

Data Set Name: ds03coe_ra02_s1_b.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	PID	Char	8		
2	REASON1	Char	70	\$66.	Reason for not taking height
3	REASON2	Char	70	\$38.	Reason for not taking weight
4	REASON3	Char	70	\$17.	Reason for not taking waist circumferences
5	REASON7	Char	70	\$29.	Reason for diagnosis1
6	REASON8	Char	70	\$21.	Reason for diagnosis2
7	REASON9	Char	70	\$21.	Reason for diagnosis3
8	REASON10	Char	70	\$21.	Reason for diagnosis4
9	REASON11	Char	70	\$21.	Reason for diagnosis5
10	REASON12	Char	70	\$16.	Other specify reason for not taking prescribed aspirin
11	REASON14	Char	70	\$24.	Other specify reason for not taking prescribed CCB
12	NAMEHOS1	Char	50	\$1.	Hospital name for visit-2
13	DI3	Num	8		Gender of participant
14	HIGHEDU	Num	8		Highest education level completed
15	SMOKING	Num	8		Smoking status
16	DAYS	Num	8		No. of days smoked in a week
17	AVGNO	Num	8		number of cigaretees/bidis smoked in a day
18	SMOKINGY	Num	8		years since smoked cigarettes/beedi
19	SMOKINGM	Num	8		Months since smoked cigarettes/beedi
20	QUIT	Num	8		Ever attempted to quit smoking before
21	CURRENTS	Num	8		Currently attempting to quit smoking
22	PASTSMOK	Num	8		Ever smoke regularly in the past
23	MAXNO	Num	8		Highest number of cigarettes/bidis smoked in a day
24	AGESTART	Num	8		Age started smoking regularly
25	SECONDSM	Num	8		Hours exposed to seconadry smoke
26	min_1_14	Num	8		Minutes exposed to tobacco smoke
27	VIGACT	Num	8		Does vigorous physical activity
28	DAYVIGAC	Num	8		Days in a week for vigorous activity
29	MINVIGAC	Num	8		Minutes per day of vigorous activity
30	MEDACT	Num	8		Does moderate level physical activity
31	DAYMEDAC	Num	8		Days in a week for moderate level activity
32	MINMEDAC	Num	8		Time in a day for moderate level activity
33	WALK	Num	8		Walks in a week
34	DAYWALK	Num	8		Days in a week-walk
35	MINWALK	Num	8		Walks minutes per day
36	MINLOWAC	Num	8		Minutes spent on sitting per day
37	SALT	Num	8		Effect of salt on health

Num	Variable	Type	Len	Informat	Label
38	HP	Num	8		Health problems: hypetension
39	CVD	Num	8		Health problems: CVD
40	DM	Num	8		Health problems: Diabetes
41	RD	Num	8		Health problem: Kidney
42	SALTMOU	Num	8		Maximum daily dose of salt intake
43	SALTEDU	Num	8		Information regarding salt and health
44	TV	Num	8		Information received:Television/Radio
45	MAG	Num	8		Information received: Magazine/Newspaper
46	POSTER	Num	8		Information received: Booklet
47	FAMILY	Num	8		Information received: Relative
48	VD	Num	8		Information received: Village doctor
49	OTHERDOC	Num	8		Information received: healthcare worker
50	OTHERS	Num	8		Information received:others
51	LESSSALT	Num	8		Attempted to reduce salt
52	WAIST	Num	8		Waist circumference in cm
53	PE1	Num	8		Systolic BP first
54	PE4	Num	8		Systolic BP second
55	PE2	Num	8		Dystolic blood pressure first
56	PE5	Num	8		Dystolic blood pressure second
57	PE3	Num	8		Heart Rate beat/min first
58	PE6	Num	8		Heart Rate beat/min second
59	dress	Num	8		Type of cloth wearing at the time of measurement
60	HOSPITAL	Num	8		Hospitalized in the past 12 months
61	TIMESHOS	Num	8		No. of times hospitalized
62	DAYSHOSP	Num	8		Days spent in the hospital:Visit-1
63	DAYSHOS1	Num	8		Days spent in the hospital:Visit-2
64	DAYSHOS2	Num	8		Days spent in the hospital:Visit-3
65	DAYSHOS3	Num	8		Days spent in the hospital:Visit-4
66	DAYSHOS4	Num	8		Days spent in the hospital:Visit-5
67	SEEVD	Num	8		Visit health professional
68	TIMESVD	Num	8		How often visit
69	COSTVD	Num	8		See health professional in the past 12 months(cost)
70	BPVD	Num	8		Blood pressure measurement
71	RECENTVD	Num	8		Last saw health professional(number of days)
72	LESSSAL1	Num	8		Health professional(recommendation):reduce salt intake
73	QUITSMOK	Num	8		Health professional(recommendation):Quit smoking
74	PHYACT	Num	8		Health professional(recommendation):Physically active
75	ASPI	Num	8		Taken aspirin in the past 12 months
76	MONTHASP	Num	8		Taken aspirin in the past 12 months(number of months)

