or hard of hearing
- Early afternoon or early evening for mothers with young children
- Evenings or weekends for working people

**Saying the right thing** Explain why you are re-contacting the respondent and before s/he tells you that s/he has “already told you” s/he was not interested in the interview, make sure s/he knows that you remember what s/he said.

- I realize it was not a good time for you the other day.
- I know you have told me that you are not interested but we really need your help and no one can replace you.
- Perhaps I was not clear the other day about what the survey is about and I would like to give you some more information.
- I was in the neighborhood and thought that we could discuss the survey again.

**Giving clear explanations** Explain to the respondent how important his / her participation is to the study:

- Whatever you tell us is valuable. There are no correct or wrong answers
- We are interested in what you have to say
- We need your help and are grateful for the time you can spend with us

### 1.1.6 Confidentiality and anonymity

The respondent may be more likely to cooperate if s/he knows that whatever information s/he provides will not be disclosed. S/he must be given the assurance that his / her name, address and other personal data will not be known to others, and will be removed from the questionnaire. The answers s/he gives will be only used for research.

The respondent should be interviewed in private and preferably in a quiet environment. If no other places are available, the interview will have to be conducted in the same room but some form of privacy should be created to avoid other members of the household overhearing what is said. People may be curious and may be tempted to eavesdrop. If the house is overcrowded, the interview can perhaps be done outside, and a courtyard, a garden or the interviewer’s car may be alternative options.

### 1.1.7 Dealing with respondents

#### **Reluctant respondents**

So far, all the right things have been done to get an interview but they have all failed. Some respondents will come up with all sorts of excuses to avoid the interview. It is then up to the interviewer to simultaneously come up with a battery of replies that will convert a refusal into acceptance. Respondents may not be forced to do an interview but they may be persuaded into doing it if the right approach is used.

#### **The “Too busy, not interested” respondent:**

- I realize that you are busy and that is why we need to interview someone like you to represent different people and situations.
- I can understand why you are not interested but you may find that the interview is a positive experience.
- I know your time is valuable and that is why we want to do the interview when it is most convenient for you (suggest days/times).

#### **The “I don’t do surveys” respondent:**

- This survey is very important and is now being carried out in 10 other countries and many people like you are being interviewed. The information you give us will be confidential.

**The “Who are you, what do you want” respondent:**

- I understand that you don't want to give information to someone you don't know but I work for Heartfile. You can also check with (name of community leader or other authority) who can tell you about the survey.

**The “Why should I tell you about my private life” respondent:**

- The information you provide will not be disclosed to anyone and will only be used for research purposes.  
- You are free not to answer any questions that will be asked.

**The “Why me” respondent:**

- Your name has been selected randomly and no one can replace you.  
- We are interested in what you have to say and your opinions will be included in research results.

**The “Too old, too sick, can't hear well” respondent**

- We are interested in people from all age groups and no one is too old.  
- I am sorry that you are unwell. The best thing is for me to come back some other time (suggest time) when you are feeling better.  
- I will speak louder. Is it better now?

**The “Don't know” respondent**

- You don't need to know anything. We just want to know about your opinions.  
- There are no rights or wrong answers and you are the person we want to speak to. We want to speak to no one else.

**The “I don't have any health problems” respondent:**

- We want to have everybody's opinion whether or not you have health problems. If we only go to the people with health problems, then the results would not be representative of our country.

## 1.2 Before the interview

### 1.2.1 Know the survey instrument

The interviewer must know well all the survey materials, such as the questionnaire, and question by question specifications. s/he must be able to explain different concepts and refer to definitions where necessary. S/he must also know all the questionnaire conventions and administration procedures.

### 1.2.2 Adopt a non-judgmental attitude

Every respondent will understand and answer questions differently, and some respondents make take longer than others. The interviewer must go into the household with an open mind. Before the interview starts s/he should make the respondent feel at ease and try to minimize the differences that might exist. The respondent should never feel patronized or belittled.

### 1.2.3 Have a positive attitude

The interviewer must be enthusiastic and positive and feel that what s/he is doing is worthwhile. S/he must remember that the respondent is willing to spend time answering questions and share personal information, so s/he should try to make the interview an enjoyable experience rather than a painful ordeal. After having established a good rapport with the respondent, the next step is to get a good interview. This can be achieved by following certain interviewing guidelines.

### 1.2.4 Special situations

Some situations will need to be given special attention as they may affect cooperation, such as in the case of respondents with cognitive limitations. Another problem the interviewer may encounter when trying to interview the respondent is the “gatekeeper”. The gatekeeper can be a carer, a relative or a friend and usually acts like a barrier between the interviewer and the respondent. S/he may prevent the respondent from speaking to the interviewer or dissuade him from participating. S/he may also tell the interviewer that the respondent is not interested in the interview or is unable to do it. Therefore, it is important to establish a good rapport with the gatekeepers to ensure their co-operation. In some cases they may even be quite helpful and encourage the respondent to be interviewed. The interviewer should explain the survey to them and listen to what they have to say. The interviewer should also make it clear that they cannot be present during the interview.

## 1.3 Conducting interviews in the field

### 1.3.1 Visiting homes

Going to the field will involve certain logistic arrangements, such as transport, pick and drop – these will be taken care by the project coordinator and will be communicated to the field staff on a daily basis. ID cards will be provided to you for the duration of the Study – please wear these at all times especially when visiting homes.

