

## Eligibility Screen

1	What is your home language	English	Afrikaans	IsiXhosa
2	Date of interview:			
3	Clinic:			
4	Interviewer Code:			

We are conducting a study to evaluate care and risk factors for common chronic diseases, including diabetes, hypertension, chest conditions and depression, and we are looking for people with certain criteria to take part. I would like to start by asking you a few questions to see whether you qualify to take part in our study.

5	What is your name	First name	Surname
6	What is your date of birth	<i>if ≥18 goto 7</i>	<i>if &lt;18 goto 25</i>
7	Enter sex	Male	Female
8	Are you planning to stay in the area for the next year	<i>Yes: goto 9</i>	<i>No: goto 18</i>
9	Are you taking medicine for high blood pressure (hypertension )	<i>Yes: goto 10</i>	<i>No: goto 10</i>
10	Are you taking medicine for diabetes ('sugar')	<i>Yes: goto 11</i>	<i>No: goto 11</i>
11	Are you taking medicine for asthma or chronic bronchitis or emphysema	<i>Yes: goto 13</i>	<i>No: goto 12A</i>
12A	Do you have cough or difficult breathing which has lasted for more than 2 weeks	<i>Yes: goto 12B</i>	<i>No goto 13</i>
12B	Have you been on treatment for TB in the past 3 months <i>[Yes to 12A and No to 12B = yes for question 12]</i>	<i>Yes: goto 13</i>	<i>No: goto 13</i>

**13** We would like to know how your general well-being has been over the past week. I am going to read a list of some of the ways you may have felt or behaved during the last week. Using the showcard, please indicate how often you have felt this way during the **past week**.

*Interviewer mark one option on each line*

During the past week...	Rarely or none of the time (less than 1 day)	Some or little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
I was bothered by things that usually don't bother me	0	1	2	3
I had trouble keeping my mind on what I was doing	0	1	2	3
I felt depressed	0	1	2	3
I felt that everything I did was an effort	0	1	2	3
I felt hopeful about the future	0	1	2	3
I felt fearful	0	1	2	3
My sleep was restless	0	1	2	3
I was happy	0	1	2	3
I felt lonely	0	1	2	3
I could not "get going"	0	1	2	3

**TOTAL SCORE:**

<p><b><u>Eligible for trial if one or more of the following:</u></b></p> <ul style="list-style-type: none"> <li>• YES to question 9 (hypertension cohort)</li> <li>• YES to question 10 (diabetes cohort)</li> <li>• YES to question 11 (respiratory cohort)</li> <li>• YES to question 12A AND NO to question 12B (respiratory cohort)</li> <li>• Score of 10 or more for question 13 (depression cohort)</li> </ul>	<p><b>Yes: eligible for trial: goto 14</b></p>	<p><b>No: not eligible for trial: goto 18</b></p>
<p>Interviewer to fill in <b>enrolment log</b> (paper chart) to keep a record of how many patients in each of the 4 cohorts (hypertension, diabetes, chronic respiratory disease and depression risk score ≥10) the clinic has recruited.</p>		

14	<p><b>[eligible for trial, now see if eligible for validation study as well with questions 14-17]</b> Computer to draw age from previous question</p>	If ≥35 goto 15.	If <35 goto 22												
15	<p>Has a doctor or nurse ever told you that you have or have had any of the following:</p> <table border="1" data-bbox="147 772 945 974"> <tr> <td data-bbox="147 772 233 835">15A</td> <td data-bbox="233 772 812 835">a heart attack</td> <td data-bbox="812 772 883 835">yes</td> <td data-bbox="883 772 945 835">no</td> </tr> <tr> <td data-bbox="147 835 233 898">15B</td> <td data-bbox="233 835 812 898">a stroke</td> <td data-bbox="812 835 883 898">yes</td> <td data-bbox="883 835 945 898">no</td> </tr> <tr> <td data-bbox="147 898 233 974">15C</td> <td data-bbox="233 898 812 974">angina (chest pains with exertion/activity)</td> <td data-bbox="812 898 883 974">yes</td> <td data-bbox="883 898 945 974">no</td> </tr> </table>	15A	a heart attack	yes	no	15B	a stroke	yes	no	15C	angina (chest pains with exertion/activity)	yes	no	If YES to any of the three (15A, 15B or 15C) then eligible for trial only: goto 22	If NO to all three (15A, 15B and 15C) then goto 16
15A	a heart attack	yes	no												
15B	a stroke	yes	no												
15C	angina (chest pains with exertion/activity)	yes	no												
16	Do you have a South African identity (ID) number	Yes: goto 17	No: eligible for trial only: goto 22												
17	Would you be able to give me your ID number today	Yes: eligible for trial and validation: do <b>not</b> enter ID number at this stage: goto 23	No: eligible for trial only: goto 22												