Num	Variable	Type	Len	Informat	Label
77	DAYSASPI	Num	8		Aspirin prescribed (days in a month)
78	REASONAS	Num	8		Did not take aspirin as prescribed(Reason)
79	PRESASPI	Num	8		Who prescribed the aspirin
80	SOURCEAS	Num	8		Where do you buy the aspirin
81	DIU	Num	8		Taken any calcium channel blockers(CCB) during the past 12 months
82	MONTHDIU	Num	8		How many months taken CCB tablets in past 1 year
83	DAYSDIU	Num	8		CCB prescribed (days in a month)
84	REASONDI	Num	8		Did not take CCB as prescribed(Reason)
85	PREDIU	Num	8		Who prescribed the CCB
86	SOURCEDI	Num	8		Where do you buy the CCB
87	EMERHOSP	Num	8		Charged by the hospital
88	TYPE1	Num	8		Hospitalization:purpose
89	DAYSHOS5	Num	8		Hospitalization:Days
90	COSTHOSP	Num	8		Hospitalization:Total amount in bill
91	PERSONAL	Num	8		Hospitalization:How much did you pay
92	TYPE2	Num	8		Hospitalisation purpose for visit-2
93	DAYSHOS6	Num	8		Days spent in hospital durng visit-2
94	COSTHOS1	Num	8		Amount spent on hospitalisation for visit-2
95	PERSONA1	Num	8		Payment made for hospitalisation in visit-2
96	SEEDOC	Num	8		Seen a doctor during past 2 weeks
97	TOTALTIM	Num	8		Doctor level:PHC(number of times)
98	TOTALCOS	Num	8		Doctor level:PHC(total payment)
99	INCEXAM1	Num	8		Doctor level:PHC(Includes exam fees)
100	INCDRUG1	Num	8		Doctor level:PHC(Includes drug fees)
101	TOTALTI1	Num	8		Doctor level:Specialist physician(number of times)
102	TOTALCO1	Num	8		Doctor level:Specialist physician(total payment)
103	INCEXAM2	Num	8		Doctor level:Specialist physician(Includes exam fees)
104	INCDRUG2	Num	8		Doctor level:Specialist physician(Includes drug fees)
105	TOTALTI2	Num	8		Doctor level:Tertiary hospital(number of times)
106	TOTALCO2	Num	8		Doctor level:Tertiary hospital(total payment)
107	INCEXAM3	Num	8		Doctor level:Tertiary hospital(Includes exam fees)
108	INCDRUG3	Num	8		Doctor level:Tertiary hospital(Includes drug fees)
109	TOTALTI3	Num	8		Doctor level:Others(number of times)
110	TOTALCO3	Num	8		Doctor level:Others(total payment)
111	INCEXAM4	Num	8		Doctor level:Others(Includes exam fees)
112	INCDRUG4	Num	8		Doctor level:Others(Includes drug fees)
113	OTHEREXA	Num	8		Received additional exams in past 2 weeks
114	VCTIMES	Num	8		Location:PHC(times)
115	VCCOST	Num	8		Location:PHC(Cost)

Num	Variable	Type	Len	Informat	Label
116	THTIMES	Num	8		Location:District hospital(times)
117	THCOST	Num	8		Location:District hospital(Cost)
118	CHTIMES	Num	8		Location:Tertiary hospitals(times)
119	CHCOST	Num	8		Location:Tertiary hospitals(Cost)
120	LHTIMES	Num	8		Location:Others(times)
121	LHCOST	Num	8		Location:Others(Cost)
122	OTHERDRU	Num	8		Bought any other drugs in past 2 weeks
123	TOTALCO4	Num	8		Bought any other drugs in past 2 weeks(Cost)
124	ANYHEALT	Num	8		Had any health problems in the past 2 weeks
125	HEALTHPR	Num	8		How many days miss work in past 2 weeks
126	HEALTHP1	Num	8		Miss work due to heart disease
127	HEALTHP2	Num	8		Number of days stayed in bed in past 2 weeks
128	group	Num	8		Group-Intervension/Control
129	DATE	Num	8		Interview Year
130	STOPDATE	Num	8		Years since stopped smoking regularly
131	DI1	Num	8		Age of participant in years
132	HOUSEHOL	Num	8		No. of members in household
133	HEIGHT	Num	8		Height in cm
134	WEIGHT	Num	8		Weight in kg
135	INCOME	Num	8		Household Income