In each primary sampling unit, 30 interviews will need to be performed. These homes will be identified to you by the officer of the Federal Bureau of Statistics who will be accompanying the project coordinator (PC)/ field supervisor (PS).

The PC or PS will hand out the pre-marked interview forms to you. These will bear the EB code and the P code on the front.

Once you are in the home, follow the following steps:

1. Mark the household log form (Appendix A). Write the PSU no and the IID no on it and follow the flow of the log form – also write what the status of the household has been.
2. Either the person will refuse to participate in the survey or will let you fill the household roster enclosed as Appendix B; encircle the appropriate option.
3. If the household roster has been administered, identify who the respondent is. If the person is there and is willing to participate in the survey, encircle appropriate option, and give the household number, which will be unique for that PSU and for one particular interviewer. Administer the consent/questionnaire (Appendix C).
4. If the respondent identified is not in the house, visit the house on three different occasions to try and find the person, go at a time when the respondent is likely to be there. If you don't get the person after three attempts, give it up and mark the option 'person not contactable'. If the person has been identified, seek consent to participate and if s/he is willing to participate in the survey, give the enrollment number and administer the consent/questionnaire.

*Kindly note that on each page of the questionnaire, PSU ID, Interviewer ID and Household number needs to be mentioned.*

### 1.3.2 Gaining consent

Consent must be documented by asking the respondent to sign the Informed Consent Form which is part of the questionnaire. The form mentions the reason for carrying out the study, who will have access to the information provided and stresses on the confidentiality of the information provided. The interviewer must check that the respondent has read and understood the form before signing it, and should offer to go over it with him /her emphasizing the different items mentioned. If the respondent is illiterate or unable to read for himself / herself (e.g. due to a visual impairment), the form will be read and explained to him / her.

### 1.3.3 Interviewing Techniques

#### 1.3.3.a Asking Questions

- ? While asking questions, the interviewer should not discuss or comment on any issues relating to non-communicable diseases and their risk factors as the respondents may not give accurate answers to the questions but give the answers the interviewers are looking for.
- ? The interviewer should point out that there is no right or wrong answers and that the interview is not a test. It is important to ask questions according to certain rules to avoid biased answers and ensure comparability of data.
- ? All options must be read to the respondent except for DK, Don't remember, Refuse, Not applicable and other.
  1. Questions should be read as they are written in the text. The wording should not be changed.
  2. The order of the questions should not be changed.
  3. Questions should be read slowly and clearly emphasizing key words in bold.
  4. Questions should be read in a pleasant voice that conveys interest and professionalism.
  5. It is important to maintain good eye contact and adopt body language that is culturally appropriate.
  6. The entire question should be read to the respondent and the interviewer should make sure that he/she has heard it completely.
- ? Assumptions should never be made about the respondents' answers because of their health condition or lifestyle. The interviewer may be tempted to skip certain questions because of assumptions or make comments such as "I know this probably doesn't apply to you, but..." This practice may prevent getting accurate and unbiased information or learn to what extent answers to earlier questions actually do predict answers to later ones.
- ? The interview should not be rushed and respondent must be allowed enough time to understand and answer a question. If he/she feels pressured to give a quick reply, he may answer anything that crosses his mind or say that he "doesn't know". In addition, trying to have a rushed interview will slow things down, as questions will need to be repeated a second time.

#### 1.3.3.b Clarifications

Clarification is needed when the respondent:

- ✍ Is unable to answer the question asked
- ✍ Does not seem to understand the question and gives an inappropriate reply
- ✍ Does not seem to have heard the question
- ✍ Is taking time to answer the question and hesitates
- ✍ Asks about a specific part of the question to be repeated. It is acceptable for the interviewer to repeat only that part

- ✍ Asks for one option to be repeated. The interviewer should read all options again but may omit one option if it has clearly been eliminated by the respondent
- ✍ Asks for one term to be clarified. The interviewer should refer to the definitions provided in the question by question instruction guide

### 1.3.3.c Probing

Probing is needed when the respondent:

1. Seems to understand the question but gives a response that is not appropriate
2. Does not seem to understand what is asked
3. Misinterprets the question
4. Cannot make up his mind
5. Digresses from the topic or gives irrelevant information
6. Needs to expand on what he has said or clarify his response
7. Gives incomplete information or his answer is unclear
8. Says that he doesn't know the answer

### 1.3.3.d Probing Techniques

**Repeating the question:** The respondent may come up with the right answer if he/she hears the question a second time

**Making a pause:** This gives the respondent time to collect his/her thoughts and expand on his/her answer.

**Repeat the respondents' reply.** This is often a very effective way of having the respondent reflect of the answer he/she has just given.

**Use neutral introductions** to avoid biasing responses. The interviewer as mentioned previously should never give the impression that he/she approves or disapproves what the respondents say, or that his answer is right or wrong.

### Common probing situations;

- ✍ Don't know (DK)
 

When the respondent says "I don't know" to a question, the general rule is to repeat the question. If the respondent still doesn't know, the interviewer should probe once before recording (DK). An effort at recall should be encouraged with a probe such as : " Could you give me your best estimate" If there is no DK option, DK should be recorded in the left margin. after probing the answer is still "don't know", it may mean that the respondent:

  - ✍ Is taking time to think and wants to gain time
  - ✍ Does not want to answer because of personal reasons
  - ✍ In fact does not know or has no opinion
  - ✍ Not applicable (NA)
 

Occasionally, the interviewer may ask a question that the respondent feels does not apply to him/her. The interviewer should ask him/her why the question does not apply to him/her and write down NA if it is clear that the question is irrelevant. If this option is not available, it should be recorded in the left margin.
- ? DK, Don't remember, NA and refuse should be used only as an absolute last resort.

