This toolkit contains three tools for topic 3. The tools can also be found at www.ifrc.org. In the order of usage, they are:

3.1 NCD risk assessment card with a self-assessment on the front and assisted and clinical assessment on the back. Volunteer guidance sheet is included.

3.2 Measuring strip

3.3 Body Mass Index (BMI) chart

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# NCD risk assessment card

Answer each behaviour question.

<table>
<thead>
<tr>
<th>Healthy diet: 5 servings of fruit and/or vegetables per day, everyday.</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>-1 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>I eat 5 or more servings daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I eat some but less than 5 servings daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not eat regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical activity: 30 minutes of activity everyday that keeps your body moving. Activities can be walking, riding a bicycle, stretching etc.</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>-1 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes or more daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 30 minutes daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not physically active</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excess alcohol: Excess alcohol is more than 1 drink for women or 2 drinks for men each day.</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>-1 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>I drink 0-1 alcoholic drinks per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I drink 1-2 drinks per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I drink more than 3 drinks per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco use: Tobacco use includes smoking or chewing tobacco products, or living or working in the same room as someone who smokes</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>-1 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have never used tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I stopped using tobacco less than 2 years ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use tobacco or am exposed to any kind of smoke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What your self-assessment score means:**

- **4 – 6 points** = You are unhealthy, putting you at high risk of having an NCD.
- **7 – 11 points** = You have some unhealthy behaviours that put you at a medium risk of having an NCD.
- **12 points** = You are healthy. You are at a low risk of having an NCD. Well done!

**C** Are you a man older than 45 years or a woman older than 55 years?

- **Yes** +0 point
- **No** +1 point

**Do you have a family history of having NCDs?**

- **Yes** +0 point
- **No** +1 point

**Your total behaviour points:**

**B**

**Your final self-assessment score:**

- **4-7 points** Go for a clinical assessment.
- **8-12 points** Go for an assisted assessment.
- **13 points** Go for an assisted assessment.
- **14 points** EXCELLENT!! Go for an assessment to check all your health stats!
NCD risk assessment card

Date: ___________ If you are female, are you pregnant?  
Age: ___________  
Health facility: ___________

Assisted

Waist circumference:
A measurement of the abdomen to determine if you carry an unhealthy amount of fat around your waist.
- Men: < 102 cm
- Women: < 88 cm
- Men: > 102 cm
- Women: > 88 cm

Body Mass Index (BMI):
A measurement to check if you are underweight or overweight.
- Between 18.5 and 25
- Between 25.5 and 30
- Greater than 30

Blood pressure:
A measurement of how efficiently your blood travels in your body to deliver oxygen and nutrients to your organs.
- Between 90/60 - mmHg and 120/80 mmHg
- Greater than 140/90 mmHg

Note: If blood pressure is lower than 90/60, refer to a health clinic immediately.

Clinical

Blood sugar levels:
The amount of sugar in your blood after having consumed no food or drink for 8 hours before the test. This measures how well your body processes sugar.
- < 100 mg/dl
- 110-126 mg/dl
- > 126 mg/dl

Cholesterol:
A measure of the amount of material in your blood vessels that blocks or slows down blood flow to and from the heart.
- < 190 mg/dl
- 190-320 mg/dl
- > 320 mg/dl

Your assisted assessment score:

3 😊😊😊
GOOD JOB! Go for a clinical assessment to get all your health data. Come back every year for an assisted assessment.

1-2 😊😊
Adopt healthier behaviours to lower your risk. Go for a clinical assessment to get all your health data. Come back for another assisted assessment in 1-3 months.

1-3 😊😊😊
You may already have an NCD or you are at high risk for having an NCD. Get to a health clinic for a clinical assessment.

Your clinical assessment score:

2 😊😊
You are at low risk of having an NCD.

GOOD JOB! Continue to practice good behaviours. Come back next year for a check-up to maintain your good health!

1 😊
You are at medium risk for having an NCD.

You should monitor your behaviours to prevent NCDs. Get another assisted assessment and clinical assessment in one year.

1 😊
You may already have an NCD or you are at high risk of having an NCD.

Make an appointment to see a doctor for a more thorough assessment.