Data Set Name: ds03coe_ra02_s2_b.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	PID	Char	8		
2	o1	Char	80	\$1.	Other specify reason for not taking prescribed aspirin doses
3	o3	Char	80	\$32.	Other specify reason for not taking prescribed CCB
4	o5	Char	80	\$18.	Reason for not taking height
5	o6	Char	80	\$18.	Reason for not taking weight
6	o7	Char	80	\$6.	Specify other type of clothing
7	o8	Char	80	\$18.	Reason for not taking waist circumferences
8	hour1	Num	8		Starting time of interview in hours
9	min1	Num	8		Starting time of interview in minutes
10	sex	Num	8		Gender of participant
11	di1	Num	8		Years of formal education
12	di2	Num	8		Highest level of education
13	q11	Num	8		Smoking status
14	q12	Num	8		No. of days smoked in a week
15	q13	Num	8		Average number smoked per day
16	y6	Num	8		years since smoked cigarettes/beedi
17	m6	Num	8		Months since smoked cigarettes/beedi
18	q15	Num	8		Ever attempted to quit smoking before
19	q16	Num	8		Currently attempting to quit smoking
20	q17	Num	8		Ever smoke regularly in the past
21	q19	Num	8		Highest number of cigarettes/bidis smoked in a day
22	q110	Num	8		Age started smoking regularly
23	hour2	Num	8		Hours exposed to seconadry smoke
24	min2	Num	8		Minutes exposed to secondary smoke
25	q116	Num	8		Days in a week for vigorous activity
26	min3	Num	8		Minutes per day of vigorous activity
27	q118	Num	8		Days in a week for moderate level activity
28	min4	Num	8		Time in a day for moderate level activity
29	q120	Num	8		Days in a week-walk
30	min5	Num	8		Walks minutes per day
31	min6	Num	8		Minutes spent on sitting per day
32	q123	Num	8		Effect of salt on health
33	q1241	Num	8		Health problems: Hypertension
34	q1242	Num	8		Health problems: CVD
35	q1243	Num	8		Health problems: Diabetes
36	q1244	Num	8		Health problem: Kidney

Num	Variable	Type	Len	Informat	Label
37	q125	Num	8		Maximum daily dose of salt
38	q128	Num	8		Information regarding salt health
39	q1291	Num	8		Information received:Television/Radio
40	q1292	Num	8		Information received: Magazine/Newspaper
41	q1293	Num	8		Information received: Booklet
42	q1294	Num	8		Information received: Relative
43	q1295	Num	8		Information received: Village doctor
44	q1296	Num	8		Information received: healthcare worker
45	q1297	Num	8		Information received:others
46	q130	Num	8		Attempted to reduce salt
47	z	Num	8		Humpbacked
48	p8	Num	8		Removed heavy clothing
49	p9	Num	8		Removed heavy clothing
50	p10	Num	8		Removed belt
51	pe11	Num	8		Waist circumference in cm
52	p11	Num	8		Type of cloth wearing at the time of measurement
53	q21	Num	8		Hospitalized in past 12 months
54	q22	Num	8		Times been hospitalized
55	d1	Num	8		Days spent in the hospital:visit-1
56	d2	Num	8		Days spent in the hospital: visit-2
57	d3	Num	8		Days spent in the hospital: visit-3
58	d4	Num	8		Days spent in the hospital: visit-4
59	d5	Num	8		Days spent in the hospital: visit-5
60	q23	Num	8		Visit health professional
61	q24	Num	8		How often visit health professional in past 12 months
62	q25	Num	8		Amount spent to visit health professional in past 12 months
63	q26	Num	8		How often health professional measure blood pressure during last visit
64	q27	Num	8		Days ago saw health professional for HD, Stroke, HT
65	q281	Num	8		health professional recommended: reduce salt intake
66	q282	Num	8		health professional recommended: quit smoking
67	q283	Num	8		health professional recommended:physical activity
68	age	Num	8		Age of participant in years
69	pe1	Num	8		Systolic BP first
70	pe4	Num	8		Systolic BP second
71	pe2	Num	8		Dystolic BP first
72	pe5	Num	8		Dystolic BP second
73	pe3	Num	8		Heart rate first
74	pe6	Num	8		Heart rate second
75	q29	Num	8		taken Apsirin during last 12 months