### 1.3.3.e Feedback

It is important that the interviewer tells the respondent when he/she is doing well. This will keep the motivation going and encourage good performance.

### 1.3.3.f Recording information

- ? Use a pencil for writing. It will be easier to erase any information from the questionnaire or rewrite words or sentences. The interviewer should not erase any notes made, as they can be useful.
- ? Check that all the questions have been asked. If a question has been skipped by mistake, it can be corrected. If the respondent decides to change his/her mind on one of the options, the new answer must then be recorded.
- ? Check that each interview is identified and the identification information is completed on each questionnaire.
- ? The questions are to be read out as stated in the instrument, in order to have unbiased and reliable data. A number of things can be done to achieve this:
  1. Record only answers that are relevant to the survey.
  2. Comments or explanations can be recorded in brackets in the questionnaire next to the corresponding question.
  3. Keep the respondent's interest. If the interviewer is too absorbed recording the answers the respondent may get bored. It is useful to say the respondent's response aloud as the interviewer writes it down. This will allow the respondent to modify his reply or expand on it once s/he hears it.

### 1.3.3.g Other techniques

- ? Uncertainty about the respondent's answer:

If the interviewer is uncertain about a respondent's answer, the question should be repeated and the answer recorded exactly (i.e. paraphrasing a response when in doubt is not permitted) and later to be checked with the supervisor for clarification prior to data entry. If a question does not apply to a respondent and "NA" is not an option in the questionnaire, one suggestion is to record "NA" on the left margin and entered in the data entry program. Most questions will have "NA" in the program. The same thing will be done for the response "DK". If after probing, the respondent is unable to give an answer, "DK" should be recorded in the left margin and later entered in the program.
- ? Missing data:

During an interview, if an interviewer notices that s/he missed a question, s/he should go back and ask the question, making a note in the margin that the question was asked out of sequence. If the missing data is not discovered until after the interview, the researcher must re-contact the respondent. Refusals to answer questions should always be recorded. The interviewer should code it as a "Refuse" option. Before accepting a refusal, the interviewer should explain the objective of the question to the respondent.

### 1.3.3. h Editing

Before leaving the household or the clinical setting, the interviewer should review the questionnaire to check that it is complete and that no questions have been omitted. Right after the interview, the interviewer should spend time checking the questionnaire and make sure that:

1. All the questions have been answered
2. The information recorded is clear and legible for others to read
3. Comments are being indicated between slashes

4. The interviewer should also edit the coversheet and check that all the information has been completed including the ID number.

## 1.4 Question by Question instruction guides

The purpose of the question by question instruction guide is to provide background information to the interviewers as to what is intended by each question. Interviewers can use this information when respondents request clarification about specific questions and they do not know the answer. Interviewers and supervisors should refrain from offering their own interpretations. Questions are in bold in the Question by Question instruction.

### A. BASELINE INFORMATION

#### **A1: Sex**

Record sex as observed - female or male

#### **A2: Marital status**

Record whether married or unmarried

#### **A3: Date of birth**

1<sup>st</sup> option is to record date of birth of the respondent.

If respondent has answered this do not ask “how old are you”

If the respondent does not know the date of birth the 2<sup>nd</sup> option “how old are you” is taken as a verbal account. If the age doesn’t tally with visual impression, check ID and record respondents’ age in years or the age is estimated by interviewing them about their recollection of widely known major events.

#### **A4: What is the highest level of education you have completed?**

This refers to the highest level of education successfully completed. If a person attended a few months of the first year of secondary school but did not complete the year, the option “primary school completed” will be recorded. If a person only attended a few years of primary school or never went to school, the option “no formal education” will be recorded. Religious schooling means formal education in a Maderssah.

Check one option ONLY except in cases where an individual has both formal religious education and formal schooling.

#### **A5: Which of the following best describes your main work status over the last 12 months?**

Check ONE option only

In case the person is a non-governmental employee or is self employed indicate if the person falls in the small, middle or high income categories

- ? Small income includes: unskilled laborer or skilled daily wage laborer with < Rs.150 / daily wage limit
- ? Middle Income: Between small and high income
- ? High Income: executive class, feudal, professional officers

#### **A6: How many people older than 18 years, including yourself, live in your household?**

Record the total number of people living in the household who are 18 years or older including house guests who are staying there for more than six months. Don’t include domestic helps and guest staying for less than 6 months

### A7: Taking the past year, can you tell me what the average earnings of the household have been?

Write down first total earnings of all household members and then average them out and record the average earnings in the currency specified by the respondent. Don't count a son living separately

## B. KAP SURVEY

- B1 What in your opinion is heart attack?
- B2 What in your opinion are the causes of a heart attack? What is the source of information?
- B3 In your opinion is regular moderate physical activity beneficial or harmful? What is the source of information?
- B4 What in your opinion is a healthy diet? What is the source of information?
- B5 What in your opinion are the damages that tobacco causes?
- B6 What in your opinion are the damages that inhaling smoke of other smoker's causes? What is the source of information?
- B7 What in your opinion is high blood pressure?
- B8 What in your opinion are the causes of high blood pressure?
- B9 In your opinion how can blood pressure be controlled?

