SOLAN SURVEILLANCE STUDY
BLOOD PRESSURE AND ANTHROPOMETRY

Name of the participant _____	Participant ID: [ ][ ][ ][ ][ ] [Participant_ID] [varchar(30)]

Anthropometric Measurements
(Highlighted font (i.e. red colour) is confidential)

Height (cm)		
Standing Height [height] [double]	|__|__|__|·|__|	
2. Weight (Kg)		
Weight (Kg) [weight] [double]	|__|__|__|·|__|	
3. Waist circumference(cm) [waist] [double]	|__|__|__|·|__|	Clothing (√) 1. None ☐ 2. Light ☐ 3. Heavy ☐ [waist_clothing] [int(1)]
4. Hip circumference (cm) [hip] [double]	|__|__|__|·|__|	Clothing (√) 1. None ☐ 2. Light ☐ 3. Heavy ☐ [hip_clothing] [int(1)]

5. Blood Pressure and Pulse Rate

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

6. Blood Glucose (Fasting) (mg/dl)

Blood Glucose (Fasting) (mg/dl)	|__|__|__|·|__| [lab_fasting] [int(5)]

Participant ID ☐☐☐☐☐

Solan 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(30)]	Participant ID [pid] [varchar(30)]	
Centre Name _____ [centre] [int]		
Date of interview: ☐☐☐☐☐☐ DD/ MM/ YY [iDate] [varchar(10)]	Start Time [Hr:min] ☐☐ : ☐☐ HR MIN [iTime] [varchar(10)]	

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

(Highlighted font (i.e. red colour) is confidential)

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(100)]
  District: [pd_dist] [varchar(100)]
  State: [pd_state] [varchar(100)]
  Postal Code: [pd_pcode] [bigint(11)]		

4.Telephone Number
  Residence [pd_phoneres] [varchar(20)]
  Office   [pd_phoneoff] [varchar(20)]
  Mobile   [pd_mobileno] [varchar(20)]
	_____
	_____
	_____	

5. Email ID
  [pd_email1] [varchar(100)]
  [pd_email2] [varchar(100)]
	(1)
	(2)	

6.Place of Birth
  District: [pd_pobdist] [varchar(50)]
  State: [pd_pobstate] [varchar(50)]		

7. Age (in completed years) [pd_age] [int(3)]	☐☐☐	
8. Date of birth (if available) [pd_dob] [varchar(10)]	☐☐☐☐☐☐☐ DD / MM / YYYY	
9. Sex [pd_sex] [int(1)]	Male 1 Female 2	☐

1

[Male 1, Female 2, Trans-gender 3]	Trans-gender	3	

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

11.What is your mother tongue? (State of origin) [pd_lang] [int(3)] *[Assamese 1, Balochi 2, Bengali 3, Gujarati 4,Hindi 5,Kannada 7,Kashmiri 8,Maithili 9,Malayalam 10,Marathi 11,Punjabi 14,Sindhi 15,Telugu 16,Tamil 17,Urdu 18, Others 19]* [pd_lang_others] [varchar(50)]	Assamese 1 Balochi 2 Bengali 3 Gujarati 4 Hindi 5 Kannada 6 Kashmiri 7 Maithili 8 Malayalam 9 Marathi 10 Punjabi 11 Sindhi 12 Telugu 13 Tamil 14 Urdu 15 Others 16		⬜⬜ Others, specify _____

12.What religion do you follow? (Optional) [pd_relig] [int(3)] *[Hindu 1,Muslim 2,Sikh 3,Christian 4,Jain 5,Buddhism 6,No religion 7,Others (specify) 8, No response 9]* [pd_relig_others] [varchar(50)]	Hindu Muslim Sikh Christian Jain Buddhism No religion Others (specify) No response	1 2 3 4 5 6 7 8 9	⬜ Others, specify _____ _____

13.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 (when you don't feel about asking this question)		⬜

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

14.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(3)]	⬜⬜ **years**

15.Educational status (highest attained degree) [pd_edu_stat] [int(2)] [pd_edu_others] [varchar(50)] *[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, High school (class V to IX) 4, Primary School (upto Class IV) 5, *Literate, no formal education 6, **Illiterate 7, Others 8]* ** 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*	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 High school (class V to IX) 4 Primary School (upto Class IV) 5 *Literate, no formal education 6 **Illiterate 7 Others 8		⬜ Others, specify _____ _____ _

only read but cannot write in any language.			3
16. Your employment status? [pd_emp_stat] [int(2)] (ask women participants whether they worked earlier and now they don't have any employment)	Employed Student Housewife Retired Un-employed	1 2 3 4 5	**"1" go to 16.a Otherwis e go to Q17**
16.a. If **"Employed",** what is your current occupation? [pd_cur_occu] [int(2)] *[Use nearest applicable employment codes given below]*			
17. Have you been involved in any other occupation during past ten years? [pd_other_occu] [int(2)]	Yes No	1 2	**"2" go to Q. 18**
17.a. If **'YES',** name the occupation? [pd_any_otheroccu] [int(2)] *[Use nearest applicable employment codes given below]*			

Coding list for employment (for Q.16.a and Q.17.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

18. What is your total household income per month? [pd_hhincome] [int(2)] *Please include income from all members who contribute to the household*			
19. Do you have a separate room for cooking (Kitchen)? [pd_kitchen] [int(1)] *[Yes 1, No 2]*	Yes No	1 2	
20. What is the fuel used for cooking? [pd_fuel] [int(1)] *[Coal/charcoal/kerosene 1, Electricity/gas (LPG)/solar/CNG (IGL) 2, Wood/dung 3, Others 4]* [pd_fuel_other] [varchar(50)] **If more than one source is used then note the source that is most commonly used**	Coal/charcoal/kerosene Electricity/gas (LPG)/solar/CNG (IGL) Wood/dung Others	1 2 3 4	Others (specify) _____ ____
21. What is the source of drinking water used at home? [pd_water] [int(2)] *[Public source 1, Private source (Shared) 2, Private source*	Public source source (Shared) Private source (Own)	1 Private 2 3	Others

