

INTEGRATED DISEASE SURVEILLANCE PROJECT

NCD RISK FACTOR SURVEILLANCE

**TRAINING MANUAL FOR FIELD WORKERS AND
FIELD SUPERVISORS**

**INFORMATION MATERIALS
AND CONSENT FORMS**

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Developed under the GOI – WHO Collaborative Programme 04 -05

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Integrated Disease Surveillance Project,
Government of India
Surveillance of NCD Risk Factors

PARTICIPANT INFORMATION SHEET
(To be handed over to the Respondent for record)

This consent form may contain words that you do not understand. Please ask us if any words or information is not clearly understood by you.

Purpose of the Study

There is growing concern on the rise in non-communicable diseases (diseases that are not transmitted) in our country. These diseases include cardiovascular disorders (heart diseases), Diabetes, Cancers, Chronic lung disorders, Obesity etc. These diseases develop slowly and are long term in nature; hence their early detection becomes difficult. Previous studies have identified some important 'risk factors', which may lead to the development of these diseases. Thus monitoring these risk factors over a period of time would be useful to make an indirect assessment of the actual disease burden.

A surveillance is being carried out as a by Government of India under the Integrated Disease Surveillance Project to assess the burden of the non-communicable diseases in India. You have been chosen through a random process of selection and would represent your population

Procedures

The survey would take approximately 30 minutes of your valuable time. You will be asked questions pertaining to your personal details, tobacco and alcohol use, diet and daily physical activity in privacy. You will also be asked questions about treatment received during the past 12 months for high blood pressure and diabetes. Measurements will be taken for your weight, height, waist girth, and blood pressure.

This collected data will be used for research purposes only. The survey team may contact you again if the collected information was found to be incomplete.

Risks and Discomforts

Participation in this study imposes no risk to your health. However you would be asked some questions which you may find personal in nature.

Benefits

Apart from knowing the parameters measured, there may not be any direct benefit to you from this study. However if during the course of the interview and examination it is found that you have any important health problem, you will be referred to a doctor for further evaluation and advice. The information collected from you and from other participants will help in assessing the burden of risk factors for non-communicable diseases and also serve as a baseline for future trend assessments in the country.

Confidentiality

You will be interviewed and examined in private. All information related to you will be kept confidential, and at no stage will your identity be revealed. A Respondent Identification Number will be assigned to each participant, which will help in maintaining confidentiality of the data collected. Access to this number will be strictly restricted under a confidentiality clause.

Contact Information

If you have any research related questions you may contact the study team at the following address:

Name

Address

Tel number

Voluntary Participation

Your participation in the study is voluntary which means that you can decide to participate in the study or not. If at any stage you wish to discontinue being examined, you will be permitted to do so without any adverse consequences.

Integrated Disease Surveillance Project,

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CONSENT FORM

(To be retained by Investigator)

I have read/ been read out the information in the information sheet. The nature of the study and my involvement has been explained and all my questions have been answered satisfactorily. By signing this consent form I indicate that I understand what will be expected from me and I am willing to participate in this survey. I know I can withdraw at any time. I have been informed who should be contacted if need arises.

Read by: Respondent [] Interviewer []
 Agreed [] Refused []

Respondent's Name: _____

Respondent's Signature / Thumb impression: _____

Date: _____

Interviewer's name: _____

Signature of interviewer: _____

Date: _____

Certification for anthropometry

MEASURE TEST FORM

MEASUREMENT _____ UNIT _____			
DATE _____ MEASURE _____			
EXAMINER _____			
Subject No.	Examiner's measure	Test's measure	Difference (%)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Total no. of + ve difference - _____

Total no. of -ve difference - _____