

## **'SimCard' Baseline Survey Questionnaire**

You are invited to participate in the Simplified Cardiovascular Management Study. The objective of this study is to develop a cost-effective management scheme to improve the health care system in your local area. The following questions are related to your lifestyle habits, your medical history and your medical costs. We will also conduct a series of basic physical examinations which will include your height, weight, waist circumference and blood pressure. All information collected from this survey will be kept confidential. You are entirely free to decide whether or not to take part in this research study. You are also free to discontinue at any time during the survey. Thank you for your participation.

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (YY/MM/DD)

Start Time: \_\_ \_\_ : \_\_ \_\_ (HH/MM)

Participant ID: \_\_ / \_\_ / \_\_ / \_\_ \_\_ \_\_

## Cardiovascular High-risk Individual Screening Questionnaire

### DEMOGRAPHIC INFORMATION

DI1. Age: \_\_\_\_\_   $\geq 40$  years old

→  If < 40 years old, **FINISH THE SURVEY**

DI2. Name: \_\_\_\_\_

DI3. Sex: Male <sup>1</sup> Female <sup>2</sup>

DI4. Location: \_\_\_\_\_ Village \_\_\_\_\_ Group

### 1<sup>st</sup> PHYSICAL EXAMINATION

Removed clothing:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE1.</b> SBP: _____ mmHg
Wrist at same level as heart:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE2.</b> DBP: _____ mmHg
Cuff size:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE3.</b> Heart Rate: _____ beats/minute

### DISEASE HISTORY

Have you ever been told by a doctor/physician that you have any of the following diseases?

- DH1** Coronary Heart Disease (CHD) Yes <sup>1</sup> No <sup>2</sup> Don't know <sup>99</sup>
- DH2** Hemorrhagic Stroke Yes <sup>1</sup> No <sup>2</sup> Don't know <sup>99</sup>
- DH3** Ischemic Stroke Yes <sup>1</sup> No <sup>2</sup> Don't know <sup>99</sup>
- DH4** Diabetes Yes <sup>1</sup> No <sup>2</sup> Don't know <sup>99</sup>

### 2<sup>nd</sup> PHYSICAL EXAMINATION

Removed clothing:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE4.</b> SBP: _____ mmHg
Wrist at same level as heart:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE5.</b> DBP: _____ mmHg
Cuff size:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE6.</b> Heart Rate: _____ beats/minute

## CVD HIGH-RISK INDIVIDUAL CHECKLIST

Confirmed participant's age is older than 40 years old? Yes <sup>1</sup> No <sup>2</sup> **IF NO, FINISH THE SURVEY**

1. Has a reported history of CORONARY ARTERY DISEASE (DH1 answer YES)	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
2. Has a reported history of HEMORRHAGIC STROKE (DH2 answer YES)	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
3. Has a reported history of ISCHEMIC STROKE (DH3 answer YES)	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
4. Has a reported history of DIABETES (DH4 answer YES)	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
5. <b>BOTH</b> SBP measurements $\geq 160$ mmHg (PE1 <b>AND</b> PE4)	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>

If any of the above checkboxes are checked as YES, this participant is identified as a CVD high-risk patient. Please continue the survey. **FOR OTHER PARTICIPANTS, FINISH THE SURVEY.**

Interviewer Code: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_

## HIGH-RISK INDIVIDUAL QUESTIONNAIRE

**ONLY applicable to identified high-risk individuals**

**DEMOGRAPHIC INFORMATION**

**DI5.** Years of schooling: \_\_\_

**DI6.** The highest education level you have completed: →

Illiterate <sup>1</sup>      Primary school or under <sup>2</sup>  
 Middle school <sup>3</sup>  
 High school/Vocational school <sup>4</sup>  
 Community college, university or higher <sup>5</sup>

**DI7.** Cell phone number: \_\_\_\_\_ Personal <sup>1</sup>      Relative <sup>2</sup>

**DI8.** Number of people in the household: \_\_\_

**DI9.** Annual household income: →

Less than 5,000 <input type="checkbox"/> <sup>1</sup>	5,001–10,000 <input type="checkbox"/> <sup>2</sup>	10,001-20,000 <input type="checkbox"/> <sup>3</sup>
20,001-30,000 <input type="checkbox"/> <sup>4</sup>	30,001-40,000 <input type="checkbox"/> <sup>5</sup>	40,001-50,000 <input type="checkbox"/> <sup>6</sup>
50,001-60,000 <input type="checkbox"/> <sup>7</sup>	60,001-70,000 <input type="checkbox"/> <sup>8</sup>	70,001-80,000 <input type="checkbox"/> <sup>9</sup>
80,001-90,000 <input type="checkbox"/> <sup>10</sup>	90,001-100,000 <input type="checkbox"/> <sup>11</sup>	More than 100,000 <input type="checkbox"/> <sup>12</sup>

**3<sup>rd</sup> PHYSICAL EXAMINATION**

<p><b>Removed shoes:</b>      Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Removed cap:</b>      Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Hunchbacked/Kyphosis:</b>      Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE7.</b> Height: _____ cm                  If it is not measurable, please specify the reason:                  _____</p>
<p><b>Removed clothing:</b>      Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Removed shoes:</b>      Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE8.</b> Weight: _____ Kg                  If it is not measurable, please specify the reason:                  _____</p>
<p><b>Removed clothing:</b>      Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Released belt:</b>      Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE9.</b> Waist Circumference 1 (Left): _____ cm                  If it is not measurable, please specify the reason:                  _____</p>
<p><b><u>What is the subject wearing under measurement tape?</u></b></p> <p>Nothing, next to skin <input type="checkbox"/><sup>1</sup>      Underwear <input type="checkbox"/><sup>2</sup></p> <p>Sweater, Hooded Shirt <input type="checkbox"/><sup>3</sup></p> <p>Others <input type="checkbox"/><sup>4</sup> Please specify _____</p>	<p><b>PE10.</b> Waist Circumference 2 (Right): _____ cm</p>

**SECTION 1: LIFESTYLE INFORMATION**

**SMOKING**

**1.1** Do you currently smoke cigarettes?

Yes <sup>1</sup> Occasionally <sup>2</sup> No <sup>3</sup>

**GO TO 1.7**

**1.2** How many days a week do you smoke cigarettes?

Usually 1 day or less <sup>1</sup> Usually 2 to 4 days <sup>2</sup> Almost every day <sup>3</sup>

**1.3** On average, how many cigarettes do you smoke in a day?

Number: \_\_\_\_\_

**1.4** How long have you smoked at least one or more cigarettes daily?

\_\_\_\_\_ years ( or \_\_\_\_\_ months)

**1.5** Have you ever attempted to quit smoking before?

Yes <sup>1</sup> No <sup>2</sup>

**1.6** Are you currently trying to quit smoking?

Yes <sup>1</sup> No <sup>2</sup>

**1.7** Did you ever smoke cigarettes regularly in the past?

Yes <sup>1</sup> No <sup>2</sup>

**1.8** When did you stop smoking cigarettes regularly?

\_\_\_\_/\_\_\_\_ (YY/MM)

**1.9** What is the highest average number of cigarettes you have ever smoked daily for as long as a year?

Number: \_\_\_\_\_

**1.10** How old were you when you began to smoke regularly?

Age: \_\_\_\_\_

**1.11** Have you ever smoked tobacco leaf/cigars?

Used to, but not now <sup>1</sup> No <sup>2</sup> Now, smoke regularly <sup>3</sup> Now, smoke occasionally (< once/day) <sup>4</sup>

**1.12** How many do you smoke per week?

Number: \_\_\_\_\_

**1.13** Have you ever smoked powdered tobacco?

Used to, but not now <sup>1</sup> No <sup>2</sup> Now, smoke regularly <sup>3</sup> Now, smoke occasionally (< once/day) <sup>4</sup>

**1.14** About how many grams of powdered tobacco do you smoke per week?

Grams: \_\_\_\_\_ gram

**1.15** For how many hours, on average each day, are you closely exposed to other people's tobacco smoke (environmental tobacco smoke exposure/second hand smoke)?