Health action plan

My behaviour goal: ________________________________

My motivation for changing: ________________________________

My behaviour change plan: ________________________________

My support network: ________________________________
**Guidance**

**Tool 3.1 - NCD risk assessment card**

**9. Say:**

Using a whiteboard marker and the display NCD self-assessment card, write the actual height and weight measurements in the box on the display assessment card and circle the face that corresponds to their measurement. When you are finished, please write your name on the assessment card and mark this section as complete.

**8. Say:**

Now we will measure your BMI. The BMI is a measure of your height and weight to make a determination of whether you are okay, overweight or obese. First, ask them to remove their shoes. I use my tape measure to measure their height. I write their height on their assessment card in the box. Then, I place a scale on a flat, even surface and ask them to step on it without their shoes. I write their weight on their assessment card in the box. Demonstrate the measuring of their height using the tape measure and their weight using a scale on flat, solid ground.

**10. Say:**

Now, I look at the BMI chart. Using their height and weight, I find where their number intersects and find their BMI number. Demonstrate the taking of the person’s height and weight and using the BMI chart to measure BMI. Using a whiteboard marker, write the actual height and weight measurements in the box and circle the face that corresponds to their measurement.

**11. Say:**

Now we will measure their blood pressure. Blood pressure is a measure of how hard your arteries have to work to keep the blood flowing to your heart and brain. First, I will ask them to sit quietly for a minute. I will use a blood pressure cuff to measure their blood pressure. I place the blood pressure cuff roughly around the upper arm, at the same height as the heart while the person is seated with their arm supported. I make sure that the correct cuff size of cuff is used and the reading will not be accurate. This is an automatic cuff. I press the button and wait for the cuff to inflate, deflate and then write their blood pressure readings in the box on their card. I will take the blood pressure in the other arm in the exact same manner. If there is a difference of more than 10 mm Hg between the measurements of the two arms, note this on the assessment card as well for their doctor to be aware of. This difference can mean an increased risk for cardiovascular disease. I write their height on their assessment card in the box.

**12. Say:**

Demonstrate the taking of the person’s blood pressure.

1. Using a whiteboard marker, write the actual blood pressure measurements in the box on the display assessment card and circle the face that corresponds to their measurement.
2. Using the marker, circle the volunteer’s score directly on the card. Add up all the points on the prompts and read their results and score interpretation aloud.

**15. Say:**

If you received 3:

- Good job! It’s a good idea to go for a clinical assessment to get all your health data. Come back every year for an assisted assessment.

If you received 1 to 2:

- Adopt healthier behaviours to lower your risk. Go for a clinical assessment to get all your health data. Come back for another assisted assessment in 1 to 3 months.

If you received 1 to 3:

- You may already have an NCD or you are at high risk for having an NCD. Get to a health clinic for a clinical assessment. If your scores indicate that you should go for a clinical assessment, please go to your nearest medical clinic or public health centre as soon as possible to make sure you fully understand your risk.

16. Ask:

If there are any questions.

17. Announce the time and place where your branch office is available to conduct the assisted assessments. Assisted assessment sessions should be held at least every 6 months so that beneficiaries can check in on a regular basis.

18. Advise beneficiaries to always consult a doctor if they have any health concerns that require immediate attention.
Clinical assessment

1. Before the full group presentation/discussion, ask for a volunteer to help you role play the clinical assessment scenario. Discuss with the volunteer how you will demonstrate the assessment for the group to see and show how the clinical assessment card is used to determine risk.

2. Hold up the display assessment card for all to see and turn it over to the side showing the assisted and clinical assessments.

3. Say:

   For your clinical assessment, these are the measures that will be taken of your body. To demonstrate the clinical assessment, I will use a volunteer. Can my volunteer please come up?

4. Prompt the volunteer for their assessment card so that the doctor can see the existing risk factors. Remind the group to bring their assessment cards with them to the doctor.

5. Conduct a role play with the volunteer to demonstrate the necessary preparation for a blood test - namely no eating or drinking 8 hours before the test.

6. Pretend to draw blood from the volunteer.

7. Say:

   As your doctor, I am glad that you came in for a clinical assessment. I will send your blood to the laboratory to assess it there. They will examine your blood to determine how much sugar is in your blood. This measure of blood sugar helps us to know how well your body is able to process sugar. This measure lets us know if there are any problems we need to know about. Some patients come in and have no NCD they may not know about. This test helps to get them the treatment they need.

