



World Health Organisation

In Collaboration With

The Fiji School of Medicine
&

The Menzies Centre for Population Health Research

WHO STEPwise Approach to NCD Risk Factor Surveillance in Fiji

Subject ID:

Consent Form ☐

Appt. / Fasting Inst. ☐

Fasting Status ☐

STEP 1 ☐

STEP 2 ☐

STEP 3 ☐

CHECKOUT ☐

Data entered by

Data read by

Data entry completed ☐

Data entry problems ☐

(Write comments on page 10)

Identification Information

11	Family Name	<input type="text"/>
12	First Name(s)	<input type="text"/>
13	Address	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
14	Father's Family Name	<input type="text"/>
15	Father's First Name(s)	<input type="text"/>

		Subject ID:
Q1	Centre	<input type="text"/> <input type="text"/> _____
Q2	Interviewer	<input type="text"/> <input type="text"/> <input type="text"/>
Q3	Date of Interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day / Month / Year</small>
Q4	Time of Interview	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <small>(use 24 hour time)</small>
Q5	Main interview language <small>(select one)</small>	Fijian <input type="radio"/> ¹ Hindi <input type="radio"/> ² English <input type="radio"/> ³

STEP 1: QUESTIONNAIRE-BASED ASSESSMENT

Demographic Information

D1	Sex	Male <input type="radio"/> ¹ Female <input type="radio"/> ²
D2	How old are you?	<input type="text"/> <input type="text"/> years
D3	What is your date of birth?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day / Month / Year</small>
D4	With which ethnicity do you identify yourself? <small>(select one)</small>	Fijian <input type="radio"/> ¹ Indian <input type="radio"/> ² Other <input type="radio"/> ³
D5	In total, how many years have you spent at school or full-time study?	<input type="text"/> <input type="text"/> years
D6	What is the highest level of education you have completed? <small>(select one)</small>	Never attended school <input type="radio"/> ¹ Primary school <input type="radio"/> ² Some secondary school <input type="radio"/> ³ Secondary school (Form 6 or equivalent) <input type="radio"/> ⁴ Technical training (or equivalent) <input type="radio"/> ⁵ University or tertiary degree <input type="radio"/> ⁶

Smoking / Tobacco Use

S1 Do you **currently** smoke any tobacco products such as cigarettes, cigars or rolled tobacco?

Yes, daily (every day) ☐ ¹

Yes, but not every day ☐ ² Go to A1

No, not at all ☐ ³ Go to A1

S2 If you smoke daily, when did you first **start** smoking daily (every day)?

a **Either** year

b **or** weeks ago

c **or** months ago

d **or** years ago

e **or** years old

S3 On average, how many of the following items do you smoke each day?
(for current daily smokers)

a Manufactured cigarettes

b Hand-rolled cigarettes

c Pipes full of tobacco

d Cigars/cheroots

e Other

Alcohol Consumption

- A1 Have you **ever** consumed any type of alcoholic drink (such as beer, coolers, wine, spirits, home brew or fermented cider)?

Yes ☐ ¹

Yes, but not in the last 12 months ☐ ² Go to K1

No, never ☐ ³ Go to K1

- A2 In the **past 12 months**, how frequently have you had at least one alcoholic drink?
(select one)

5 or more days a week ☐ ¹

1-4 days per week ☐ ²

1-3 days per month ☐ ³

less than monthly ☐ ⁴

- A3 When you drink alcohol, on average how many glasses do you have?
(on a typical day within the last 12 months)

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For men only:

- A4a In the past 12 months, how many times did you have **5** or more alcoholic drinks in a single day?

--	--

For women only:

- A4b In the past 12 months, how many times did you have **4** or more alcoholic drinks in a single day?

--	--

For everyone:

- A5 In the past 12 months, what was the largest number of drinks you had on a single occasion counting all types of alcoholic beverages combined?

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- A6 During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?

1 standard drink = 10g of alcohol (ethanol) content, e.g.

1 glass/can/bottle (330ml) of regular beer (5%)