18	<p><b>[not eligible for trial, now assess whether eligible for validation study with questions 18-21]</b> Computer to draw age from previous question</p>	If ≥35 goto 19	If <35 goto 25												
19	<p>Has a doctor or nurse ever told you that you have or have had any of the following: <b>Data stored in following variables:</b></p> <table border="1" data-bbox="147 1451 945 1717"> <tr> <td data-bbox="147 1451 233 1514">19A</td> <td data-bbox="233 1451 812 1514">a heart attack <b>HeartAttack_15A</b></td> <td data-bbox="812 1451 883 1514">yes</td> <td data-bbox="883 1451 945 1514">no</td> </tr> <tr> <td data-bbox="147 1514 233 1577">19B</td> <td data-bbox="233 1514 812 1577">a stroke <b>Stroke_15B</b></td> <td data-bbox="812 1514 883 1577">yes</td> <td data-bbox="883 1514 945 1577">no</td> </tr> <tr> <td data-bbox="147 1577 233 1717">19C</td> <td data-bbox="233 1577 812 1717">angina (chest pains with exertion/activity) <b>Angine_15C</b></td> <td data-bbox="812 1577 883 1717">yes</td> <td data-bbox="883 1577 945 1717">no</td> </tr> </table>	19A	a heart attack <b>HeartAttack_15A</b>	yes	no	19B	a stroke <b>Stroke_15B</b>	yes	no	19C	angina (chest pains with exertion/activity) <b>Angine_15C</b>	yes	no	If YES to any of the three (19A, 19B or 19C) then not eligible for trial or study: goto 25	If NO to all three (19A, 19B and 19C) goto 20
19A	a heart attack <b>HeartAttack_15A</b>	yes	no												
19B	a stroke <b>Stroke_15B</b>	yes	no												
19C	angina (chest pains with exertion/activity) <b>Angine_15C</b>	yes	no												
20	Do you have a South African identity (ID) number <b>Data stored in: HaveSAID_16</b>	Yes: goto 21	No: not eligible for trial or validation study: goto 25												
21	Would you be able to give me your ID number today <b>Data stored in: AbleToGiveID_17</b>	Yes: eligible for validation study only:	No: not eligible for trial or validation												

		do <b>not</b> enter ID number at this stage: goto 24	study: goto 25
22	<p><b><i>[Eligible for trial only]:</i></b></p> <p>You qualify for our study and we would like you to take part.</p> <p>I will go through the written information with you and if you would like to take part then we will ask you to sign the form saying you are willing to participate.</p> <p>I will then go through the questionnaire with you, check your measurements (blood pressure, weight, height, waist circumference and hip measurement), and we may want to take a blood sample. <i>[HbA1c]</i></p> <p><i>[Interviewer to go through the patient information and consent form. A study number will then be allocated]</i></p>		
23	<p><b><i>[Eligible for trial and validation]: -&gt; AS2</i></b></p> <p>You qualify for our study and we would like you to take part.</p> <p>I will go through the written information with you and if you would like to take part then we will ask you to sign the form saying you are willing to participate.</p> <p>I will then go through the questionnaire with you, check your measurements (blood pressure, weight, height, waist circumference and hip measurement), and we may want to take a blood sample [HbA1c, lipids]</p> <p><i>[Interviewer to go through the patient information and consent form. A study number will then be allocated]</i></p>		
24	<p><b><i>[Eligible for validation only]: -&gt; AS3</i></b></p> <p>You qualify for our shorter questionnaire and we would like you to take part.</p> <p>I will go through the written information with you and if you would like to take part then we will ask you to sign the form saying you are willing to participate.</p> <p>I will then go through the questionnaire with you, check your measurements (blood pressure, weight, height, waist circumference and hip measurement), and we may want to take a blood sample <i>[HbA1c, lipids]</i></p> <p><i>[Interviewer to go through the patient information and consent form. A study number will then be allocated]</i></p>		
25	<p><b><i>[Not eligible for trial or validation study]</i></b></p> <p>We are looking for people with certain criteria or illnesses to take part in the study. You do not have the criteria we are looking for so we will not be able to include you in the study. Your usual care will not be affected by not taking part in our study. We would like to thank you very much for answering the questions and for your time today and we wish you well.</p>		

*[Interviewer to document that the eligibility screen was done and that the patient is **not eligible for trial or validation** study. No further action required.]*

## ***Patient information sheet***

We invite you to participate in a study. Before you agree to take part you need to understand what it involves.

### **Purpose of study**

The purpose of the study is to evaluate a nurse training programme. Some clinics in the Eden district will receive the programme, which includes providing the nurses with, and training them in the use of a new guideline. Other clinics will continue with the usual care. We want to evaluate whether the new programme improves the treatment patients receive compared with usual care. We will also be looking at a new way to predict someone's risk of developing a heart attack or stroke over the next 10 years.

### **What are the possible benefits of participating in this study?**

The information that we obtain from the study will help us understand whether changing the way training is delivered results in improvements of care for people with chronic diseases and what costs are involved for patients (e.g. transport, GP visits etc.)

