FORM – A

CARRS: SURVEILLANCE STUDY

BLOOD PRESSURE AND ANTHROPOMETRY

Participant ID
pid [int(5)]

Interviewer ID

idate [varchar(10)]

Date Completed: DD/ MM/ YY

I. BLOOD PRESSURE AND PULSE RATE

Instrument ID

Type of Measurement	1st Reading	2nd Reading	Difference between 1st and 2nd	Tolerance	3rd Reading (if necessary)
	systolic_bp_first [int(3)]	systolic_bp_second [int(3)]			
Systolic BP				10 mm Hg	systolic_bp_third [int(3)]
	diastolic_bp_first [int(3)]	diastolic_bp_second [int(3)]			diastolic_bp_third [int(3)]
Diastolic BP				6 mm Hg	
	pulse_rate_first int [int(3)]	pulse_rate_second [int(3)]			
Pulse rate					

II. ANTHROPOMETRIC MEASUREMENTS

1. Height (cm)
Instrument ID

Standing Height
bp_ht [decimal (3.1)]

|__|__|__|.|__|

Comments:

2. Body circumferences (cm)
Instrument ID

Mid-arm
mid_arm [decimal(3,1)]

|__|__|__|.|__|

Clothing(√)
None — mid_arm_clothing1 [int(1)]
Light — mid_arm_clothing2 [int(1)]
Heavy — mid_arm_clothing3 [int(1)]

Waist
waist [decimal(3,1)]

|__|__|__|.|__|

Clothing(√)
None — waist_clothing1 [int(1)]
Light — waist_clothing2 [int(1)]
Heavy — waist_clothing3 [int(1)]

Hip
hip [decimal(3,1)

|__|__|__|.|__|

Clothing(√)
None — hip_clothing1 [int(1)]
Light — hip_clothing2 [int(1)]
Heavy — hip_clothing3 [int(1)]

3. Skinfold Thickness (mm)
Instrument ID

Type of Measurement	1st Reading	2nd Reading	Difference between 1st and 2nd	Tolerance	3rd Reading (if necessary)
	st_triceps_1 [decimal (3,1)]	st_triceps_2 [decimal (3,1)]			st_triceps_3 [decimal (3,1)]
Triceps	|__|__|.|__|	|__|__|.|__|	|__|.|__|	1 mm	|__|__|.|__|
	st_ss_1 [decimal (3,1)]	st_ss_2 [decimal (3,1)]			st_ss_3 [decimal (3,1)]
Supra-scapular	|__|__|.|__|	|__|__|.|__|	|__|.|__|	1 mm	|__|__|.|__|
	sp_ss_1 [decimal (3,1)]	sp_ss_2 [decimal (3,1)]			sp_ss_3 [decimal (3,1)]
Supra-patellar	|__|__|.|__|	|__|__|.|__|	|__|.|__|	1 mm	|__|__|.|__|

Attach the print-out of body composition / bio-impedance measurement of the participant along with this form. Note any specific comments on the back of this form.

Participant ID ☐☐☐☐☐ fo_pid [int(5)]

CARRS: Surveillance Study

Instruction to the interviewer: HAS THE PARTICIPANT SIGNED THE INFORMED CONSENT? DO NOT PROCEED UNTIL THE CONSENT FORM HAS BEEN SIGNED.

Cluster ID ☐☐☐☐☐☐☐☐☐☐ fo_clusterid [int(10)]	Household ID ☐☐☐☐☐☐ fo_hhid [(int6)]
Follow-up ID ☐☐☐ fo_followupid [int(3)]	Interviewer ID ☐☐☐☐ fo_iid [int(4)]
Date of interview: ☐☐☐☐☐ DD/ MM/ YY fo_doi [varchar(11)]	Start Time [Hr:min] ☐☐ : ☐☐ HR MIN fo_time1 [int(4)]

SECTION- 1: Response of the participant		
1. Did the participant respond to the study? fo_studyresp[int(1)]	*[Yes =1; No =2]*	☐
2. If yes, what is the present address fo_padd [int(1)]	Same as baseline survey .... 1 Changed 2	☐
2a. If changed, note the current address: fo_cadd [varchar(255)]		
3. If no, what is the reason for non-response? fo_reasons [int(1)] fo_reasonsp [varchar(100)]	Participant has relocated- non reachable/traceable ... 1 Not available after 3 subsequent visits ... 2 Refused to participate ... 3 Not Alive ... 4 Others Please specify_____	☐
*If the answer is 4 for the above question, please complete **verbal autopsy** form*		
SECTION – 2: MEDICAL HISTORY		
PART-A: CARDIOMETABOLIC DISEASES AND THEIR RISK FACTORS		

		(Yes=1, NO= 2)	If **YES**, Since How long (Mnts)
1. In last one year, have you been told by a doctor that you have developed or suffered (or started medication for) any of the following diseases?	Hypertension (High blood pressure)* fo_hypert[int(1)]	☐	fo_hypertm[int(2)] ☐☐
	Diabetes (High Blood Sugar)* fo_diab [int(1)]	☐	fo_diabm [int(2)] ☐☐
	Hyperlipidemia (High Cholesterol) fo_hyperli [int(1)]	☐	fo_hyperlim [int(2)] ☐☐
	Heart Attack fo_heartat [int(1)]	☐	fo_heartatm [int(2)] ☐☐
	Stroke (Paralytic Attack) fo_stroke [int(1)]	☐	fo_strokem [int(2)] ☐☐
	Chronic Kidney Disease fo_ckidney [int(1)]	☐	fo_ckidneym [int(2)] ☐☐

Exclude pregnancy induced Hypertension and High Blood Sugar:

*If the answer is **'YES'** to any of the choices in Q. 1, then continue with this section, otherwise skip to **SECTION -3**. Ask for documented evidence, doctor's diagnosis/prescription/investigation report. Take a photocopy/photo of the evidence and attach with the questionnaire.*

Write the actual diagnosis/description below

fo_desc [varchar(255)]

PART B: *DISEASE SPECIFIC QUESTIONS*			
1. Hypertension			
a. Are you taking any Allopathic drugs (English / modern) for your blood pressure? fo_hypdrug[int(1)]	*[Yes =1; No =2]*		
b. If yes, were you advised by a physician (prescribed?) fo_hyppres [int(1)]	*[Yes =1; No =2]*		
c. How often do you miss the medication per week? fo_hypmed [int(2)]			
II. Diabetes			
a. Are you taking any Allopathic drugs (English / modern) for your blood sugar/diabetes? fo_diabdrug [int(1)]	*[Yes =1; No =2]*		
b. If yes, were you advised by a physician (prescribed?) fo_diabpres [int(1)]	*[Yes =1; No =2]*		
b. How often do you miss the medication per week? fo_diabmed [int(2)]			
III. Hyperlipidemia			
a. Are you taking any Allopathic drugs (English / modern) for your cholesterol/hyperlipidemia? fo_hyperlidrug [int(1)]	*[Yes =1; No =2]*		
b. If yes, were you advised by a physician (prescribed?) fo_hyperlipres [int(1)]	*[Yes =1; No =2]*		
d. If yes, how often do you miss the medication (per week)? fo_hyperlimed [int(2)]			
IV. Chronic Kidney Disease			
a. Are you taking any Allopathic drugs (English / modern) for your kidney disease? fo_ckidneydrug [int(1)]	*[Yes =1; No =2]*		
b. If yes, were you advised by a physician (prescribed?) fo_ckidneypres [int(1)]	*[Yes =1; No =2]*		
C.If yes, how often do you miss the medication (per week)? fo_ckidneymed [int(2)]			
Section 3: Hospitalization			
Part A			

1. Were you hospitalized for any illness in the **past 12 months**? fo_hosp [int(1)]	[Yes =1; No =2;Do not remember=3]	☐ [If **NO**, Skip to **Section-4**]

2. Were you admitted for any of the following reasons?		[Yes=1; No=2]	If yes, How many times?
	Heart Attack/Angina fo_hangina [int(1)]	☐ fo_hanginan [int(2)]	☐☐
	Stroke fo_hstroke [int(1)]	☐ fo_hstroken [int(2)]	☐☐
	Diabetes fo_hdiab[int(1)]	☐ fo_hdiabn [int(2)]	☐☐
	Diabetic complications (infections, retinopathy, nephropathy, etc.) fo_hdiabcomp [int(1)]	☐ fo_hdiabcompn [int(2)]	☐☐
	High blood pressure fo_hhbp [(1)]	☐ fo_hhbpn [int(2)]	☐☐
	Chronic Kidney disease fo_hckidney [int(1)]	☐ fo_hckidneyn [int(2)]	☐☐

Part B: *DISEASE SPECIFIC QUESTIONS*

I. Heart Attack (fill in if ticked above)

a. What intervention or procedure did you receive at or after your heart attack? fo_hattackint [int(1)] fo_hattackintsp [varchar(100)]	Thrombolysis (Clot subsiding drugs) 1 Coronary angioplasty (balloon or stenting) 2 CABG (By pass surgery) 3 Others 4 Please mention _____	☐
b. Are you taking any Allopathic drugs (English / modern) for your heart disease? fo_hattdrug [int(1)]	[Yes =1; No =2]	☐
c. If yes, were you advised by a physician (prescribed?) fo_hattpres [int(1)]	[Yes =1; No =2]	☐

II. Stroke (fill in if ticked above)

a. Is there residual:	Paralysis / Weakness fo_rparalysis [int(1)] Defect of speech fo_rspeech [int(1)] Urinary incontinence fo_rurinary [int(1)] Any other weakness fo_rweakness [int(1)] (specify)_____ fo_rspecify [varchar(100)]	☐ ☐ ☐ ☐

Section 4: Drug information

1. In the past one week, are you currently taking any Allopathic drugs (English / modern) for any disease?	[Yes =1; No =2]	fo_drugcurr [int(1)] ☐ [If **NO**, go to section 5]
2. If yes, Provide details of all the medication that the participant is taking at the time of survey in the below columns		

Name of the drug (write in capital letters)	Since when are you taking this drug? *(Circle the appropriate time measure)*
1. fo_drug1 [varchar(100)]	▢▢ **years/Months/weeks/days** fo_drug1w[int(2)] fo_drug1d [int(1)] fo_drug1y [int(2)] fo_drug1m [int(2)]
2. fo_drug2 [varchar(100)]	▢▢ **years/Months/weeks/days** fo_drug2w[int(2)] fo_drug2d [int(1)] fo_drug2y [int(2)] fo_drug2m [int(2)]
3. fo_drug3 [varchar(100)]	▢▢ **years/Months/weeks/days** fo_drug3w[int(2)] fo_drug3d [int(1)] fo_drug3y [int(2)] fo_drug3m [int(2)]
4. fo_drug4 [varchar(100)]	▢▢ **years/Months/weeks/days** fo_drug4w[int(2)] fo_drug4d [int(1)] fo_drug4y [int(2)] fo_drug4m [int(2)]
5. fo_drug5 [varchar(100)]	▢▢ **years/Months/weeks/days** fo_drug5w[int(2)] fo_drug5d [int(1)] fo_drug5y [int(2)] fo_drug5m [int(2)]
6. fo_drug6 [varchar(100)]	▢▢ **years/Months/weeks/days** fo_drug6w[int(2)] fo_drug6d [int(1)] fo_drug6y [int(2)] fo_drug6m [int(2)]
7. fo_drug7 [varchar(100)]	▢▢ **years/Months/weeks/days** fo_drug7w[int(2)] fo_drug7d [int(1)] fo_drug7y [int(2)] fo_drug7m [int(2)]

Section 5: COMPLICATIONS - Complete the following section only if the participant has diabetes (refer the diabetes list provided to you)

I.   AMPUTATIONS

a. In last one year, have you had an amputation? fo_ampa [int(1)]	*[Yes =1; No =2;]*	▢ **"2" go to Part II**
b. Level of amputation fo_ampb [int(1)]	Toe 1 Below ankle 2 Below knee 3 Above Knee 4	▢
c. What was the cause for amputation? fo_ampc1 [int(1)] fo_ampc2 [int(1)] fo_ampcoth [varchar(100)]	Injury 1 Diabetes 2 Infection 3 Other 4	▢ ▢ Others specify _____
d. Ask the participant to show the medical records and photograph fo_ampmed [varchar(255)]		

II. EYES *(Complete the following sections only if the participant has diabetes (refer to the diabetes list provided to you)*

a. Did you have deterioration with your eyesight other than your ordinary power glasses (spectacles)? fo_eyesa [int(1)]	*[Yes =1; No =2;]*	▢ **"2" skip the section**
b. If 'YES', what was the diagnosis? fo_eyesb [int(1)] fo_eyesmen [varchar(255)]	Physician-diagnosed cataract 1 Physician-diagnosed retinopathy 2 Others 3 Mention_____	▢
c. Have you undergone laser therapy (Photocoagulation) at anytime fo_eyelaser [int(1)]	*[Yes =1; No =2;]*	▢

15. Time interview ended: ▢▢ : ▢▢
fo_intendtime [int(5)]
     HR   MIN

CARRS: Surveillance Study- 3rd Follow up

Instruction to the interviewer: HAS THE PARTICIPANT SIGNED THE INFORMED CONSENT? DO NOT PROCEED UNTIL THE CONSENT FORM HAS BEEN SIGNED.

Cluster ID f3_clusterid	⬚⬚⬚⬚⬚⬚⬚⬚	Household ID hhp_id	⬚⬚⬚⬚⬚⬚
Follow-up ID fu3_id	⬚⬚⬚	Interviewer ID	⬚⬚⬚⬚
Date of interview: ⬚⬚⬚⬚⬚⬚ DD/MM/YY Interview_date		Start Time(Hr:min) HR MIN start_time	⬚⬚ ⬚⬚

Section- 1: Response and contact of the participant		
1. Did the participant respond to the study? f3_respond_study	*[Yes =1; No =2]*	⬚ If '**2**', go to Q-4
2. If **YES**, what is the present address f3_present_add	Same as baseline survey/1st follow up 1 Changed 2	⬚ *If '1' go to question-6*
3. 3. If changed, note the current address: f3_change_add		

4. If **NO**, what is the reason for non-response?		
	Shifted not traceable	1	▢
	Shifted, traceable but not interested	2	
f3_non_response	Shifted but not approachable/out of area range	3	
	Hard refusal	4	
	Soft refusal	5	
	Death	6	
	could not complete this survey and will available for next year follow-up	7	
f3_non_response_other	Others, Please specify _____	8	

> ➤ *If the answer is 3 complete question-5.*
>
> *If the answer is 4 for the above question skip this questionnaire and please complete **verbal autopsy** form*

5. If "**Refused**," Reasons for refusal:		
	1. *Not able to give time*	*Write all the options applicable*
	2. *Interviews are lengthy*	
f3_refused1	3. *Not interested in providing blood sample*	▢ ▢ ▢
f3_refused2	4. *Too much blood drawn*	
f3_refused3	5. *Not satisfied with the lab report*	▢ ▢ ▢
f3_refused4	6. *Need more medical attention/medicines*	
f3_refused5	7. *Do not see any benefit in participating in the study*	
f3_refused6	8. *Do not feel secure*	
	9. *Do not want to give any reason*	
	10. *Others*	
	f3_refused_othspecify	
	If others: Please specify in detail: _____	

Cluster ID ☐☐☐☐☐☐☐☐☐	Household ID ☐☐☐☐☐☐
Follow-up ID ☐☐☐	Interviewer ID ☐☐☐☐
Date of interview: ☐☐☐☐☐☐ DD/MM/YY	☐☐ ☐☐ Start Time(Hr:min) HR MIN