Hours: \_\_\_\_\_ hours

**EXERCISE**

**1.16** During the last 7 days, on how many days did you perform **VIGOROUS** physical activities, e.g., carry water, grazing, jog, run, farm, climb? Think about only those physical activities that you did for at least 10 minutes at a time.

\_\_\_\_\_ days a week <sup>1</sup>      No vigorous physical activities <sup>2</sup>      **GO TO 1.18**

↓

**1.17** How much time did you usually spend doing **vigorous** physical activities on one of those days?

\_\_\_\_\_ hours per day

\_\_\_\_\_ minutes per day      Don't know/Not sure <sup>99</sup>

↓

**1.18** During the last 7 days, on how many days did you do **MODERATE** physical activities like carrying light loads, digging medicine or bicycling? Think about only those physical activities that you did for at least 10 minutes at a time.

\_\_\_\_\_ days a week <sup>1</sup>      No moderate physical activities <sup>2</sup>      **GO TO 1.20**

↓

**1.19** How much time did you usually spend doing **moderate** physical activities on one of those days?

\_\_\_\_\_ hours per day

\_\_\_\_\_ minutes per day      Don't know/Not sure <sup>99</sup>

↓

**1.20** During the last 7 days, on how many days did you walk at least 10 minutes at a time?

\_\_\_\_\_ days per week <sup>1</sup>      No walking <sup>2</sup>      **GO TO 1.22**

↓

**1.21** How much time did you spend **walking** on one of those days?

\_\_\_\_\_ hours per day

\_\_\_\_\_ minutes per day      Don't know/Not sure <sup>99</sup>

↓

**1.22** The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time in total did you usually spend sitting on one of those days?

\_\_\_\_\_ hours per day

\_\_\_\_\_ minutes per day

**SALT INTAKE**

**1.23** Which of the following best describes what you think is the effect of salt in your diet on your health?

Worsened my health <sup>1</sup>    Improved my health <sup>2</sup>    Has no effect <sup>3</sup>    Don't know <sup>99</sup>

**1.24** Do you think these health problems listed below can be caused or aggravated by salty foods?

	Yes	No	Don't know
Hypertension	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>
CVD	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>
Diabetes	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>
Kidney Disease	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>

**1.25** What is the maximum daily amount of salt intake recommended for adults?

Less than 3 grams (½ teaspoonful) <sup>1</sup>                      3-6 grams (½ -1 teaspoonful) <sup>2</sup>  
 6-9 grams (1-1½ teaspoonful) <sup>3</sup>                      9-12 grams (1½ -2 teaspoonful) <sup>4</sup>                      Don't know <sup>99</sup>

**1.26** Altogether, how many bottles of this size of Tibetan butter tea do you drink each day? (Display container 1)

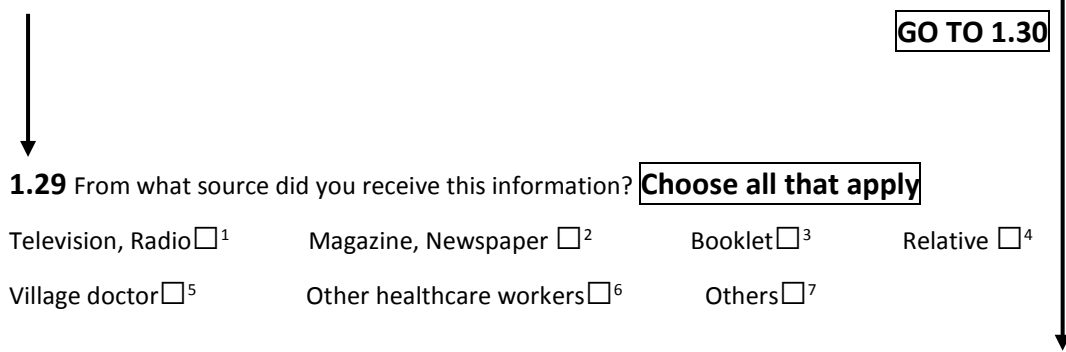
Number: \_\_\_\_\_

**1.27** Altogether, how many cups of this size of Tibetan butter tea do you drink each day? (Display container 2)

Number: \_\_\_\_\_

**1.28** In the last 3 months, have you received any information regarding salt and its effects on health?

Yes <sup>1</sup>    No <sup>2</sup>



**1.29** From what source did you receive this information? **Choose all that apply**

Television, Radio <sup>1</sup>                      Magazine, Newspaper <sup>2</sup>                      Booklet <sup>3</sup>                      Relative <sup>4</sup>  
 Village doctor <sup>5</sup>                      Other healthcare workers <sup>6</sup>                      Others <sup>7</sup>

**1.30** During the last 3 months, have you attempted to reduce your salt intake during meals (e.g., eating less pickled vegetables and other high sodium foods, adding less salt when cooking or adding less salt in your butter tea) ?

Yes <sup>1</sup>                      No <sup>2</sup>

**SECTION 2: MEDICAL CARE AND MEDICATION USE**

**2.1** During the past 12 months, have you been hospitalized?

Yes <sup>1</sup>    No <sup>2</sup>

**2.2** How many times have you been charged by the hospital? For each admission, please list the days spent in the hospital and for what conditions.

\_\_\_\_\_ times

Admission No.	2.2a Days in hospital	2.2b Diagnosis (conditions for which admitted)
1		
2		
3		
4		
5		

If the number of admissions is greater than 5, please continue to write on a separate piece of paper.

**2.3** During the past 12 months, did you see your village doctor?

Yes <sup>1</sup>    No <sup>2</sup>    Don't know <sup>3</sup>

**2.4** How often did you see your village doctor in the past 12 months (including home visit)?

1-3 times <sup>1</sup>    4-6 times <sup>2</sup>    7-10 times <sup>3</sup>    Once a month <sup>4</sup>

**2.5** How much did you spend to see your village doctor? \_\_\_\_\_ RMB (Insert 0 if there was no cost).

**2.6** How often did your village doctor measure your blood pressure during these visits?

Never <sup>1</sup>    Sometimes <sup>2</sup>    Every time <sup>3</sup>

**2.7** When was the last time that you saw your village doctor for heart disease, stroke or hypertension related problems?

\_\_\_\_\_ days ago Insert **0 if not for the diseases listed above.**

**2.8** During the visit, did your village doctor provide the following recommendations?

	Yes	No
Reduce salt intake	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
Quit smoking	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
Be physically active	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

**GO TO 2.9 ON THE NEXT PAGE**

**2.9** Have you taken any aspirin during the past 12 months? (show sample drug)

Yes <sup>1</sup> No <sup>2</sup> Don't know <sup>3</sup>

**2.10** How many months have you taken aspirin tablets during the past 1 year?

Less than 2 months <sup>1</sup> 2-8 months <sup>2</sup>

9-11 months <sup>3</sup> Every month <sup>4</sup>

**2.11** How many days in a month did you take the aspirin as prescribed?

≥25 days <sup>1</sup> 20-24 days <sup>2</sup> 15-19 days <sup>3</sup> ≤14 days <sup>4</sup>

**2.12** Reason for not taking aspirin as prescribed?

Expensive <sup>1</sup> Forget <sup>2</sup> No treatment <sup>3</sup>

Side effect <sup>4</sup> Others <sup>5</sup>, please specify \_\_\_\_\_

**2.13** Which brand of aspirin did you take?

Aspirin 1 <sup>1</sup> Aspirin 2 <sup>2</sup>

Aspirin 3 <sup>3</sup> Aspirin 4 <sup>4</sup> Others <sup>5</sup> please specify \_\_\_\_\_