- B1 – B9** Read out the question and note the response of the respondent  
 – DO NOT GIVE ANY LEAD INFORMATION –  
 note the response as it has been given and write all the correct and incorrect answers.  
 Tick the don't know option only if the person says that s/he does not know the answer  
 If s/he refuses to answer the question mark 'refusal' option  
 After B2, B3, B4, B6 ask the source of information whether from a doctor, a dispenser, Lady Health Worker, Lady Health Visitor or from TV, radio, newspapers, Internet, Heartfile's media campaign (If from Heartfile again tell the source) or from any other source.

- B10** In your opinion, what is the percentage of population in Pakistan suffering from high blood pressure?  
 Explain that this is in the form of a percentage e.g. how many people out of 100.

- B11** How often do you usually add salt to your food at the table?  
 Note that means added salt – check appropriate option

- B12 If the blood pressure is not treated and controlled, what can the damages be?
- B13 What do you think are the disease that obesity causes?
- B14 What do you think are the dangers of obesity in children?
- B15 What in your opinion is stroke?
- B16 What in your opinion are the causes of stroke?
- B17 What in your opinion is diabetes?
- B18 What in your opinion are the risks of getting diabetes?
- B19 How can you prevent diabetes?
- B20 What are the damages that diabetes causes?
- B21 What are the food items that a diabetic should not be taking?
- B22 What in your opinion is cancer?
- B23 What in your opinion are the causes of cancer?
- B24 What in your opinion are the warning signs of cancer?

- B12-B 24** Read out the question and note the response of the respondent  
 – DO NOT GIVE ANY LEAD INFORMATION –  
 note the response as it has been given and write all the correct and incorrect answers.

Tick the don't know option only if the person says that s/he does not know the answer

If he she refuses to answer the question mark 'refusal' option

After B12, B14, B16, B21, B24 ask the source of information whether from a doctor, a dispenser, Lady Health Worker, Lady Health Visitor or from TV, radio, newspapers, Internet, Heartfile's media campaign (If from Heartfile again tell the source) or from any other source

**B25 Do you examine your own breasts for lumps/sores/cancer?**

In case of female respondents, ask the respondent if she has ever examined her breasts for a lumps sores and cancer particularly with a view to identifying cancers. In case you do that how often – record if weekly, monthly or yearly

**B26 A clinical examination is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical exam?**

Ask if a health professional has **ever** done a breast examination – mark *yes, no* or *not willing* to answer.

If yes – whether it is a doctor / nurse / lady health worker / other paramedic who has examined and how many times during the last 5 years.

**B27 A mammogram is on an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

A mammogram is an x-ray of each breast to look for breast cancer.

Ask if the person has had a mammogram in the last 5 years. Take a *Yes, No* or *don't know* response. In case of a yes response, how many times during the last 5 years.

**B28 A pap smear is a test for cancer of the cervix to look for cancers. Have you ever had a smear?**

A pap smear is a test for cancer of the cervix - Ask if the person has had a pap smear in the last 5 years. Take a *Yes, No* or *don't know* response. In case of a yes response, how many times during the last 5 years.

Explain that Pap smear is a diagnostic test and is not a curative test – explain that DNC is not Pap smear and that Pap smear is done without the occurrence of any problems routinely on an annual basis.

**B29 In your opinion what is depression?**

Note down the response

**B30 In your opinion what is the percentage of people that suffer from depression in Pakistan?**

Explain that this is in the form of a percentage e.g. how many people out of 100.

**B31** What are the manifestations of depression?

**B32** What do you think is the cause of psychosis?

**B33** What are the manifestations of psychosis?

**B34** In your opinion can the mentally ill play a useful role in the society?

**B35** In your opinion what can cause Mental Retardation?

**B36** In your opinion what diseases can Substance Abuse cause?

- B31-B36** Read out the question and note the response of the respondent  
– DO NOT GIVE ANY LEAD INFORMATION –  
note the response as it has been given and write all the correct and incorrect answers.  
Tick the don't know option only if the person says that s/he does not know the answer  
If he she refuses to answer the question mark 'refusal' option
- B37** **In your opinion what is epilepsy?**  
Take an open ended response
- B38** **In your opinion is it a treatable illness?**  
Yes, no or don't know responses
- B39** **How do you think epilepsy can be treated?**  
Take an open ended response – see the format as for B 25 – B 30
- B40** **Can a person with epilepsy revert to normal life?**  
Yes, No or don't know responses  
After B40 ask the source of information whether from a doctor, a dispenser, Lady Health Worker, Lady Health Visitor or from TV, radio, newspapers, Internet, Heartfile's media campaign (If from Heartfile again tell the source) or from any other source
- B41** **Was there a time in the past 12 months when you needed to see a doctor but couldn't because of the cost?**  
Read the responses
- B42** **Was there a time in the past 12 months when you needed to see a doctor but couldn't because the doctor was not close by?**  
Read the responses
- B43** **Was there a time in the past 12 months when you needed to see a doctor but couldn't because doctor was not on his seat?**  
Read the responses
- B44** **When you are ill, which type of Hospital / Clinic do you go?**  
Read the options e.g. BHU, Homeopathic, Gov. Hospital, Dispenser Private Doctor, LHV
- B45** **How much money have you spent in the last one year on treating communicable diseases in your household?**