Section-2: Tobacco and alcohol use

1. *Do you currently consume tobacco?* *(within last 1 year)* f3_tobacco_use	Yes= 1 No= 2	☐ *If 2, go to question-3*

2. *If Yes, how often? [Regularly (≥once a week)=1; Occasionally (<once a week) =2; No=3;*	Smoking form f3_howoften_smoke ☐	Chewed form f3_howoften_chew ☐	Any other form f3_howoften_other ☐

3. *Have you used alcoholic beverages in last one year?* f3_use_alc	*Yes =1* *No=2* *Do not remember=3*	☐ *If 2& 3 go to Section-3*

4. If Yes, How often did you consume? f3_yes_howoft_alc	*Regularly(≥ once a week) 1* *Occasionally(Less than once a week) 2*	☐

Section – 3: Medical History

Part-A: Cardiometabolic Diseases and their risk factors

		(Yes=1, NO= 2)	If **YES**, Since How long (Months)
1. In last one year, have you been told by a doctor that you have developed or suffered (or started medication for) any of the following diseases?	Hypertension (High blood pressure)* f3_mh_hbp (f3_mh_hbp_howlong)	☐	☐☐
	Diabetes (High Blood Sugar)* f3_mh_diab (f3_mh_diab_howlong)	☐	☐☐
	Hyperlipidemia (High Cholesterol) f3_mh_hyper (f3_mh_hyper_howlong)	☐	☐☐
	Heart Attack f3_mh_heart (f3_mh_heart_howlong)	☐	☐☐
	Stroke (Paralytic Attack) f3_mh_stroke (f3_mh_stroke_howlong)	☐	☐☐

*Exclude pregnancy induced Hypertension and High Blood Sugar:

*If the answer is **'YES'** to any of the choices in Q. 1, then continue with this section, otherwise skip to **SECTION -4.** Ask for documented evidence, doctor's diagnosis/prescription/investigation report. Take a photocopy/photo of the evidence and attach with the questionnaire.*

Write the actual diagnosis/description below

Part B: *Disease specific questions*		
1. Hypertension		
a. Are you taking any Allopathic drugs (English / modern) for your blood pressure? f3_hbp_allopathic	*[Yes =1; No =2]*	▢
b. If yes, were you advised by a physician (prescribed?) f3_hbp_advise	*[Yes =1; No =2]*	▢
c. How often (number of times) do you miss the medication per week? f3_hbp_miss_med		▢▢
II. Diabetes		
a. Are you taking any Allopathic drugs (English / modern) for your blood sugar/diabetes? f3_dia_allopathic	*[Yes =1; No =2]*	▢
b. If yes, were you advised by a physician (prescribed?) f3_dia_advise	*[Yes =1; No =2]*	▢
c. How often(number of times) do you miss the medication per week? f3_dia_miss_med		▢▢
III. Hyperlipidemia		
a. Are you taking any Allopathic drugs (English / modern) for your cholesterol/hyperlipidemia? f3_hyper_allopathic	[Yes =1; No =2]	▢
b. If yes, were you advised by a physician (prescribed?) f3_hyper_advise	[Yes =1; No =2]	▢
c. If yes, how often (number of times) do you miss the medication per week? f3_dia_miss_med		▢▢

Section 4: Hospitalization:

Part A

1. Were you hospitalized for any illness in the **past12 months?** f3_hosp_illness	*[Yes =1; No =2;Do not remember=3]*	☐ *[If 2 & 3, Skip to Section-5]*

2. Were you admitted for any of the following reasons?		*[Yes=1; No=2]*	If yes, How many times?
	Heart Attack/Angina f3_hosp_admit_heart f3_hosp_heart_times Stroke f3_hosp_admit_stroke f3_hosp_stroke_times Diabetes f3_hosp_admit_diab f3_hosp_diab_times Diabetic complications (infections, retinopathy, nephropathy, etc.) f3_hosp_admit_comp f3_hosp_comp_times High blood pressure f3_hosp_admit_hbp f3_hosp_hbp_times Chronic Kidney disease f3_hosp_admit_ckd f3_hosp_ckd_times	☐ ☐ ☐ ☐ ☐ ☐	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

Part B: *Disease Specific Questions*

I.   Heart Attack (fill in if ticked above)

a. What intervention or procedure did you receive at or after your heart attack? f3_heart_proc_attack f3_heart_proc_other	Thrombolysis (Clot dissolving drugs) 1 Coronary angioplasty (balloon or stenting) 2 CABG (By- pass surgery)3 Others4 Please mention _____	☐
b Are you taking any Allopathic drugs (English / modern) for your heart disease? f3_heart_med_hd	*[Yes =1; No =2]*	☐
c If yes, were you advised by a physician (prescribed?) f3_heart_presc_hd	*[Yes =1; No =2]*	☐

II.   Stroke (fill in if ticked above)

Is there residual:	Paralysis / Weakness f3_stroke_paralysis	☐
	Defect of speech f3_stroke_dspeech	☐
	Urinary incontinence f3_stroke_ur_incont	☐
	Other weaknesses f3_stroke_others	☐
	If others specify_____ f3_stroke_others_specify	

Section 5: COMPLICATIONS*[This section will be applied to all participants not just for diabetes]*

I.	Amputations		
a.	In last one year, have you had an amputation? f3_comp_amp	*[Yes =1; No =2;]*	☐ **"2" go to Part II**
b.	Level of amputation f3_com_level_amp	Toe 1 Below ankle 2 Below knee 3 Above Knee 4	☐
c.	What was the cause for amputation? f3_com_cause_amp f3_com_cause_ampoth	Injury 1 Diabetes 2 Infection 3 Other s 4	☐ ☐ Others specify _____
d.	Ask the participant to show the medical records and photograph *f3_com_med_records*		
II.	Eyes		
a.	Did you have deterioration with your eyesight other than your ordinary power glasses (spectacles)? f3_com_eyesight	*[Yes =1; No =2;]*	☐ **"2" go to Section-7**
b.	If '**YES**', what was the diagnosis? f3_com_diag f3_com_diag_oth	Physician-diagnosed cataract 1 Physician-diagnosed retinopathy 2 Both 3 Others 4 Mention_____	☐
c.	Have you undergone laser therapy (Photocoagulation) at anytime **f3_com_laser_therapy**	*[Yes =1; No =2;]*	☐

15. Time interview ended:

☐☐   ☐☐
HR   MIN

16. Questionnaire Quality Check:

Reviewer 1	**Reviewer 2**
Name_____	Name_____
Signature_____	Signature_____
Date_____	Date_____

Participant ID ☐☐☐☐☐

CARRS: Surveillance Study

Instruction to the interviewer: HAS THE PARTICIPANT SIGNED THE INFORMED CONSENT? DO NOT PROCEED UNTIL THE CONSENT FORM HAS BEEN SIGNED.

Household ID ☐☐☐☐☐ hhp_id [varchar(10)]	Participant ID ☐☐☐☐☐ PID [int(5)]
CEB Code ☐☐☐ CEB_CODE [varchar(10)]	Interviewer ID ☐☐☐☐ IID [int(4)]
Date of interview: ☐☐☐☐☐☐ iDate [varchar(10)] DD/ MM/ YY	Start Time [Hr:min] ☐☐ : ☐☐ iTime [varchar(10)] HR MIN

SECTION – 1: DEMOGRAPHIC, SOCIO-ECONOMIC AND RESIDENTIAL DETAILS

1. Name of the Participant:

   First name: pd_fname [varchar(100)] _____

   Middle Name: pd_mname [varchar(100)] _____

   Surname: pd_sname [varchar(100)] _____

2. Father's/Spouse's name:

   First name: pd_f1name [varchar(100)] _____

   Middle Name: pd_m1name [varchar(100)] _____

   Surname: pd_s1name [varchar(100)] _____

3. Address/Details:

   Street: pd_address [varchar(255)]

   District: pd_dist [varchar(50)]

   State: pd_state [varchar(50)]

   Postal Code: pd_pcode [bigint(11)]

5. Telephone Number

   Residence pd_phoneres [bigint(20)] _____

   Office pd_phoneoff [bigint(20)] _____

   Mobile pd_mobile [bigint(20)] _____

6. Email ID pd_email1 [varchar(100)]

   pd_email2 [varchar(100)]

   (1)

   (2)

7. Place of Birth

   District: pd_pobdist [varchar(50)]

   State: pd_pobstate [varchar(50)]

8. Age (in completed years) pd_age [int(3)]   ☐☐☐

9. Date of birth (if available) pd_dob [varchar(10)]   ☐☐☐☐☐☐☐☐   DD / MM / YYYY

10. Sex pd_sex [int(1)]	Male	1	
	Female	2	
	Trans-gender	3	

11. What is your marital status? pd_mstat [int(1)] pd_mstat_other [varchar(50)]	Single	1	
	Married	2	Others, specify
	Widow/Widower	3	
	Separated/Divorced	4	_____
	Others	5	

12. What is your mother tongue? (State of origin) pd_lang [int(3)] pd_lang_other [varchar(50)]	Assamese	1	Malayalam	10	
	Balochi	2	Marathi	11	
	Bengali	3	Punjabi	14	
	Gujarati	4	Sindhi	15	Others, specify
	Hindi	5	Telugu	16	
	Kannada	7	Tamil	17	
	Kashmiri	8	Urdu	18	_____
	Maithili	9	Others	19	

13. What religion do you follow? (Optional) pd_relig [int(3)] pd_relig_other [(varchar50)]	Hindu	1	
	Muslim	2	
	Sikh	3	
	Christian	4	Others, specify
	Jain	5	_____
	Buddhism	6	
	No religion	7	
	Others (specify)	8	
	No response	9	

14. Do you belong to a particular caste or tribe? (Optional) pd_caste [int(1)]	Yes	1	
	No	2	
	Don't know	3	
	Don't want to answer	4	
	Not applicable	5	

14.a. If "Yes" What is your caste or tribe? (Optional) pd_castetype [int(1)] pd_caste_other [varchar(50)]	Schedule caste	1	
	Schedule tribe	2	
	Other backward caste	3	Others (specify)
	Most backward	4	_____
	Others	5	
	Don't want to answer	6	

15. Number of years of formal education* * The total number of years the participant spent in any educational institution (schools, colleges, religious schools, etc.) pd_edu_yrs [int(5)]		**years**

16. Educational status (highest attained degree) pd_edu_stat [int(2)] pd_edu_others [varchar(50)] *A person who can both read and write with understanding in any language without any formal education or passed any minimum educational standard.* **A person, who can neither read nor write or can only read but cannot write in any language.*	Professional degree/post graduate	1	
	Graduate (B.A/B.Sc/B.Com/Diploma)	2	
	Secondary School / Intermediary (ITI course, class XII/X or Intermediate)	3	Others, specify _____ _____
	High school (class V to IX)	4	
	Primary School (upto Class IV)	5	
	*Literate, no formal education	6	
	**Illiterate	7	
	Others	8	
17. Your employment status? pd_emp_stat [int(2)]	Employed	1	
	Student	2	
	Housewife	3	**"1" go to 17.a Otherwise go to Q18**
	Retired	4	
	Un-employed	5	
17.a. If **"Employed"**, what is your current occupation? pd_cur_occu [int(2)] **[Use nearest applicable employment codes given below]**			
18. Have you been involved in any other occupation during past ten years? pd_other_occu [int(2)]	Yes	1	
	No	2	**"2" go to Q. 19**
18.a. If **'YES'**, name the occupation? **[Use nearest applicable employment codes given below]** pd_yes_occu [int(2)]			

Coding list for employment (for Q.17.a and Q.18.a)- refer to annexure for definition of skilled, semi-skilled, un-skilled

Professional, big business, landlord, university teacher, class 1 IAS/services officer, lawyer	1
Trained, clerical, medium business owner, middle level farmer, teacher, maintenance (in charge), personnel manager	2
Skilled manual labourer, small business owner, small farmer	3
Semi-skilled manual labourer, marginal landowner, rickshaw driver, army jawan, carpenter, fitter	4
Unskilled manual labourer, landless labourer	5

19. What is your total household income per month? pd_hhincome [int(2)] ***Please include income from all members who contribute to the household***	<3000	1	
	3000-10,000	2	
	10,001-20,000	3	
	20,001-30,000	4	
	30,001-40,000	5	
	40,001-50,000	6	
	>50,000	7	
	Refuse	8	
	Don't know	9	
20. Do you have a separate room for cooking (Kitchen)? pd_kitchen [int(1)]	Yes	1	
	No	2	

21. What is the fuel used for cooking? *If more than one source is used then note the source that is most commonly used* pd_fuel [int(1)] pd_fuel_other [varchar(50)]	Coal/charcoal/kerosene Electricity/gas (LPG)/solar/CNG (IGL) Wood/dung Others	1 2 3 4	Others (specify) _____
22. What is the source of drinking water used at home? pd_water [int(2)] *If more than one source is used then note the source that is most commonly used* pd_water_other [varchar(50)]	Public source Private source (Shared) Private source (Own) Bottled water Purified tap water Others	1 2 3 4 5 6	Others (specify) _____
23. What is the toilet facility you use? pd_toilet [int(2)] pd_toilet_other [(varchar(50)]	Public toilet Shared toilet Own flush toilet Others	1 2 3 4	Others (specify) _____

24. Which of the following do you own?

[Yes=1; No=2]

a.	Television	pd_tv [int(1)]
b.	Refrigerator	pd_fridge [int(1)]
c.	Washing machine	pd_wmachine [int(1)]
d.	Microwave / OTG	pd_micro [int(1)]
e.	Mixer-grinder	pd_grinder [int(1)]
f.	Mobile phone	pd_mobile [int(1)]
g.	DVD player	pd_dvd [int(1)]
h.	Computer	pd_computer [int(1)]
i.	Car	pd_car [int(1)]
j.	Motor Cycle /Scooter	pd_bike [int(1)]
k.	Bicycle	pd_cycle [int(1)]

25. Are you likely to move from your current residence within a year or two? pd_move_curres [int(1)]	Yes No Don't know	1 2 3
26. In case you move from current residence, whom can we contact to obtain your new contact address or telephone numbers? *Take details of two different contacts* pd_movecont1 [int(1)] pd_movecont2 [int(1)] pd_movespecify [varchar(100)]	Neighbour Relative Friend Employer No one to contact Others Specify _____	1 2 3 4 5 6
27. Name of the 1st contact person First Name: pd_fn_cont1 [varchar(100)] Middle name: pd_mn_cont1 [varchar(100)] Last Name: pd_ln_cont1 [varchar(100)]		

(In question 26: 1st and 2nd contacts)

28. Address of the 1st contact person pd_add_cont1 [varchar(255)]	
29. Phone number (home, office, mobile) of 1st contact person	Home _____ (area code) _____ (number) pd_phone1cont1 [bigint(20)] Office _____ (area code) _____ (number) pd_phone2cont1 [bigint(20)] Mobile_____ (number) pd_mobcon1 [bigint(20)]
30. Name of the 2nd contact person First Name: pd_fn_cont2 [varchar(100)] Middle Name: pd_mn_cont2 [varchar(100)] Last Name: pd_ln_cont2 [varchar(100)]	
31. Address of the 2nd contact person pd_add_cont2 [varchar(255)]	
32. Phone number (home, office, mobile) of 2nd contact person	Home _____ (area code) _____ (number) pd_phone1cont2 [bigint(20)] Office _____ (area code) _____ (number) pd_phone2cont2 [bigint(20)] Mobile_____ (number) pd_mobcon2 [bigint(20)]