**2.14** Who prescribed the aspirin?

Buy by myself <sup>1</sup> Tibetan medicine doctor <sup>2</sup> Village doctor <sup>3</sup>

Specialist <sup>4</sup>

**2.15** Where do you mainly buy your aspirin?

Village clinics <sup>1</sup> Township centre <sup>2</sup> County hospital <sup>3</sup>

Pharmacies <sup>4</sup> Village doctor <sup>5</sup>

**2.16** Have you taken any diuretics during the past 12 months? (Show sample drug)

Yes <sup>1</sup> No <sup>2</sup> Don't know <sup>3</sup>

**2.17** How many months have you taken diuretic tablets during the past 1 year?

Less than 2 months <sup>1</sup> 2-8 months <sup>2</sup>

9-11 months <sup>3</sup> Every month <sup>4</sup>

**2.18** How many days in a month did you take the diuretic as prescribed?

≥25 days <sup>1</sup> 20-24 days <sup>2</sup> 15-19 days <sup>3</sup> ≤14 days <sup>4</sup>

**2.19** Reason for not taking diuretics as prescribed?

Expensive <sup>1</sup> Forget <sup>2</sup> No treatment <sup>3</sup>

Side effect <sup>4</sup> Others <sup>5</sup>, please specify \_\_\_\_\_

**2.20** Which brand of diuretics did you take?

diuretics 1 <sup>1</sup> diuretics 2 <sup>2</sup>

diuretics 3 <sup>3</sup> diuretics 4 <sup>4</sup> Others <sup>5</sup> please specify \_\_\_\_\_

**2.21** Who prescribed the diuretics?

Buy by myself <sup>1</sup> Tibetan medicine doctor <sup>2</sup> Village doctor <sup>3</sup>

Specialist <sup>4</sup>

**2.22** Where do you mainly buy your diuretics?

Village clinics <sup>1</sup> Township centre <sup>2</sup> County hospital <sup>3</sup>

Pharmacies <sup>4</sup> Village doctor <sup>5</sup>

**GO TO SECTION 3**



**SECTION 3: HEALTHCARE COSTS AND WORK LOSS**

*The following section will ask you about the economic aspects of the health care you received in the last 2 weeks.*

**3.1** Have you been charged by the hospital or received emergency services in the past 2 weeks?

Yes <sup>1</sup>      No <sup>2</sup> → **GO TO 3.2**

N <sup>o</sup>	Hospitalization (ZY) or Emergency (JZ)	Hospital Name	Days in hospital (not applicable for emergency service)	Total amount in the bill	How much did you pay?
1					
2					

**3.2** Have you seen a doctor during the past 2 weeks? Yes <sup>1</sup>      No <sup>2</sup> → **GO TO 3.3**

Doctor level	How many times?	How much did you pay in total?	Includes physical exams fees?	Includes drug fees?
<b>Village doctor</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>Township physician</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>County hospital or higher</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>Tibetan medicine doctor and others</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>

**3.3** Apart from the physical examinations included above, have you received additional exams in the past 2 weeks?

Yes <sup>1</sup>      No <sup>2</sup> → **GO TO 3.4**

Where did you receive? How many times in total? And How much did you pay in total?		
Location	Times	Cost
<b>Village clinics</b>		
<b>Township hospital</b>		
<b>County hospital or higher</b>		
<b>Tibetan medicine hospital or other</b>		

**3.4** Apart from the drugs included in 3.2, have you bought any other drugs in the past 2 weeks?

Yes <sup>1</sup>      No <sup>2</sup> → **GO TO 3.5**

Total cost: \_\_\_\_\_ RMB

**3.5** Have you had any health problems during the past 2 weeks? Yes <sup>1</sup>      No <sup>2</sup> → **FINISH SURVEY**

**3.5a** How many days did you miss work (e.g. housework, cooking, farming) due to a health problem during the past 2 weeks? \_\_\_\_ days

**3.5b** How many days did you miss work due to heart disease, hypertension, diabetes or stroke? \_\_\_\_ days

**3.5c** How many days did you stay in bed in the past 2 weeks? \_\_\_\_ days

**Interviewer self-check, if nothing missed, please tick**

**Finish time:** \_\_\_\_:\_\_\_\_ (HH/MM)

**Interviewer code:** \_\_\_\_

**Interviewer signature:** \_\_\_\_\_

**Inspector signature:** \_\_\_\_\_

ID: \_\_\_\_\_  
Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age interval: [ \_\_\_\_\_ , \_\_\_\_\_ ]  
ID number: \_\_\_\_\_  
Contact number: \_\_\_\_\_

If one of the information above is not identical to the high-risk patient list, please contact either Maoyi Tian or Cong Li for assistance.

## “SimCard” Follow-up Survey Questionnaire

On site survey <sup>1</sup> Telephone survey <sup>2</sup>

Survey date: 2 0 1 3 /  /  (YY/DD)

Survey time:  :  (HH/MM, 24 hour clock)

Interviewer ID:

**DI Demographic Information**

**DI1.** Years of schooling:   years

**DI2.** The highest education level you have completed:

Illiterate <sup>1</sup> Primary school or under <sup>2</sup> Middle school <sup>3</sup> High school/vocational school <sup>4</sup> Community college, university or higher <sup>5</sup>

**DI3.** Number of people in the household:   persons (For all persons living and dining together)

**DI4.** Telephone number: \_\_\_\_\_ Personal <sup>1</sup> Relative <sup>2</sup>

**DI5.** Annual household income:

Less than 5,000 <sup>01</sup>      5,001–10,000 <sup>02</sup>      10,001-20,000 <sup>03</sup>      20,001-30,000 <sup>04</sup>  
 30,001-40,000 <sup>05</sup>      40,001-50,000 <sup>06</sup>      50,001-60,000 <sup>07</sup>      60,001-70,000 <sup>08</sup>  
 70,001-80,000 <sup>09</sup>      80,001-90,000 <sup>10</sup>      90,001-100,000 <sup>11</sup>      100,000+ <sup>12</sup>

**DH Disease History**

Do you have any of the following disease? **Ask one by one, if subject can't remember, enter 9999Year99Month**

**DH1.** Do you have CHD?

Yes <sup>1</sup>      No <sup>0</sup>      Don't know <sup>9</sup>

→ DH1.1 When was it diagnosed?  
    /   (Y/M)  
 DH1.2 When is the latest event?  
    /   (Y/M)

**DH2.** Do you have stroke?

Yes <sup>1</sup>      No <sup>0</sup>      Don't know <sup>9</sup>

→ DH2.1 Which type of stroke?  
 Ischemic <sup>1</sup>      Hemorrhagic <sup>2</sup>      Don't' know <sup>9</sup>  
 DH2.2 When was it diagnosed?  
    /   (Y/M)  
 DH2.3 When is the latest event  
    /   (Y/M)

**DH3.** Do you have diabetes?

Yes <sup>1</sup>      No <sup>0</sup>      Don't know <sup>9</sup>

→ DH3.1 When was it diagnosed?  
    /   (Y/M)

**1<sup>st</sup> BP measurement**      Data source: Interviewer <sup>1</sup>      Village doctor <sup>2</sup>      Self report <sup>3</sup>

Removed clothing: Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>0</sup>  Wrist as the same level as heart: Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>0</sup>  Cuff size: Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>0</sup>	<b>PE1.</b> SBP: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mmHg
	<b>PE2.</b> DBP: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mmHg
	<b>PE3.</b> HR: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> beats/minute