(Own) 3, Bottled water 4, Purified tap water 5, Others 6] [pd_water_others] [varchar(50)] **If more than one source is used then note the source that is most commonly used**	Bottled water	4	(specify) _____ ____
	Purified tap water	5	
	Others	6	
22. What is the toilet facility you use? [pd_toilet] [int(2)] *[Public toilet 1, Shared toilet 2, Own flush toilet 3, Others 4]* [pd_toilet_others] [varchar(50)]	Public toilet	1	⬚ Others (specify)_____ _____
	Shared toilet	2	
	Own flush toilet	3	
	Others	4	
23. Which of the following do you own? **[Yes=1; No=2]** [pd_tv] [int(1)] *[Yes 1, No 2]* [pd_fridge] [int(1)] [pd_wmachine] [int(1)] [pd_micro] [int(1)] [pd_grinder] [int(1)] [pd_mobile] [int(1)] [pd_dvd] [int(1)] [pd_computer] [int(1)] [pd_car] [int(1)] [pd_bike] [int(1)] [pd_cycle] [int(1)]	a. Television b. Refrigerator c. Washing machine d. Microwave / OTG e. Mixer-grinder f. Mobile phone g. DVD player h. Computer i. Car j. Motor Cycle /Scooter k. Bicycle		⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚
24. Are you likely to move from your current residence within a year or two? [pd_move_curres] [int(1)] *[Yes 1,No 2, Don't know 3]*	Yes No Don't know	1 2 3	⬚
25. 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)] *[1=Neighbour,2=Relative,3=Friend,4=Employer,5=No one to contact,6=Others]*	Neighbour Relative Friend Employer No one to contact Others Specify _____	1 2 3 4 5 6	1st ⬚ 2nd ⬚
26. 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)]			
27. Address of the 1st contact person [pd_add_cont1_street] [varchar(100)] [pd_add_cont1_village] [varchar(100)] [pd_add_cont1_tehsil] [varchar(100)] [pd_add_cont1_dist] [varchar(100)] [pd_add_cont1_state] [varchar(100)] [pd_add_cont1_pincode] [varchar(100)]			
28. Phone number (home, office, mobile) of 1st	Home _____(area code)_____(number) [pd_phone1cont1] [bigint(20)]		

contact person	Office _____ (area code)_____ (number) [pd_phone2cont1] [bigint(20)] Mobile_____ (number) [pd_mobcon1] [bigint(20)]
29. 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)]	
30. Address of the 2nd contact person [pd_add_cont2_street] [varchar(100)] [pd_add_cont2_village] [varchar(100)] [pd_add_cont2_tehsil] [varchar(100)] [pd_add_cont2_dist] [varchar(100)] [pd_add_cont2_state] [varchar(100)] [pd_add_cont2_pincode] [varchar(100)]	
31. 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]*	Yes 1 No 2	☐ **"2" go to Q. 8**
2. In what forms have you consumed tobacco? **[Yes=1; No=2]** [tob_smkfrm] [int(1)] *[Yes 1, No 2]* [tob_chwfrm] [int(1)] *[Yes 1, No 2]* [tob_other] [int(1)] *[Yes 1, No 2]*	a. In a smoking form b. In a chewed form c. In any other form (snuff, toothpaste etc)	☐ ☐ ☐
3. Do you currently* consume tobacco? *** within past 6 months** [tob_curcons] [int(1)] *[Yes 1, No 2]*	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]** *[Regularly (≥ once a week)= 1; Occasionally (<once a week)= 2; No=3; Not applicable=9]*	Smoking form [tob_cursmkfrm] [int(1)] ☐	Chewed form [tob_curchwfrm] [int(1)] ☐	Any other form [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 stoppe	
		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_cigar_permonth] [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] [varchar(100)]	[tob_tchewdur_yrs] [int(3)]	[tob_tchewdur_mon] [int(3)]	[tob_tchew_permonth] [int(3)]	[tob_tchewstop_yr] [int(3)]	[tob_tchewstop_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_brand_other] [varchar(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?

[tob_smk_strtage] [int(3)]

   [Not applicable – write '99' in the box]

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

[tob_smkexpo] [int(3)]

Yes   1

No   2

"2" go to PART B

9. **If Yes**:
   How many days a week*?

How much time during a day*? [tob_smkexpo_wk] [int(3)] [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]*	Yes 1 No 2	**"2" go to PART C**
2. How often do you use alcoholic beverages? ***Occasionally means less than once a week*** [alc_oftenuse] [int(1)] *[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]*	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 usual 7 days of a week. 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 breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you do for at least 10 minutes at a time.

1. During **a usual 7 days**, on how many days did you do **vigorous** physical activities? [pa_vigact] [int(1)] *[Days per week 1, Refused 2, Don't Know/Not Sure 3, Don't do any activity 4]* [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 2, Don't Know/Not Sure 3]*	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?" [pa_ip_vigact] [int(1)] [pa_ip_vigact_hr] [int(4)] [pa_ip_vigact_min] [int(4)] *[Hours/ Minutes per day 1, Refused 2, Don't Know/Not Sure 3]*	Hours/ Minutes per day = 1 Refused = 2 Don't Know/Not Sure = 3	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. [pa_modact] [int(1)] [pa_modact_days] [int(2)] *[Days per week 1, Refused 2, Don't Know/Not Sure 3, Don't do any activity 4]*	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	
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)] [pa_modacttime_hr] [int(4)] [pa_modacttime_min] [int(4)] *[Hours/ Minutes per day 1, Refused 2, Don't Know/Not Sure 3]*	Hours/ Minutes per day=1 Refused (Go To Q.4a) = 2 Don't Know/Not Sure (Go To Q.4a)=3	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?" [pa_ip_modact] [int(1)] [pa_ip_modact_hr] [int(4)] [pa_ip_modact_min] [int(4)] *[Hours/ Minutes per day 1, Refused 2, Don't Know/Not Sure 3]*	Hours/ Minutes per day=1 Refused = 2 Don't Know/Not Sure = 3	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. [pa_walk] [int(1)] [pa_walk_days] [int(2)] *[Days per week 1, Refused 2, Don't Know/Not Sure 3, Don't do any activity 4]*	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	
6. How much time did you usually spend **walking** on one of those days?	Hours/ Minutes per day (go to Q. 7)	

[pa_walktime] [int(1)] [pa_walktime_hr] [int(4)] [pa_walktime_min] [int(4)] *[Hours/ Minutes per day 1, Refused 2, Don't Know/Not Sure 3]*	=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)] [pa_ip_walktime_hr] [int(4)] [pa_ip_walktime_min] [int(4)] *[Hours/ Minutes per week 1, Refused 2, Don't Know/Not Sure 3]*	Hours/ Minutes per week =1 Refused =2 Don't Know/Not Sure =3	□ 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 day 1, Refused 2, Don't Know/Not Sure 3]*	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)] [pa_ip_sittime_hr] [int(4)] [pa_ip_sittime_min] [int(4)] *[Hours/ Minutes per week 1, Refused 2, Don't Know/Not Sure 3]*	Hours/ Minutes on Wednesday = 1 Refused =2 Don't Know/Not Sure =3	□ HR : MIN
8. Additional comments [pa_additionalcomments] [varchar(250)]		

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

	On weekdays / workdays	On weekends
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)] [slp_hrswkend] [int(2)]	□□ No. of hrs	□□ No. of hrs

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(2)]	□□ 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)]   □

Never 1,
Rarely (1/month or less) 2,
Sometimes (2-4/month) 3,
Often (5-15/month) 4,
Almost always (16-30/month) 5

| 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 <u>and</u> what you know about yourself