### **What are the possible drawbacks or discomforts in participating in this study?**

We may ask you to have a blood sample taken. This will be the only discomfort in this study. Risk of infection will be minimized by using sterile procedures, and all blood samples will be taken by suitably qualified persons.

We estimate that the questionnaire will take approximately 20 to 40 minutes. We may want to interview you once more in about 14 months time. The second interview should be quicker than the first.

### **Do I have to participate in this study?**

Your participation in this study is voluntary. Should you agree to participate, we will ask you to sign the attached form. You are free to withdraw from the study at any stage and this will in no way affect the care you receive at the clinic.

### **What will happen to me if I participate?**

We will ask you some questions using a structured questionnaire and may record any medication you might be taking. We will then measure your height, weight, and the width around your waist and hip using a tape measure with your clothes on. We will also measure your blood pressure and may take a blood sample from your arm. We will take 15 ml of blood (3 teaspoons). The blood will be used to measure the level of fat in the blood and a test to see how high your blood sugar level is. The needle may cause you a little discomfort, but it will be taken in the way blood is usually taken from you when you attend the clinic. If any serious abnormal findings are identified we will inform the staff at the clinic who can then treat you appropriately.

We may want to see you again in about 14 months time. Then we will ask you some more questions like we will today and may also ask you for another blood sample to repeat the same tests. After the second time we see you we will provide you with a gift voucher to the value of R100 that you will be able to use in a shop near you, as a token of our appreciation in this important study.

We are also asking your permission to review your hospitalisation records, should you be hospitalised during the course of the study. We will also ask you for your South African identity number if available. This will allow linkage with a research copy of the Department of Home Affairs' databases to track your vital status. This research copy is securely stored by the Medical Research Council, and is used to complete research on the burden of diseases in South Africa. No identifiable information concerning your person will be made available to persons outside of the study, and even the researchers who will analyse the data will use datasets from which your identifiers will be removed.

**Will the information remain confidential?**

Should you agree to take part in the study all your records will be seen by the researchers only. Your information will not be seen by any other persons or parties not involved in this study.

**Contact details of the study staff:**

If you have any questions you can contact the following study staff members:

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

**Consent:**

I,.....

(Name of participant in block letters)

have read and understood all the information given to me about my participation in this study and I have been given the opportunity to discuss it and ask questions. I voluntarily agree to take part in this study and understand that I will receive a copy of this consent form.

.....  
.....

Signature of Participant

Date

I have explained the nature and purpose of the study to the participant named above.

.....  
.....

Signature of Principal Investigator or delegate

Date

.....

Printed name of Principal Investigator or delegate

**Questionnaire 1 (AS2):**

**[Conducted immediately after the eligibility screen for patients eligible to take part in the trial and validation study, or just the trial.]**

I am now going to go through the questionnaire with you. We will need to take three blood pressure readings during the course of the interview, at least two minutes apart. <i>[interviewer to take first blood pressure reading now].</i>			
I would like to start by asking you a few questions about your past illnesses:			
<b>1</b> Has a doctor or nurse ever told you that you have or have had any of the following			
<b>1A</b>	high blood pressure (hypertension)	Yes	No
<b>1B</b>	heart attack	Yes	No
<b>1C</b>	stroke	Yes	No
<b>1D</b>	angina (chest pains with exertion/activity )	Yes	No
<b>1E</b>	depression	Yes	No
<b>1F</b>	TB	Yes	No
<b>1G</b>	diabetes ('sugar')	Yes	No

<b>2</b> I am now going to ask you some questions about smoking			
<b>2A</b>	Do you currently smoke cigarettes daily	Yes: goto 2B	No: goto 2E
<b>2B</b>	How old were you when you first started smoking daily	Age in years	Don't remember/not sure
<b>2C</b>	On average, how many cigarettes do you smoke each day	Enter number	
<b>2D</b>	Have you had advice from a health worker to stop smoking in the past year	Yes: goto 2J	No: goto 2J

<b>2E</b>	In the past, did you ever smoke daily	Yes: goto 2F	No: goto 2J
<b>2F</b>	How old were you when you first started smoking daily	Age in years	Don't remember/not sure
<b>2G</b>	How old were you when you stopped smoking daily	Age in years	Don't remember/not sure
<b>2H</b>	On average, how many cigarettes did you smoke each day	Enter number and goto 2J	

<b>2J</b>	Are you currently a smoker. Choose one of the following options	Yes, I currently smoke Goto 2K	No, I quit within the last 6 months Goto 3	No, I quit more than 6 months ago Goto 3	No, I have never smoked Goto 3
<b>2K</b>	In the last year, how many times have you quit smoking for at least 24 hours	Enter number: Goto 2L			
<b>2L</b>	Are you seriously thinking of quitting smoking. Choose one of the following options	Yes, within the next 30 days	Yes, within the next 6 months	No, not thinking of quitting	



3

I would like to ask about your current state of health. Please indicate which of the following statements best describe your health state TODAY (choose one option per group)

**Mobility:**

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

**Self-Care**

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**Usual Activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**Pain/Discomfort**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**Anxiety/Depression**

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

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.