1 measure (40 ml) of spirits

1 glass (120 ml) of wine

*Number of
standard drinks*

a Monday

--	--

b Tuesday

--	--

c Wednesday

--	--

d Thursday

--	--

e Friday

--	--

f Saturday

--	--

g Sunday

--	--

Kava/Yaqona Consumption

- K1 Have you **ever** tried or drunk kava or yaqona, even one or two bowls?
- Yes ☐ ¹
No, never ☐ ² Go to N1
- K2 If "Yes", how old were you when you first tried or experimented with kava?
- years old
- K3 During the last 30 days, on how many days did you drink kava? *(select one)*
- 0 days ☐ ¹
1 - 9 days ☐ ²
10 - 19 days ☐ ³
20 - 29 days ☐ ⁴
Everyday ☐ ⁵
- K4 Are you likely to smoke tobacco during or after drinking kava or yaqona?
- Yes ☐ ¹
No ☐ ²
- K5 Are you likely to drink alcohol during or after drinking kava or yaqona?
- Yes ☐ ¹
No ☐ ²
- K6 Which of the following are you likely to consume during or after drinking kava or yaqona? *(select all that apply)*
- | | Yes | No |
|---|------------------------------------|------------------------------------|
| a Lollies (eg. Chinese lollies, etc.) | <input type="radio"/> ¹ | <input type="radio"/> ² |
| b Biscuits | <input type="radio"/> ¹ | <input type="radio"/> ² |
| c Bread | <input type="radio"/> ¹ | <input type="radio"/> ² |
| d Soft drinks | <input type="radio"/> ¹ | <input type="radio"/> ² |
| e Sweet snacks | <input type="radio"/> ¹ | <input type="radio"/> ² |
| f Cooked food | <input type="radio"/> ¹ | <input type="radio"/> ² |
| g Nothing at all | <input type="radio"/> ¹ | <input type="radio"/> ² |
| h Others (specify) _____ | <input type="radio"/> ¹ | <input type="radio"/> ² |

Nutrition

N1 How many servings of **fruit** do you usually eat each day? *(select one)*

Serving size for fruit
(fresh, canned, frozen, excludes fruit juice)
eaten as meals or snacks:
- 1 cup diced
- 1 medium piece
- 2 small pieces

- Don't eat fruit at all ☐ ¹
Don't eat fruit every day ☐ ²
1 serving a day ☐ ³
2 - 4 servings a day ☐ ⁴
5 servings or more a day ☐ ⁵

For the purpose of this question, "Vegetables" are considered to be:

Dark green leaves: Taro leaves, bele, ota, pumpkin leaves, cassava leaves, kumala leaves, siajan, chauraiya, karamua, etc.
Yellow/red/orange vegetables: Tomatoes, carrots, pumpkin, corn, etc.
Other vegetables: Chinese cabbage, capsicum, cucumber, fresh beans, eggplant, onion, okra, lettuce, etc.

N2 How many servings of **vegetables** do you usually eat each day? *(select one)*

Serving size for vegetables
(raw, cooked, canned, frozen) eaten as meals or snacks:
- ? cup cooked
- 1 cup salad vegetables

- Don't eat vegetables at all ☐ ¹
Don't eat vegetables every day ☐ ²
1 serving a day ☐ ³
2 - 4 servings a day ☐ ⁴
5 servings or more a day ☐ ⁵

N3 What types of oil or fat do you use most often for food preparation at home?
(select one)

- Vegetable oil ☐ ¹
Lard or drippings ☐ ²
Butter or ghee ☐ ³
Margarine ☐ ⁴
Other ☐ ⁵
Nothing in particular ☐ ⁶
I don't use any oil or fat when preparing food ☐ ⁷
I don't usually prepare food ☐ ⁸

Physical Activity

- PAa If you work mostly in the household please fill here: Yes ☐¹ No ☐²
- PAb If you are unemployed or looking for work please fill here: ☐¹ ☐²

Section A: Occupational Physical Activity (paid or unpaid work)

I would like to ask you about activities related to your main occupation on a typical day.

PAc Firstly, how long is your typical work day (hours)? hours

During these hours how frequently does your work involve you in the following:

- | | Almost
Always | Usually | Sometimes | Almost
Never |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| PA1 • Sitting or standing with only a little walking | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA2 • Activities that require the same physical effort as continuous walking, gardening | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA3 • Activities that require the same effort as heavy lifting or heavy construction work | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |

Section B: Travel-Related Physical Activity

I would like to ask you about the way you travel to and from places (work, market, church, etc.) on a typical day. How often do you travel by....

- | | Almost
Always | Usually | Sometimes | Almost
Never |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| PA4 • Private transport such as car, bilibili or taxi | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA5 • Public transport such as bus, train or boat | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA6 • Motor cycle | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA7 • Bicycle | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA8 • Walking (on foot) | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA9 • Riding on a horse | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |

Section C: Leisure-Related Physical Activity (i.e. excluding main occupation and travel activities)

I would like to ask you about all the leisure-related activities that you do on a typical day. How frequently do you spend time on....

- | | Almost
Always | Usually | Sometimes | Almost
Never |
|--|---|------------------------------------|------------------------------------|------------------------------------|
| PA10 • Mainly sitting (incl. in front of a TV/computer) or standing and only a little walking | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA11 • Activities that require the same effort as continuous walking, gardening, swimming or climbing stairs | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA11a If you answered "Almost Always" or "Usually" to PA11 how much time do you spend on those? | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 1.2em; margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: 0.8em;"> hours minutes </div> | | | |
| PA12 • Activities that require the same effort as heavy lifting or strenuous sports | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ | <input type="radio"/> ⁴ |
| PA12a If you answered "Almost Always" or "Usually" to PA12 how much time do you spend on those? | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 1.2em; margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: 0.8em;"> hours minutes </div> | | | |

Use of Prescription Medication

M1 In the last two weeks, have you taken any prescription medication?