3. Have you ever snored (now or any time in the past)? [slp_snore] [int(1)] *[Yes 1, No 2, Don't know 8]*	Yes	1	
	No	2	
	Don't know	8	**"2", "8" go to Q.7**
4. 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, Frequently (3-5 nights/week) 3, Always or almost always(6-7nights/week) 4, Don't know 8]*	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	
5. 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]*	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	
6. 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, Don't Know 8]*	Yes	1	
	No	2	
	Don't know	8	**"2", "8" go to Q.9**
7. 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]*	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	
8. 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, Don't Know 8]*	Yes	1	
	No	2	
	Don't know	8	**"1" go to Q.11** **"2", "8" go to Q.10**
9. 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]*	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)]

_____

_____

10. 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]*	Yes	1	
	No	2	
11. 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]*	Never	1	
	Sometimes	2	
	Usually	3	

12. **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   *[No chance=1; Slight chance=2; Moderate chance=3; High chance=4]*

    B. Watching TV

    C. Sitting inactive in a public place (such as a theatre or a meeting)

    D. Riding as a passenger in a car for an hour without a break

    E. Lying down to rest in the afternoon when circumstances permit

    F. Sitting and talking to someone

    G. Sitting quietly after a lunch

    H. In a car, while stopped for a few minutes in traffic

    I. At the dinner table

    J. While driving

13. 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]*	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	
14. Do you drive? [slp_drive] [int(1)] *[Yes 1, No 2]*	Yes	1	
	No	2	**"2" go to Part E**

15. **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? [slp_oftendrive] [int(1)] *[Everyday 1,sometimes 2, rarely/never 3]*
        [Everyday=1; sometimes=2; rarely/never=3]

    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]*	Yes	1	
	No	2	
2. Do you take eggs? [dt_takeegg] [int(1)] *[Yes 1, No 2]*	Yes	1	
	No	2	
3. Are you on any special diet? [dt_spldiet] [int(1)] *[Yes 1, No 2]*	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? Yrs ⬜⬜ Mnts ⬜⬜ [Enter the the longest duration]

[dt_spldiet_yrs] [int(1)]   [dt_spldiet_mon] [int(1)]

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, Neve 5]

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 meat	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 styl	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)]

12

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]

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? ***Not Applicable = 99*** [fp_no_preg] [int(2)]		
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]*	Yes 1 No 2	**"1" go to Q. 6**
4. If 'No' what is the reason? [fp_menstreason] [int(1)] *[Pregnancy 1,Lactation 2, Natural Menopause 3,Surgical Menopause 4, Other reason 5]* [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_harmone_past] [int(1)] *[Yes 1, No 2]* [fp_harmone_yrs] [int(2)] [fp_harmone_mon] [int(2)] [fp_harmone_cur] [int(1)] *[Yes 1, No 2]* [fp_harmone_curyrs] [int(2)] [fp_harmone_curmon] [int(2)]	Ever used in the past		If Yes, duration in years/month Yrs ___ Mnts ___
	Currently using		If Yes, duration in years/month 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

90

80

70

60

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.

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.

**Your own
state of health
today**

50

[pd_h_status] [int(2)]

40

30

20

10

0
Worst imaginable
state of health
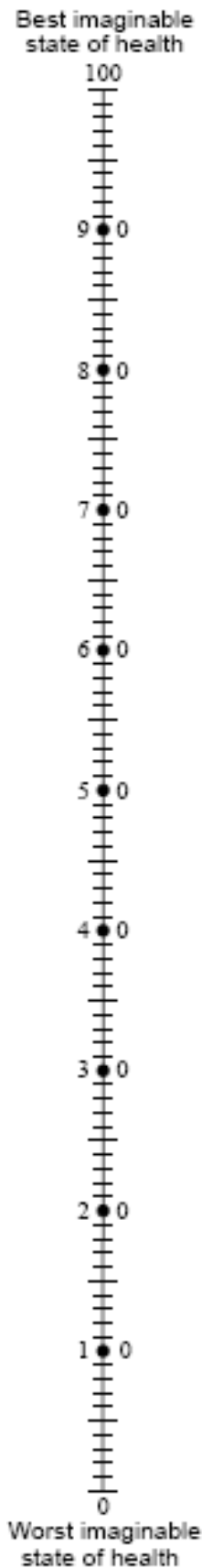
SECTION – 5: MEDICAL HISTORY

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]

[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_since_yrs] [int(2)] [hbp_since_mon] [int(2)]	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*** [hbp_trt_dietmod] [int(1)] [hbp_trt_phyexer] [int(1)] [hbp_trt_tradmed] [int(1)] [hbp_trt_allopdrug] [int(1)] [hbp_trt_none] [int(1)]	Prescribed dietary modifications Prescribed physical exercise Traditional medicine / therapy* Allopathic drugs (English / modern) None	

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]	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, Don't remember 5, Others 6] [hbp_reason_others] [varchar(50)]	Cannot afford 1 Cannot tolerate 2 I have recovered 3 No reason 4 Don't remember 5 Others (specify) 6	***Others, specify*** _____

e. Do you think your blood pressure is under good control? [hbp_undercntrl] [int(1)] [Yes 1, No 2, Don't Know 3]	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]*	Yes 1 No 2 Don't Know 3	
g. What was your last blood pressure recording (when your doctor checked you)? = 1 Don't know = 2 Can't remember = 3 [hbp_drlastrecord] [int(1)] *[Yes 1, Don't Know 2, Can't remember 3]* [hbp_dr_diastolic] [int(3)] [hbp_dr_systolic] [int(3)]	_____(systolic) / _____(diastolic) mmHg	
h. When was the last time you consulted your doctor? [hbp_dr_lastconsult] [int(1)] *[Less than 1month 1 ,More than 1 month 2, More than 3months 3, Less than 6 months 4,More than 6 months 5]*	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]*	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(3)]   [hbp_rec_diastolic] [int(3)]

_____(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? [dia_since_yrs] [int(3)] [dia_since_mon] [int(3)]	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
[dia_trt_dietmod] [int(1)]
[dia_trt_phyexer] [int(1)]
[dia_trt_tradmed] [int(1)]
[dia_trt_allopdrug] [int(1)]
[dia_trt_none] [int(1)]
	Prescribed dietary modifications
	Prescribed physical exercise
	
	Traditional medicine / therapy*
	
	Allopathic drugs (English / modern)
	
	None

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]*	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, No reason 4, Don't remember 5, Others 6]* [dia_reason_others] [varchar(50)]	Cannot afford 1 Cannot tolerate 2 I have recovered 3 No reason 4 Don't remember 5 Others (specify) 6		⬜ ***Others, specify*** _____
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]*	Yes 1 No 2 Don't Know 3		⬜
f. Does your doctor say that your diabetes /high blood sugar is under good control? [dia_drundercntrl] [int(1)] *[Yes 1, No 2, Don't Know 3]*	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? [dia_lastchk_fasting] [int(11)] [dia_lastchk_aftermeal] [int(1)]	Fasting _____ mg/dl After meal _____ mg/dl		
h. When was the last time you consulted your doctor? [dia_dr_lastconsult] [int(1)] *[Less than 1month 1 ,More than 1 month 2, More than 3months 3, Less than 6 months 4,More than 6 months 5]*	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]*	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(50)]