We would like you to indicate on this scale, in your opinion, how good or bad your own health is today. 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*

*Best imaginable  
state of health*

100



*Worst imaginable  
state of health*

**4** *[Modified St Georges Questionnaire for chronic respiratory disease patients only]*  
 I would now like to ask you some more detailed questions about your cough or breathing problem

**Questions about how much chest trouble you have had over the past 3 months.** Please tick one box for each question:

Over the past 3 months, I have coughed:	Most days a week	Several days a week	A few days a month	Only with chest infections	Not at all
Over the past 3 months, I have brought up phlegm (sputum):	Most days a week	Several days a week	A few days a month	Only with chest infections	Not at all
Over the past 3 months, I have had shortness of breath:	Most days a week	Several days a week	A few days a month	Only with chest infections	Not at all
Over the past 3 months, I have had attacks of wheezing:	Most days a week	Several days a week	A few days a month	Only with chest infections	Not at all
During the past 3 months how many severe or very unpleasant attacks of chest trouble have you had? Please tick one:	More than 3 attacks	3 attacks	2 attacks	1 attack	No attacks

How long did the worst attack of chest trouble last? (Go to next question if you had no severe attacks) please tick one:	A week or more	3 or more days	1 or 2 days	Less than a day
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Over the past 3 months, in an average week, how many good days (with little chest trouble) have you had? Please tick one:	No good days	1 or 2 good days	3 or 4 good days	Nearly every day is good	Every day is good
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If you have a wheeze, is it worse in the morning? Please tick one:	yes	no
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<b>Questions about what activities usually make you feel breathless <u>these days</u>.</b>		
Please tick in each box that applies to you these days:		
	True	False
Sitting or lying still		
Getting washed or dressed		
Walking around the home		
Walking outside on the level		
Walking up a flight of stairs		
Walking up hills		
Playing sports or games		

<b>These are questions about how your activities might be affected by your breathing.</b>		
Please tick in each box that applies to you <b>because of your breathing</b> :		
	True	False
I take a long time to get washed or dressed		
I cannot take a bath or shower, or I take a long time		
I walk slower than other people, or I stop for rests		
Jobs such as housework take a long time, or I have to stop for rests		
If I walk up one flight of stairs, I have to go slowly or stop		
If I hurry or walk fast, I have to stop or slow down		
My breathing makes it difficult to do things such as walk up hills, carrying things up stairs, light gardening such as weeding, dance, play bowls or play golf		
My breathing makes it difficult to do things such as carry heavy loads, dig the garden, jog or walk at 8 kilometers per hour, play tennis or swim		
My breathing makes it difficult to do things such as very heavy manual work, run, cycle, swim fast or play competitive sports		

<b>5</b>	I am now going to ask you some questions about the health care you have received and the medicines you were given in the last year		
<b>5A</b>	Has a health worker examined the back of your eyes in the last year <i>[show picture of ophthalmoscope eye exam]</i>	<i>yes</i>	<i>no</i>
<b>5B</b>	Has a health worker examined your feet in the last year with any of the following <i>[showcard picture of foot, tuning fork, pin, cotton wool]</i>	<i>yes</i>	<i>no</i>
<b>5C</b>	Have you received counselling from any of the following people in the last year (counseling is not just receiving advice on how to take medication. It means talking with someone in a way that helps you to find solutions to your problems, or receive emotional support)		
	Doctor at a clinic/outpatients	<i>Yes</i>	<i>No</i>
	Doctor at a general practice	<i>Yes</i>	<i>No</i>
	Nurse	<i>Yes</i>	<i>No</i>
	Mental health nurse	<i>Yes</i>	<i>No</i>
	Clinic counsellor	<i>Yes</i>	<i>No</i>
	Social worker	<i>Yes</i>	<i>No</i>
	Psychiatrist or psychologist	<i>Yes</i>	<i>No</i>
	Religious counsellor, traditional healer or faith healer	<i>Yes</i>	<i>No</i>
<b>5G</b>	Have you had a 'flu vaccine in the last year	<i>Yes</i>	<i>No</i>

<b>5H</b>	Has a health worker given you advice in the last year about weight management	<b>Yes</b>	<b>No</b>				
<b>5I</b>	How often do you exercise vigorously enough to work up a sweat. Choose one of the following options:	Rarely/ never	1 to 3 times per month	1 time per week	2 to 4 times per week	5 to 6 times per week	daily
<b>5J</b>	Are you taking any medicine regularly that was prescribed by a doctor or nurse	<b>Yes: goto 5K</b>		<b>No: goto 5L</b>			
<b>5K</b>	I am now going to look at your file to see what medicines have been prescribed over the last year						
<b>5L</b>	Are you currently taking any medicine for TB	<b>yes</b>			<b>no</b>		
<b>5M</b>	Are you currently taking any ARVs (antiretrovirals)	<b>yes</b>			<b>no</b>		
<b>5N</b>	How often do you miss your medication, either forgetting to take it or deciding not to	Never/very rarely		sometimes		often	
<b>5O</b>	I am now going to take your second blood pressure reading						