## Section 1: LIFESTYLE INFORMATION

### Smoking

1.1 Do you currently smoke cigarettes? Yes <sup>1</sup> Occasionally <sup>2</sup> No <sup>0</sup> → **Q1.7**

1.2 How many days a week do you smoke cigarettes? Usually 1 day or less <sup>1</sup> Usually 2-4 days <sup>2</sup> Almost every day <sup>3</sup>

1.3 On average, how many cigarettes do you smoke in a day?

1.4 How long have you smoked at least one or more cigarettes daily?   Years (or   months)

1.5 Have you ever attempted to quit smoking before? Yes <sup>1</sup> No <sup>0</sup>

1.6 Are you currently trying to quit smoking? Yes <sup>1</sup> → **Q1.11** No <sup>0</sup> → **Q1.11**

1.7 Did you ever smoke cigarettes in the past? Yes <sup>1</sup> No <sup>0</sup> → **Q1.11**

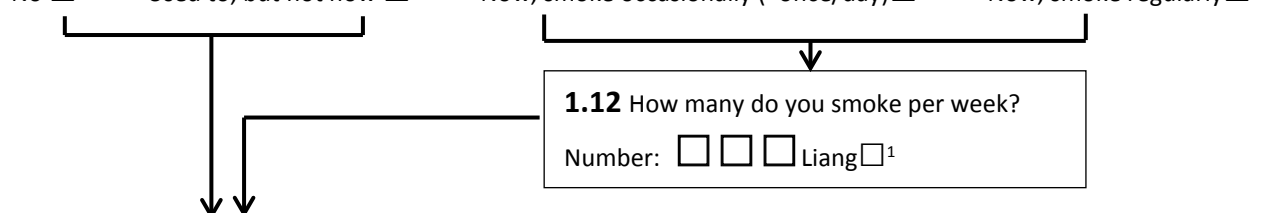
1.8 When did you stop smoking cigarettes?     Year   Month

1.9 What is the highest number of cigarettes you have ever smoked daily?

1.10 How old were you when you began to smoke?

1.11 Have you ever smoked tobacco leaf/cigars?

No <sup>0</sup> Used to, but not now <sup>1</sup> Now, smoke occasionally (<once/day) <sup>2</sup> Now, smoke regularly <sup>3</sup>

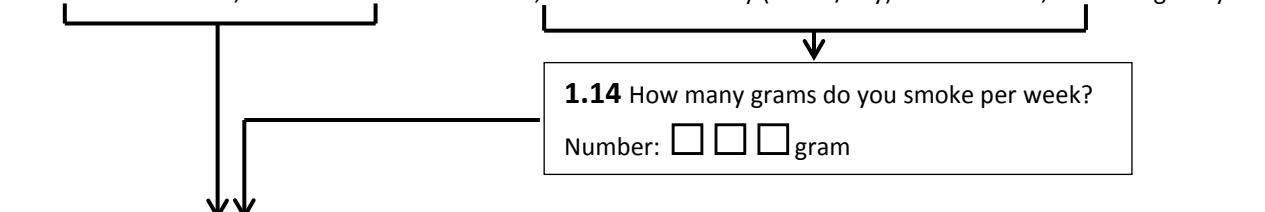


1.12 How many do you smoke per week?

Number:    Liang <sup>1</sup>

1.13 Have you ever smoked powdered tobacco?

No <sup>0</sup> Used to, but not now <sup>1</sup> Now, smoke occasionally (<once/day) <sup>2</sup> Now, smoke regularly <sup>3</sup>



1.14 How many grams do you smoke per week?

Number:    gram

1.15 For how many hours, on average each day, are you closely exposed to other people's tobacco smoke? (environmental tobacco smoke exposure/second hand smoke)?

Hours:   Hour   Minute

### EXERCISE

1.16 During the last 7 days, on how many days did you perform **VIGOROUS** physical activities, e.g., carry water, jog, run, farm, climb or fast bicycling? Think about only those physical activities that you did for at least 10 minutes at a time.

1.17 How much time did you usually spend doing **vigorous** physical activities on one of those days?

hour   min/day Don't know/Not sure <sup>9</sup>

**1.18** During the last 7 days, on how many days did you do **MODERATE** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Think about only those physical activities that you did for at least 10 minutes at a time.

**1.19** How much time did you usually spend doing **moderate** physical activities on one of those days?

hour   min/day      Don't know/Not sure <sup>9</sup>

**1.20** During the last 7 days, on how many days did you walk at least 10 minutes at a time? This includes walking at work and at home, walking to travel from one place to another, doing housework and any other walking that you did solely for recreation, sports, exercise or leisure.

**1.21** How much time did you spend **walking** on one of those days?

hour   min/day      Don't know/Not sure <sup>9</sup>

**1.22** The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television. During the last 7 days, how much time in total did you usually spend sitting on one of those days?

hour   min/day

**2<sup>nd</sup> BP measurement**      Data source: Interviewer <sup>1</sup>      Village doctor <sup>2</sup>      Self report <sup>3</sup>

Removed clothing: Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>0</sup>  Wrist as the same level as heart:    Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>0</sup>  Cuff size: Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>0</sup>	<b>PE1.</b> SBP: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mmHg
	<b>PE2.</b> DBP: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mmHg
	<b>PE3.</b> HR: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> beats/minute

**SALT INTAKE**

**1.23** High-salt intake will? Worsen health <sup>1</sup>    No effect <sup>2</sup>    Improve health <sup>3</sup>    Don't know <sup>9</sup>

**1.24** Do you think these health problems listed below can be caused or aggravated by salty foods?

Hypertension	Yes <input type="checkbox"/> <sup>1</sup>	No <input type="checkbox"/> <sup>0</sup>	Don't know <input type="checkbox"/> <sup>9</sup>
CHD	Yes <input type="checkbox"/> <sup>1</sup>	No <input type="checkbox"/> <sup>0</sup>	Don't know <input type="checkbox"/> <sup>9</sup>
Diabetes	Yes <input type="checkbox"/> <sup>1</sup>	No <input type="checkbox"/> <sup>0</sup>	Don't know <input type="checkbox"/> <sup>9</sup>
Kidney disease	Yes <input type="checkbox"/> <sup>1</sup>	No <input type="checkbox"/> <sup>0</sup>	Don't know <input type="checkbox"/> <sup>9</sup>

**1.25** What is the maximum daily amount of salt intake recommended for adults?

Less than 3 grams (½ teaspoonful) <sup>1</sup>      3-6 grams (½ -1 teaspoonful) <sup>2</sup>

6-9 grams (1-1½ teaspoonful) <sup>3</sup>      9-12 grams (1½ -2 teaspoonful) <sup>4</sup>      Don't know <sup>9</sup>

**1.26** Altogether, how many bottles of this size of Tibetan butter tea do you drink each day?

**1.27** Altogether, how many cups of this size of Tibetan butter tea do you drink each day?

**1.28** In the last 3 months, have you received any information regarding salt and its effects on health?

Yes <sup>1</sup>    No <sup>0</sup> → **Q1.30**

**1.29** From what source did you receive this information? **Choose all that apply**

Television, Radio <sup>1</sup>      Magazine, Newspaper <sup>2</sup>      Booklet <sup>3</sup>      Relative <sup>4</sup>

Village doctor <sup>5</sup>      Other healthcare workers <sup>6</sup>      Others <sup>7</sup>

**1.30** During the last 3 months, have you attempted to reduce your salt intake during meals (e.g., eating less pickled vegetables and other high sodium foods, adding less salt when cooking or adding less salt in your butter tea) ?

Yes <sup>1</sup>      No <sup>0</sup>

## SECTION 2: MEDICAL CARE AND MEDICATION USE

**2.1** During the past 12 months, have you been hospitalized?

Yes <sup>1</sup>      No <sup>0</sup> → **Q2.3**

**2.2** How many times have you been charged by the hospital?   times

For each admission, please list the days spent in the hospital and for what conditions.