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

  Fasting_____**mg/dl** [dia_rec_fasting] [int(11)]

  After meal_____**mg/dl** [dia_rec_aftermeal] [int(1)]

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? [hyp_since_yrs] [int(3)] [hyp_since_mon] [int(3)]	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* [hyp_trt_dietmod] [int(1)] [hyp_trt_phyexer] [int(1)] [hyp_trt_tradmed] [int(1)] [hyp_trt_allopdrug] [int(1)] [hyp_trt_none] [int(1)]	Prescribed dietary modifications Prescribed physical exercise Traditional medicine / therapy* Allopathic drugs (English / modern) None		

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 cholestrol is high 3, Discontinued for more than a month at a time 4, Never taken any medication 5]*	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 6]* [hyp_reason_others] [varchar(255)]	Cannot afford	1	
	Cannot tolerate	2	
	I have recovered	3	
	No reason	4	***Others, specify***
	Don't remember	5	
	Others (specify)	6	_____

e. Do you think your cholesterol is under good control? [hyp_undercntrl] [int(1)] *[Yes 1, No 2, Don't Know 3]*	Yes	1	
	No	2	
	Don't Know	3	

f. Does your doctor say that your cholesterol is under good control? [hyp_dr_undercntrl] [int(1)] *[Yes 1, No 2, Don't Know 3]*	Yes	1	
	No	2	
	Don't Know	3	

g. What was total cholesterol level when you last checked it? [hyp_lastchkcholestrol] [int(11)]	_____ mg/dl

h. When was the last time you consulted your doctor? [hyp_dr_lastconsult] [int(1)] *[Less than 1month 1 ,More than 1 month 2, More than 3months 3, Less than 6 months 4,More than 6 months 5]*	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]*	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 hypgnosis below   [hyp_diagnosis] [varchar(255)]

k. Note the recorded total cholesterol from the most recent medical record / prescription

[hyp_rec_cholestrol] [int(11)]

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)] *[<1year 1,1-5 years 2, >5 years 3]*	<1 year	1	⬜
	1-5 years	2	
	>5 years	3	

b. What did the doctor say it was? [ht_drsay] [int(1)] *[Yes 1, No 2]* [ht_drsay_heartattack] [int(1)] [ht_drsay_angina] [int(1)] [ht_drsay_heartfailure] [int(1)] [ht_drsay_valvedisease] [int(1)] [ht_drsay_holeinHeart] [int(1)] [ht_drsay_others] [int(1)] [ht_dr_notinformed] [int(1)] [ht_drothersspecify] [varchar(255)]	Heart attack	1	⬜ ⬜ ⬜
	Angina	2	
	Heart failure	3	Use separate boxes for more than one option
	Valve disease	4	
	Hole in the heart	5	***Others, specify***
	Others*	6	_____
	Not informed about the nature of the problem	7	

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]*	Yes	1	⬜
	No	2	

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

f. Were you hospitalized for the subsequent attacks [ht_hosp_repeatattack] [int(1)] *[Yes 1, No 2]*	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*** [ht_trt_dietmod] [int(1)] [ht_trt_phyexer] [int(1)] [ht_trt_tradmed] [int(1)] [ht_trt_allopdrug] [int(1)] [ht_trt_none] [int(1)]	Prescribed dietary modifications Prescribed physical exercise Traditional medicine / therapy* Allopathic drugs (English / modern) None	⬜ ⬜ ⬜ ⬜ ⬜

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]*	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, No reason 4, Don't remember 5, Others 6]* [ht_reason_others] [varchar(255)]	Cannot afford	1	
	Cannot tolerate	2	
	I have recovered	3	***Others, specify***
	No reason	4	
	Don't remember	5	_____
	Others (specify)	6	
j. When was the last time you consulted your doctor? [ht_dr_lastconsult] [int(1)] *[Less than 1month 1 ,More than 1 month 2, More than 3months 3, Less than 6 months 4,More than 6 months 5]*	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]*	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] [varchar(255)]

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]*	Yes	1	
	No	2	

c. If **'YES'**, does it involve the following? **[Yes=1; No=2]** [st_paralysisleg] [int(1)] [st_paralysisarm] [int(1)] [st_weakleg] [int(1)] [st_weakarm] [int(1)] [st_defectspeech] [int(1)] [st_defectvision] [int(1)] [st_urineincont] [int(1)] [st_weakothers] [int(1)] [st_othersspecify] [int(1)]	Paralysis of leg/foot Paralysis of arm/hand Weakness of leg/foot Weakness of arm/hand Defect of speech Defect of vision Urinary incontinence Any other weakness (specify)_____	▢ ▢ ▢ ▢ ▢ ▢ ▢ ▢ ▢
d. Are you advised to continue any medication after your paralytic attack? [st_advmedication] [int(1)] *[Yes 1, No 2]*	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]*	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)] *[Cannot afford 1, Cannot tolerate 2, I have recovered 3, No reason 4, Don't remember 5, Others 6]* [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 1month 1 ,More than 1 month 2, More than 3months 3, Less than 6 months 4,More than 6 months 5]*	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]*	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)]

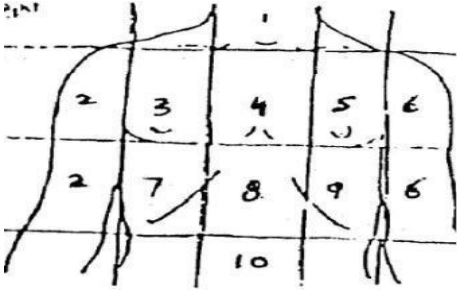|		
VI. CHRONIC KIDNEY DISEASE **Fill this section if the answer for chronic kidney disease is "YES" in PART-A, Q.1**		
a. At what age were you diagnosed with chronic kidney disease? [ckd_agesinceyrs] [int(3)]	▢▢ Years	

b. What treatment are you taking for it currently? **[Yes=1; No=2]** *Traditional medicine / therapy include yoga, ayurveda, unani, homeopathy, Tibetan, naturopathy, meditation* [ckd_trt_dietmod] [int(1)] [ckd_trt_phyexer] [int(1)] [ckd_trt_tradmed] [int(1)] [ckd_trt_allopdrug] [int(1)] [ckd_trt_none] [int(1)]	Prescribed dietary modifications Prescribed physical exercise Traditional medicine / therapy* Allopathic drugs (English / modern) None	
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]*	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)] *[Cannot afford 1, Cannot tolerate 2, I have recovered 3, No reason 4, Don't remember 5, Others 6]* [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 1month 1 ,More than 1 month 2, More than 3months 3, Less than 6 months 4,More than 6 months 5]*	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]*	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] [ang_palpit] [int(1)] *[Yes 1, No 2]* [ang_chest] [int(1)] [ang_breathless] [int(1)] [ang_fatigue] [int(1)] [ang_chestdiscomfort] [int(1)]	Palpitation Chest pain Breathlessness Fatigue/weakness Chest discomfort/heaviness/pressure	▢ ▢ ▢ ▢ ▢ **"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] [ang_ex_pain] [int(1)] *[Yes 1, No 2]* [ang_ex_heaviness] [int(1)] [ang_ex_pressure] [int(1)] [ang_ex_discomfort] [int(1)] [ang_ex_numbness] [int(1)]	Pain Heaviness Pressure Discomfort Numbness	▢ ▢ ▢ ▢ ▢ **"2" for all, skip to Q. d**