<b>6</b> We would like to understand how much time and money your illness costs you. In order to do this we need to ask some questions about your use of health care services, your employment status and income. We would like to remind you that all the information you give us is confidential.							
<b>6A</b>	Have you had a chest x-ray over the last 3 months	<b>Yes goto 6B</b>				<b>No goto 6C</b>	
<b>6B</b>	Please state how many chest x-rays you have had over the last 3 months	<b>Enter number</b>					
<b>6C</b>	Have you had blood tests over the last 3 months	<b>Yes</b>			<b>No</b>		
<b>6D</b>	How do you usually travel to this clinic (choose one of the following options)	Walk <b>goto 6H</b>	Taxi: <b>goto 6F</b>	Private motor vehicle (such as car) <b>Goto 6E</b>	Bus <b>goto 6F</b>	Patient transport/ ambulance <b>goto 6F</b>	Other (specify) <b>goto 6F</b>
<b>6E</b>	What was the distance travelled to the clinic (in km one way) <b>then goto 6H</b>	<b>Enter distance in km one way</b>					
<b>6F</b>	Do you usually pay a transport fare	<b>Yes:Goto 6G</b>			<b>No: goto 6H</b>		
<b>6G</b>	How much do you pay for a return fare	<b>Enter amount in rands</b>					
<b>6H</b>	Please detail other costs usually associated with your visit	Accommodation ( <b>enter amount in rands</b> )			Food ( <b>enter amount in rands</b> )		
<b>6I</b>	Aside from today, have you visited this clinic in the last 3 months	<b>Yes: goto 6J</b>			<b>No goto 6K</b>		
<b>6J</b>	How many times have you visited this clinic in the last 3 months (excluding today)	<b>Enter number of visits</b>					
<b>6K</b>	Have you visited any other health care provider in the last 3 months	<b>Yes: goto 6L</b>			<b>No: goto 6M</b>		

<b>6I</b>	Please indicate which of the following health care providers you have visited in the last 3 months. I will also ask you some more details about those visits.						
	i) Another clinic ii) Hospital (outpatient visits only) iii) General Practitioner iv) Private Pharmacy v) Traditional healer/ herbalist vi) Other (please state)						
	<i>For each option selected, the following details will be asked:</i>						
a)	Number of visits in the last 3 months						
b)	Did you pay a fee on your last visit		Yes		no		
c)	<i>If yes:</i> What was the fee in rands		R				
d)	What transport did you use to get to your last visit	i)walk	ii)taxi	iii)car	iv)bus	v) patient transport/ ambulance	vi)other
e)	Did you pay a transport fare on your last visit		Yes		no		
f)	<i>If yes:</i> What was the return fare in rands		R				
g)	If you used your own car, what was the distance travelled (in kilometers one way)						
h)	Please detail other costs associated with your last visit			i)accommodation		ii)food	
<b>6M</b>	Have you been admitted to hospital in the last 3 months		<i>Yes: goto 6N</i>		<i>No: goto 6U</i>		
<b>6N</b>	How many times have you been admitted to hospital in the last 3 months		<i>Enter number:</i>				
<b>6O</b>	How many nights in total have you spent in hospital over the last 3 months:		<i>Enter number:</i>				
<b>6P</b>	What is the total amount you have had to pay for your admissions over the last 3 months (your out-of-pocket expenses)		<i>Enter amount in rands:</i>				
<b>6Q</b>	For the most recent admission to hospital please provide the following details:						
	How did you travel to the hospital (choose one of the following options):	Walk: <i>goto 6U</i>	Taxi: <i>goto 6S</i>	Private motor vehicle (such as car) <i>Goto 6R</i>	Bus: <i>goto 6S</i>	Patient transport/ ambulance <i>goto 6S</i>	Other (specify): <i>goto 6S</i>
<b>6R</b>	What was the distance travelled to the hospital (in km one way) <i>then goto 6U</i>			<i>Enter distance in km one way:</i>			
<b>6S</b>	Did you pay a transport fare				<i>Yes:Goto 6T</i>		<i>No: goto 6U</i>
<b>6T</b>	How much did you pay for a return fare			<i>Enter amount in rands</i>			
<b>6U</b>	Which of the following best describes your employment status? Choose one :						
Employed	How much did you earn last month (excluding grant income)						
	How many days were you unable to work because of illness in the last 3 months (including health care visits)						

	How much income have you lost in the last 3 months as a result of not being able to work because of any illness
Self-employed	How much did you earn last month (excluding grant income)
	How many days were you unable to work because of illness in the last 3 months (including health care visits)
	How much income have you lost in the last 3 months as a result of not being able to work because of any illness
Student/learner	How many days have you been unable to attend school/college because of illness in the last 3 months (including health care visits)
Unemployed and looking for work	
Unemployed and not looking for work	