	Number of persons suffering in a year	Total Number of episodes in a year	Was the cost borne by the respondent or some other source	Cost of treatment per year (calculate)
Diarrhea *			Self _____ Partially self _____ Other _____	
Malaria *			Self _____ Partially self _____ Other _____	
Chest infection			Self _____ Partially self _____ Other _____	
Upper respiratory tract infections (flu)			Self _____ Partially self _____	

			Other _____	
Urinary tract infection			Self _____ Partially self _____ Other _____	
Tuberculosis			Self _____ Partially self _____ Other _____	
Prolonged fevers			Self _____ Partially self _____ Other _____	
Other illnesses - give details			Self _____ Partially self _____ Other _____	

Refused

Don't know

The purpose of this question is to get a sense of how much money the family is spending on treating communicable diseases. Communicable diseases include those diseases that are spread from person to person. List number of people who have suffered from such an illness in one year in the household. Secondly, define the number of episodes in that household per year. If the cost is borne by other sources do not fill column 4. if the costs is borne by self or partially self then calculate total cost per year.

**B46 How much money have you spent in the last one year on treating non-communicable diseases in your household?**

	Number of persons suffering	Was the cost borne by the respondent or some other source	Cost of treatment Per <u>month</u>
Heart disease		Self _____ Partially self _____ Other _____	
Diabetes		Self _____ Partially self _____ Other _____	
High blood pressure		Self _____ Partially self _____ Other _____	
Injuries		Self _____ Partially self _____ Other _____	
Mental illnesses		Self _____ Partially self _____ Other _____	
Other illnesses – enumerate		Self _____ Partially self _____ Other _____	

Refused

Don't know

The purpose of this question is to get a sense of how much money the family is spending on treating non-communicable diseases. Non-communicable diseases include those diseases that do not spread from person to person. List number of persons who have suffered from such an ailment in the house. If the cost is borne by other sources do not fill column 3. If the costs is borne by self or partially self then calculate total cost per month.

## RISK FACTORS

### C PHYSICAL ACTIVITY

Regular physical activity has important health benefits. It can reduce the risk of heart disease, stroke, diabetes, breast cancer, colon cancer, and osteoporosis. It can also help in weight loss and weight maintenance and reduce the risk of falls in the elderly. Assessing patterns of physical activity is complex. The questions are divided into sections to assess the level of activity in three different settings: at work (which includes paid and unpaid work, in and outside of the home), for transport (to get places) and for recreation or leisure. Some people will be physically active in all three settings; others may not be active in any of the settings.

**Introductory Statement:** the next questions are about the time respondent spends doing different types of physical activity. The questions will have to be answered by respondent even if he/she doesn't consider himself/herself to be an active person. The introductory statement is very important. It explains to the respondent what domains of activity should be included - work, house and yard work, to get from place-to-place (transport-related) and recreation, exercise or sports. This opening statement should not be omitted.

#### **Introductory Statement (about work related activity):**

The respondent will have to think first about the time he spends doing work. He/she can think of work as the things that he/she has to do such as paid or unpaid work, household chores, harvesting food, seeking employment.

#### **C 1 Does your work involve mostly sitting or standing with walking for no more than 10 minutes at a time?**

The respondent answers 'Yes' or 'no.' If Yes Skip to C6.

Think first about the time you spend doing work. Think of work as the things you have to do as paid or unpaid work

#### **C2 Does your work involve vigorous activity, like [heavy lifting, digging or construction work] for at least 10 minutes at a time?**

For those respondents who does some activity at work the following set of questions? (C2-C5) will assess the type and amount of activity

The respondent answers 'Yes' or 'no.' If 'No' Skip to C4.

#### **C3a In a typical week, on how many days do you do vigorous activities as part of your work?**

The respondent should consider a 'typical' or 'usual' working week. Valid responses range from 1-7.

#### **C3b On a typical day on which you do vigorous activity, how much time do you spend doing such work?**

The respondent should consider the total amount of time spent on a typical day in a typical week doing vigorous activity. NOTE: the responder is asked to consider only those activities undertaken continuously for 10 minutes or more. Very high responses (responses over 4 hours) should be probed to be sure this is typical, undertaken at moderate-intensity, and that the activity was undertaken continuously for 10 minutes or more.

#### **C4 Does your work involve moderate-intensity activity, like brisk walking [or carrying light loads] for at least 10 minutes at a time?**

The respondent answers 'Yes' or 'no.' If 'No' Skip to C6.

**C5a In a typical week, on how many days do you do moderate-intensity activities as part of your work?**

The respondent should consider a 'typical' or 'usual' working week. Valid responses range from 1-7.

**C5b On a typical day on which you did moderate-intensity activities, how much time do you spend doing such work?**

The respondent should consider the total amount of time spent on a typical day in a typical week doing moderate-intensity physical activity. NOTE: the responder is asked to consider only those activities undertaken continuously for 10 minutes or more. Very high responses (responses over 4 hours) should be probed to be sure this is typical, undertaken at moderate-intensity, and that the activity was undertaken continuously for 10 minutes or more

**C6 How long is your typical work day?**

Respondent should consider a typical day excluding over time unless this is under taken usually.