SECTION – 2: TOBACCO AND ALCOHOL CONSUMPTION, DIETARY HABITS, PHYSICAL ACTIVITY AND SLEEP

PART – A: TOBACCO USE

1. Have you ever used tobacco in any form (smoking, chewing, snuff, etc)? tob_everused [int(1)]	Yes 1 No 2	**"2" go to Q. 8**
2. In what forms have you consumed tobacco? *[Yes=1; No=2]*	a. In a smoking form tob_smkfrm [int(1)] b. In a chewed form tob_chwfrm [int(1)] c. In any other form (snuff, toothpaste etc) tob_other [int(1)]	
3. Do you currently* consume tobacco? * within past 6 months tob_curcon [int(1)]	Yes 1 No 2	**"2" go to Q. 5**
4. If Yes, how often? *[Regularly (≥ once a week)= 1; Occasionally (<once a week)= 2; No=3; Not applicable=9]*	Smoking form Chewed form Any other form tob_cursmkfrm [int(1)] tob_curchwfrm [int(1)] tob_curothfrm [int(1)]	

5. Quantity and duration of use (for both current and past users)

Type of tobacco use / used	Brand name	Duration of use		Usage per month *Number smoked **Number of times ***Approximate amount in gms	If you have stopped using any of the following products, time in months/years since you have stopped	
		Years	Months		Years	Months
1. Cigarette*	tob_brand_cig [varchar(100)]	tob_cigdur_yrs [int(3)]	tob_cigdur_mon [int(3)]	tob_cig_permonth [int(3)]	tob_cigstop_yr [int(3)]	tob_cigstop_mon [int(3)]
2. Beedi*	tob_brand_bd [varchar(100)]	tob_bddur_yrs [int(3)]	tob_bddur_mon [int(3)]	tob_bd_permonth [int(3)]	tob_bdstop_yr [int(3)]	tob_bdstop_mon [int(3)]
3. Cigar*	tob_brand_cigar [varchar(100)]	tob_cigardur_yrs [int(3)]	tob_cigardur_mon [int(3)]	tob_cigarusage [int(3)]	tob_cigarstop_yr [int(3)]	tob_cigarstop_mon [int(3)]
4. Hukka/Chelum/Pipe **	tob_brand_huk {varchar(100)]	tob_hukdur_yrs [int(3)]	tob_hukdur_mon [int(3)]	tob_huk_permonth [int(3)]	tob_hukstop_yr [int(3)]	tob_hukstop_mon [int(3)]
5. Tobacco chewing***	tob_brand_tchew [(varchar100)]	tob_tchewdur_yrs [int(3)]	tob_tchewdur_mon [int(3)]	tob_tchew_permonth [int(3)]	tob_tobchwstop_yr [int(3)]	tob_tobchwstop_mon [int(3)]
6. Pan with Zarda***	tob_brand_pan [varchar(100)]	tob_pandur_yrs [int(3)]	tob_pandur_mon [int(3)]	tob_pan_permonth [int(3)]	tob_panstop_yr [int(3)]	tob_panstop_mon [int(3)]
7. Pan masala with zarda***	tob_brand_panmas [varchar(100)]	tob_panmasdur_yrs [int(3)]	tob_panmasdur_mon [int(3)]	tob_panmas_permonth [int(3)]	tob_panmasstop_yr [int(3)]	tob_panmasstop_mon [int(3)]
8. Snuff**	tob_brand_snuff [varchar(100)]	tob_snuffdur_yrs [int(3)]	tob_snuffdur_mon [int(3)]	tob_snuff_permonth [int(3)]	tob_snuffstop_yr [int(3)]	tob_snuffstop_mon [int(3)]
9. Gutkha***	tob_brand_gutkha [varchar(100)]	tob_gutkhadur_yrs [int(3)]	tob_gutkhadur_mon [int(3)]	tob_gutkha_permonth [int(3)]	tob_gutkhastop_yr [int(3)]	tob_gutkhastop_mon [int(3)]
10. Others: Specify _____	tob_brnd_other [int(100)]	tob_otherdur_yrs [int(3)]	tob_otherdur_mon [int(3)]	tob_other_permonth [int(3)]	tob_otherstop_yr [int(3)]	tob_otherstop_mon [int(3)]

6. At what age did you first start smoking regularly? [Not applicable – write '99' in the box]	tob_smk_strtage [int(3)]	years
7. At what age did you first start consuming smokeless tobacco product regularly? [Not applicable – write '99' in the box]	tob_smkless_strtage [int(3)]	years
8. Are you exposed to tobacco smoke from others regularly*? (e.g. at home, at workplace regularly, while travelling, any other place) * At least once a day in a week	Yes 1 No 2 tob_smkexpo [int(3)]	"2" go to PART B
9. If Yes: How many days a week*? tob_smkexpo_wk [int(3)] How much time during a day*? tob_smkexpo_hrs [int(3)] tob_smkexpo_mts [int(3)] HR : MIN (Please provide approximate time)		

PART – B: ALCOHOL USE

1. Have you ever used alcohol? alc_everused [int(1)]	Yes 1 No 2	"2" go to PART C

| 2. How often do you use alcoholic beverages?

alc_oftenuse [int(1)]

Occasionally means less than once a week | Currently using alcohol regularly   1

Currently using alcohol occasionally*   2

Used alcohol in the past
(stopped more than 6 months ago)   3

Recently stopped alcohol (less
than 6 months ago)   4

Never used alcohol   5 | **"5" go to PART C** |

3. History of alcohol use for both present and past users

Type of alcohol used	Duration of use		Frequency of use per week	Quantity** *in ml/peg per occasion*	If stopped, since how long	
	Years	**Months**			**Years**	**Months**
a) Local spirits eg. Desi, arrack, toddy etc	alc_localdur_yrs [int(3)]	alc_localdur_mon [int(3)]	alc_localfreq [int(3)]	alc_localqty [int(4)]	alc_localstop_yr [int(3)]	alc_localstop_mon [int(3)]
b) Spirits eg. whisky, rum, brandy, gin, vodka	alc_spiritdur_yrs [int(3)]	alc_spiritdur_mon [int(3)]	alc_spiritfreq [int(3)]	alc_spiritqty [int(4)]	alc_spiritstop_yr [int(3)]	alc_spiritstop_mon [int(3)]
c) Beer	alc_beerdur_yrs [int(3)]	alc_beerdur_mon [int(3)]	alc_beerfreq [int(3)]	alc_beerqty [int(4)]	alc_beerstop_yr [int(3)]	alc_beerstop_mon [int(3)]
d) Wine	alc_winedur_yrs [int(3)]	alc_winedur_mon [int(3)]	alc_winefreq [int(3)]	alc_wineqty [int(4)]	alc_winestop_yr [int(3)]	alc_winestop_mon [int(3)]

** Conversion

1 small peg = 30 ml; 1 large peg = 60 ml; 1 extra large peg = 90 ml

1 glass of beer = approx. 325 ml

1 glass of wine = 100 ml

Please use local measures in calculating the total consumption (in ml per occasion)

PART – C: PHYSICAL ACTIVITY (International Physical Activity Questionnaire – short)
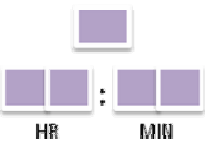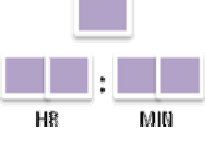
We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. I am going to ask you about the time you spent being physically active in the <u>usual 7 days of a week</u>. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Now, think about all the *vigorous* activities that you did in a usual 7 days. Vigorous activities make you <u>breathe much harder than normal</u> and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you do for <u>at least 10 minutes</u> at a time.

| 1. During **a usual 7 days**, on how many days did you do **vigorous** physical activities? pa_vigact [int(1)]

pa_vigact_days [int(2)] | Days per week = 1
Refused (go to Q.3) = 2
Don't Know/Not Sure (go to 3) = 3
Don't do any activity (go to 3) = 4 | |
| 2. How much time did you usually spend doing **vigorous** physical activities on one of those days? Think only about those physical activities you do for at least 10 minutes at a time. pa_vigact_time [int(1)]
pa_vigacttime_hr [int(4)]   pa_vigacttime_min [int(4)] | Hours/ Minutes per day = 1
Refused (go to Q.2a) = 2
Don't Know/Not Sure (go to 2a) = 3 | HR   MIN |

| 2a. **Interviewer probe:** If the respondent can't answer because the pattern of time spent varies widely from day to day, say, "I am interested in the average time for one of the days on which you do vigorous activity. Can you tell me how much time in total would you spend **over a usual 7 days** doing vigorous physical activities?" | Hours/ Minutes per day = 1
pa_ip_vigact [int(1)]
Refused = 2
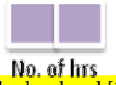
Don't Know/Not Sure = 3
pa_ip_vigact_hr [int(4)]   pa_ip_vigact_min [int(4)] | ☐ : ☐☐ : ☐☐
HR   MIN |

Now think about activities which take *moderate physical effort* that you did in a usual 7 days. Moderate physical activities make you breathe somewhat harder than normal. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.

3. During a **usual 7 days**, on how many days did you do **moderate** physical activities for at least 10 minutes? Examples: carrying loads, bicycling at a regular pace, tennis, badminton, cricket, hand washing clothes, sweeping the floor, gardening, taking care of children less than three years old, washing cars, motorcycles, or scooters, walking home while carrying vegetables and groceries from market, climbing stairs (three floors or more), and grinding chutney on stone.	Days per week =1 Refused (go to Q.5) = 2 Don't Know/Not Sure (go to Q.5) = 3 Don't do any activity (go to Q.5) = 4	pa_modact [int(1)] pa_modact_days [int(2)]
4. How much time did you usually spend doing **moderate** physical activities on one of those days? Think only about those physical activities that you do for at least 10 minutes at a time. pa_modacttime [int(1)]	Hours/ Minutes per day=1 Refused (Go To Q.4a) = 2 Don't Know/Not Sure (Go To Q.4a)=3 pa_modacttime_hr [int(4)] pa_modacttime_min [int(4)]	☐ : ☐☐ : ☐☐ HR MIN
4a. **Interviewer probe**: If the respondent can't answer because the pattern of time spent varies widely from day to day, or includes time spent in multiple jobs, say, "I am interested in the average time for one of the days on which you do moderate activity. Can you tell me what is the total amount of time you spent over a **usual 7 days** doing moderate physical activities?"	Hours/ Minutes per day=1 pa_ip_modact [int(1)] Refused = 2 Don't Know/Not Sure = 3 pa_ip_modact_hr [int(4)] pa_ip_modact_min [int(4)]	☐ : ☐☐ : ☐☐ HR MIN

Now think about the time you spent walking in a usual 7 days. This includes at work and at home, walking to travel from place to place. Also include any walking that you do solely for recreation, sport, exercise, or leisure, for example, walking to the bus stop, to workplace, to the market for at least 10 minutes.

5. During a **usual 7 days**, on how many days did you **walk** for at least 10 minutes at a time? Think only about the walking that you do for at least 10 minutes at a time.	Days per week = 1 Refused (go to Q. 7) = 2 Don't Know/Not Sure (go to Q. 7) =3 Don't do any activity (go to Q. 7) = 4	pa_walk [int(1)] pa_walk_days [int(2)]
6. How much time did you usually spend **walking** on one of those days? pa_walktime [int(1)] pa_walktime_hr [int(4)] pa_walktime_min [int(4)]	Hours/ Minutes per day (go to Q. 7) =1 Refused (go to Q.6a) = 2 Don't Know/Not Sure (go to Q6a) =3	☐ : ☐☐ : ☐☐ HR MIN
6a. **Interviewer probe**: If the respondent can't answer because the pattern of time spent varies widely from day to day say, "I am interested in the average time for one of the days on which you walk. Can you tell me what is the total amount of time you spent walking over **a usual 7 days**?" pa_ip_walktime [int(1)]	Hours/ Minutes per week =1 Refused =2 Don't Know/Not Sure =3 pa_ip_walktime_hr [int(4)] pa_ip_walktime_min [int(4)]	☐ : ☐☐ : ☐☐ HR MIN

Now think about the time you spent sitting on week days during a usual 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, cutting vegetables, sewing and knitting, or time spent in teaching children, performing religious prayers, chatting with friends, talking on the phone, or working in front of the computer.

7. During a usual 7 days, how much time did you usually spend *sitting* on a **weekday**? Include time spent lying down (awake) as well as sitting. (*Exclude sleeping at night*) pa_sit_wkday [int(1)] pa_sit_wkday_hr [int(4)] pa_sit_wkday_min [int(4)]	Hours/ Minutes per week day (go to Q. 8)=1 Refused (go to Q. 7a) = 2 Don't Know/Not Sure(go to Q7a) = 3	HR : MIN
7a. **Interviewer probe**: If the respondent can't answer because the pattern of time spent varies widely from day to day, say "I am interested in the average time per day spent sitting. Can you tell me what is the total amount of time you spent *sitting* last **Wednesday**?" pa_ip_sittime [int(1)]	Hours/ Minutes on Wednesday = 1 Refused =2 Don't Know/Not Sure =3 pa_ip_sittime_hr [int(4)] pa_ip_sittime_min [int(4)]	HR : MIN
8. Additional comments pa_additionalcomments [(varchar250)]		

PART – D: SLEEP (Sleep Heart Health Study; NHLBI)

1. How many hours of sleep do you usually get at night (or your main sleep period)? **Average hours of sleep per night** slp_hrswkdays [int(2)]	On weekdays / workdays No. of hrs	On weekends No. of hrs slp_hrwkend [int(2)]
2. During a usual week, how many times do you nap for 5 minutes or more? (Write "00" if the participant does not take any naps)		slp_naptimes [int(1)] No. of times

3. Please indicate how often you experience each of the following **(refer to codes below)**
[Never=1; Rarely (1/month or less)=2; Sometimes (2-4/month)=3; Often (5-15/month)=4; Almost always (16-30/month)=5]

A. Have trouble falling asleep	slp_trblslp [int(1)]	
B. Wake up during the night and have difficulty getting back to sleep	slp_nightdiff [int(1)]	
C. Wake up too early in the morning and be unable to get back to sleep	slp_morndiff [int(1)]	
D. Feel unrested during the day, no matter how many hours of sleep you had	slp_feelunrest [int(1)]	
E. Do not get enough sleep	slp_notenough [int(1)]	
F. Take sleeping pills or other medication to help you sleep	slp_pills [int(1)]	

Questions 4 to 10 are about snoring and breathing during sleep. To answer these questions please consider what other have told you __and__ what you know about yourself

4. Have you ever snored (now or any time in the past)? slp_snore [int(1)]	Yes	1	
	No	2	
	Don't know	8	**"2", "8" go to Q.7**

5. How often do you snore now? slp_oftsnore [int(1)]	Do not snore anymore	0	
	Rarely (<1 night/week)	1	
	Sometimes (1-2 nights/week)	2	**"0" go to Q.7**
	Frequently (3-5 nights/week)	3	
	Always or almost always(6-7nights/week)	4	
	Don't know	8	

6. How loud is your snoring? slp_loudsnore [int(1)]	Only slightly louder than heavy breathing	1	
	About as loud as mumbling or talking	2	
	Louder than talking	3	
	Extremely loud-can be heard through a closed door	4	
	Don't know	8	

7. Based on what you have noticed or household members have told you, are there times when you stop breathing during your sleep? slp_stopbreath [int(1)]	Yes	1	☐
	No	2	**"2", "8" go to Q.9**
	Don't know	8	

8. How often do you have times when you stop breathing during your sleep? slp_stopbreathtimes [int(1)]	Rarely (<1 night/week)	1	
	Sometimes (1-2 nights/week)	2	
	Frequently (3-5 nights/week)	3	☐
	Always or almost always(6-7nights/week)	4	
	Don't know	8	

9. Have you ever been told by a doctor that you had sleep apnoea (a condition in which breathing stops briefly during sleep)? slp_docapnoea [int(1)]	Yes	1	☐
	No	2	**"1" go to Q.11**
	Don't know	8	**"2", "8" go to Q.10**