c. Where did you mostly feel the (symptoms noted in Q.b)?	**Symptom**	**Location**
[Yes=1; No=2] (Please specify the location from the numbered diagram below) ***Additional numbers: back of chest = 11, back of neck = 12)*** [ang_sym_pain] [int(1)] *[Yes 1, No 2]* [ang_painloc] [int(2)] [ang_sym_heaviness] [int(1)] [ang_heavinessloc] [int(2)] [ang_sym_discomfort] [int(1)] [ang_discomfortloc] [int(2)] [ang_sym_numbness] [int(1)] [ang_numbnessloc] [int(2)]	Pain Heaviness Discomfort Numbness ▢ ▢ ▢ ▢	▢ ▢ ▢ ▢ ▢ ▢ ▢ ▢

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]*	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]*	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]*	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]*	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]*	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, 3-20mts 2, >20mts 3]*	< 3 minutes 1 3-20 minutes 2 >20 minutes 3	▭	
k. Do you take usually a pill under the tongue to get relief? [ang_sym_pill] [int(1)] *[Yes 1, No 2]*	Yes 1 No 2	▭ **"2" go to Q.m**	
l. If `YES', how soon does it go away? [ang_sym_timerelief] [int(1)] *[<2mts 1,2-5mts 2,6-10mts 3, >10mts 4]*	< 2 minutes 1 2-5 minutes 2 6-10 minutes 3 >10 minutes 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]*	Yes 1 No 2	▭ **"2", go to the next section**	
n. If **'YES',** was the pain or discomfort accompanied by - **[Yes=1; No=2]** [ang_coldskin] [int(1)] *[Yes 1, No 2]* [ang_breathdiff] [int(1)] *[Yes 1, No 2]* [ang_coldskin] [int(1)] *[Yes 1, No 2]*	Cold clammy skin Breathing difficulty Sweating	▭ ▭ ▭	
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]*	Yes 1 No 2	▭	

r. Did you see a doctor because of the pain? [ang_dr_pain] [int(1)] *[Yes 1, No 2]*	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]*	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/calves 2]*	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]*	Yes	1	☐
	No	2	**"2" go to the Part III**
	Not Applicable	3	
d. Do you get it if you walk at an ordinary pace on the level ground? [pvd_painwalk] [int(1)] *[Yes 1, No 2]*	Yes	1	☐
	No	2	
e. Does the pain ever disappear while you are still walking? [pvd_paindisappear] [int(1)] *[Yes 1, No 2]*	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]*	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]*	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]*	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]*	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]*	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]*	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]*	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]*	Yes No	1 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]*	Less than one year More than one year	1 2	☐
g. Do you have swelling in your ankles? [hf_ankleswelling] [int(1)] *[Yes 1, No 2]*	Yes No	1 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]*	Yes No	1 2	☐
i. Do you have a cardiac device? [hf_cardiacdevice] [int(1)] *[Yes 1, No 2]*	Yes No	1 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]*	Standard pacemaker Implantable Cardioverter defibrillator (ICD) Cardiac resynchronisation therapy device with defibrillator (CRT-D)	1 2 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? [amp_hadulcer] [int(1)] *[Yes 1, No 2]*	Yes No	1 2	☐
b. Do you walk around bare foot? [amp_barefoot] [int(1)] *[Yes 1, No 2]*	Yes No	1 2	☐
c. Have you had an amputation? [amp_hadamp] [int(1)] *[Yes 1, No 2]*	Yes No	1 2	☐ **"2" go to Part II**
d. If '**YES**' When? [amp_yrsbfor] [int(2)] [amp_mnthsbfor] [int(2)]	☐☐ years before (or) months before ☐☐		
e. Level of amputation [amp_level] [int(1)] *[Toe 1, Below ankle 2, Below knee 3, Above Knee 4]*	Toe Below ankle Below knee Above Knee	1 2 3 4	☐
f. What was the cause for amputation? [amp_cause1] [int(1)]	Injury Diabetes	1 2	☐ ☐

[Injury 1, Diabetes 2, Infection 3, Other 4] [amp_causeothers] [varchar(50)]	Infection 3 Other 4		Others specify _____
g. Do you have medical records or prescriptions? [amp_medrecords] [int(1)] *[Yes 1, No 2,Don't Know 3]*	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] [varchar(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]*	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]*	Yes 1 No 2		**"2" skip the section**
c. If '**YES'**, what was the diagnosis? [amp_eye_diagnosis] [int(1)]			
d. Have you undergone laser therapy (Photocoagulation) at anytime [amp_lasertherapy] [int(1)] *[Yes 1, No 2]*	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]*	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)] *[Yes 1, No 2]*	
a. If '**YES'** [rd_coughepisode] [int(2)] [rd_infection] [int(1)] *[Yes 1, No 2]* [rd_medattention] [int(2)]	i. How many episodes of such cough have you had in the past 12 months? ii. Have you suffered from any infections that required 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?
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)] *[Yes 1, No 2]*	

a. If 'YES' [rd_num_episodes] [int(2)] [rd_dr_diag] [int(2)] [rd_inf_mon] [int(2)] [rd_inf_yrs] [int(2)] [rd_inf_antibio] [int(1)] *[Yes 1, No 2,Don't know 3]*	i. How many episodes in the past 12 months? ii. How many were doctor-diagnosed? iii. For how long have you had such infection? iv. Did you take antibiotics for these infections? **[Yes=1; No=2; Don't know=3]**	▢▢ ▢▢ Yrs ▢▢ Mnts ▢▢ ▢

3. Have you been hospitalized for a chest infection/pneumonia in the past 12 months?
[Yes=1; No=2] [rd_pasthosp] [int(1)] *[Yes 1, No 2]* ▢

a. If 'YES', Length of stay [rd_hosp_days] [int(2)] [rd_hosp_wks] [int(2)] [rd_hosp_mon] [int(2)]	▢▢ days ▢▢ weeks ▢▢ months

4. Do you currently suffer from asthma?

[Yes=1; No=2] [rd_cur_asthma] [int(1)] ▢

a. IF 'YES' [rd_num_asthma_attack] [int(2)] [rd_asthma_anyinf] [int(1)] *[Yes 1, No 2]* [rd_asthma_med] [int(2)]	i. How many attacks of asthma have you had in the past 12 months? ii. Have you suffered from any infections that required 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?	▢▢ ▢ ▢▢