**Introductory statement (transport):** Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places for example to work, for shopping, to market, or to the mosque  
The introductory statement to the following question on transport-related physical activity is very important. It asks the respondent to think about how they travel (get from place-to-place). This statement should not be omitted.

**C7 Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?**

The respondent answers 'Yes' or 'no.' If "No" Skip to C9.

Ask about the way they travel to and from places e.g. to work, to market, to mosque etc

**C8a In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?**

The respondent should consider a 'typical' or 'usual' week. Valid responses range from 1-7.

**C8b How much time would you spend walking or bicycling for travel on a typical day?**

The respondent should consider the total amount of time spent on a typical day in a typical week walking and cycling (or other physically active modes) for transportation. NOTE: the responder is asked to consider only those trips that last of at least 10 minutes or more. Very high responses (responses over 4 hours) should be probed to be sure this is typical and that the activity was undertaken continuously for 10 minutes or more

Travel includes all forms of travel

**Introductory Statement (leisure time and recreational):** the next questions ask about activities you do in your leisure time, for recreation or fitness for example sports [*insert culturally relevant terms*]. Do not include the physical activities you do at work or for travel mentioned already. This statement should not be omitted.

**C9 Does your [recreation, sport or leisure time] involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time?**

The respondent answers ‘Yes’ or ‘no.’ If ‘Yes’ Skip to C14.

Think about activities you do for recreation, fitness or sports. Do not include the physical activities you do at work or for travel mentioned already

**C10 In your [leisure time], do you do any vigorous activities like [running or strenuous sports, weight lifting] for at least 10 minutes at a time?**

The respondent answers ‘Yes’ or ‘no.’ If ‘No’ Skip to C12.

**C11a If Yes, in a typical week, on how many days do you do vigorous activities as part of your [leisure time]**

The respondent should consider a ‘typical’ or ‘usual’ week. Valid responses range from 1-7.

**C11b How much time do you spend doing this on a typical day?**

The respondent should consider the total amount of time spent on a typical day in a typical week doing vigorous activity for recreation.

NOTE: the responder is asked to consider only those activities undertaken continuously for 10 minutes or more. Very high responses (responses over 4 hours) should be probed to be sure this is typical, undertaken at vigorous intensity, and that the activity was undertaken continuously for 10 minutes or more.

**C12 In your [leisure time], do you do any moderate-intensity activities like brisk walking, [cycling or swimming] for at least 10 minutes at a time?**

The respondent answers ‘Yes’ or ‘no.’ If ‘No’ Skip to C14.

**C13a If Yes, In a typical week, on how many days do you do moderate-intensity activities as part of your [leisure time]?**

The respondent should consider a ‘typical’ or ‘usual’ week. Valid responses range from 1-7.

**C13b How much time do you spend doing this on a typical day?**

The respondent should consider the total amount of time spent on a typical day in a typical week doing moderate-intensity physical activity NOTE: the responder is asked to consider only those activities undertaken continuously for 10 minutes or more. Very high responses (responses over 4 hours) should be probed to be sure this is typical, undertaken at moderate-intensity, and that the activity was undertaken continuously for 10 minutes or more.

The following question is about sitting or reclining. Think back over the past 7 days, to time spent at work, at home, at [leisure], including time spent sitting at a desk, visiting friends, reading, or watching television, but do not include time spent sleeping.

**C14 Over the past 7 days, how much time did you spend sitting or reclining on a typical day?**

The respondent should consider all sitting and provide an estimate of the total time.

## D .DIET

### D1a In a typical week, on how many days do eat fruit?

By “typical week” we mean on a typical week when a person is eating fruit and not the average over the period of enquiry. If zero go to D2a

### D1b How many servings of fruit do you eat on one of those days?

Think of one day the respondent can recall easily. Explain Servings as one apple, one banana, one orange, one mango

### D2a In a typical week, on how many days do eat vegetables?

By “typical week” we mean on a typical week when a person is eating vegetable and not the average over the period of enquiry. If zero go to D3

### D2b How many servings of vegetables do you eat on one of those days?

Think of one day the respondent can recall easily. Explain one serving is equal to one carrot, one plate uncooked vegetable, ½ plate cooked vegetable

### D3 What types of oil or fat is most often used for meal preparation in your household?

Record the appropriate response. In oil include Sunflower, Canola, and Soya bean . Provide list of commercial brands name.

## E. TOBACCO USE

The questions below ask about current smoking or use of any tobacco products, as well as with duration and quantity of daily smoking.

### E1a Do you currently smoke any tobacco products, such as cigarettes, cigars, pipes or Hukka?

Take a note of any tobacco products the respondent is smoking and/or using currently. Specify the type of tobacco used. E.g. if it is cigarettes or Hukka or beeri etc.

If NO go to E4

### E1b If Yes, Do you currently smoke tobacco products daily?

This question is for daily smokers/users of tobacco products only.

If NO go to E4

### E2a How old were you when you first started smoking daily?

This question is for daily smokers/users of tobacco products only.

Think of the time when the respondent started to smoke or use any tobacco products daily. If known go to E3

### E2b Do you remember how long ago it was?

This question is for daily smokers/users of tobacco products only. If the respondent doesn't remember his/her age, then record the time duration in weeks, months or years as appropriate.

**E3 On average, how many of the following do you smoke each day?**

Specify the number of each tobacco product the respondent is smoking and/or using each day. Specify zero if no products were used in each category instead of leaving categories blank.