10. Have you ever been told by a doctor that you had some other sleep disorder? slp_docdisorder [int(1)]	Yes	1	☐
	No	2	
	Don't know	8	**"2", "8" go to Q.11**

10.A. If response is "yes" to the above question, please specify the disorder
slp_disorderspecify [varchar(250)]

_____

_____

11. Do you usually use oxygen therapy (oxygen delivered by a mask or nasal cannula) during your sleep? slp_oxytherapy [int(1)]	Yes	1	☐
	No	2	

12. During the past year how often have one or more members of your household been in or near the room where you have slept? slp_hhnearroom [int(1)]	Never	1	☐
	Sometimes	2	
	Usually	3	

13. **What is the chance that you would doze off or fall asleep (not just "feel tired") in each of the following situations? (refer to the codes below)**

   [No chance=1; Slight chance=2; Moderate chance=3; High chance=4]
   *If you are never or rarely in the situation, please give your **best guess** for the situation*

   A. Sitting and reading   slp_sitread [int(1)]   ☐

   B. Watching TV   slp_watchtv [int(1)]   ☐

   C. Sitting inactive in a public place (such as a theatre or a meeting)   slp_publicplace [int(1)]   ☐

   D. Riding as a passenger in a car for an hour without a break   slp_ridecar [int(1)]   ☐

   E. Lying down to rest in the afternoon when circumstances permit   slp_rest_aftnoon [int(1)]   ☐

   F. Sitting and talking to someone   slp_sit_talk [int(1)]   ☐

   G. Sitting quietly after a lunch   slp_sit_quietlunch [int(1)]   ☐

   H. In a car, while stopped for a few minutes in traffic   slp_carstoptraffic [int(1)]   ☐

   I. At the dinner table   slp_dinnertable [int(1)]   ☐

   J. While driving   slp_driving [int(1)]   ☐

14. How often do you take aspirin or aspirin-containing medicines? slp_aspirin [int(1)]	Never	1	
	Less often than once a week	2	
	Once or twice a week	3	
	Every other day (one day out of two)	4	
	Every day	5	
	Don't know	8	

15. Do you drive? slp_drive [int(1)]	Yes	1	
	No	2	**"2" go to Part E**

16. If the response to the above question is "yes" please answer the following questions, else go to Part-E (Diet)

A. No. of years of driving   slp_yrsdriving [int(2)]

B. How often do you drive?
 [Everyday=1; sometimes=2; rarely/never=3]   slp_oftendrive [int(1)]

C. Since you began driving, how many accidents have you had while you were the driver? slp_accidentdriver [int(2)]

D. How many accidents have you had in the last year while you were the driver?   slp_accidentlastyr [int(2)]

PART – E: DIET

1. Are you a vegetarian? dt_veg [int(1)]	Yes	1	
	No	2	

2. Do you take eggs? dt_egg [int(1)]	Yes	1	
	No	2	

3. Are you on any special diet? dt_spldiet [int(1)]	Yes	1	
	No	2	**"2" go to Q.6**

4. If *YES*, what diets are you currently following *[Yes = 1; No = 2]*	Diabetic diet dt_diabdiet [int(1)]	
	Low fat diet dt_lowfatdiet [int(1)]	
	High fibre diet dt_highfibdiet [int(1)]	
	Low salt diet dt_lowsaltdiet [int(1)]	
	Weight reducing diet dt_wtreducediet [int(1)]	
	Others (Specify) dt_otherdiet [int(1)] dt_otherspecify [varchar(50)] _____	

5. Since how many years are you on this special diet?   dt_spldiet_yrs [int(1)]   Yrs _____   dt_spldiet_mon [int(1)]   Mnts _____   [Enter the the longest duration]

6. How frequently do you use reheated oil? dt_reheatoil [int(1)]	Every day	1	
	Every other day (one day out of two)	2	
	Once or twice a week	3	
	Less often than once a week	4	
	Never	5	

5. In the past one year, how often have you consumed foods from the following food groups? **[write the frequency of consumption in the appropriate column]**

Sl. No.	Food groups	Consumed never/less than once /month [√]	Consumed monthly	Consumed weekly	Consumed daily
1	**Meats**	dt_meat [int(1)]	dt_meat_mon [int(3)]	dt_meat_wkly [int(3)]	dt_meat_dly [int(3)]
2	**Poultry**	dt_poultry [int(1)]	dt_poultry_mon [int(3)]	dt_poultry_wkly [int(3)]	dt_poultry_dly [int(3)]
3	**Organ meats**	dt_organmeat [int(1)]	dt_organmeat_mon [int(1)]	dt_organmeat_wkly [int(3)]	dt_organmeat_dly [int(3)]

4	Fish	dt_fish [int(1)]	dt_fish_mon [int(3)]	dt_fish_wkly [int(3)]	dt_fish_dly [int(3)]
5	Shell fish and crustaceans	dt_shellfish [int(1)]	dt_shellfish_mon [int(3)]	dt_shellfish_wkly [int(3)]	dt_shellfish_dly [int(3)]
6	Eggs	dt_egg [int(1)]	dt_egg_mon [int(3)]	dt_egg_wkly [int(3)]	dt_egg_dly [int(3)]
7	Milk and milk products	dt_milk [int(1)]	dt_milk_mon [int(3)]	dt_milk_wkly [int(3)]	dt_milk_dly [int(3)]
8	Milk based desserts	dt_desert [int(1)]	dt_desert_mon [int(3)]	dt_desert_wkly [int(3)]	dt_desert_dly [int(3)]
9	Deep fried foods: western style	dt_deepfrywstrn [int(1)]	dt_deepfrywstrn [int(3)]	dt_deepfrywstrn_wkly [(int3)]	dt_deepfrywstrn_dly [int(3)]
10	Deep fried foods: desi style	dt_deepfrydesi [int(1)]	dt_deepfrydesi [iny(3)]	dt_deepfrydesi_wkly [int(3)]	dt_deepfrydesi_dly [int(3)]
11	Western style desserts/sweet snacks	dt_wstrndesert [int(1)]	dt_wstrndesert_mon [int(3)]	dt_wstrndesert_wkly [int(3)]	dt_wstrndesert_dly [int(3)]
12	Mithai	dt_mithai [int(1)]	dt_mithai_mon [int(3)]	dt_mithai_wkly [int(3)]	dt_mithai_dly [int(3)]
13	cold beverages	dt_coldbvrg [int(1)]	dt_coldbvrg_mon [int(3)]	dt_coldbvrg_wkly [int(3)]	dt_coldbvrg_dly [int(3)]
14	Fruits (1)	dt_fruit1 [int(1)]	dt_fruit1_mon [int(3)]	dt_fruit1_wkly [int(3)]	dt_fruit1_dly [int(3)]
15	Fruits (2)	dt_fruit2 [int(1)]	dt_fruit2_mon [int(3)]	dt_fruit2_wkly [int(3)]	dt_fruit2_dly [int(3)]
16	Fruit juices	dt_fruitjuice [int(1)]	dt_fruitjuice_mon [int(3)]	dt_fruitjuice_wkly [int(3)]	dt_fruitjuice_dly [int(3)]
17	Nuts/seeds	dt_nuts [int(1)]	dt_nuts_mon [int(3)]	dt_nuts_wkly [int(3)]	dt_nuts_dly [int(3)]
18	Leafy greens	dt_leafygreen [int(1)]	dt_leafygreen_mon [int(3)]	dt_leafygreen_wkly [int(3)]	dt_leafygreen_dly [int(3)]
19	Other raw vegetables	dt_othrrawveg [int(1)]	dt_othrrawveg_mon [int(3)]	dt_othrrawveg_wkly [int(3)]	dt_othrrawveg_dly [int(3)]
20	Legumes and pulses	dt_legumes [int(1)]	dt_legumes_mon [int(3)]	dt_legumes_wkly [int(3)]	dt_legumes_dly [int(3)]
21	Use of pickles, pickled foods	dt_pickle [int(1)]	dt_pickle_mon [int(3)]	dt_pickle_wkly [int(3)]	dt_pickle_dly [int(3)]
22	Other cooked vegetables	dt_cookedveg [int(1)]	dt_cookedveg_mon [int(3)]	dt_cookedveg_wkly [int(3)]	dt_cookedveg_dly [int(3)]
23	Refined cereals with less fibre	dt_refcereal [int(1)]	dt_refcereal_mon [int(3)]	dt_refcereal_wkly [int(3)]	dt_refcereal_dly [int(3)]
24	Whole grain	dt_whlgrain [int(1)]	dt_whlgrain_mon [int(3)]	dt_whlgrain_wkly [int(3)]	dt_whlgrain_dly [int(3)]
25	Tea consumption	dt_tea [int(1)]	dt_tea_mon [int(3)]	dt_tea_wkly [int(3)]	dt_tea_dly [int(3)]
26	Coffee consumption	dt_coffee [int(1)]	dt_coffee_mon [int(3)]	dt_coffee_wkly [int(3)]	dt_coffee_dly [int(3)]

Annex for food groups [showing items in each group]

Meat [lamb, mutton, goat, veal, rabbit, beef, pork; their curries]
Poultry [chicken, turkey, duck, pheasant, quail; their curries]
Organ meats [liver, kidney, brain, spleen, heart and sausages nihari, paya]
Fish [fresh-water and sea-water fish; preserved fish such as salted fish, canned fish, dried fish]
Shell fish and crustaceans [crab, squid, prawns, molluscs, caviar]
Eggs [Includes preserved eggs, duck eggs]
Milk and milk products: [milk, yogurt, cheese, curd, raita, lassi, milk based drinks]
Milk based desserts [custard, khoya, firni, kheer, milk puddings, rasgullah/rasmalai, ice creams]all milk based desserts
Deep fried foods: western style [french fries, potato chips, onion rings, chicken nuggets]
Deep fried foods: desi style [samosas, papad, pakoras, sev, namak paray, egg rolls, poori, kachori]
Western style desserts/sweet snacks   [cakes; pies; chocolate; candy; biscuits]
Mithai [burfi/ladoo; gulab jamun; halwa; shameia, mohalabeia]
Cold beverages [carbonated beverages, sherbets, and other soft drinks]
Fruits (1) [strawberries, pine apples, jumbo berries (jamuns), apples]
Fruits (2) all seasonal fruits except the ones above
Fruit juices [any type, homemade, purchased, fresh, frozen]
Nuts/seeds [Includes peanuts, almonds, sunflower seeds, cashews, walnuts]
Leafy greens [all fresh leafy green vegetables: spinach, mustard or turnip greens; asparagus either raw or cooked]
Other raw vegetables [any raw vegetables not included in the preceding categories]
Legumes and pulses [includes all daals, chickpeas, lentils]
Use of pickles, pickled foods [achar, chutneys, pickled vegetables etc]
Other cooked vegetables [any cooked vegetables not included in the preceding categories]
Refined cereals with less fibre [boiled rice, fried rice, biryani, pulao, idli, dosa, semolina,sago, pearl barley, pasta, sheermal, taftan, white bread slice]
Whole grain (cereal dished with more fibre) [Roti made with whole meal flour, brown rusk, whole wheat porridge, bread slice whole meal/brown]
Tea consumption [black tea, coffee with and without milk and sugar and any other tea]
Coffee consumption [coffee with and without milk and/sugar]

SECTION – 3: FEMALE REPRODUCTIVE HISTORY

THIS SECTION IS TO BE FILLED ONLY FOR THE FEMALE PARTICIPANTS, FOR MALE PARTICIPANTS SKIP THIS SECTION AND GO TO SECTION – 4.

1. Number of pregnancies so far? fp_no_preg [int(2)]	
Not Applicable = 99	

2. At what age did you start menstruating? fp_menstr_age [int(2)]	Years		

3. Are you having menstrual cycles? fp_menstrcycle [int (1)]	Yes 1 No 2		**"1" go to Q. 6**

4. If '**No**' what is the reason? fp_menstreason [int(1)] fp_menstothers [varchar(250)]	Pregnancy 1 Lactation 2 Natural menopause 3 Surgical menopause 4 Other reasons(specify) 5		*Others,* *specify*_____ _____

5. If postmenopausal, since how long? fp_postmenop_yrs [int(2)]	Years	Months fp_postmenop_mon [int(2)]

6. Hormonal drugs or oral contraceptive pills? **[Yes = 1; No = 2]** fp_hormone_past [int(1)]	Ever used in the past		If Yes, duration in years/month fp_hormone_yrs [int(2)] fp_hormone_mon [int(2)] Yrs Mnts
fp_hormone_cur [int(1)]	Currently using		If Yes, duration in years/month fp_hormone_curyrs [int(2)] fp_hormone_curmon [int(2)] Yrs Mnts

SECTION – 4: QUALITY OF LIFE (EQ-5D) © 1990 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group.

By writing a code from the options in the box, please indicate which statements best describe your own state of health today.

1. Mobility pd_mobility [int(1)]	I have no problems in walking about=1 I have some problems in walking about=2 I am confined to bed=3	
2. Self-Care pd_selfcare [int(1)]	I have no problems with self-care=1 I have some problems washing or dressing myself=2 I am unable to wash or dress myself=3	
3. Usual Activities pd_usualact [int(1)] *(e.g. work, study, housework,* *family or leisure activities)*	I have no problems with performing my usual activities=1 I have some problems with performing my usual activities=2 I am unable to perform my usual activities=3	
4. Pain/ Discomfort pd_pain [int(1)]	I have no pain or discomfort=1 I have moderate pain or discomfort=2 I have extreme pain or discomfort=3	
5. Anxiety/ Depression pd_depression [int(1)]	I am not anxious or depressed=1 I am moderately anxious or depressed=2 I am extremely anxious or depressed=3	

Best imaginable
state of health

100

pd_h_status [int(1)]

9 0

To help people say how good or bad their state of health is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

8 0

I would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your state of health is today.

7 0

6 0

Your own
state of health
today

5 0

4 0

3 0

2 0

1 0

0

Worst imaginabl
state of health
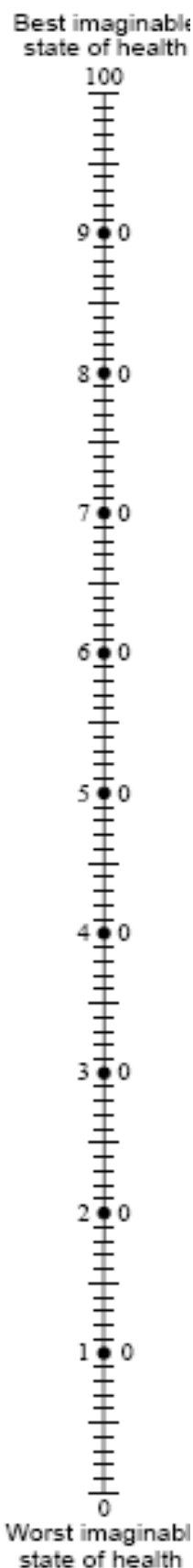
SECTION – 5: MEDICAL HISTORY	

PART-A: CARDIOMETABOLIC DISEASES AND THEIR RISK FACTORS

1. Have you ever been told by a doctor that you have any of the following diseases? **[Yes =1; No =2; Don't know=3]**	Hypertension (High blood pressure) pd_hbp [int(1)]	☐
	Diabetes (High Blood Sugar) pd_diabetes [int(1)]	☐
	Hyperlipidemia (High Cholesterol) pd_hyperlip [int(1)]	☐
	Heart Disease pd_heart [int(1)]	☐
	Stroke (Paralytic Attack) pd_stroke [int(1)]	☐
	Chronic Kidney Disease pd_kidney [int(1)]	☐

*Exclude pregnancy induced Hypertension and High Blood Sugar

If the answer is 'YES' to any of the choices in Q. 1, then go to PART – B 'OTHERWISE' skip the entire section and go to PART-C.