5. Have you ever been diagnosed with TB in past 5 years?

[Yes=1; No=2; Don't remember=3] [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]** [fh_dis_hbp] [int(1)] *[Yes 1, No 2,Don't know 3]* [fh_dis_hd] [int(1)] [fh_dis_diab] [int(1)] [fh_dis_stroke] [int(1)]	High blood pressure Heart disease* Diabetes mellitus (High Blood Sugar) Stroke (paralytic attack) *Angina/ heart attack/heart failure*	▢ ▢ ▢ ▢

2. Fill the table below *[Diabetes 1, heart disease 2, high blood pressure 3, Stroke 4]*

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] [int(1)] [fh_fath_dis2] [int(1)] [fh_fath_dis3] [int(1)] [fh_fath_dis4] [int(1)]	[fh_fath_dis1_age] [int(3)] [fh_fath_dis2_age] [int(3)] [fh_fath_dis3_age] [int(3)] [fh_fath_dis4_age] [int(3)]	[fh_fatherdeadage] [int(3)]

Relationship	Disease conditions	Ages	Dead age
Mother	[fh_moth_dis1] [int(1)] [fh_moth_dis2] [int(1)] [fh_moth_dis3] [int(1)] [fh_moth_dis4] [int(1)]	[fh_moth_dis1_age] [int(3)] [fh_moth_dis2_age] [int(3)] [fh_moth_dis3_age] [int(3)] [fh_moth_dis4_age] [int(3)]	[fh_motherdeadage] [int(3)]
Son	[fh_son_dis1] [int(1)] [fh_son_dis2] [int(1)] [fh_son_dis3] [int(1)] [fh_son_dis4] [int(1)]	[fh_son_dis1_age] [int(3)] [fh_son_dis2_age] [int(3)] [fh_son_dis3_age] [int(3)] [fh_son_dis4_age] [int(3)]	[fh_sondeadage] [int(3)]
Daughter	[fh_dau_dis1] [int(1)] [fh_dau_dis2] [int(1)] [fh_dau_dis3] [int(1)] [fh_dau_dis4] [int(1)]	[fh_dau_dis1_age] [int(3)] [fh_dau_dis2_age] [int(3)] [fh_dau_dis3_age] [int(3)] [fh_dau_dis4_age] [int(3)]	[fh_dau_deadage] [int(3)]
Paternal Grandfather	[fh_patgf_dis1] [int(1)] [fh_patgf_dis2] [int(1)] [fh_patgf_dis3] [int(1)] [fh_patgf_dis4] [int(1)]	[fh_patgf_dis1_age] [int(3)] [fh_patgf_dis2_age] [int(3)] [fh_patgf_dis3_age] [int(3)] [fh_patgf_dis4_age] [int(3)]	[fh_patgf_deadage] [int(3)]
Paternal Grandmother	[fh_patgm_dis1] [int(1)] [fh_patgm_dis2] [int(1)] [fh_patgm_dis3] [int(1)] [fh_patgm_dis4] [int(1)]	[fh_patgm_dis1_age] [int(3)] [fh_patgm_dis2_age] [int(3)] [fh_patgm_dis3_age] [int(3)] [fh_patgm_dis4_age] [int(3)]	[fh_patgm_deadage] [int(3)]
Maternal Grandfather	[fh_matgf_dis1] [int(1)] [fh_matgf_dis2] [int(1)] [fh_matgf_dis3] [int(1)] [fh_matgf_dis4] [int(1)]	[fh_matgf_dis1_age] [int(3)] [fh_matgf_dis2_age] [int(3)] [fh_matgf_dis3_age] [int(3)] [fh_matgf_dis4_age] [int(3)]	[fh_matgf_deadage] [int(3)]
Maternal Grandmother	[fh_matgm_dis1] [int(1)] [fh_matgm_dis2] [int(1)] [fh_matgm_dis3] [int(1)] [fh_matgm_dis4] [int(1)]	[fh_matgm_dis1_age] [int(3)] [fh_matgm_dis2_age] [int(3)] [fh_matgm_dis3_age] [int(3)] [fh_matgm_dis4_age] [int(3)]	[fh_matgm_deadage] [int(3)]
Brother	[fh_bro_dis1] [int(1)] [fh_bro_dis2] [int(1)] [fh_bro_dis3] [int(1)] [fh_bro_dis4] [int(1)]	[fh_bro_dis1_age] [int(3)] [fh_bro_dis2_age] [int(3)] [fh_bro_dis3_age] [int(3)] [fh_bro_dis4_age] [int(3)]	[fh_bro_deadage] [int(3)]
Sister	[fh_sis_dis1] [int(1)] [fh_sis_dis2] [int(1)] [fh_sis_dis3] [int(1)] [fh_sis_dis4] [int(1)]	[fh_sis_dis1_age] [int(3)] [fh_sis_dis2_age] [int(3)] [fh_sis_dis3_age] [int(3)] [fh_sis_dis4_age] [int(3)]	[fh_sis_deadage] [int(3)]
Paternal uncle	[fh_patuncle_dis1] [int(1)] [fh_patuncle_dis2] [int(1)] [fh_patuncle_dis3] [int(1)] [fh_patuncle_dis4] [int(1)]	[fh_patuncle_dis1_age][int(3)][fh_patuncle_dis2_age] [int(3)] [fh_patuncle_dis3_age][int(3)][fh_patuncle_dis4_age] [int(3)]	[fh_patuncle_deadage] [int(3)]
Paternal aunt	[fh_pataunt_dis1][int(1)] [fh_pataunt_dis2] [int(1)] [fh_pataunt_dis3][int(1)] [fh_pataunt_dis4] [int(1)]	[fh_pataunt_dis1_age][int(3)] [fh_pataunt_dis2_age] [int(3)] [fh_pataunt_dis3_age][int(3)] [fh_pataunt_dis4_age] [int(3)]	[fh_pataunt_deadage] [int(3)]
Maternal uncle	[fh_matuncle_dis1][int(1)] [fh_matuncle_dis2] [int(1)] [fh_matuncle_dis3][int(1)] [fh_matuncle_dis4] [int(1)]	[fh_matuncle_dis1_age][int(3)][fh_matuncle_dis2_age][int(3] [fh_matuncle_dis3_age][int(3)][fh_matuncle_dis4_age][int(3]	[fh_matuncle_deadage] [int(3)]
Maternal aunt	[fh_mataunt_dis1][int(1)] [fh_mataunt_dis2] [int(1)] [fh_mataunt_dis3][int(1)] [fh_mataunt_dis4] [int(1)]	[fh_mataunt_dis1_age][int(3)][fh_mataunt_dis2_age] [int(3)] [fh_mataunt_dis3_age][int(3)][fh_mataunt_dis4_age] [int(3)]	[fh_mataunt_deadage] [int(3)]

For others, please write the relationship to the participant and provide the required details below