6V Are you getting a pension or grant (eg disability or child care grant)	Yes: goto 6W	No: goto 6X
6W What was your total grant income in the last month	Enter amount in rands	
6X Have you lost your job or resigned because of illness during the past year	Yes: goto 6Y	No: goto 7
6Y Before you lost your job or resigned, how much did you earn in the last month you worked (excluding grant income)	Enter amount in rands	
6Z Since losing your job or resigning, have you got another job	Yes: goto 8	No: goto 8
8 I am now going to take your third blood pressure reading, height, weight, waist circumference and hip measurement.		
9 If a blood test is required: When did you last have anything to eat or drink, other than water	Date:	Time:
10 It is important for our study that we interview you once more, in 14 months time. I will schedule that appointment for you now and we will send you SMS reminders from 3 months before the appointment. I will provide you with a contact number. Please let us know if your cell phone number changes or if you need to reschedule the appointment. In order to make it as easy as possible to contact you if necessary, I would be grateful if you could provide as many of the following contact details as possible:		
Home address		
Telephone number at home		
Cell phone number		
Work address		
Work telephone number		
Alternative number (friend, relative, neighbour)		
Clinic folder number		
Re-enter clinic folder number		
Name of hospital patient attends		
Hospital folder number if available		
ID number		
Re-enter ID number		

We would like to thank you very much for your time today. We look forward to seeing you next year.

**Questionnaire for patients eligible for Validation Study only (AS3):**

I am now going to go through the questionnaire with you. We will need to take three blood pressure readings during the course of the interview, at least two minutes apart. *[interviewer to take first blood pressure reading now].*

1. Has a doctor or nurse ever told you that you have or have had diabetes ('sugar')	Yes	No
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2.: Are you taking any medicine regularly that was prescribed by a doctor or nurse for high blood pressure (hypertension) <i>fieldworker to confirm from prescription charts</i>	Yes	No
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3. Are you taking any medicine regularly that was prescribed by a doctor or nurse for cholesterol <i>fieldworker to confirm from prescription charts</i>	Yes	No
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4. I am now going to look at your file to see what medicines have been prescribed for hypertension and cholesterol

*[interviewer to take second blood pressure reading if ≥2 minutes since first reading]*

5. Do you currently smoke cigarettes daily	Yes:	No:
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6. How often do you exercise vigorously enough to work up a sweat. Choose one of the following options:	Rarely/ never	1 to 3 times per month	1 time per week	2 to 4 times per week	5 to 6 times per week	daily
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7. In case we need to contact you, I would be grateful if you could provide as many of the following contact details as possible:

Home address	
Telephone number at home	
Cell phone number	
Work address	
Work telephone number	
Alternative number (friend, relative, neighbour)	
Clinic folder number	
Re-enter clinic folder number	
Name of hospital patient attends	
Hospital folder number if available	
ID number	
Re-enter ID number	

8. I am now going to take your third blood pressure reading, height, weight, waist circumference and hip measurement. You will require a blood test. You will not require a blood test

9. If a blood test is required: When did you last have anything to eat or drink, other than water	Date:	Time:
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We would like to thank you very much for your time today. We will not need to interview you again and we wish you well.



Thank you for returning for your Chronic Disease Study follow-up interview.

1	I would like to start by checking which language you would like to use for the interview:	i) English	ii) Afrikaans	iii) IsiXhosa
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2 Date of interview:

3 Clinic:

4 Interviewer Code:

We have checked our records and we are not able to find a complete consent form for you. Please could we ask that you sign the same form again now. *Patient information sheet and consent form here*

5 I would like to ask about your current state of health. Please indicate which of the following statements best describe your health state TODAY (choose one option per group) *EQ5D here*

6 I am now going to take your first blood pressure reading

7A We would like to know in more detail about how you felt, not just today, but over the past week. I am going to read a list of some of the ways you may have felt or behaved. Using the showcard, please indicate how often you have felt this way during the past week. *Interviewer mark one option on each line. CESD10 here.*

7B	Has the thought of ending your life been on your mind	Yes	No
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8A I would now like to ask you some more detailed questions about your cough or breathing problem that you reported at our first interview (*Questions 8A-8F for respiratory cohort patients only*) *SGRQ for English and Afrikaans here*

8B	Since our interview about a year ago, have you had to visit a doctor or nurse because your chest was bad, but not including routine check-ups and visits just to collect medicines.	Yes: go to 8C	No: go to 8F
8C	Number of clinic or general practice (GP) visits for a bad chest	Enter number:	
8D	Number of hospital casualty or emergency visits for a bad chest	Enter number:	
8E	Number of hospital admissions for a bad chest (when you have spent at least one night in casualty, emergency ward, or hospital):	Enter number:	
8F	Since our interview about a year ago, how many times have you had to take short courses of steroids (4-8 small white pills a day) for your chest problem	Enter number:	