Admission No.	<b>2.2a</b> Days in hospital	<b>2.2b</b> Reason to be charged
1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day	
2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day	
3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day	
4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day	
5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> day	

**2.3** During the past 12 months, did you see your village doctor?

Yes <sup>1</sup>      No <sup>0</sup> → **Q2.9**      Don't know <sup>9</sup> → **Q2.9**

**2.4** How often did you see your village doctor in the past 12 months (including home visit)?

1-3 <sup>1</sup>      4-6 <sup>2</sup>      7-10 <sup>3</sup>      Once a month <sup>4</sup>

**2.5** How much did you spend to see your village doctor? \_\_\_\_\_ RMB **No cost enter 0**

**2.6** How often did your village doctor measure your blood pressure during these visits?

Never <sup>1</sup>      Sometimes <sup>2</sup>      Every time <sup>3</sup>

**2.7** When was the last time that you saw your village doctor for heart disease, stroke or hypertension related problems?

days ago **Insert 0 if not for the diseases listed above**

**2.8** During the visit, did your village doctor provide the following recommendations?

Reduce salt intake	Yes <input type="checkbox"/> <sup>1</sup>	No <input type="checkbox"/> <sup>0</sup>
Quit smoking	Yes <input type="checkbox"/> <sup>1</sup>	No <input type="checkbox"/> <sup>0</sup>
Be physically active	Yes <input type="checkbox"/> <sup>1</sup>	No <input type="checkbox"/> <sup>0</sup>

**2.9** Have you taken any aspirin during the past 12 months?

Yes <sup>1</sup> No <sup>0</sup> Don't know <sup>9</sup>  
 ↓  
**Q2.18** ←

**2.15** Any doctor prescribes aspirin for you?

No <sup>0</sup> Yes <sup>1</sup>

**2.16** Who prescribed it?

Buy by myself <sup>1</sup> Tibetan medicine doctor <sup>2</sup>  
 Village doctor <sup>3</sup> Specialist <sup>4</sup>

**2.17** Why you didn't take aspirin?

I don't need to take <sup>1</sup>  
 I have contraindications <sup>2</sup>  
 No treatment <sup>3</sup>  
 Side effect <sup>4</sup>  
 I don't know where to buy <sup>5</sup>  
 Expensive <sup>6</sup>  
 Forget <sup>7</sup>  
 Others <sup>9</sup>, specify \_\_\_\_\_

**2.10** How many months have you taken aspirin during the past 1 year?

<2mths <sup>1</sup> 2-8 mths <sup>2</sup> 9-11mths <sup>3</sup> Every month <sup>4</sup>

**2.11** How many days in a month did you take the aspirin as prescribed?

≥25 days <sup>1</sup> 20-24days <sup>2</sup> 15-19days <sup>3</sup> ≤14 days <sup>4</sup>

**2.12** Reason for not taking aspirin as prescribed?

Expensive <sup>1</sup> Forget <sup>2</sup> No treatment <sup>3</sup>

Side effect <sup>4</sup>

Others <sup>5</sup>, specify \_\_\_\_\_

Melena <sup>8</sup> Bleeding <sup>9</sup>

**2.13** Who prescribed the aspirin?

Buy by myself <sup>1</sup> Tibetan medicine doctor <sup>2</sup> Village doctor <sup>3</sup> Specialist <sup>4</sup>

**2.14** Where do you mainly buy your aspirin?

Village clinics <sup>1</sup> Township hospital <sup>2</sup> County Hospital <sup>3</sup> Pharmacies <sup>4</sup> Village doctor <sup>5</sup>

**2.18** Have you taken any diuretics during the past 12 months?

Yes <sup>1</sup> No <sup>0</sup> Don't know <sup>9</sup>  
 ↓  
**Q3.1** ←

**2.24** Any doctor prescribes diuretics for you?

No <sup>0</sup> Yes <sup>1</sup>

**2.25** Who prescribed it?

Buy by myself <sup>1</sup> Tibetan medicine doctor <sup>2</sup>  
 Village doctor <sup>3</sup> Specialist <sup>4</sup>

**2.26** Why you didn't take diuretics?

I don't need to take <sup>1</sup>  
 I have contraindications <sup>2</sup>  
 No treatment <sup>3</sup>  
 Side effect <sup>4</sup>  
 I don't know where to buy <sup>5</sup>  
 Expensive <sup>6</sup>  
 Forget <sup>7</sup>  
 Others <sup>9</sup>, specify \_\_\_\_\_

**2.19** How many months have you taken diuretics during the past 1 year?

<2mths <sup>1</sup> 2-8 mths <sup>2</sup> 9-11mths <sup>3</sup> Every month <sup>4</sup>

**2.20** How many days in a month did you take the diuretics as prescribed?

≥25 days <sup>1</sup> 20-24days <sup>2</sup> 15-19days <sup>3</sup> ≤14 days <sup>4</sup>

**2.21** Reason for not taking diuretics as prescribed?

Expensive <sup>1</sup> Forget <sup>2</sup> No treatment <sup>3</sup>

Side effect <sup>4</sup>

Others <sup>5</sup>, specify \_\_\_\_\_

Weakness <sup>8</sup> Gout <sup>9</sup>

**2.22** Who prescribed the diuretics?

Buy by myself <sup>1</sup> Tibetan medicine doctor <sup>2</sup> Village doctor <sup>3</sup> Specialist <sup>4</sup>

**2.23** Where do you mainly buy your diuretics?

Village clinics <sup>1</sup> Township hospital <sup>2</sup> County Hospital <sup>3</sup> Pharmacies <sup>4</sup> Village doctor <sup>5</sup>

## SECTION 3: HEALTHCARE COSTS AND WORK LOSS

The following section will ask you about the economic aspects of the health care you received in the last 2 weeks.

**3.1** Have you been charged by the hospital or received emergency services in the past 2 weeks?

Yes <sup>1</sup>      No <sup>2</sup> → **GO TO 3.2**

No.	Hospitalization (ZY) or Emergency (JZ)	Hospital Name	Days in hospital (not applicable for emergency service)	Total amount in the bill	How much did you pay?
1					
2					

**3.2** Have you seen a doctor during the past 2 weeks? Yes <sup>1</sup>      No <sup>2</sup> → **GO TO 3.3**

Doctor level	How many times?	How much did you pay in total?	Includes physical exams fees?	Includes drug fees?
<b>Village doctor</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>Township physician</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>County hospital or higher</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>Tibetan medicine doctor and others</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>

**3.3** Apart from the physical examinations included above, have you received additional exams in the past 2 weeks?

Yes <sup>1</sup>      No <sup>2</sup>

**GO TO 3.4**

Where did you receive? How many times in total? And How much did you pay in total?		
Location	Times	Cost
<b>Village clinics</b>		
<b>Township hospital</b>		
<b>County hospital or higher</b>		
<b>Tibetan medicine hospital or other</b>		

**3.4** Apart from the drugs included in 3.2, have you bought any other drugs in the past 2 weeks?

Yes <sup>1</sup>      No <sup>2</sup>

**GO TO 3.5**

Total cost: \_\_\_\_\_ RMB

**3.5** Have you had any health problems during the past 2 weeks? Yes <sup>1</sup> No <sup>2</sup> → **PHYSICAL EXAMS**

**3.5a** How many days did you miss work (e.g. housework, cooking, farming) due to a health problem during the past 2 weeks? \_\_\_\_ days

**3.5b** How many days did you miss work due to heart disease, hypertension, diabetes or stroke? \_\_\_\_ days

**3.5c** How many days did you stay in bed in the past 2 weeks? \_\_\_\_ days

Survey end time:   :   (HH/MM)