Relationship	Disease conditions	Ages	Dead age
Others1 [fh_others1relation] [varchar(100)]	[fh_others1_dis1][int(1)] [fh_others1_dis2] [int(1)] [fh_others1_dis3][int(1)] [fh_others1_dis4] [int(1)]	[fh_others1_dis1_age][int(3)] [fh_others1_dis2_age] [int(3)] [fh_others1_dis3_age][int(3)] [fh_others1_dis4_age] [int(3)]	[fh_others1_deadage] [int(3)]
Others2 [fh_others2relation] [varchar(100)]	[fh_others2_dis1][int(1)] [fh_others2_dis2] [int(1)] [fh_others2_dis3][int(1)] [fh_others2_dis4] [int(1)]	[fh_others2_dis1_age][int(3)] [fh_others2_dis2_age] [int(3)] [fh_others2_dis3_age][int(3)] [fh_others2_dis4_age] [int(3)]	[fh_others2_deadage] [int(3)]
Others3 [fh_others3relation] [varchar(100)]	[fh_others3_dis1][int(1)] [fh_others3_dis2] [int(1)] [fh_others3_dis3][int(1)] [fh_others3_dis4] [int(1)]	[fh_others3_dis1_age][int(3)] [fh_others3_dis2_age] [int(3)] [fh_others3_dis3_age][int(3)] [fh_others3_dis4_age] [int(3)]	[fh_others3_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]** [op_trt_hd] [int(1)] *[Yes 1, No 2]* [op_trt_stroke] [int(1)] [op_trt_diab] [int(1)] [op_trt_diabcomp] [int(1)] [op_trt_hbp] [int(1)] [op_trt_ckd] [int(1)]	Heart disease Stroke Diabetes Diabetic complications (infections, retinopathy, nephropathy, etc.) High blood pressure Chronic Kidney disease	
*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)] *[Government 1, Private 2, Charity 3, Others 4]* [op_others_hfacility] [int(1)]	Government 1 Private 2 Charity 3 Others 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 [others1] [varchar(150)] (Specify)_____	[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)_____	[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)_____	[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)_____	[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)]	

4.v. Disease _____ [disease5] [varchar(150)]

Nature of expenditure	Frequency	Amount spent in RS per visit/ test/remuneration to home nurse or carer	
Visit to Doctor (fees)	[visit2dr_freq5] [int(5)]	[visit2dr_amt5] [int(5)]	
No. of months home nurse / career was hired	[nurse_freq5] [int(5)]	[nurse_amt5] [int(5)]	
Tests	[test_freq5] [int(5)]	[test_amt5] [int(5)]	
Physical or occupational rehabilitation	[physical_freq5] [int(5)]	[physical_amt5] [int(5)]	
Others (Specify)_____	[others_freq5] [int(5)]	[others_amt5] [int(5)]	
Medications *(average amount spent in last 12 months for the above mentioned condition)*		[amount_med5] [int(5)]	
Total expenditure in past 12 months		[total_amt5] [int(5)]	

6.vi. Disease _____ [disease6] [varchar(160)]

Nature of expenditure	Frequency	Amount spent in RS per visit/ test/remuneration to home nurse or carer	
Visit to Doctor (fees)	[visit2dr_freq6] [int(6)]	[visit2dr_amt6] [int(6)]	
No. of months home nurse / career was hired	[nurse_freq6] [int(6)]	[nurse_amt6] [int(6)]	
Tests	[test_freq6] [int(6)]	[test_amt6] [int(6)]	
Physical or occupational rehabilitation	[physical_freq6] [int(6)]	[physical_amt6] [int(6)]	
Others (Specify)_____	[others_freq6] [int(6)]	[others_amt6] [int(6)]	
Medications *(average amount spent in last 12 months for the above mentioned condition)*		[amount_med6] [int(6)]	
Total expenditure in past 12 months		[total_amt6] [int(6)]	

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]*	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(10)]	RS _____	
7. Time taken to reach the health facility/doctor/therapist? [op_reachhfacility_hrs] [int(2)] [op_reachhfacility_min] [int(2)]	▭▭ : ▭▭ HR MIN	
8. Transport cost to visit the above mentioned health facility/doctor/therapist* [op_costhfacility] [int(10)]	RS _____	

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(2)] [op_timespent_min] [int(2)]	▭▭ : ▭▭ HR MIN	
10. Are you getting proper medical attention? *[Yes=1; No=2]* [op_med_attention] [int(2)]	▭	
10.a. If **"No"** What has prevented you from getting medical attention? *[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 11]* [op_reason1] [int(2)] [op_reason2] [int(2)] [op_reason3] [int(2)] [op_reason4] [int(2)] [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_ownsaving] [int(1)] [op_pay_familymem] [int(1)] [op_pay_employer] [int(1)] [op_pay_borrowfriend] [int(1)] [op_pay_borrowbank] [int(1)] [op_pay_soldhouse] [int(1)] [op_pay_hinsurance] [int(1)] [op_pay_others] [int(1)] [op_pay_othersspecify] [varchar(50)]	Own saving Family members paid Employer paid Borrowed from friend, relatives & employer Borrowed from bank Sold house, land or other assets Health insurance Others (specify)_____	▭ ▭ ▭ ▭ ▭ ▭ ▭ ▭
11. On an average what proportion of money in percentage (%) did you spent from the above mentioned source for your treatment and visits?	Own saving Family members paid Employer paid Borrowed from friend, relatives & employer	_____ _____ ____% _____ _____

[op_perc_ownsaving] [int(5)]	Borrowed from bank		___%
[op_perc_familymem] [int(5)]	Sold house, land or other assets		___
[op_perc_employer] [int(5)]	Health insurance		___
[op_perc_borrowfriend] [int(5)]	Others (Specify)_____		___%
[op_perc_borrowbank] [int(5)]			___

(continued percentage fields with blanks: ___% ___ ___% ___ ___% ___ ___% ___ ___%)

[op_perc_soldhouse] [int(5)]
[op_perc_hlthinsurance] [int(5)]
[op_perc_others] [int(5)]
[op_perc_othersspecify] [varchar(50)]

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 know 3]*	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]** [ip_admit_hd] [int(1)] *[Yes 1, No 2]* [ip_admit_stroke] [int(1)] *[Yes 1, No 2]* [ip_admit_diab] [int(1)] *[Yes 1, No 2]* [ip_admit_diabcomp] [int(1)] *[Yes 1, No 2]* [ip_admit_hbp] [int(1)] *[Yes 1, No 2]* [ip_admit_ckd] [int(1)] *[Yes 1, No 2]*	Heart disease Stroke Diabetes Diabetic complications (infections, retinopathy, nephropathy, etc.) High blood pressure Chronic Kidney disease		▭ ▭ ▭ ▭ ▭ ▭
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]*	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_bypass] [int(1)] *[Yes 1, No 2]* [ip_surg_valve] [int(1)] [ip_surg_pacemaker] [int(1)] [ip_surg_amputation] [int(1)] [ip_surg_abscess] [int(1)] [ip_surg_renal] [int(1)] [ip_surg_hrttransplant] [int(1)] [ip_surg_retinal] [int(1)] [ip_surg_others] [int(1)] [ip_surg_othersspecify] [varchar(50)]	Revascularisation / bypass Valve repair/replacement Pacemaker Amputation Abscess Renal transplantation Heart transplant Retinal photocoagulation Others (Specify_____)	
6. Do you have medical records related to hospitalization / surgical procedure? [ip_surg_rec] [int(1)] *[Yes 1, No 2]*	Yes 1 No 2	