PART - B: DISEASE SPECIFIC QUESTIONS

I. HYPERTENSION (High Blood Pressure)

Fill this section if the answer for high blood pressure is "YES" in PART - A, Q.1.

a. Since how many years have you had high blood pressure? hbp_durationyrs_int hbp_durationmon_int	Duration in years/month ☐☐ ☐☐ Yrs Mnts

b. What treatment are you taking for it currently? **[Yes=1; No=2]** ***Traditional medicine / therapy include yoga, ayurveda, unani, homeopathy, Tibetan, naturopathy, meditation**	Prescribed dietary modifications hbp_trt_dietmod_int	☐
	Prescribed physical exercise hbp_trt_phyexer_int	☐
	Traditional medicine / therapy* hbp_trt_tradmed [int(1)]	☐
	Allopathic drugs (English / modern) hbp_trt_allopdrug [int(1)]	☐
	None hbp_trt_none [int(1)]	☐

c. How regular are you in taking your medicines? hbp_regular [int(1)]	Taking Regularly	1	
	Forget to take occasionally	2	
	Take medicines only when I feel the blood pressure is high	3	
	Discontinued for more than a month at a time	4	☐
	Never taken any medication	5	

If "4" go Q.d otherwise go to Q.e.

d. What is the reason for discontinuation? hbp_reasondiscont [int(1)]	Cannot afford	1	
	Cannot tolerate	2	
	I have recovered	3	
	No reason	4	***Others, specify***
	Don't remember	5	_____
	Others (specify)	6	hbp_reason_othrs [varchar(50)]

e. Do you think your blood pressure is under good control? hbp_undercntr [int(1)]	Yes	1	
	No	2	☐
	Don't Know	3	

f. Does your doctor say that your blood pressure is under good control? hbp_drundercntrl [int(1)]	Yes 1 No 2 Don't Know 3	

g. What was your last blood pressure recording (when your doctor checked you)? = 1 hbp_drlastrecord [int(1)]
Don't know = 2
Can't remember = 3

hbp_dr_systolic [int(1)]   hbp_dr_diastolic [int(1)]

_____(systolic) / _____(diastolic) mmHg

h. When was the last time you consulted your doctor? hbp_dr_lastconsult [int(1)]	Less than 1 month 1 More than 1 month 2 More than 3 months 3 Less than 6 months 4 More than 6 months 5	
i. Do you have medical records or prescriptions related to high blood pressure? hbp_medrecords [int(1)]	Yes 1 No 2 Don't Know 3	

j. If the answer is **YES,** ask the participant to show the medical records and note the diagnosis below

hbp_diagnosis [varchar(50)]

k. Note the recorded blood pressure from the most recent medical record / prescription

hbp_rec_systolic [int(1)]   hbp_rec_diastolic [int(1)]

_____(systolic) / _____(diastolic) mmHg

II. DIABETES
Fill this section if the answer for high blood sugar is **"YES"** in PART-A, Q.1

a. For how long have you had high blood sugar / diabetes?	Duration in years/month dia_since_yrs [(int11)] dia_since_mon [int(11)] Yrs _____ Mnts _____

b. What treatment are you taking for it currently?
 	
   [Yes=1; No=2]
 	
   Traditional medicine / therapy include yoga, ayurveda, unani, homeopathy, Tibetan, naturopathy, meditation
	Prescribed dietary modifications dia_trt_dietmod [int(1)]
	Prescribed physical exercise dia_trt_phyexe [int(1)]
	Traditional medicine / therapy* dia_trt_tradmed [int(1)]
	Allopathic drugs (English / modern) dia_trt_allopdrug [int(1)]
	None dia_trt_none [int(1)]

c. How regular are you in taking your medicines? dia_regular [int(1)]	Taking Regularly 1 Forget to take occasionally 2 Take medicines only when I feel the blood sugar is high 3 Discontinued for more than a month at a time 4 Never taken any medication 5

If "4" go Q.d otherwise go to Q.e.

d. What is the reason for discontinuation? dia_reasondiscont [int(1)]	Cannot afford	1	
	Cannot tolerate	2	
	I have recovered	3	***Others, specify***
	No reason	4	
	Don't remember	5	_____
	Others (specify)	6	dia_reason_other [varchar(50)]
e. Do you think your diabetes/high blood sugar is under good control? dia_undercntrl [int(1)]	Yes	1	
	No	2	
	Don't Know	3	
f. Does your doctor say that your diabetes /high blood sugar is under good control? dia_dr_undercntrl [int(1)]	Yes	1	
	No	2	
	Don't Know	3	
g. What was your fasting blood sugar and after meal blood sugar when you got it checked last time?	Fasting _____mg/dl dia_lastchk_fasting [int(3)] After meal _____mg/dl dia_lastchk_aftrmea [int(3)]		
h. When was the last time you consulted your doctor? dia_dr_lastconsult [int(1)]	Less than 1 month	1	
	More than 1 month	2	
	More than 3 months	3	
	Less than 6 months	4	
	More than 6 months	5	
i. Do you have medical records or prescriptions related to diabetes/high blood sugar? dia_medrecords [int(1)]	Yes	1	
	No	2	
	Don't Know	3	

j. *If the answer is **YES,** ask the participant to show the medical records and note the diagnosis below*
   dia_diagnosis [varchar(255)]

k. ***Note the recorded fasting blood sugar and after meal blood sugar level from the most recent medical record / prescription***

   dia_rec_fasting [int(11)]   **Fasting_____mg/dl**

   dia_rec_aftrmeal [int(11)]   **After meal_____mg/dl**

Also complete PART – D

III. HYPERLIPIDEMIA or High Blood Cholesterol

Fill this section if the answer for high blood cholesterol is "yes" in PART-A, Q.1

a. For how long have you had high blood cholesterol?	Duration in years/month hyp_since_yrs [int(11)] Yrs Mnts hyp_since_mon [int(11)]

b. What treatment are you taking for it currently?

[Yes=1; No=2]

Traditional medicine / therapy include yoga, ayurveda, unani, homeopathy, Tibetan, naturopathy, meditation

Prescribed dietary modifications hyp_trt_dietmod [int(1)]

Prescribed physical exercise hyp_trt_phyexer [int(1)]

Traditional medicine / therapy* hyp_trt_tradmed [int(1)]

Allopathic drugs (English / modern) hyp_trt_allopdrug [int(1)]

None hyp_trt_none [int(1)]

c. How regular are you in taking your medicines? hyp_regular [int(1)]	Taking Regularly	1
	Forget to take occasionally	2
	Take medicines only when I feel the blood cholesterol is high	3
	Discontinued for more than a month at a time	4
	Never taken any medication	5

If "4" Q.d otherwise go to Q.e

d. What is the reason for discontinuation? hyp_reasondiscont [int(1)]	Cannot afford	1
	Cannot tolerate	2
	I have recovered	3
	No reason	4
	Don't remember	5
	Others (specify)	6

Others, specify

hyp_reason_others [varchar(255)]

e. Do you think your cholesterol is under good control? hyp_undercntrl [int(1)]	Yes	1
	No	2
	Don't Know	3
f. Does your doctor say that your cholesterol is under good control? hyp_dr_undercntr [int(1)]	Yes	1
	No	2
	Don't Know	3
g. What was total cholesterol level when you last checked it? hyp_lastchkcholestrol [int(3)]	_____ mg/dl	
h. When was the last time you consulted your doctor? hyp_dr_lastconsult [int(1)]	Less than 1 month	1
	More than 1 month	2
	More than 3 months	3
	Less than 6 months	4
	More than 6 months	5

| i. Do you have medical records or prescriptions related to high blood cholesterol?
hyp_medrecords [int(1)] | Yes   1
No   2
Don't Know 3 | |

j. If the answer is **YES,** ask the participant to show the medical records and note the diagnosis below hyp_diagnosis [int(255)]

k. **Note the recorded total cholesterol from the most recent medical record / prescription** hyp_rec_cholestro [int(255)]

IV. HEART DISEASE

Fill this section if the answer for heart trouble is "YES" in PART-A, Q.1

| a. When did you first come to know that you have heart disease? ht_first [int(1)] | <1 year   1
1-5 years   2
>5 years   3 | |

| b. What did the doctor say it was? ht_drsay [int(1)]
ht_drsay_others [int(1)]
ht_dr_notinformed [int(1)] | Heart attack   1
Angina   2
Heart failure   3
Valve disease   4
Hole in the heart   5
Others*   6
Not informed about the nature of the problem   7 | Use separate boxes for more than one option

Others, specify
_____
ht_drothersspecify [varchar(255)] |

If "1" go to Q.c otherwise go to Q. g.

| c. At what age did you have your 1st heart attack?
ht_ageattack1_yrs [int(2)] | Years | |

| d. Were you hospitalized for treatment?
ht_trt_hospitalized [int(1)] | Yes   1
No   2 | |

| e. Did you have any repeat attacks
ht_repeatattack [int(1)] | Yes   1
No   2 | |

| f. Were you hospitalized for the subsequent attacks
ht_hosp_repeatattack [int(1)] | Yes   1
No   2 | |

g. What treatment are you taking for heart disease currently? **[Yes=1; No=2]** *Traditional medicine / therapy include yoga, ayurveda, unani, homeopathy, Tibetan, naturopathy, meditation*	Prescribed dietary modifications ht_trt_dietmod [int(1)]		
	Prescribed physical exercise ht_trt_phyexer [int(1)]		
	Traditional medicine / therapy* ht_trt_tradmed [int(1)]		
	Allopathic drugs (English / modern) ht_trt_allopdrug [int(1)]		
	None ht_trt_none [int(1)]		

h. How regular are you in taking your medicines? ht_regular [int(1)]	Taking Regularly	1	
	Forget to take occasionally	2	
	Take medicines only when I feel unwell	3	
	Discontinued for more than a month at a time	4	
	Never taken any medication	5	

If "4" go to Q.i question otherwise go to Q.j.

i. What is the reason for discontinuation? ht_reasondiscont [int(1)]	Cannot afford	1	
	Cannot tolerate	2	
	I have recovered	3	*Others, specify*
	No reason	4	
	Don't remember	5	_____
ht_reason_othrs [varchar(255)]	Others (specify)	6	

j. When was the last time you consulted your doctor? ht_dr_lastconsult [int(1)]	Less than 1 month	1	
	More than 1 month	2	
	More than 3 months	3	
	Less than 6 months	4	
	More than 6 months	5	

k. Do you have medical records or prescriptions related to heart trouble? ht_medrecords [int(1)]	Yes	1	
	No	2	
	Don't Know	3	

l. *If the answer is 'YES', ask the participant to show the medical records and note the diagnosis below* ht_diagnosis [int(1)]

V. STROKE (Paralytic attack)

Fill this section if the answer for stroke (paralytic attack) is "yes" in PART-A, Q.1

a. What was your age when you had stroke (Paralytic attack)? st_age [int(3)]	Years	
b. Is there a residual disability in any part of the body? st_res_disability [int(1)]	Yes 1 No 2	
c. If **'YES'**, does it involve the following? **[Yes=1; No=2]**	Paralysis of leg/foot st_paralysisleg [int(1)] Paralysis of arm/hand st_paralysisarm [int(1)] Weakness of leg/foot st_weakleg [int(1)] Weakness of arm/hand st_weakarm [int(1)] Defect of speech st_defectspeech [int(1)] Defect of vision st_defectvision [int(1)] Urinary incontinence st_urineincont [int(1)] Any other weakness st_weakothers [int(1)] (specify)_____ st_othersspecify [varchar(255)]	
d. Are you advised to continue any medication after your paralytic attack? st_advmedication [int(1)]	Yes 1 No 2	
e. If **YES**, how regular are you in taking your medicines? st_regularmed [int(1)]	Taking Regularly 1 Forget to take occasionally 2 Take medicines only when I feel unwell 3 Discontinued for more than a month at a time 4 Never taken any medication 5	
If "4" go to Q.f otherwise go to Q.g.		
f. What is the reason for discontinuation? st_reasondiscont [int(1)] st_reason_others [varchar(255)]	Cannot afford 1 Cannot tolerate 2 I have recovered 3 No reason 4 Don't remember 5 Others (specify) 6	*Others, specify* _____
g. When was the last time you consulted your doctor? st_dr_lastconsult [int(1)]	Less than 1 month 1 More than 1 month 2 More than 3 months 3 Less than 6 months 4 More than 6 months 5	
h. Do you have medical records or prescriptions related to Stroke? st_medrecords [int(1)]	Yes 1 No 2 Don't Know 3	

i. *If the answer is **YES**, ask the participant to show the medical records and note the diagnosis below*
st_diagnosis [varchar(255)]

VI. CHRONIC KIDNEY DISEASE

Fill this section if the answer for chronic kidney disease is "YES" in PART-A, Q.1

a. At what age were you diagnosed with chronic kidney disease? ckd_agesince_yrs [int(3)]	Years ☐☐	
b. What treatment are you taking for it currently? ***[Yes=1; No=2]*** ****Traditional medicine / therapy include yoga, ayurveda, unani, homeopathy, Tibetan, naturopathy, meditation***	Prescribed dietary modifications ckd_trt_dietmod [int(1)] ☐ Prescribed physical exercise ckd_trt_phyexer [int(1)] ☐ Traditional medicine / therapy* ckd_trt_tradmed [int(1)] ☐ Allopathic drugs (English / modern) ckd_trt_allopdrug [int(1)] ☐ None ckd_trt_none [int(1)] ☐	
c. How regular are you in taking your medicines? ckd_regular [int(1)]	Taking Regularly 1 Forget to take occasionally 2 Take medicines only when I feel unwell 3 Discontinued for more than a month at a time 4 Never taken any medication 5	☐
If "4" go Q.d otherwise go to Q. e.		
d. What is the reason for discontinuation? ckd_reasondiscont [int(1)] ckd_reason_others [varchar(255)]	Cannot afford 1 Cannot tolerate 2 I have recovered 3 No reason 4 Don't remember 5 Others (specify) 6	☐ ***Others, specify*** ________________
e. When was the last time you consulted your doctor? ckd_dr_lastconsult [int(1)]	Less than 1 month 1 More than 1 month 2 More than 3 months 3 Less than 6 months 4 More than 6 months 5	☐
f. Do you have medical records or prescriptions related to chronic kidney disease? ckd_medrecords [int(1)]	Yes 1 No 2 Don't Know 3	☐

g. *If the answer is **YES,** ask the participant to show the medical records and note the diagnosis below*
ckd_diagnosis [varchar(255)]

PART - C: ANGINA, PERIPHERAL VASCULAR DISEASE AND HEART FAILURE		

I.   ANGINA

a. Do you have any of the following symptoms? *[Yes=1; No=2]*	Palpitation ang_palpit [int(1)] Chest pain ang_chest [int(1)] Breathlessness ang_breathless [int(1)] Fatigue/weakness ang_fatigue [int(1)] Chest discomfort/heaviness/pressure ang_chestdiscomfort [int(1)]	▢ ▢ ▢ ▢ ▢ **"2" for all, skip to Q. m**
b. With exertion*, have you ever had any of the following symptoms in and around the chest, arms, shoulders, neck, lower jaw, abdomen or upper back? *walking fast, climbing stairs, lifting weights, etc *[Yes=1; No=2]*	Pain ang_ex_pain [int(1)] Heaviness ang_ex_heaviness [int(1)] Pressure ang_ex_pressure [int(1)] Discomfort ang_ex_discomfort [int(1)] Numbness ang_ex_numbness [int(1)]	▢ ▢ ▢ ▢ ▢ **"2" for all, skip to Q. d**
c. Where did you mostly feel the (symptoms noted in Q.b)? *[Yes=1; No=2]* (Please specify the location from the numbered diagram below) ***Additional numbers: back of chest = 11, back of neck = 12)***	*Symptom* *Location* Pain ang_sym_pain [int(1)] ▢ ang_painloc [int(2)] ▢▢ Heaviness ang_sym_heaviness [int(1)] ▢ ang_heavinessloc [int(2)] ▢▢ Discomfort ang_sym_discomfort [int(1)] ▢ ang_discomfortloc [int(2)] ▢▢ Numbness ang_sym_numbness [int(1)] ▢ ang_numbnessloc [int(2)] ▢▢	