Interview self-check:



**3<sup>rd</sup> PHYSICAL EXAMINATION**

<p><b>Removed shoes:</b> Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Removed cap:</b> Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Hunchbacked/Kyphosis:</b> Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE7.</b> Height: ____ . ____ cm</p> <p>Torso straight? No <input type="checkbox"/><sup>1</sup> Yes <input type="checkbox"/><sup>0</sup></p> <p>If it is not measurable, please specify the reason: _____</p>
<p><b>Removed clothing:</b> Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Removed shoes:</b> Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE8.</b> Weight: ____ . ____ Kg</p> <p>If it is not measurable, please specify the reason: _____</p>
<p><b>Removed clothing:</b> Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p> <p><b>Released belt:</b> Yes <input type="checkbox"/><sup>1</sup> No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE9.</b> Waist Circumference 1 (Left): ____ . ____ cm</p> <p>If it is not measurable, please specify the reason: _____</p>
<p><b>What is the subject wearing under measurement tape?</b></p> <p>Nothing, next to skin <input type="checkbox"/><sup>1</sup> Underwear <input type="checkbox"/><sup>2</sup></p> <p>Sweater, Hooded Shirt <input type="checkbox"/><sup>3</sup></p> <p>Other <input type="checkbox"/><sup>4</sup> Please specify _____</p>	<p><b>PE10.</b> Waist Circumference 2 (Right): ____ . ____ cm</p>

<p><b>Interviewer ID:</b> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>Inspector ID:</b> <input type="checkbox"/> <input type="checkbox"/></p>
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## Eligibility Checklist

What is your age?

(Participants should be more than 40 year of age, if not, end the survey and state the following: "I am sorry, you are not eligible to participate in this study. Thank you very much for your time. Have a nice day.")

**(If person is above 40 years of age, proceed with the survey)**

**Demographic Information:**

**D12.** Name: \_\_\_\_\_

**D13.** Sex: Male <sup>1</sup> Female <sup>2</sup>

**D14.** Add: \_\_\_\_\_

### 1<sup>st</sup> PHYSICAL EXAMINATION (PE)

Bare Arm (Left):	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE1.</b> SBP: ____ mmHg
	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE2.</b> DBP: ____ mmHg
Wrist same level as heart:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE3.</b> Heart Rate: ____ beat/minute
Cuff Tied:		

### DISEASE HISTORY (DH)

Have you ever been told by a doctor/physician that you have any of the following diseases?

- DH1**            Coronary Heart Disease (CVD)            Yes <sup>1</sup>No <sup>2</sup>Don't know <sup>99</sup>
- DH2**            Hemorrhagic/Ischemic Stroke            Yes <sup>1</sup>No <sup>2</sup>Don't know <sup>99</sup>
- DH3**            Diabetes            Yes <sup>1</sup>No <sup>2</sup>Don't know <sup>99</sup>

### 2<sup>nd</sup> PHYSICAL EXAMINATION

Bare Arm (Left):	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE4.</b> SBP: ____ mmHg
Wrist same level as heart:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE5.</b> DBP: ____ mmHg
Cuff Tied:	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	<b>PE6.</b> Heart Rate: ____ beat/minute

### CVD HIGH RISK INDIVIDUAL CHECKLIST

Confirmed participant's age is older than 40 years old? Yes <sup>1</sup>No <sup>2</sup>**IF NO, END THE SURVEY**

1. Has a reported history of CVD Yes <sup>1</sup> No <sup>2</sup>  
<sup>2</sup>  
(DH1 answer)
2. Has a reported history of Hemorrhagic/Ischemic stroke Yes   
<sup>1</sup> No <sup>2</sup>  
(DH2 answer)
3. Has a reported history of DIABETES Yes <sup>1</sup> No <sup>2</sup>  
(DH3 answer)
4. **BOTH** SBP measure  $\geq$  160mmHg Yes <sup>1</sup> No <sup>2</sup>  
(PE1 AND PE4)

**If any of the above checkboxes are checked as YES, this participant is identified as a CVD high-risk patient and is eligible for the study.**

**If Person does not meet eligibility criteria, state the following:**

*"I am sorry, you are not eligible to participate in this study. Thank you very much for your time. Have a nice day."*

**If person meets eligibility criteria, ask if they would like to participate:**

*Would you like to participate?*

- Eligible and Agreed*
- Eligible and Refused (Reason.....)*
- Not Eligible*

**[If, no]** Say "thank you very much for your time and have a good day"

**[If, yes]** Thank the participant for agreeing to participate in this study and Give them the date, time, and location of the study center. **Ask them to bring the prescription and medicines they are taking currently.** Let them know that you will be calling the day before to remind them about the visit. Ask them if there are any additional questions.



### **'SimCard' Survey Questionnaire**

You are invited to participate in the Simplified Cardiovascular Management Study. The objective of this study is to develop a cost-effective management scheme to improve the health care system in your local area. The following questions are related to your lifestyle habits, your medical history and your medical costs. We will also conduct a series of basic physical examinations, which will include your height, weight, waist circumference and blood pressure. All information collected from this survey will be kept confidential. You are entirely free to decide whether or not to take part in this research study. You are also free to discontinue at any time during the survey. Thank you for your participation.

Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ (YY/MM/DD)

Start Time: \_\_ \_\_:\_\_ \_\_ (HH/MM)

Participant ID: \_\_/\_\_/\_\_/\_\_ \_\_ \_\_

**Baseline part 1**

Interviewer Code: \_\_\_

Interviewer Signature: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_

**HIGH-RISK INDIVIDUAL QUESTIONNAIRE**

**ONLY applicable to identified high-risk individuals**

**DEMOGRAPHIC INFORMATION**

**Demographic Information:**

**D12.** Name: \_\_\_\_\_

**D13.** Sex: Male <sup>1</sup> Female <sup>2</sup>

**D14.** Add: \_\_\_\_\_

**D15.** How many years of formal education you have completed? .....

**D16.** What's the highest education level you have completed?

Illiterate <sup>1</sup> Primary school or under <sup>2</sup> Middle school <sup>3</sup> High school <sup>4</sup> Secondary school/ Intermediary <sup>5</sup> Graduate <sup>6</sup> Postgraduate/ Professional degree <sup>7</sup>

**D17.** Cell phone number: \_\_\_\_\_ Personal <sup>1</sup> Relative <sup>2</sup>

**D18.** Number of people in the household: \_\_\_\_\_

**D19.** Annual household income: -----

## SECTION 1: LIFESTYLE INFORMATION

### SMOKING

**1.1** Do you currently smoke Tobacco?

Yes <sup>1</sup> Occasionally <sup>2</sup> No <sup>3</sup> **GO TO 1.8**

**1.2** How do you smoke tobacco?

Cigarette <sup>1</sup> Beedi <sup>2</sup> Hukkah <sup>3</sup> Chillum <sup>4</sup> Other <sup>5</sup>

**1.3** How many days a week do you smoke?

Usually one day or less <sup>1</sup> Usually 2 to 4 days <sup>2</sup> Almost every day <sup>3</sup>

**1.4** On average, how many cigarettes/ bidis do you smoke in a day?

Number: \_\_\_\_\_

**1.5** How long have you smoked one or more cigarettes/ bidis per day?

\_\_\_\_\_ years or \_\_\_\_\_ months \_\_\_\_\_ days

**1.6** Have you ever attempted to quit smoking before?

Yes <sup>1</sup> No <sup>2</sup>

**1.7** Are you currently attempting to quit smoking?

Yes <sup>1</sup> No <sup>2</sup>

Go to ques 1.12

**1.8** Did you ever smoke regularly in the past?

Yes <sup>1</sup> No <sup>2</sup>

**GO TO 1.12**

**1.9** When did you stop smoking cigarettes/ bidis regularly?

\_\_\_ / \_\_\_ / \_\_\_ (YY/MM/Days)

**1.10** What is the highest average number of cigarettes/bidis you have ever smoked daily for as long as a year?

Number: \_\_\_\_\_

**1.11** How old were you when you began to smoke regularly?

Age: \_\_\_\_\_

**1.12** Have you ever used smokeless tobacco (chewing tobacco)?

Used to, but not now <sup>1</sup> No <sup>2</sup>

Now, use regularly <sup>3</sup> Now, used occasionally <sup>4</sup>

**GO TO 1.14**

**1.13** About how many grams of powdered tobacco do you use per week?

Grams: \_\_\_\_\_ gram

**1.14** For how many hours, on average each day, are you closely exposed to other people's tobacco smoke (environmental tobacco smoke exposure)?