Yes ☐

No O 2 *Go to H1*

Uncertain O₃

M1a If **YES**, please specify the name(s) of the medication(s):

[illegible]

NOTE: Determining "Yes" or "No" will be done by the nurse or doctor at the check out station.



M2 Anti-hypertensive Yes O^1 No O^2

M3 Anti-diabetic Yes O^1 No O^2

History of Blood Pressure Measurement and of Hypertension

H1 When was your blood pressure last measured by a health professional?

Within the last 12 months O¹

1 - 5 years ago O^2

Not within the last 5 years O³

Never O⁴

Uncertain O⁵

H2 Have you ever been told by a doctor or other health worker that you have high blood pressure?

Yes ☐

 $\text{No} \quad \text{O}^2$

Uncertain O^3

H3 Are you currently receiving any of the following treatments for high blood pressure?

	Yes	No	Uncertain
a Drug(s) prescribed by a doctor or other health worker	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
b Special diet prescribed by a doctor or other health worker	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
c Advice or treatment to lose weight	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
d Advice or treatment to stop smoking	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
e Herbal or traditional remedy	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³

History of Diabetes

DM1 Have you had your blood sugar measured in the last 12 months?

Yes ☐¹

No ☐²

Uncertain ☐³

DM2 Have you ever been told by a doctor or other health worker that you have diabetes?

Yes ☐¹

No ☐²

Uncertain ☐³

DM3 Are you currently receiving any of the following treatments for diabetes?

- | | Yes | No | Uncertain |
|--|------------------------------------|------------------------------------|------------------------------------|
| a Insulin | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ |
| b Drug(s) prescribed by a doctor or other health worker | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ |
| c Special diet prescribed by a doctor or other health worker | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ |
| d Advice or treatment to lose weight | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ |
| e Advice or treatment to stop smoking | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ |
| f Herbal or traditional remedy | <input type="radio"/> ¹ | <input type="radio"/> ² | <input type="radio"/> ³ |

STEP 2: PHYSICAL MEASUREMENTS

PMa Date of Measurements

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

PMb Time of Measurements

<input type="text"/>	:	<input type="text"/>
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(use 24 hour time)

Height and Weight

Use the following values for unusual measurements:

Low value (out of range) 777.7

Missing data 888.8

High value (out of range) 999.9

PM1 Height

PM2 Weight

PMc Technician

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PMd Stadiometer

<input type="text"/>

PMe Scale

<input type="text"/>

a	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm	b	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
								<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	kg

For women only:

PMf Are you pregnant?

Yes ☐¹ Go to PMi

No ☐²

Uncertain ☐³

Waist and Hip Circumference

(Reading 3 needed if readings 1 and 2 are 2cm or more apart)

PMg Technician

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PMh Tape

<input type="text"/>	<input type="text"/>
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PM3 Waist Girth

PM4 Hip Girth

Reading 1			Reading 2			Reading 3							
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm	b	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
							c	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm	b	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
							c	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Blood Pressure and Heart Rate

(Reading 3 needed if readings 1 and 2 are 10mmHg or more apart)

Use the following values for unusual measurements:

Low value (out of range) 777

Missing data 888

High value (out of range) 999

PMi Technician

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PMj Omron

<input type="text"/>

PMk Sphygmo

<input type="text"/>

PMm Cuff Size Small ☐¹ Medium ☐² Large ☐³ Other ☐⁴ a

PMn Ambient Temperature °C

PM5 Systolic Blood Pressure

PM6 Diastolic Blood Pressure

PM7 Heart Rate

Reading 1			Reading 2			Reading 3								
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg	b	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg	c	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg	b	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg	c	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm Hg
a	<input type="text"/>	<input type="text"/>	<input type="text"/>	bpm	b	<input type="text"/>	<input type="text"/>	<input type="text"/>	bpm	c	<input type="text"/>	<input type="text"/>	<input type="text"/>	bpm

STEP 3: BIOCHEMICAL MEASUREMENTS

Use the following values for unusual measurements:

Low value (out of range) 77.7

Missing data 88.8

High value (out of range) 99.9

BMa Blood taken by

BMb Blood spun by

Fasting Status

BM1 Have you had anything to eat or drink in the last 12 hours? Yes ☐ ¹

(other than water or unsweetened black tea or coffee)

No ☐ ²

Uncertain ☐ ³

Blood Glucose

BM2 Fasting blood glucose

. mmol/L

STEP 1 Comments

STEPs 2 and 3 Comments

Data Entry Comments



Technician

Initials

Date / /

Use the following values for unusual measurements:
Low value 7
Missing data 8
High value 9
e.g. 7.77 for HDL

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STEP 3: BIOCHEMICAL MEASUREMENTS

Subject ID	Total Cholesterol mmol/L	Triglycerides mmol/L	HDL Cholesterol mmol/L
679 - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
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