Right ... Left

d. Do you feel any of the above symptoms anywhere else? ang_sym_anyelse [int(1)] ang_yes_sym_anyelse [varchar(100)] ang_yessym_anyelseloc [int(4)]	Yes 1 No 2 *If 'YES', specify:* Symptom:_____ Location:_____	▢

Fill Q.e to Q.l only if you have noted "1" for any of the symptoms in Q.b and Q.c, OTHERWISE GO TO Q.m

e.	Do you get the above symptoms, or breathlessness, or palpitation when you walk uphill or climb steps or walking fast? ang_walkuphill [int(1)]	Yes 1 No 2 Never walk uphill/hurry 3	
f.	Do you get it when you walk at an ordinary pace on the level ground? ang_walkordinary [int(1)]	Yes 1 No 2	
g.	Do you get a similar symptoms while you are resting or after a meal? ang_rest_aftermeal [int(1)]	Yes 1 No 2	
h.	What do you usually do if you get it while you are exerting? ang_sym_exert [int(1)]	Stop 1 Slow down 2 Carry on at the same pace 3	
i.	Does it go away if you slow down or stand still? ang_sym_goaway [int(1)]	Yes 1 No 2	**"2" go to Q.k**
j.	If `YES' to Q. i, how soon does it usually go away? ang_sym_timegoaway [int(1)]	< 3 mins 1 3-20 mts 2 >20 mts 3	
k.	Do you take usually a pill under the tongue to get relief? ang_sym_pil [int(1)]	Yes 1 No 2	**"2" go to Q.m**
l.	If `YES', how soon does it go away? ang_sym_timerelie [int(1)]	< 2mts 1 2-5 mts 2 6-10 mts 3 >10 mts 4	
m.	Have you ever had a severe pain or discomfort in the front of your chest lasting for half an hour or more? ang_pain_disc [int(1)]	Yes 1 No 2	**"2", go to the next section**
n.	If 'YES', was the pain or discomfort accompanied by - **[Yes=1; No=2]**	Cold clammy skin ang_coldskin [int(1)] Breathing difficulty ang_breathdiff[int(1)] Sweating ang_sweating [int(1)]	
o.	How old were you when you had such a severe pain in the chest? ang_age_chestpain [int(3)]	Years	
p.	How many of these attacks have you had? ang_no_of_attacks [int(2)]		
q.	Have you ever had an ECG done? ang_ecg [int(1)]	Yes 1 No 2	
r.	Did you see a doctor because of the pain? ang_dr_pain [int(1)]	Yes 1 No 2	

II. PERIPHERAL VASCULAR DISEASE

a. Do you get pain in either leg on walking? pvd_painleg [int(1)]	Yes 1 No 2	**"2" go to the Part III**
b. If **YES**, in what part of your leg do you feel it? pvd_painpartleg [int(1)]	Pain includes calf / calves 1 Pain does not include calf/claves 2	**"2" go to the Part III**
c. Do you get it if you climb stairs or walking fast? pvd_painclimb [int(1)]	Yes 1 No 2 Not Applicable 3	**"2" go to the Part III**
d. Do you get it if you walk at an ordinary pace on the level ground? pvd_painwalk [int(1)]	Yes 1 No 2	
e. Does the pain ever disappear while you are still walking? pvd_paindisappear [int(1)]	Yes 1 No 2	**"1" go to the Part III**
f. What do you do if you get it when you are walking? pvd_painwhenwalk [int(1)]	Stop or slacken pace 1 carry on 2	**"2" go to the Part III**
g. What happens to it if you stand still? pvd_painstand [int(1)]	Relieved 1 Not Relieved 2	**"2" go to the Part III**
h. If relieved, how soon? pvd_painrelieve [int(1)]	10 minutes or less 1 more than 10 minutes 2	

III. HEART FAILURE

a. Are you unable to walk due to physical disability? hf_walkphydisability [int(1)]	Yes 1 No 2	**"1" skip to Q. e**
b. Do you ever get short of breath while walking with other people of your own age on level ground? hf_shortofbreath [int(1)]	Yes 1 No 2	
c. On walking uphill or upstairs, do you get more breathless than people of your own age? hf_uphillbreathless [int(1)]	Yes 1 No 2	**"2" go to Q. e**
d. Do you ever have to stop walking because of breathlessness? hf_stopwalk [int(1)]	Yes 1 No 2	
e. In the past years have you at any time awoken at night by an attack of shortness of breath? hf_pastawoke [int(1)]	Yes 1 No 2	**"2" go to Q. g**

f.	For how long have you had this problem? hf_howlongpastawoke [int(1)]	Less than one year	1	▢
		More than one year	2	
g.	Do you have swelling in your ankles? hf_ankleswelling [int(1)]	Yes	1	▢
		No	2	
h.	Have you been told by your doctor at any time that you are suffering from any lung disease (COPD, Asthma,etc)? hf_docsaycopd [int(1)]	Yes	1	▢
		No	2	
i.	Do you have a cardiac device? hf_cardiacdevice [int(1)]	Yes	1	▢
		No	2	
j.	If "**YES**", name the device hf_namedevice [int(1)]	Standard pacemaker	1	▢
		Implantable Cardioverter defibrillator (ICD)	2	
		Cardiac resynchronisation therapy device with defibrillator (CRT-D)	3	

PART - D: COMPLICATIONS

Complete the following sections only if you have filled the "diabetes section" (2) in PART-B

I.   FOOT ULCERS AND AMPUTATION

a.	Have you ever had a non healing ulcer/sore in the foot that took more than 4 weeks to heal?	Yes amp_hadulcer [int(1)]	1	▢
		No	2	
b.	Do you walk around bare foot? amp_barefoot [int(1)]	Yes	1	▢
		No	2	
c.	Have you had an amputation? amp_hadamp [int(1)]	Yes	1	▢
		No	2	**"2" go to Part II**
d.	If '**YES**' When?	amp_yrsbfor [int(2)] ▢▢ years before	amp_mnthsbfor [int(2)] ▢▢ (or) months before	
e.	Level of amputation amp_level [int(1)]	Toe	1	▢
		Below ankle	2	
		Below knee	3	
		Above Knee	4	
f.	What was the cause for amputation? amp_cause1 [int(1)] amp_cause2 [int(1)] amp_causeothers [varchar(50)]	Injury	1	▢ ▢
		Diabetes	2	
		Infection	3	Others specify
		Other	4	_____
g.	Do you have medical records or prescriptions? amp_medrecords [int(1)]	Yes	1	▢
		No	2	
		Don't Know	3	
h.	If the answer is '**YES**', ask the participant to show the medical records and note the *diagnosis below* amp_diagnosis [int(255)]			

II. EYES

a.	Do you have difficulty with your eyesight other than your ordinary power glasses (spectacles)? amp_eyesightdiff [int(1)]	Yes	1	
		No	2	**"2" skip the section**
b.	If '**YES**', were you told that your poor eyesight is due to complications of diabetes? amp_comp_diab [int(1)]	Yes	1	
		No	2	**"2" skip the section**
c.	If '**YES**', what was the diagnosis?	amp_eye_diagnosis [varchar(255)]		
d.	Have you undergone laser therapy (Photocoagulation) at anytime amp_lasertherapy [int(1)]	Yes	1	
		No	2	
e.	Do you have medical records or prescriptions? amp_laser_records [int(1)]	Yes	1	
		No	2	
		Don't know	3	
f.	If the answer is **YES**, ask the participant to show the medical records and note the diagnosis below amp_laser_diag [varchar(255)]			

PART – E: RESPIRATORY DISEASE

1.	In the past 12 months, have you had chronic **cough** and chronic mucous production on **most** days or nights of the week (during at least three months in a row)? *[Yes=1; No=2]* **Cough** means cough even when you are not suffering from cold **Most** means at least 4 days or nights per week rd_cough [int(1)]	
	a. If '**YES**' i. How many episodes of such cough have you had in the past 12 months? rd_coughepisode [int(2)]	
	rd_infection [int(1)] ii. Have you suffered from any infections that required medical attention in the past 12 months? *[Yes=1; No=2]*	
	rd_medattention [int(2)] iii. How many times did you seek medical attention in the past 12 months?	
2.	Have you seen a doctor or health practitioner for a chest infection (excluding TB) in the past 12 months? *[Yes=1; No=2]* rd_chest_infection [int(1)]	
	a. If '**YES**' i. How many episodes in the past 12 months? rd_num_episodes [int(2)]	
	ii. How many were doctor-diagnosed? rd_dr_diag [int(2)]	
	iii. For how long have you had such infection? rd_inf_yrs [int(2)] rd_inf_mon [int(2)] Yrs Mnts	
	iv. Did you take antibiotics for these infections? rd_inf_antibio [int(1)] *[Yes=1; No=2; Don't know=3]*	
3.	Have you been hospitalized for a chest infection/pneumonia in the past 12 months? *[Yes=1; No=2]* rd_pasthosp [int(1)]	
	a. If '**YES**', Length of stay rd_hosp_days [int(2)] days	
	rd_hosp_wks [int(2)] weeks	
	rd_hosp_mon [int(2)] months	

4. Do you currently suffer from asthma? rd_cur_asthma[int(1)] **[Yes=1; No=2]**	▢
a. IF '**YES**' i. How many attacks of asthma have you had in the past 12 months? rd_num_asthma_attack [int(2)]	▢▢
ii. Have you suffered from any infections that required rd_asthma_anyinf [int(1)] medical attention in the past 12 months? **[Yes=1; No=2]**	▢
iii. How many times did you seek medical attention in the past 12 months? rd_asthma_med [int(2)]	▢▢
5. Have you ever been diagnosed with TB in past 5 years? rd_tb_diagnosed [int(1)] **[Yes=1; No=2; Don't remember=3]**	▢

PART – F: FAMILY HISTORY

1. Has anyone in your family suffered from any of the following diseases, **before the age of 60 years**? **[Yes=1; No=2; Don't know=3]**	High blood pressure fh_dis_hbp [int(1)] Heart disease* fh_dis_hd [int(1)] Diabetes mellitus (High Blood Sugar) fh_dis_diab[int(1)] Stroke (paralytic attack) fh_dis_stroke [int(1)] ***Angina/ heart attack/heart failure**	▢ ▢ ▢ ▢

2. Fill the table below

Relationship to the family member		Disease condition (refer to the codes below)*	Age at diagnosis (in years)	If dead, age at which the family member died
Father	💬	fh_fath_dis1-dis4 [int(1)]	fh_fath_dis1_age -dis4_age [int(3)]	fh_fatherdeadage [int(3)]
Mother	💬	fh_moth_dis1-dis4 [int(1)]	fh_moth_dis1_age -dis4_as [int(3)]	fh_motherdeadage [int(3)]
Son	💬	fh_son_dis1-dis2 [int(1)]	fh_son_dis1_age -dis2_ag [int(3)]	fh_son_deadage [int(3)]
Daughter	💬	fh_dau_dis1-dis3 [int(1)]	fh_dau_dis1_age -dis3_age [int(3)]	fh_dau_deadage [int(3)]
Paternal Grandfather	💬	fh_patgf_dis1-dis2 [int(1)]	fh_patgf_dis1_age -dis2_a [int(3)]	fh_patgf_deadage [int(3)]
Paternal Grandmother	💬	fh_patgm_dis1-dis3 [int(1)]	fh_patgm_dis1_age -dis3_age [int(3)]	fh_patgm_deadage [int(3)]
Maternal Grandfather	💬	fh_matgf_dis1-dis3 [int(1)]	fh_matgf_dis1_age -dis3 [int(3)]	fh_matgf_deadage [int(3)]
Maternal Grandmother	💬	fh_matgm_dis1-dis3 [int(1)]	fh_matgm_dis1_age -dis3_age [int(3)]	fh_matgm_deadage [int(3)]
Brother	💬	fh_bro_dis1-dis4 [int(1)]	fh_bro_dis1_age -dis4_ag [int(3)]	fh_bro_deadage [int(3)]
Sister	💬	fh_sis_dis1-dis4 [int(1)]	fh_sis_dis1_age -dis4_age [int(3)]	fh_sis_deadage [int(3)]
Paternal uncle	💬	fh_patuncle_dis1-dis4 [int(1)]	fh_patuncle_dis1_age -dis4_age [int(3)]	fh_patuncle_deadage [int(3)]
Paternal aunt	💬	fh_pataunt_dis1-dis3 [int(1)]	fh_pataunt_dis1_age -dis3 [int(3)]	fh_pataunt_deadage [int(3)]
Maternal uncle	💬	fh_matuncle_dis1-dis3 [int(1)]	fh_matuncle_dis1_age -dis3_age [int(3)]	fh_matuncle_deadage [int(3)]
Maternal aunt	💬	fh_mataunt_dis1-dis4 [int(1)]	fh_mataunt_dis1_age -dis4_age [int(3)]	fh_mataunt_deadage [int(3)]
For others, please write the relationship to the participant and provide the required details below				
fh_others1relation [varchar(100)]	💬	fh_other1_dis1-dis4 [int(1)	fh_other1_dis1_age -dis4_age [int(3]	fh_other1_deadage [int(3)]
fh_others2relation [varchar(100)]	💬	fh_other2_dis1-dis2 [int(1)	fh_other2_dis1_age -dis2_age [int(3]	fh_other2_deadage [int(3)]
fh_other3relation [varchar(100)]	💬	fh_other3_dis1-dis3 [int(1)	fh_other3_dis1_age -dis3_age [int(3]	fh_other3_deadage [int(3)]

***Disease condition: Diabetes = 1, heart disease = 2, high blood pressure = 3, Stroke = 4**

SECTION – 6: TREATMENT HISTORY AND EXPENDITURES

PART A: OUTPATIENT

1. Are you undergoing treatment as an out-patient for any of the following reasons? **[Yes=1; No=2]**	Heart disease op_trt_hd [int(1)] Stroke op_trt_stroke [int(1)] Diabetes op_trt_diab [int(1)] Diabetic complications (infections, retinopathy, nephropathy, etc.) op_trt_diabcomp [int(1)] High blood pressure op_trt_hbp [(int1)] Chronic Kidney disease op_trt_ckd [int(1)]	

If the answer to any of the above is "YES" go to the next section OTHERWISE skip to PART B

In the following questions ask the details of treatment and cost only for the last 12 months

2. How many times did do you visit a health facility/doctor/therapist in past 12 month?	op_visit_hfacility [int(2)]	

3. Type of health facility/doctor/therapist op_type_hfacility [int(1)] op_others_hfacility [varchar(50)]	Government Private Charity Others	1 2 3 4	***Others, specify* _____**

4. List the expenditures incurred towards the above mentioned conditions (Q.1) separately in each table

    4.i. Disease _____ disease1 [varchar(150)]