**E4 In the past, did you ever smoke daily?**

Think of the time when the respondent may have been smoking and/or using tobacco products on a daily basis.

**E5a If Yes,****How old were you when you stopped smoking daily?**

Think of the time when the respondent stopped smoking or used any tobacco products on a daily basis. If known go to E6a

**E5b How long ago did you stop smoking daily?**

If the respondent doesn't remember his/her age, then record the time duration in weeks, months or years as appropriate.

**E6a Do you currently use any smokeless tobacco such as snuff, chewing tobacco, betel?**

Record yes or no. If NO go to E8

**E6b If Yes, Do you currently use smokeless tobacco products daily?**

This question is for daily users of smokeless tobacco products only. If NO go to E8

**E7 On average, how many times a day do you use...**

Record each type of smokeless tobacco products. .

**E8 In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily?**

Record the appropriate response yes or no

**E9 Do any of the following people regularly smoke in your presence**

Read out the responses

**E10 How often are you exposed to other people smoke .If yes: what is your usual duration of exposure?**

Read out the responses

**F HISTORY OF HIGH BLOOD PRESSURE****F1 When was your blood pressure last measured by a health professional?**

Health professionals include doctor, LHW, paramedics

**F2 During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?**

Verbally communicated .If NO skip to section G

**F3a During the last 2 weeks have you taken medication to lower blood pressure?**

Medicines here mean allopathic medicines

**F3b During the last 2 weeks have you taken special prescribed diet for lowering blood pressure?**

It is yes, if he has been prescribed a diet and is following it

**F3c During the last 2 weeks have you received advice or treatment to reduce weight?**

It is yes, if he has been given advise and is following it. If he is not overweight check not applicable

**F3d During the last 2 weeks have you received advice or treatment to stop smoking?**

It is yes, if he has been given advise and is following it. If he is not smoking, check not applicable

**F3e During the last 2 weeks have you received advice to start or do more exercise?**

It is yes, if person has been given advice and has followed it

**F4 During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension?**

Yes or no

**F5 Are you currently taking any herbal or traditional remedy for your high blood pressure?**

Yes or no

## **G. HISTORY OF DIABETES**

**G1 Have you had blood sugar measured in the last 12 months?**

Ask if a person has had blood sugar levels estimated during the last one year (whether in the laboratory or by kits at home and whether in blood or in urine)

**G2 During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?**

If NO skip to section H

**G3 Are you currently receiving any of the treatments for diabetes (Drugs, insulin, homeopathic)?**

This includes any forms of medication described.

**G4 During the last 2 weeks have you received advice or treatment to reduce weight?**

Check 'NA' if person is not overweight

Check 'Yes' only if advice is given and he is following it.

**G5 During the last 2 weeks have you taken special prescribed diet for lowering blood pressure?**

Check 'Yes' only if advice is given and he is following it.

## H. CORNARY HEART DISEASE

**Angina:** Angina occurs when blood to the heart muscle is decreased. Stable angina is characterized by chest pain, radiating or not to the neck, jaw, shoulder, back or arm; precipitated by exertion and promptly relieved by rest. Angina often occurs when the heart needs more blood. For example, walking fast or uphill or running to catch a bus. Further one, the pain can occur for progressively decreased effort. Angina may occur during exercise, strong emotions or extreme temperatures. Commonly the patient will stop doing the activity, take sublingual tablets which will help the pain in a few minutes. If chest pain not responding to stopping the activity or taking sublingual drug and even occurs at rest, which might be because of heart attack and needs to be evaluated by the doctor.

### H1 Have you ever had pain or discomfort in your chest?

If “No” skip to section J

### H2 Do you get it when you walk uphill or hurry?

Ask if the pain or discomfort in the chest gets worse when the person goes uphill – ask if climbing stairs or going uphill makes the pain ‘come on’ or ‘get worse’.

### H3 Do you get it when you walk at an ordinary pace at a level?

If H2 and H3 are “NO” skip to section J

### H4 What do you do when you get it while you are walking?

Do not give a leading response – try to probe and explore answers which are given as options

### H5 If you are standing still, what happens to it?

Try to extract from the person that in case s/he has chest pain, what happens to the chest pain when s/he stops. In case the chest pain disappears on stopping it is very indicative of angina and underlying heart disease.

### H6 How soon?

In case the person responds to H5 as yes then you have to determine how long does it take for the pain to stop. E.g. seconds, minutes or hours

## J. STROKE

**Stroke:** occurs when a blood vessel that carries blood to the brain is blocked. If the patient has a stroke or TIA (Transient ischemic attack), he will have had one of the following signs and symptoms:

**In case of stroke** the following symptoms will last for more than 24 hours:

1. Lost mobility (paralysis) and or feeling in an arm or leg, or both.
2. Dimness of sight on one side
3. Decreased ability to talk, listen, read or write
4. Slow, slurred or distorted, speech

**In case of TIA** (Transient ischemic attack) which is a warning of stroke, occurs when a blood vessel is temporarily blocked. Same symptoms of stroke are experience for less than 24 hours. Sometimes the symptoms may last few minutes.

**J1 Have you ever been told by a health professional that you have had a stroke?**

Health professionals include doctor, LHW, paramedics

**J2 Have there been serious changes in the way you speak?**

Explain that this means, slurring speech

**J3 Has your face, or any part of it, ever been paralyzed for more than 24 hours?**

The responses are: Yes, No or unknown

**J4 Have you ever suffered from paralysis or weakness in your arms or legs for more than 24 hours?**

The responses are: Yes, No or unknown – explain that paralysis means that a part of the body becomes weak or completely immobile.