Num	Variable	Type	Len	Informat	Label
76	q210	Num	8		No.of months taken aspirin in last 12 months
77	q211	Num	8		No. of days in a month taken aspirin
78	q212	Num	8		Reasons for not taking prescribed aspirin doses
79	q213	Num	8		Person prescribed the aspirin
80	q214	Num	8		Place to buy aspirin
81	q218	Num	8		taken CCB during last 12 months
82	q219	Num	8		No.of months taken CCB in last 12 months
83	q220	Num	8		No. of days in a month taken CCB
84	q221	Num	8		Reasons for not taking prescribed CCB doses
85	q222	Num	8		Person prescribed the CCB
86	q223	Num	8		Place to buy CCB
87	q31	Num	8		Hospitalized in past 2 weeks
88	q311	Num	8		Hospitalization for visit-1:Purpose
89	q313	Num	8		Hospitalization for visit-1:days
90	q314	Num	8		Hospitalization for visit-1:total bill
91	q315	Num	8		Hospitalization for visit-1: amount paid
92	q316	Num	8		Hospitalisation purpose for visit-2
93	q318	Num	8		Days spent in hospital durng visit-2
94	q319	Num	8		Total amount in hospitalisation for visit-2
95	q310	Num	8		Payment made for hospitalisation in visit-2
96	q32	Num	8		Seen doctor during past 2 weeks
97	a1	Num	8		Doctor Level:PHC(How many times)
98	b1	Num	8		Doctor Level:PHC(How much did you pay in total)
99	c1	Num	8		Doctor Level:PHC(Includes physical exam fees)
100	e1	Num	8		Doctor Level:PHC(Includes drug fees)
101	a2	Num	8		Doctor Level:Specialist physician(How many times)
102	b2	Num	8		Doctor Level:Specialist physician(How much did you pay in total)
103	c2	Num	8		Doctor Level:Specialist physician(Includes physical exam fees)
104	e2	Num	8		Doctor Level:Specialist physician(Includes drug fees)
105	a3	Num	8		Doctor Level:Tertiary hospital(How many times)
106	b3	Num	8		Doctor Level:Tertiary hospital(How much did you pay in total)
107	c3	Num	8		Doctor Level:Tertiary hospital(Includes physical exam fees)
108	e3	Num	8		Doctor Level:Tertiary hospital(Includes drug fees)
109	a4	Num	8		Doctor Level:Others(How many times)
110	b4	Num	8		Doctor Level:Others(How much did you pay in total)
111	c4	Num	8		Doctor Level:Others(Includes physical exam fees)
112	e4	Num	8		Doctor Level:Others(Includes drug fees)
113	q33	Num	8		Received additional examinations in the past 2 weeks
114	a5	Num	8		No. of tumes received additional examinations from PHC

Num	Variable	Type	Len	Informat	Label
115	b5	Num	8		Amount paid in the examination in PHC
116	a6	Num	8		No. of times received additional examinations from distric hospital
117	b6	Num	8		Amount paid in the examination in district hospital
118	a7	Num	8		No. of times received additional examinations from tertiary hospital
119	b7	Num	8		Amount paid in the examination in tertiary hospital
120	a8	Num	8		No. of times received additional examinations from other places
121	b9	Num	8		Amount paid in the examination in other places
122	q34	Num	8		Bought any other drugs
123	q341	Num	8		Amount spent on other drugs
124	q35	Num	8		Had any health problems in past 2 weeks
125	x	Num	8		Interviewer self check if nothing missed
126	hour7	Num	8		Finish time of interview:hour
127	min7	Num	8		Finish time of interview:minutes
128	Group	Num	8		Group-Intervension/Control
129	q351	Num	8		No. of days stayed in bed in the past 2 weeks
130	q352	Num	8		No. of days missed work in past 2 weeks
131	q353	Num	8		Days missed due to heart disease,HT,DM or Stroke
132	DAT	Num	8		Year of interview
133	di3	Num	8		No. of members in household
134	pe7	Num	8		Height in cm
135	pe8	Num	8		Weight in kg
136	di5	Num	8		Household Income
137	y7	Num	8		Years since stopped smoking regularly