Nature of expenditure	Frequency	Amount spent in Rs per visit/ test/remuneration to home nurse or carer
Visit to Doctor (fees)	visit2dr_freq1 [int(5)]	visit2dr_amt1 [int(5)]
No. of months home nurse / carer was hired	nurse_freq1 [int(5)]	nurse_amt1 [int(5)]
Tests	test_freq1 [int(5)]	test_amt1 [int(5)]
Physical or occupational rehabilitation	physical_freq1 [int(5)]	physical_amt1 [int(5)]
Others (Specify) others1 [varchar(150)]	others_freq1 [int(5)]	others_amt1 [int(5)]
Medications *(average amount spent in last 12 months for the above mentioned condition)* amount_med1 [int(5)]		
Total expenditure in past 12 months total_amt1 [int(5)]		

4.ii. Disease _____ disease2 [varchar(150)]

Nature of expenditure	Frequency	Amount spent in RS per visit / test/remuneration to home nurse or carer
Visit to Doctor (fees)	visit2dr_freq2 [int(5)]	visit2dr_amt2 [int(5)]
No. of months home nurse / career was hired	nurse_freq2[int(5)]	nurse_amt2 [int(5)]
Tests	test_freq2 [int(5)]	test_amt2 [int(5)]
Physical or occupational rehabilitation	physical_freq2 [int(5)]	physical_amt2 [int(5)]
Others (Specify) others2 [varchar(150)]	others_freq2 [int(5)]	others_amt2 [int(5)]
Medications *(average amount spent in last 12 months for the above mentioned condition)* amount_med2 [int(5)]		
Total expenditure in past 12 months total_amt2 [int(5)]		

4.iii. Disease _____ disease3 [varchar(150)]

Nature of expenditure	Frequency	Amount spent in RS per visit/ test/remuneration to home nurse or carer
Visit to Doctor (fees)	visit2dr_freq3 [int(5)]	visit2dr_amt3 [int(5)]
No. of months home nurse / career was hired	nurse_freq3[int(5)]	nurse_amt3 [int(5)]
Tests	test_freq3 [int(5)]	test_amt3 [int(5)]
Physical or occupational rehabilitation	physical_freq3 [int(5)]	physical_amt3 [int(5)]
Others (Specify) others3 [varchar(150)]	others_freq3 [int(5)]	others_amt3 [int(5)]
Medications *(average amount spent in last 12 months for the above mentioned condition)* amount_med3 [int(5)]		
Total expenditure in past 12 months total_amt3 [int(5)]		

4.iv. Disease _____ disease4 [varchar(150)]

Nature of expenditure	Frequency	Amount spent in RS per visit/ test/remuneration to home nurse or carer
Visit to Doctor (fees)	visit2dr_freq4 [int(5)]	visit2dr_amt4 [int(5)]
No. of months home nurse / career was hired	nurse_freq4[int(5)	nurse_amt4 [int(5)]
Tests	test_freq4 [int(5)]	test_amt4 [int(5)]
Physical or occupational rehabilitation	physical_freq4 [int(5)]	physical_amt4 [int(5)]
Others (Specify) others4 [varchar(150)]	others_freq4[int(5)]	others_amt4 [int(5)]
Medications *(average amount spent in last 12 months for the above mentioned condition)* amount_med4 [int(5)]		
Total expenditure in past 12 months total_amt4 [int(5)]		

5. Did you get any reimbursement from insurance? op_reimburse [int(1)]	Yes 1 No 2 Don't know 3 Don't have any insurance 4	

6. If **YES**, of the above mentioned expenditure how much was reimbursed (in RS)?	op_exp_reimbursed [int(1)] RS _____

7. Time taken to reach the health facility/doctor/therapist?	op_reachhfacility_hrs [int(1)] ☐☐ : ☐☐ op_reachhfacility_min [int(1)] HR MIN

8. Transport cost to visit the above mentioned health facility/doctor/therapist*	RS _____ op_cost_hfacility [int(1)]

If the participant has a private vehicle, ask him to give you an estimate of the amount spent on fuel to travel

9. Average time spent at health facility	op_timespent_hrs [int(1)] ☐☐ : ☐☐ op_timespent_min [int(1)] HR MIN

10. Are you getting proper medical attention? *[Yes=1; No=2]* op_med_attention [int(1)]	☐

10.a. If **"No"** What has prevented you from getting medical attention? op_reason1 [int(1)] op_reason2 [int(1)] op_reason3 [int(1)] op_reason4 [int(1)] op_reason_others [varchar(50)]	Not available 1 No one to help me get there 2 Too far 3 Too expensive 4 Don't want to spend money 5 Complicated procedures for care seeking 6 Too long a wait 7 Too sick to make the trip 8 Do not trust medical care 9 Do not know where to go 10 Others (Specify) 11	☐ ☐ ☐ ☐ If other, specify _____

11. How did you pay for your treatment and visits? *[Yes=1; No=2]* op_pay_othersspecify [varchar(50)]	Own saving op_pay_ownsaving [int(1)] Family members paid op_pay_familymem [int(1)] Employer paid op_pay_employer [int(1)] Borrowed from friend, relatives & employer op_pay_borrowfriend [int(1)] Borrowed from bank op_pay_borrowbank [int(1)] Sold house, land or other assets op_pay_soldhouse [int(1)] Health insurance op_pay_hinsurance [int(1)] Others (specify)_____ op_pay_others [int(1)]	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

12. On an average what proportion of money in percentage (%) did you spent from the above mentioned source for your treatment and visits? op_perc_othersspecify [varchar(50)]	Own saving op_perc_ownsaving [int(5)] Family members paid op_perc_familymem [int(5)] Employer paid op_perc_employer [int(5)] Borrowed from friend, relatives & employer op_perc_borrowfriend [int(5)] Borrowed from bank op_perc_borrowbank [int(5)] Sold house, land or other assets op_perc_soldhouse [int(5)] Health insurance op_perc_hlthinsurance [int(5)] Others (Specify)_____ op_perc_others [int(5)]	_____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ %

PART B: INPATIENT

1. Were you hospitalized for any illness in the **past 12 months**? ip_hosp_past [int(1)]	Yes 1 No 2 Don't remember 3	**"2 & 3" go to Q.4**
2. If **YES**, how many times? ip_hosp_times [int(2)]		
3. Were you admitted for any of the following reasons? **[Yes=1; No=2]**	Heart disease ip_admit_hd [int(1)] Stroke ip_admit_stroke [int(1)] Diabetes ip_admit_diab [int(1)] Diabetic complications (infections, ip_admit_diabcomp [int(1)] retinopathy, nephropathy, etc.) High blood pressure ip_admit_hbp [int(1)] Chronic Kidney disease ip_admit_ckd [int(1)]	
4. Have you undergone any surgical procedure in the **past 12 months**? ip_surg_procedure [int(1)]	Yes 1 No 2 Don't remember 3	**"2 & 3" go to Q.6**
5. If yes, what was the procedure? **[Yes=1; No=2]** ip_surg_othersspecify [varchar(50)]	Revascularisation / bypass ip_surg_bypass [int(1)] Valve repair/replacement ip_surg_valve [int(1)] Pacemaker ip_surg_pacemaker [int(1)] Amputation ip_surg_amputation [int(1)] Abscess ip_surg_abscess [int(1)] Renal transplantation ip_surg_renal [int(1)] Heart transplant ip_surg_hrttransplant [int(1)] Retinal photocoagulation ip_surg_retinal [int(1)] Others (Specify_____) ip_surg_others [int(1)]	
6. Do you have medical records related to hospitalization / surgical procedure?	Yes 1 No 2 ip_surg_rec [int(1)]	

*If the answer is **YES**, ask the participant to show the medical records and note the diagnosis in a chronological order separately for hospitalisation due to illness and surgical procedures mentioned above in the space provided below* ip_rec_hosp [varchar(255)]

Hospitalisation ip_rec_hosp [varchar(255)]

_____

_____

_____

_____

_____

_____

Surgical procedure	ip_rec_surgproc [varchar(255)]

Comments	ip_comments [varchar(255)]

PART C: HOSPITALISATION COST

Fill this section only if the participant has undergone hospitalisation due to illness or procedure mentioned in question 3 and 5 of part B, otherwise end the interview and thank the participant.

For each hospitalisation note the following details, starting with the first hospitalisation in past 12 months. If the number of hospitalisation is more than three then use a second form to complete the history.

Sl. No	Questions	1	2	3
1	When were you hospitalized?	hc1_hosp_mon [int(2)] hc1_hosp_yr [int(4)] MM YYYY	hc2_hosp_mon [int(2)] hc2_hosp_yr [int(4)] MM YYYY	hc2_hosp_mon [int(2)] hc2_hosp_yr [int(4)] MM YYYY
2	How many days did you stay in the hospital?	Days hc1_hospstay_days [int(2)]	Days hc2_hospstay_days [int(2)]	Days hc3_hospstay_days [int(2)]
3	Type of hospital? [Yes=1; No=2]	Government hc1_hosptype_govt [int(1)] Private hc1_hosptype_pvt [int(1)] Charity hc1_hosptype_chrty [int(1)] Other hc1_hosptype_othrs [int(1)]	Government hc2_hosptype_govt [int(1)] Private hc2_hosptype_pvt [int(1)] Charity hc2_hosptype_chrty [int(1)] Other hc2_hosptype_othrs [int(1)]	Government hc3_hosptype_govt [int(1)] Private hc3_hosptype_pvt [int(1)] Charity hc3_hosptype_chrty [int(1)] Other hc3_hosptype_othrs [int(1)]
4	Name of hospital (Address)	hc1_hospaddress [(int255)]	hc2_hospaddress [(int255)]	hc3_hospaddress [(int255)]

5	What type of treatment/procedure/ surgery did you undergo? (*Cross-check with the medical records and information in PART-A*) [Yes=1; No=2]	Medicines hc1_trt_medicine [int(1)] ⬜ Thrombolysis hc1_trt_thrombolysis int[(1)] ⬜ Angiogram hc1_trt_angiogram [int(1)] ⬜ Angioplasty hc1_trt_angioplasty [int(1)] ⬜ Bypass surgery hc1_trt_bypass [int(1)] ⬜ Brachytherapy hc1_trt_brachy [int(1)] ⬜ Pacemaker hc1_trt_pacemaker [int(1)] ⬜ Heart transplant hc1_trt_hrttransplant [int(1)] ⬜ Amputation hc1_trt_amputation [int(1)] ⬜ Echocardiography hc1_trt_ecg [int(1)] ⬜ Neuro-imaging hc1_trt_neuroimaging [int(1)] ⬜ Dialysis hc1_trt_dialysis [int(1)] ⬜ Kidney-transplant hc1_trt_kidneytransplant [int(1)] ⬜ For observation hc1_trt_observation [int(1)] ⬜ Other procedure hc1_trt_others [int(1)] Specify _____ hc1_trt_otherspecify [varchar(255)]	Medicines hc2_trt_medicine [int(1)] ⬜ Thrombolysis hc2_trt_thrombolysis int[(1)] ⬜ Angiogram hc2_trt_angiogram [int(1)] ⬜ Angioplasty hc2_trt_angioplasty [int(1)] ⬜ Bypass surgery hc2_trt_bypass [int(1)] ⬜ Brachytherapy hc2_trt_brachy [int(1)] ⬜ Pacemaker hc2trt_pacemaker [int(1)] ⬜ Heart transplant hc2_trt_hrttransplant [int(1)] ⬜ Amputation hc2_trt_amputation [int(1)] ⬜ Echocardiography hc2_trt_ecg [int(1)] ⬜ Neuro-imaging hc2_trt_neuroimaging [int(1)] ⬜ Dialysis hc2_trt_dialysis [int(1)] ⬜ Kidney-transplant hc2_trt_kidneytransplant [int(1)] ⬜ For observation hc2_trt_observation [int(1)] ⬜ Other procedure hc2_trt_others [int(1)] Specify _____ hc2_trt_otherspecify [varchar(255)]	Medicines hc3_trt_medicine [int(1)] ⬜ Thrombolysis hc3_trt_thrombolysis int[(1)] ⬜ Angiogram hc3_trt_angiogram [int(1)] ⬜ Angioplasty hc3_trt_angioplasty [int(1)] ⬜ Bypass surgery hc3_trt_bypass [int(1)] ⬜ Brachytherapy hc3_trt_brachy [int(1)] ⬜ Pacemaker hc3_trt_pacemaker [int(1)] ⬜ Heart transplant hc3_trt_hrttransplant [int(1)] ⬜ Amputation hc3_trt_amputation [int(1)] ⬜ Echocardiography hc3_trt_ecg [int(1)] ⬜ Neuro-imaging hc3_trt_neuroimaging [int(1)] ⬜ Dialysis hc3_trt_dialysis [int(1)] ⬜ Kidney-transplant hc3_trt_kidneytransplant [int(1)] ⬜ For observation hc3_trt_observation [int(1)] ⬜ Other procedure hc3_trt_others [int(1)] Specify _____ hc3_trt_otherspecify [varchar(255)]
6	Total amount spent on treatment (hospitalisation expenses + medicines purchased during the stay)	Rs _____ hc1_amount_spent [(int11)]	Rs _____ hc2_amount_spent [(int11)]	Rs _____ hc3_amount_spent [(int11)]
7	Number of days attendant stayed with you in the hospital	Days ⬜⬜ hc1_days_attendantstay [int(2)]	Days ⬜⬜ hc2_days_attendantstay [int(2)]	Days ⬜⬜ hc3_days_attendantstay [int(2)]
8	Cost of attendant's stay (include food accommodation and travel)	Rs _____ hc1_cost_attendantstay [int(11)]	Rs _____ hc2_cost_attendantstay [int(11)]	Rs _____ hc3_cost_attendantstay [int(11)]
9	Distance from home to hospital?	Kms ⬜⬜⬜ hc1_distance_home [int(4)]	Kms ⬜⬜⬜ hc2_distance_home [int(4)]	Kms ⬜⬜⬜ hc3_distance_home [int(4)]
10	Cost of travel from home to hospital (excluding ambulance cost, if any)	Rs _____ hc1_cost_travel[(int11)]	Rs _____ hc2_cost_travel[(int11)]	Rs _____ hc3_cost_travel[(int11)]