**J5 Have you ever had, for more than 24 hours (or less time but more than once), tingling, pain, burning, or loss of feeling in your arms and legs, without anything having happened to you immediately before?**

The responses are: Yes, No or unknown – explain these terms in Urdu as in the questionnaire.

**K. INJURIES**

K1 – K10: read out the questions as they appear in Urdu in the questionnaire – Read out the responses and mark the response.

**L. MENTAL HEALTH**

L 1 – L10: read out the questions as they appear in Urdu in the questionnaire – Read out the responses and mark the response.

**M. BRADFORD SOMATIC INVENTORY**

M 1 – M21: read out the questions as they appear in Urdu in the questionnaire – mark absent, less than 15 days, more than 15 days.

**N. ANTHROPOMETRY****N1 Measuring Height Using the adequate Measuring Boards**

- ? Ask the participant to remove shoes, socks, slippers and any head gear (hat, cap, hair bows, comb, ribbons, etc).
- ? Ask the participant to stand on the board facing you. Put their feet together and heels against the back board, knees straight.
- ? Ask the participant to look straight ahead and NOT look up.
- ? Make sure the eyes are the same level as the ears.
- ? Move the measuring down and place on top of head. Read the height in centimeters to the exact point.
- ? Record the height measurement in centimeters in the participant's instrument.
- ? Remember to record the code number of the staff who took the measurements in the space provided for in the participant's instrument.

## N2 Weight measurement protocol

### General principles

- ? Put the scale on a firm, flat surface NOT on a carpet or a sloping surface. You can place a board under the scale to keep it steady.
- ? Ask participant to remove footwear and socks.
- ? Ask the participant to step onto scale putting one foot on each of the footprints.
- ? Ask the participant to stand still, facing forward and arms on the side and wait until told to step off.
- ? The weight will be in kilograms. Record the weight in kilograms on the participant's questionnaire.

## N3 Waist circumference measurement protocol

### Equipment

Constant tension tape, pen.

### Procedure

A private area is necessary for this station.

This measure is taken at the level of the midpoint between the inferior margin of the last rib and the crest of the ileum in the mid-axillary's plane. The landmarks should be located by palpation, marked and the midpoint found using a tape measure.

The measurement is taken at the end of a normal expiration with the arms relaxed at the sides. The measurement should not be the minimum circumference.

Note: This measurement should be taken WITHOUT clothing, that is, directly over the skin. If this is not possible, the measurement may be taken over light clothing. It must NOT be taken over thick or bulky clothing. This type of clothing must be removed. The observer must read the measurement at the level of the tape to avoid parallax errors.

- ? In the mid-axillary plane, locate and mark the inferior margin of the last rib and the crest of the ileum with a fine pen. Find the midpoint with a tape measure and mark the point. Apply the tension tape over the marked midpoint. Take care to ensure that the tape is horizontal across the back.
- ? Ask the participant to stand with their feet together with their arms placed at the side with the palms of the hands facing inwards and to breathe out.
- ? Measure to the nearest 0.1 cm.
- ? Record the measurement on the participant's questionnaire. Measure only once and record.

## N4 Blood pressure measurement

### Preparation of the Participant

- ? Advice participant to sit quietly and rest for 5 minutes with the legs uncrossed.
- ? The RIGHT arm is selected for blood pressure measurement. If for any other reason the left arm is used, note this down .

### Equipment

Sphygmomanometer

**How to apply the cuff**

- ? Place the right arm of the participant on the table with the palm facing upward
- ? Select the appropriate cuff size for the participant.
- ? The right arm should be free of any clothing. When necessary, roll up the sleeves of the participant's clothing. Wrap the cuff snugly onto the right arm and securely fasten it with the Velcro tape. The lower edge of the cuff should be placed 1.2 to 2.5 cm above the inner side of the elbow joint.

**BLOOD PRESSURE MEASUREMENT****Palpatory estimation of blood pressure:**

- ? Palpate the radial pulse while the cuff is rapidly inflated to about 30 mm mercury above the point where the pulse disappeared.
- ? Slowly deflate the cuff and note the pressure at which the pulse reappears. This is an estimate of systolic blood pressure

**Auscultatory measurement of systolic and diastolic blood pressure:**

- ? Place the stethoscope gently over the brachial artery and hold the stethoscope firmly.
- ? Avoid moving your hands or the head of the stethoscope when taking readings as this will produce noises that will make it more difficult to take the correct measurement.
- ? Inflate the cuff to the maximal inflation (about 30 mm Hg above the pressure where the palpated radial pulse disappeared).
- ? Deflate the cuff at the rate of 2-3 mm Hg per second. Soon you will hear faint, repetitive tapping sound which will gradually increase in intensity. Note the pressure when you first hear two consecutive beats. This is systolic blood pressure.
- ? When the sound disappears, note the reading; this is diastolic blood pressure.
- ? Record the measurement on the participant's questionnaire

**N4a & N4b Measuring the blood pressure**

- ? If the difference between the first and second readings is 10 mm Hg or more then a third reading is required.
- ? Inform the participant the blood pressure readings ONLY after the whole process is completed.