*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*

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	4
1	When were you hospitalized?	MM YYYY [hc1_hosp_mon] [int(2)] [hc1_hosp_yr] [int(4)]	MM YYYY [hc2_hosp_mon] [int(2)] [hc2_hosp_yr] [int(4)]	MM YYYY [hc3_hosp_mon] [int(2)] [hc3_hosp_yr] [int(4)]	MM YYYY [hc4_hosp_mon] [int(2)] [hc4_hosp_yr] [int(4)]
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)]	Days [hc4_hospstay_days] [int(2)]
3	Type of hospital? **[Yes=1;No=2]** *[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)]	Government [hc4_hosptype_govt] [int(1)] Private [hc4_hosptype_pvt] [int(1)] Charity [hc4_hosptype_chrty] [int(1)] Other [hc4_hosptype_othrs] [int(1)]
4	Name of hospital (Address)	[hc1_hospaddress] [varchar(255)]	[hc2_hospaddress] [varchar(255)]	[hc3_hospaddress] [varchar(255)]	[hc4_hospaddress] [varchar(255)]
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_angoigram] [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]	Medicines [hc2_trt_medicine] [int(1)] Thrombolysis [hc2_trt_thrombolysis] [int(1)] Angiogram [hc2_trt_angoigram] [int(1)] Angioplasty [hc2_trt_angioplasty] [int(1)] Bypass surgery [hc2_trt_bypass] [int(1)] Brachytherapy [hc2_trt_brachy] [int(1)] Pacemaker [hc2_trt_pacemaker]	Medicines [hc3_trt_medicine] [int(1)] Thrombolysis [hc3_trt_thrombolysis] [int(1)] Angiogram [hc3_trt_angoigram] [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]	Medicines [hc4_trt_medicine] [int(1)] Thrombolysis [hc4_trt_thrombolysis] [int(1)] Angiogram [hc4_trt_angoigram] [int(1)] Angioplasty [hc4_trt_angioplasty] [int(1)] Bypass surgery [hc4_trt_bypass] [int(1)] Brachytherapy [hc4_trt_brachy] [int(1)] Pacemaker [hc4_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)]	[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)]	[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)]	[int(1)] Heart transplant [hc4_trt_hrttransplant] [int(1)] Amputation [hc4_trt_amputation] [int(1)] Echocardiography [hc4_trt_ecg] [int(1)] Neuro-imaging [hc4_trt_neuroimaging] [int(1)] Dialysis [hc4_trt_dialysis] [int(1)] Kidney-transplant [hc4_trt_kidneytransplant] [int(1)] For observation [hc4_trt_observation] [int(1)] Other procedure [hc4_trt_others] [int(1)] Specify _____ [hc4_trt_otherspecify][varchar(255)]
6	Total amount spent on treatment (hospitalisation expenses + medicines purchased during the stay)	Rs _____ [hc1_amount_spent] [int(11)]	Rs _____ [hc2_amount_spent] [int(11)]	Rs _____ [hc3_amount_spent] [int(11)]	Rs _____ [hc4_amount_spent] [int(11)]
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)]	Days [hc4_days_attendantstay] [int(2)]
8	Cost of attendant's stay (include food accommodation and travel)	Rs _____ [hc1_cost_attendantstay] [int(2)]	Rs _____ [hc2_cost_attendantstay] [int(2)]	Rs _____ [hc3_cost_attendantstay] [int(2)]	Rs _____ [hc4_cost_attendantstay] [int(2)]
9	Distance from home to hospital?	Kms [hc1_distance_home] [int(4)]	Kms [hc2_distance_home] [int(4)]	Kms [hc3_distance_home] [int(4)]	Kms [hc4_distance_home] [int(4)]

10	Cost of travel from home to hospital (excluding ambulance cost, if any)	Rs _____ [hc1_cost_travel] [int(11)]	Rs _____ [hc2_cost_travel] [int(11)]	Rs _____ [hc3_cost_travel] [int(11)]	Rs _____ [hc4_cost_travel] [int(11)]
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] [varchar(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][varchar(50)]	Free medical treatment [hc1_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] [varchar(50)]	Free medical treatment [hc1_insur_freetrt] [int(1)] Commercial Insurance [hc4_insur_commerc] [int(1)] None [hc4_insur_none] [int(1)] Self-pay [hc4_insur_selfpay] [int(1)] Other [hc4_insur_others] [int(1)] (_____) Specify [hc4_insur_othrspecify] [varchar(50)]
12	Amount reimbursed from health insurance, if any?	Rs _____ [hc1_amt_reimburse] [int(11)]	Rs _____ [hc2_amt_reimburse] [int(11)]	Rs _____ [hc3_amt_reimburse] [int(11)]	Rs _____ [hc4_amt_reimburse] [int(11)]
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]	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]	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]	Own saving [hc4_pay_ownsave] [int(1)] Family members paid [hc4_pay_familymem] [int(1)] Employer paid [hc4_pay_employer] [int(1)] Borrowed from friends, relatives, employer [hc4_pay_borrowfrnds] [int(1)] Borrowed from bank [hc4_pay_borrowbank] [int(1)] Sold house, land, or other assets [hc4_pay_soldhome] [int(1)] Health insurance [hc4_pay_hinsurance]

		[int(1)] Other [hc1_pay_other] [int(1)] (Specify_____) [hc1_pay_otherspecify] [varchar(50)]	[int(1)] Other [hc2_pay_other] [int(1)] (Specify_____) [hc2_pay_otherspecify] [varchar(50)]	[int(1)] Other [hc3_pay_other] [int(1)] (Specify_____) [hc3_pay_otherspecify] [varchar(50)]	[int(1)] Other [hc4_pay_other] int(1)] (Specify_____) [hc4_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_hinsurance] [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_hinsurance] [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_hinsurance] [int(5)] Other _____% [hc3_perc_other] int(5)] (Specify _____) [hc3_perc_otherspecify] [varchar(50)]	Own savings_____% [hc4_perc_ownsave] [int(5)] Family members paid _____% [hc4_perc_familymem] [int(5)] Employer paid_____% [hc4_perc_employer] [int(5)] Borrowed from friends, relatives, employer _____% [hc4_perc_borrowfrnds] [int(5)] Borrowed from bank _____% [hc4_perc_borrowbank] [int(5)] Sold house, land, or other assets ____% [hc4_perc_soldhome] [int(5)] Health insurance_____% [hc4_perc_hinsurance] [int(5)] Other _____% [hc4_perc_other][int(5] (Specify _____) [hc4_perc_otherspecify] [varchar(50)]

15. Time interview ended:

[pd_intendtime] [varchar(12)]