11	What type of medical insurance do you have? **[Yes=1; No=2]**	Free medical treatment hc1_insur_freetrt [int(1)] ☐ Commercial Insurance hc1_insur_commerc [int(1)] ☐ None hc1_insur_none [int(1)] ☐ Self-pay hc1_insur_selfpay [int(1)] ☐ Other hc1_insur_others [int(1)] ☐ (_____) Specify hc1_insur_othrspecify [int(50)]	Free medical treatment hc2_insur_freetrt [int(1)] ☐ Commercial Insurance hc2_insur_commerc [int(1)] ☐ None hc2_insur_none [int(1)] ☐ Self-pay hc2_insur_selfpay [int(1)] ☐ Other hc2_insur_others [int(1)] ☐ (_____) Specify hc2_insur_othrspecify [int(50)]	Free medical treatment hc3_insur_freetrt [int(1)] ☐ Commercial Insurance hc3_insur_commerc [int(1)] ☐ None hc3_insur_none [int(1)] ☐ Self-pay hc3_insur_selfpay [int(1)] ☐ Other hc3_insur_others [int(1)] ☐ (_____) Specify hc3_insur_othrspecify [int(50)]
12	Amount reimbursed from health insurance, if any?	hc1_amt_reimburse [(int11)] Rs _____	hc2_amt_reimburse [(int11)] Rs _____	hc3_amt_reimburse [(int11)] Rs _____
13	How do you pay for your hospitalisation costs? **[Yes=1; No=2]**	Own saving hc1_pay_ownsave [int(1)] ☐ Family members paid hc1_pay_familymem [int(1)] ☐ Employer paid hc1_pay_employer [int(1)] ☐ Borrowed from friends, relatives, employer hc1_pay_borrowfrnds [int(1)] ☐ Borrowed from bank hc1_pay_borrowbank [int(1)] ☐ Sold house, land, or other assets hc1_pay_soldhome [int(1)] ☐ Health insurance hc1_pay_hinsurance [int(1)] ☐ Other hc1_pay_other [int(1)] ☐ (Specify_____) hc1_pay_otherspecify [varchar(50)]	Own saving hc2_pay_ownsave [int(1)] ☐ Family members paid hc2_pay_familymem [int(1)] ☐ Employer paid hc2_pay_employer [int(1)] ☐ Borrowed from friends, relatives, employer hc2_pay_borrowfrnds [int(1)] ☐ Borrowed from bank hc2_pay_borrowbank [int(1)] ☐ Sold house, land, or other assets hc2_pay_soldhome [int(1)] ☐ Health insurance hc2_pay_hinsurance [int(1)] ☐ Other hc2_pay_other [int(1)] ☐ (Specify_____) hc2_pay_otherspecify [varchar(50)]	Own saving hc3_pay_ownsave [int(1)] ☐ Family members paid hc3_pay_familymem [int(1)] ☐ Employer paid hc3_pay_employer [int(1)] ☐ Borrowed from friends, relatives, employer hc3_pay_borrowfrnds [int(1)] ☐ Borrowed from bank hc3_pay_borrowbank [int(1)] ☐ Sold house, land, or other assets hc3_pay_soldhome [int(1)] ☐ Health insurance hc3_pay_hinsurance [int(1)] ☐ Other hc3_pay_other [int(1)] ☐ (Specify_____) hc3_pay_otherspecify [varchar(50)]
14	Proportion of money in percentage (%) did you spent from the above mentioned source for your hospitalisation?	Own savings_____% hc1_perc_ownsave [int(5)] Family members paid_____% hc1_perc_familymem [int(5)] Employer paid_____% hc1_perc_employer [int(5)] Borrowed from friends, relatives, employer _____% hc1_perc_borrowfrnds [int(5)] Borrowed from bank _____% hc1_perc_borrowbank [int(5)] Sold house, land, or other assets _____% hc1_perc_soldhome [int(5)] Health insurance_____% hc1_perc_hlthinsurance [int(5)] Other_____% hc1_perc_other [int(5)] (Specify _____) hc1_perc_otherspecify [varchar(50)]	Own savings_____% hc2_perc_ownsave [int(5)] Family members paid_____% hc2_perc_familymem [int(5)] Employer paid_____% hc2_perc_employer [int(5)] Borrowed from friends, relatives, employer _____% hc2_perc_borrowfrnds [int(5)] Borrowed from bank _____% hc2_perc_borrowbank [int(5)] Sold house, land, or other assets _____% hc2_perc_soldhome [int(5] Health insurance_____% hc2_perc_hlthinsurance [int(5)] Other_____% hc2_perc_other [int(5)] (Specify _____) hc2_perc_otherspecify [varchar(50)]	Own savings_____% hc3_perc_ownsave [int(5)] Family members paid_____% hc3_perc_familymem [int(5)] Employer paid_____% hc3_perc_employer [int(5)] Borrowed from friends, relatives, employer _____% hc3_perc_borrowfrnds [int(5)] Borrowed from bank _____% hc3_perc_borrowbank [int(5)] Sold house, land, or other assets _____% hc3_perc_soldhome [int(5)] Health insurance_____% hc3_perc_hlthinsurance [int(5)] Other_____% hc3_perc_other [int(5)] (Specify _____) hc3_perc_otherspecify [varchar(50)]

15. Time interview ended:
pd_intendtime [varchar(12)]
☐☐ : ☐☐
HR   MIN

Participant ID ☐ ☐ ☐ ☐

pid

CARRS: Surveillance Study

Instruction to the interviewer: HAS THE PARTICIPANT SIGNED THE INFORMED CONSENT? DO NOT PROCEED UNTIL THE CONSENT FORM HAS BEEN SIGNED.

Cluster ID cluster_id	☐ ☐ ☐ ☐ ☐ ☐ ☐	Household ID	☐ ☐ ☐ ☐ ☐ hhp_id
Follow-up ID fu2_id		Interviwer Id	☐ ☐ ☐
Date of interview: ☐ ☐ ☐ ☐ ☐ ☐ DD/MM/YY interview_date		Start Time(Hr:min) HR MIN	☐ ☐ ☐ ☐ start_time

Section- 1: Response and contact of the participant		
1. Did the participant respond to the study? f2_respond_study	*[Yes =1; No =2]*	☐ If '**2**', go to Q-4
2. If **YES**, what is the present address f2_present_add	Same as baseline survey/1st follow up 1 Changed 2	☐ *If '1' go to question-6*
3. If changed, note the current address: f2_change_add		
4. If **NO**, what is the reason for non-response? f2_non_response f2_non_response_other	Participant has relocated- non reachable/traceable 1 Not available after 3 subsequent visits 2 Refused to participate 3 Not Alive 4 Others Please specify	☐
➤ *If the answer is 3 complete question-5.* *If the answer is 4 for the above question skip this questionnaire and please complete **verbal autopsy** form*		

5. If "**Refused",** Reasons for refusal: f2_refused1 f2_refused2 f2_refused3 f2_refused4 f2_refused5 f2_refused6 f2_refused_othspecify	1. Not able to give time 2. Interviews are lengthy 3. Not interested in providing blood sample 4. Too much blood drawn 5. Not satisfied with the lab report 6. Need more medical attention/medicines 7. Do not see any benefit in participating in the study 8. Do not feel secure 9. Do not want to give any reason 10. Others If others: Please specify in detail: _____-__ _____-__ _____-__ _____-__ _____-__ _____-__	*Write all the options applicable* ☐ ☐ ☐ ☐ ☐ ☐

Details of contacts	
6. Name of the 1st contact f2_contact_name_1	
Address of 1st contact f2_contact_add_1	
Telephone number of 1st contact	f2_contact_phone_1
7. Name of the 2nd contact f2_contact_name_2	
Address of 2nd contact f2_contact_add_2	
Telephone number of 2nd contact	f2_contact_phone_2
8. Name of the Home Town contact	f2_home_town_name
Address of Home Town contact f2_home_town_add	
Telephone number of Home Town contact	f2_home_town_phone

Participant ID

Cluster ID		Household ID	
Follow-up ID		Interviewer ID	
Date of interview:	DD/MM/YY	Start Time(Hr:min) HR MIN	

Section-2: Tobacco and alcohol use

1. *Do you currently consume tobacco? (within last 1 year)* tobacco_use	Yes= 1 No= 2	*If 2, go to question-3*
2. *If Yes, how often? [Regularly (≥once a week)=1; Occasionally (<once a week) =2; No=3;*	Smoking form howoften_smoke Chewed form howoften_chew Any other form howoften_other	
2. *Have you used alcoholic beverages in last one year?* use_alc	*Yes =1* *No=2* *Do not remember=3*	*If 2& 3 go to Section-3*
4. If Yes, How often did you consume? yes_howoft_alc	*Regularly(≥ once a week) 1* *Occasionally(Less than once a week) 2*	

Section – 3: Medical History

Part-A: Cardiometabolic Diseases and their risk factors

		(Yes=1, NO= 2)	If **YES**, Since How long (Months)
1. In last one year, have you been told by a doctor that you have developed or suffered (or started medication for) any of the following diseases?	Hypertension (High blood pressure)* mh_hbp Diabetes (High Blood Sugar)* mh_diab Hyperlipidemia (High Cholesterol) mh_hyper Heart Attack mh_heart Stroke (Paralytic Attack) mh_stroke		mh_hbp_howlong mh_diab_howlong mh_hyper_howlong mh_heart_howlong mh_stroke_howlong

Exclude pregnancy induced Hypertension and High Blood Sugar:

If the answer is 'YES' to any of the choices in Q. 1, then continue with this section, otherwise skip to SECTION -4. Ask for documented evidence, doctor's diagnosis/prescription/investigation report. Take a photocopy/photo of the evidence and attach with the questionnaire.

Write the actual diagnosis/description below

Part B: *Disease specific questions*		
1. Hypertension		
a. Are you taking any Allopathic drugs (English / modern) for your blood pressure?	**hbp_allopathic** *[Yes =1; No =2]*	☐
b. If yes, were you advised by a physician (prescribed?)	**hbp_advise** *[Yes =1; No =2]*	☐
c. How often (number of times) do you miss the medication per week?	hbp_miss_med	☐☐
II. Diabetes		
a. Are you taking any Allopathic drugs (English / modern) for your blood sugar/diabetes?	**dia_allopathic** *[Yes =1; No =2]*	☐
b. If yes, were you advised by a physician (prescribed?)	**dia_advise** *[Yes =1; No =2]*	☐
c. How often(number of times) do you miss the medication per week? dia_miss_med		☐☐
III. Hyperlipidemia		
a. Are you taking any Allopathic drugs (English / modern) for your cholesterol/hyperlipidemia?	**hyper_allopathic** [Yes =1; No =2]	☐
b. If yes, were you advised by a physician (prescribed?)	**hyper_advise** [Yes =1; No =2]	☐
c. If yes, how often (number of times) do you miss the medication per week? hyper_miss_med		☐☐

Section 4: Hospitalization:

Part A

1. Were you hospitalized for any illness in the **Past 12 months?** hosp_illness	*[Yes =1; No =2;Do not remember=3]*	☐ *[If 2 & 3, Skip to **Section-5**]*

3. Were you admitted for any of the following reasons?		**[Yes=1; No=2]**	**If yes, How many times?**
hosp_admit_heart	Heart Attack/Angina hosp_heart_times	☐	☐☐
hosp_admit_stroke	Stroke hosp_stroke_times	☐	☐☐
hosp_admit_diab	Diabetes hosp_diab_times	☐	☐☐
hosp_admit_comp	Diabetic complications (infections, retinopathy, nephropathy, etc.) hosp_comp_times	☐	☐☐
hosp_admit_hbp	High blood pressure hosp_hbp_times	☐	☐☐
hosp_admit_ckd	Chronic Kidney disease hosp_ckd_times	☐	☐☐

Part B: *Disease Specific Questions*

I.   Heart Attack (fill in if ticked above)

a. What intervention or procedure did you receive at or after your heart attack? heart_proc_attack	Thrombolysis (Clot dissolving drugs) 1 Coronary angioplasty (balloon or stenting) 2 CABG (By- pass surgery) 3 Others 4 Please mention heart_proc_other	☐
a. Are you taking any Allopathic drugs (English / modern) for your heart disease? heart_med_hd	***[Yes =1; No =2]***	☐
c. If yes, were you advised by a physician (prescribed?) heart_presc_hd	***[Yes =1; No =2]***	☐

II.   Stroke (fill in if ticked above)

Is there residual:		
stroke_paralysis	Paralysis / Weakness	☐
stroke_dspeech	Defect of speech	☐
stroke_ur_incont	Urinary incontinence	☐
stroke_others **stroke_others_specify**	Other weaknesses If others specify_____	☐

Section 5: Drug information

1. In the past one week, have you taken any Allopathic drugs (English / modern) for any disease? drug_pastweek	***[Yes =1; No =2]***	☐ [If **NO**, go to section 6]

2. If yes, Provide details of all the medication that the participant is taking at the time of survey in the below columns

Name of the drug (write in capital letters)	Since when are you taking this drug? *(Circle/tick the appropriate time measure)*
1. drug1_name	**drug1** ☐☐ years/Months/weeks/days **timespecify_1**

2.	drug2_name	**drug2**		years/Months/weeks/days **timespecify_2**
3.	drug3_name	**drug3**		years/Months/weeks/days **timespecify_3**
4.	drug4_name	**drug4**		years/Months/weeks/days **timespecify_4**
5.	drug5_name	**drug5**		years/Months/weeks/days **timespecify_5**
6.	drug6_name	**drug6**		years/Months/weeks/days **timespecify_6**
7.	drug7_name	**drug7**		years/Months/weeks/days **timespecify_7**
8.	drug8_name	**drug8**		years/Months/weeks/days **timespecify_8**
9.	drug9_name	**drug9**		years/Months/weeks/days **timespecify_9**
10.	drug10_name	**drug10**		years/Months/weeks/days **timespecify_10**

Section 6: COMPLICATIONS *[This section will be applied to all participants not just for diabetes]*

I.   Amputations

a. In last one year, have you had an amputation? comp_amp	*[Yes =1; No =2;]*	☐ **"2" go to Part II**
b. Level of amputation com_level_amp	Toe 1 Below ankle 2 Below knee 3 Above Knee 4	☐
c. What was the cause for amputation? com_cause_amp com_cause_ampoth	Injury 1 Diabetes 2 Infection 3 Other s 4	☐ ☐ Others specify _____
d. Ask the participant to show the medical records and photograph com_med_records		

II.   Eyes

a. Did you have deterioration with your eyesight other than your ordinary power glasses (spectacles)? com_eyesight	*[Yes =1; No =2;]*	☐ **"2" go to Section-7**
b. If '**YES'**, what was the diagnosis? com_diag com_diag_oth	Physician-diagnosed cataract 1 Physician-diagnosed retinopathy 2 Both 3 Others 4 Mention_____	☐
c. Have you undergone laser therapy (Photocoagulation) at anytime com_laser_therapy	*[Yes =1; No =2;]*	☐

Section7: Kidney Disease

		(Yes =1. No =2.)	If YES, since how long? (**For Kidney stones: most recent**)
a. Have you **EVER** been told by a doctor that you have developed or suffered from	1. Kidney stone kd_stone 2. Kidney disease kd_disease 3. Kidney failure kd_fail		*Yrs* *mths* kd_stone_yy kd_stone_mm kd_disease_yy kd_disease_mm kd_fail_yy kd_fail_mm
b. If **YES**, for Kidney stones, what treatment was received kd_stone_treat kd_stone_oth	Only medication - 1 Surgery - 2 No treatment – 3 Others - 4 If others Specify _____		
c. If **YES**, for Kidney disease or kidney failure	Have you ever undergone Dialysis? Have you ever undergone kidney transplant? (Yes =1; No =2)	kd_dis_dial kd_fail_trans	

CARRS: SURVEILLANCE STUDY

BLOOD PRESSURE AND ANTHROPOMETRY

Participant ID
pid

Interviewer ID
int_id

Date Completed: DD/ MM/ YY

date_comp

Follow up ID

fu2_id

I.   BLOOD PRESSURE AND PULSE RATE

Instrument ID   inst_id

Type of Measurement	1st Reading	2nd Reading	Difference between 1st and 2nd	Tolerance	3rd Reading (if necessary)
Systolic BP	sbp_fu2_1	sbp_fu2_2		10 mm Hg	sbp_fu2_3
Diastolic BP	dbp_f2_1	dbp_f2_2		6 mm Hg	dbp_f2_3
Pulse rate	pulse_fu2_1	pulse_fu2_2			

II.   ANTHROPOMETRIC MEASUREMENTS

1. Weight (Kgs)		Instrument ID
Weight weight_fu2	|__|__|__|.|__|	Comments: wt_fu2_comment

2. Body circumferences (cm)			Instrument ID	
Waist waist_fu2	Clothing(√) waist_fu2_cloth None Light Heavy	Hip hip_fu2		Clothing(√) hip_fu2_cloth None Light Heavy
|__|__|__|.|__|		|__|__|__|.|__|		

Attach the print-out of body composition / bio-impedance measurement of the participant along with this form. Note any specific comments on the back of this form.

15. Time interview ended: :

                                                                      HR   MIN

16. Questionnaire Quality Check:

Reviewer 1	**Reviewer 2**
Name_____	Name_____
Signature_____	Signature_____
Date_____	Date_____