Hours: \_\_\_\_\_ hour \_\_\_\_\_ minutes

**EXERCISE (please select check box 1 or 2, which ever applicable in the ques below)**

**1.16** During the last 7 days, on how many days did you perform **VIGOROUS** physical activities, e.g., carry water, wash cloths, run, farm, climb or fast bicycling? Think about only those physical activities that you did for at least 10 minutes at a time.

\_\_\_\_\_ days a week <sup>1</sup>                      No vigorous physical activities <sup>2</sup>

**1.17** How much time did you usually spend doing **vigorous** physical activities on one of those days?

\_\_\_\_\_ minutes per day                      Don't know/Not sure <sup>99</sup>

**GO TO 1.18**

**1.18** During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or participated in games?

\_\_\_\_\_ days a week <sup>1</sup>                      No moderate physical activities <sup>2</sup>

**1.19** How much time did you usually spend doing **moderate** physical activities on one of those days?

\_\_\_\_\_ minutes per day                      Don't know/Not sure <sup>99</sup>

**GO TO 1.20**

**1.20** During the last 7 days, on how many days did you walk at least 10 minutes at a time? This includes walking at work and at home, walking to travel from one place to another, doing housework and any other walking that you did solely for recreation, sports, exercise or leisure.

\_\_\_\_\_ days per week <sup>1</sup>                      No walking <sup>2</sup>

**1.21** How much time did you spend **walking** on one of those days?

\_\_\_\_\_ minutes per day                      Don't know/Not sure <sup>99</sup>

**GO TO 1.22**

**1.22** The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time in total did you usually spend sitting on one of those days?

\_\_\_\_\_ minutes per day                      Don't know <sup>99</sup>

## SALT INTAKE

**1.23** Which of the following best describes what you think is the effect of salt in your diet on your health?

Worsened my health <sup>1</sup> Improved my health <sup>2</sup> Has no effect <sup>3</sup> Don't know <sup>99</sup>

**1.24** Do you think these health problems listed below can be caused or aggravated by salty foods?

	Yes	No	Don't know
Hypertension	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>
CVD	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>
Diabetes	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>
Kidney Disease	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>99</sup>

**1.25** What is the maximum daily amount of salt intake recommended for adults?

Less than 3 grams (1/2 teaspoonful) <sup>1</sup> 3-6 grams (1/2-1 teaspoonful) <sup>2</sup>

6-9 grams (1-1<sup>1/2</sup> teaspoonful) <sup>3</sup> 9-12 grams (1<sup>1/2</sup> -2 teaspoonful) <sup>4</sup> Don't know <sup>99</sup>

**1.26** In the last 3 months, have you received any information regarding salt and health?

Yes <sup>1</sup>

No <sup>2</sup> **GO TO Section 2**

**1.27** From what source did you receive the information? **Choose all that apply**

Television, Radio <sup>1</sup> Magazine, Newspaper <sup>2</sup> Booklet <sup>3</sup> Relative <sup>4</sup>

Village doctor <sup>5</sup> Other healthcare workers <sup>6</sup> Other <sup>7</sup> please specify?

**1.28** During the last 3 months, have you attempted to reduce your salt intake (e.g., eat less pickled foods, add less salt in your food) when you are eating and drinking?

Yes <sup>1</sup>

No <sup>2</sup>



## Baseline Part 2

### 3<sup>rd</sup> PHYSICAL EXAMINATION

<p><b><u>Remove shoes:</u></b> Yes <input type="checkbox"/><sup>1</sup>No <input type="checkbox"/><sup>2</sup></p> <p><b><u>Remove cap:</u></b> Yes <input type="checkbox"/><sup>1</sup>No <input type="checkbox"/><sup>2</sup></p> <p><b><u>Humpbacked?</u></b> Yes <input type="checkbox"/><sup>1</sup>No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE7.</b> Height: _____ cm If it is not measurable, please specify the reason: _____</p>
<p><b><u>Remove Heavy clothing:</u></b> Yes <input type="checkbox"/><sup>1</sup>No <input type="checkbox"/><sup>2</sup></p> <p><b><u>Remove shoes:</u></b> Yes <input type="checkbox"/><sup>1</sup>No <input type="checkbox"/><sup>2</sup></p>	<p><b>PE8.</b> Weight: _____ Kg If it is not measurable, please specify the reason: _____</p>
<p><b><u>Remove heavy clothing:</u></b> Yes <input type="checkbox"/><sup>1</sup>No <input type="checkbox"/><sup>2</sup></p> <p><b><u>Release belt:</u></b> Yes <input type="checkbox"/><sup>1</sup>No <input type="checkbox"/><sup>2</sup></p> <p><b><u>What is the subject wearing at the time of measuring?</u></b> Pant (Dhoti/Salwar) <input type="checkbox"/><sup>1</sup> Shirt (Kurta/Suite) <input type="checkbox"/> <sup>2</sup>Other (Sweater/Shawl) <input type="checkbox"/><sup>3</sup> Please specify _____</p>	<p><b>PE9.</b> Waist Circumference 1 _____ cm (LEFT) If it is not measurable, please specify the reason: _____</p> <p><b>PE10.</b> Waist Circumference 1 _____ cm (RIGHT) If it is not measurable, please specify the reason: _____</p>

## SECTION 2: MEDICAL CARE AND MEDICATION USE

**2.1** During the past 12 months, have you been hospitalized?

Yes <sup>1</sup>    No <sup>2</sup>

↓

**GO TO 2.3**

**2.2** How many times have you been charged by the hospital? For each admission, please list the days spent in the hospital and for what conditions.

\_\_\_\_\_ times

Admission No.	Days spent in hospital	Diagnosis (conditions for which admitted)
1		
2		
3		
4		
5		

If the number of admission is larger than 5, please write on a separate paper.

**2.3** During the past 12 months, did you see any health professional?

Yes <sup>1</sup>    No <sup>2</sup>    Don't know <sup>3</sup>

↓

**GO TO 2.9**

**2.4** How often did you see the health professional in the past 12 months (including home visit)?

1-3 times <sup>1</sup>    4-6 times <sup>2</sup>    7-10 times <sup>3</sup>    Once a month <sup>4</sup>

More than once a month <sup>5</sup>

**2.5** How much did you spend to see the Health professional in past 12 months? \_\_\_\_\_ INR (Insert 0 if there is no cost).