9 I am now going to ask you some questions about smoking

9A	Are you currently a smoker. Choose one of the following options	i)Yes, I currently smoke <i>Go to 9B</i>	ii)No, I quit within the last 6 months <i>Go to 10</i>	iii)No, I quit more than 6 months ago <i>Go to 10</i>	iv)No, I have never smoked <i>Go to 10</i>
9B	On average, how many cigarettes do you smoke each day	Enter number			
9C	Since our interview about a year ago, how many times have you quit smoking for at least 24 hours	Enter number:			
9D	Are you seriously thinking of quitting smoking. Choose one of the following options	i)Yes, within the next 30 days	ii)Yes, within the next 6 months	iii)No, not thinking of quitting	
9E	Since our interview about a year ago, has a health worker advised you to stop smoking?	Yes		No	

10	I would like to ask you a few questions about your health and the healthcare you have received. Since our interview about a year ago, has a health worker given you a new diagnosis of any of the following:			
10A	high blood pressure (hypertension)	Yes	No	
10B	diabetes ('sugar')	Yes	No	
10C	Asthma, chronic bronchitis or emphysema	Yes	No	
10D	TB	Yes: <i>go to 10E</i>	No: <i>go to 10F</i>	
10E	When did you start treatment for TB	<i>Drop down options for month and year, or not yet started</i>		
10F	Depression	Yes	No	
10G	Has a health worker examined the back of your eyes since our interview about a year ago [ <i>fieldworker to show picture of ophthalmoscope eye exam</i> ]	Yes	No	

10H	Has a health worker examined your feet with any of the following since our interview about a year ago [ <i>fieldworker to show picture of foot, tuning fork, pin, cotton wool</i> ]	Yes	No
10I	Have you had a 'flu vaccine since our interview about a year ago	Yes	No

10J	Have you had a chest x-ray since our interview about a year ago	Yes <i>go to 10K</i>	No <i>go to 10L</i>
10K	Please state how many chest x-rays you have had since our interview about a year ago	<i>Enter number</i>	
10L	Have you had blood tests since our interview about a year ago	Yes	No
10M	Has a health worker given you advice about weight management since our interview about a year ago	Yes	No
10N	Have you received counselling from any of the following since our interview about a year ago (counseling is not just receiving advice on how to take medication. It means talking with someone in a way that helps you to find solutions to your problems, or receive emotional support)		
	i) Doctor at a clinic/outpatients	Yes	No
	ii) Doctor at a general practice	Yes	No
	iii) Nurse	Yes	No
	iv) Mental health nurse	Yes	No
	v) Clinic counsellor	Yes	No
	vi) Social worker	Yes	No
	vii) Psychiatrist or psychologist	Yes	No
	viii) Religious counsellor, traditional healer or faith healer	Yes	No

11 I am now going to take your second blood pressure reading

12 We now want to ask you a few questions about how your health may affect the things you do: *WHODAS2 here*

13	We would like to understand how much time and money your illness costs you. In order to do this we need to ask some questions about your use of health care services, your employment status and income. We would like to remind you that all the information you give us is confidential.						
13A	How do you usually travel to this clinic (choose one of the following options)	i)Walk <i>go to 13E</i>	ii)Taxi <i>go to 13C</i>	iii)Private motor vehicle (such as car) <i>go to 13B</i>	iv)Bus <i>go to 13C</i>	v)Patient transport/ ambulance <i>go to 13C</i>	vi)Other (specify) <i>go to 13C</i>
13B	What was the distance travelled to the clinic (in km one way)				<i>Enter distance in km one way then go to 13E</i>		
13C	Do you usually pay a transport fare		Yes: <i>go to 13D</i>		No: <i>go to 13E</i>		
13D	How much do you pay for a return fare				<i>Enter amount in rands</i>		

13E	Please detail other costs usually associated with your visit	i)Accommodation <i>(enter amount in rands)</i>	ii)Food <i>(enter amount in rands)</i>
13F	Aside from today, have you visited this clinic in the last 3 months	Yes: <i>go to 13G</i>	No: <i>go to 13H</i>
13G	How many times have you visited this clinic in the last 3 months (excluding today)	<i>Enter number of visits</i>	
13H	Have you visited any other health care provider in the last 3 months	Yes: <i>go to 13I</i>	No: <i>go to 13J</i>

13I	Please indicate which of the following health care providers you have visited in the last 3 months. I will also ask you some more details about those visits.		
	i) Another clinic ii) Hospital (outpatient visits only) iii) General Practitioner iv) Private Pharmacy v) Traditional healer/ herbalist vi) Other (please state)		
	<i>For each option selected, the following details will be asked:</i>		
a)	Number of visits in the last 3 months		
b)	Did you pay a fee on your last visit	yes	no
c)	What was the fee in rands	R	
d)	What transport did you use to get to your last visit	i)walk    li)taxi    iii)car    iv)bus    v) patient transport/ ambulance	vi)other
e)	Did you pay a transport fare on your last visit	yes	no
f)	What was the return fare in rands	R	
g)	If you used your own car, what was the distance travelled (in kilometers one way)		
h)	Please detail other costs associated with your last visit	i)accommodation	ii)food