   The laboratory will also test the blood for cholesterol, a substance in your body that can build up if you eat too much fat and sugar. If this cholesterol becomes too much, it can build up inside your arteries and blood vessels, making your heart work harder to push blood through. If your heart always has to work too hard, you can be at greater risk for NCDs.

8. Say:

   Now let us pretend that a week has passed and the laboratory results on the beneficiary's blood have been processed. Let us see how the beneficiary did on their clinical assessment card.

   10. Continue the role play. Give the make-up blood sugar levels and cholesterol levels of the beneficiary. Talk with the beneficiary about what these laboratory results mean, using the clinical assessment card as a guide.

   11. Using a whiteboard marker, demonstrate how the medical professional and beneficiary together would complete the testing blood sugar prompt on the clinical assessment card. Assign a point value.

   12. Using a whiteboard marker, demonstrate how the medical professional and beneficiary together would complete the cholesterol prompt on the clinical assessment card. Assign a point value.

   13. Using the marker, circle the beneficiary's scores directly on the display card. Add up all the points on the prompts and read their results and score interpretation aloud.

14. Say:

   2 = You are at low risk of having an NCD.
   Good job! Continue to practice good behaviours. Go back to your doctor every year to maintain your good health.

   1 = You are at medium risk of having an NCD.
   You should monitor your behaviours to prevent NCDs. Get another assisted assessment and a clinical assessment next year.

   1 = You may already have an NCD or you are at high risk for having an NCD.
   Make an appointment to see a doctor for a more thorough assessment.

15. Ask and answer any questions.

16. Provide details of clinics, doctors, hospitals, and laboratories in the vicinity that can conduct the clinical assessments.

17. Advise beneficiaries to always consult a doctor if they have any health concerns that require immediate attention.
Cut the pieces of measuring strip out along the dotted line. You should have 4 pieces in total. Use pieces of sticky tape to stick the pieces together (A to A, B to B etc.), making sure the arrows with lines touch exactly, until you have one long measuring strip.
Home-based psychosocial support for NCD diagnosis

Psychosocial support is the holistic first-order intervention that can be delivered in four simple steps, which are:

**Step 1. Engage appropriately**
- Calm the distressed person
- Make the person feel comfortable
- Reassure the person appropriately as they are sharing their concerns

**Step 2. Actively listen with appropriate non-verbal communication**
- Take time to listen when the person describes their concerns
- Empathize and validate feelings expressed by the person
- Use direct and simple language as much as possible
- Listen and look into the person’s eyes, if appropriate to do so. Repeat any key words that they say to demonstrate that you are actively listening
- Listen non-judgementally without interrupting or being critical
- Do NOT give advice or false assurances. For example, “Everything is just fine. I am sure the doctor is wrong”

**Step 3. Stay close**
- Newly diagnosed people may need constant reassurance. You may hear them, “I just cannot believe that I have ____” or begin to panic when they think of other people with the same disease who are suffering greatly or who have died as a result of the disease. Reassure them that they can still make some healthy changes to reverse the disease and allow the body to heal itself, get stronger and fight the disease.
- Visit newly diagnosed community members and their family often in the first few weeks. Household visits are recommended no fewer than three times a week initially.
- Provide additional support if the person is not following the guidance of medical professionals.
- Engage the person’s family, as appropriate.

**Step 4: Provide general care and practical help**
- Connect the person to medical and social support networks including family members, friends, neighbours and clinics.
- Provide them resources and support in the beginning of new healthy behaviours.
  - Provide information about where they can get quality, inexpensive fruits and vegetables – necessary for them to fight disease.
  - Suggest ways to get them moving and active – another way to fight disease.
  - If appropriate, provide them resources and support in reducing or stopping their excess alcohol use and/or tobacco use.
- Identify those people who need further counselling or intervention.
- Regularly check in on those people who may not respond to your intervention.
- Link them to systems of support such as local clinics that provide insulin for diabetes, facilities that provide cancer care, heart health support and/or care for those with chronic respiratory diseases.
- Follow up at least two more times over the next week.
1. In the event that a community member is diagnosed with an NCD, it is advised that the volunteer conducts no fewer than three home visits to provide psychosocial support as needed and to follow-up with any information, to answer any questions and provide support as appropriate.

2. On home visits, the volunteer should identify the community member’s primary risk factors and support them in behaviour changes to prevent further complications. Regular self-assessments and assisted assessments will help the community member to gain control of their diagnosis and work towards a healthier lifestyle.