**2.6** How often did the Health professional measure your blood pressure during these visits?

Never <sup>1</sup>    Sometimes <sup>2</sup>    Every time <sup>3</sup>

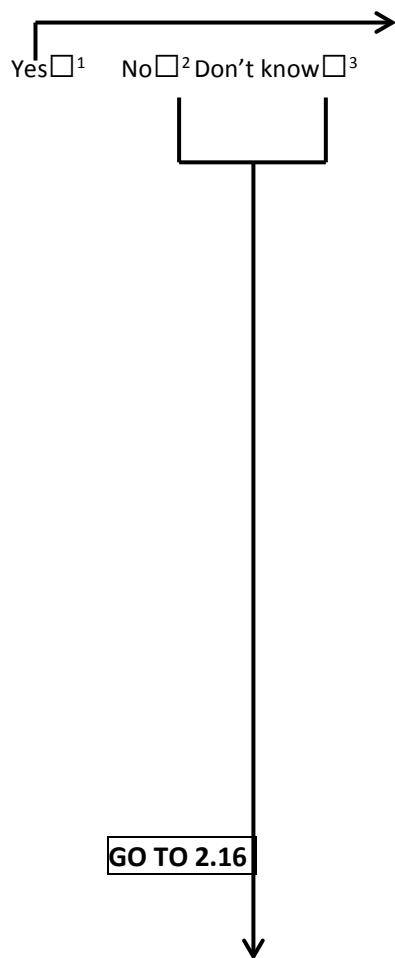
**2.7** When was the last time that you saw a health professional for your heart disease, stroke or hypertensive problems?

\_\_\_\_\_ days ago **INSERT 0 IF NOT FOR THE DISEASES LISTED ABOVE**

**2.8** During the visit, did the health professional provide the following recommendations?

	Yes	No
Reduce salt intake	<input type="checkbox"/>	<input type="checkbox"/>
Quit smoking	<input type="checkbox"/>	<input type="checkbox"/>
Be physically active	<input type="checkbox"/>	<input type="checkbox"/>

**2.9** Have you taken any aspirin during the past 12 months?



**2.10** How many months have you taken aspirin tablets during the past 1 year?  
 Less than 2 months <sup>1</sup> 2-8 months <sup>2</sup>  
 9-11 months <sup>3</sup> Every month <sup>4</sup>

**2.11** How many days in a month did you take it as prescribed?  
 ≥25 days <sup>1</sup> 20-24 days <sup>2</sup> 15-19 days <sup>3</sup> ≤14 days <sup>4</sup>

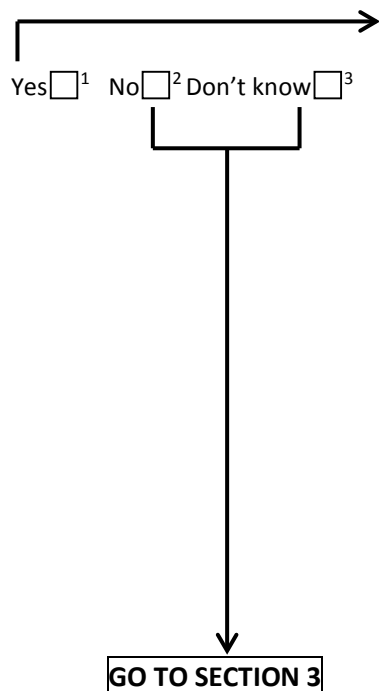
**2.12** Reason you did not take it as prescribed?  
 Expensive <sup>1</sup> Forget <sup>2</sup> No treatment <sup>3</sup>  
 Side effect <sup>4</sup> Others <sup>5</sup>, please specify \_\_\_\_\_

**2.13** Which brand of aspirin did you take?  
 please specify \_\_\_\_\_

**2.14** Who prescribed the aspirin?  
 Self-prescribed <sup>1</sup> Traditional medicine practitioner <sup>2</sup> PHC physician <sup>3</sup>  
 Community health worker and Physician <sup>4</sup> Community health worker <sup>5</sup>

**2.15** Where do you buy the aspirin?  
 PHC <sup>1</sup> Private hospitals <sup>2</sup> Govt hospital <sup>3</sup>  
 Pharmacies <sup>4</sup> Private MBBS doctor <sup>5</sup> RMP <sup>6</sup>  
 Camp <sup>7</sup>

**2.16** Have you taken any calcium channel blockers during the past 12 months?



**2.17** How many months have you taken calcium channel blockers tablets during the past 1 year?  
 Less than 2 months <sup>1</sup> 2-8 months <sup>2</sup> 9-11 months <sup>3</sup> Every month <sup>4</sup>

**2.18** How many days in a month did you take it as prescribed?  
 ≥25 days <sup>1</sup> 20-24 days <sup>2</sup> 15-19 days <sup>3</sup> ≤14 days <sup>4</sup>

**2.19** Reason you did not take it as prescribed?  
 Expensive <sup>1</sup> Forget <sup>2</sup> No treatment <sup>3</sup>  
 Side effect <sup>4</sup> Others <sup>5</sup>, please specify \_\_\_\_\_

**2.20** Which brand of calcium channel blocker did you take?  
 Please specify \_\_\_\_\_

**2.21** Who prescribed the calcium channel blockers ?  
 Buy self <sup>1</sup> Traditional medicine practitioner <sup>2</sup> PHC physician <sup>3</sup>  
 Community health worker and physician <sup>4</sup> Community health worker <sup>5</sup>

**2.22** Where do you buy the calcium channel blockers ?  
 PHC <sup>1</sup> Private hospitals <sup>2</sup> Govt hospital <sup>3</sup> Pharmacies <sup>4</sup>  
 Private MBBS doctor <sup>5</sup> RMP <sup>6</sup> Camp <sup>7</sup>

## SECTION 3: HEALTHCARE COSTS AND WORK LOSS

*The following section will ask you about the economic aspects of the health care you received in the last 2 weeks.*

**3.1** Have you been charged by the hospital or received emergency services in the past 2 weeks?

Yes <sup>1</sup>      No <sup>2</sup> → **GO TO 3.2**

No.	Hospitalization (ZY) or Emergency (JZ)	Hospital Name	Days in hospital (0 for emergency service)	Total amount in the bill	How much did you pay?
<b>1</b>					
<b>2</b>					

**3.2** Have you seen a doctor during the past 2 weeks? Yes <sup>1</sup> No <sup>2</sup> → **GO TO 3.3**

Doctor level	How many times?	How much did you pay in total?	Includes physical exams fees?	Includes drug fees?
<b>PHC</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>Specialist physician</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>Tertiary hospital</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>
<b>Others</b>			Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>	Yes <input type="checkbox"/> <sup>1</sup> No <input type="checkbox"/> <sup>2</sup>

**3.3** Apart from the physical examinations included above, have you received additional exams in the past 2 weeks?

Yes <sup>1</sup> No <sup>2</sup>

↓

**GO TO 3.4**

Where did you receive? How many times in total? And How much did you pay in total?		
Location	Times	Cost
<b>PHC</b>		
<b>District hospital</b>		
<b>Tertiary hospitals</b>		
<b>Others</b>		

**3.4** Apart from the drugs included in 3.2, have you bought any other drugs in the past 2 weeks?

Yes <sup>1</sup> No <sup>2</sup>

↓

**GO TO 3.5**

→ Total cost: \_\_\_\_\_ INR

**3.5** Have you had any health problems during the past 2 weeks? Yes <sup>1</sup> No <sup>2</sup> → **FINISH SURVEY**



**3.5a** How many days did you miss work (e.g. housework, cooking, farming) due to a health problem during the past 2 weeks? \_\_\_ \_\_\_ days

**3.5b** How many days did you miss work due to heart disease, hypertension, diabetes or stroke? \_\_\_ \_\_\_ days

**3.5c** How many days did you stay in bed in the past 2 weeks? \_\_\_ \_\_\_ days

**Interviewer self-check, if nothing missed, please tick**

**Finish time:** \_\_\_ \_\_\_ : \_\_\_ \_\_\_ (HH/MM)

**Interviewer code:** \_\_\_ \_\_\_

**Interviewer signature:** \_\_\_\_\_

**Inspector signature:** \_\_\_\_\_