13J	Have you been admitted to hospital in the last 3 months	Yes: <i>go to 13K</i>	No: <i>go to 13R</i>
13K	How many times have you been admitted to hospital in the last 3 months	<i>Enter number:</i>	
13L	How many nights in total have you spent in hospital over the last 3 months:	<i>Enter number:</i>	
13M	What is the total amount you have had to pay for your admissions over the last 3 months (your out-of-pocket expenses)	<i>Enter amount in rands:</i>	

For the most recent admission to hospital please provide the following details:							
13N	How did you travel to the hospital (choose one of the following options):	i)Walk: <i>go to 13R</i>	ii)Taxi: <i>go to 13P</i>	iii)Private motor vehicle (such as car) <i>go to 13O</i>	iv)Bus: <i>go to 13P</i>	v)Patient transport/ ambulance <i>go to 13P</i>	vi)Other (specify): <i>go to 13P</i>
13O	What was the distance travelled to the hospital (in km one way)			<i>Enter distance in km one way then go to 13R</i>			
13P	Did you pay a transport fare				Yes: <i>go to 13Q</i>		No: <i>go to 13R</i>
13Q	How much did you pay for a return fare			<i>Enter amount in rands</i>			

13R Which of the following best describes your employment status. Choose <i>one</i> :	
i) Employed	a) How much did you earn last month (excluding grant income)
	b) How many days were you unable to work because of illness in the last 3 months (including health care visits)
	c) How much income have you lost in the last 3 months as a result of not being able to work because of any illness
ii) Self-employed	a) How much did you earn last month (excluding grant income)
	b) How many days were you unable to work because of illness in the last 3 months (including health care visits)
	c) How much income have you lost in the last 3 months as a result of not being able to work because of any illness
iii) Student/learner	a) How many days have you been unable to attend school/college because of illness in the last 3 months (including health care visits)
iv) Unemployed and looking for work	
v) Unemployed and not looking for work	

13S	What is the highest level of education you have achieved	i)Never went to school	ii)Grade 1-7 (primary school)	iii)Grade 8-12 (high school)	iv)Tertiary/diploma
13T	Are you getting a pension or grant (eg disability or child care grant)			Yes: <i>go to 13U</i> No: <i>go to 13V</i>	
13U	What was your total grant income in the last month			<i>Enter amount in rands</i>	
13V	Have you lost your job or resigned because of illness since our interview about a year ago			Yes: <i>go to 13W</i> No: <i>go to 13Y</i>	
13W	Before you lost your job or resigned, how much did you earn in the last month you worked (excluding grant income)			<i>Enter amount in rands</i>	

13X	Since losing your job or resigning, have you got another job	Yes	No
13Y	Have you moved house since our interview about a year ago:	Yes: <i>go to 13ZZ</i>	No: <i>go to 10Z</i>
13Z	How many rooms does your house have (excluding bathroom and kitchen)		
13ZZ	How many people are living with you in your house		
13ZZZ	Has the number of people living with you in your house changed since our interview about a year ago	Yes	No

14	I am now going to take your third blood pressure reading, height, weight, and waist measurement.
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15	I am now going to ask you a few questions about medication you might be taking. This is very important information for understanding the care you are receiving.		
15A	Are you currently taking any medicine regularly that was prescribed by a doctor or nurse	Yes: <i>go to 15B</i>	No: <i>go to 15F</i>
15B	Where do you collect your regular medication	i)At this clinic	ii)At another site: <i>enter name of site</i>
15C	Are you currently taking any ARVs (antiretrovirals)	yes	no

<i>For patients in the hypertension cohort only:</i>		None of the time	Some of the time	Most of the time	All the time	Not applicable	Don't know
15D	How often do you forget to take your high blood pressure medicine						
15E	How often do you decide not to take your high blood pressure medicine						
15F	How often do you eat salty food						
15G	How often do you miss scheduled appointments						
15H	How often do you run out of high blood pressure pills						
15I	How often do you skip your high blood pressure medicine 1-3 days before you go to the clinic						
15J	How often do you miss taking your high blood pressure pills when you feel better						
15K	How often do you miss taking your high blood pressure pills when you feel sick						
15L	How often do you take someone else's high blood pressure pills						
15M	How often do you miss taking your high blood pressure pills when you care less						

16	I would be grateful if you could confirm the following details	
16A	Full clinic folder number (including letters and numbers)	
16B	Re-enter clinic folder number	
16C	Colour or letter on folder for chronic medication if available	
16D	Name of hospital patient attends	
16E	Hospital folder number if available	
16F	ID number <i>only if ID number was missing or not valid at baseline</i>	
16G	Re-enter ID number	

17	Before we finish I would like to confirm what medication has been prescribed since our interview about a year ago.
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18	We would like to thank you for taking part in this study and as a token of our appreciation, we would like to give you a voucher of R100 to use at a store close to where you live. We thank you for your time and wish you well.
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