

^ Collapse all instruments

	#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: <b>A Phase 1 Data</b> (a_phase_1_data) <div>^ Collapse</div>				
	1	study_id	1.1 AWI-Gen Participant Study code	text
	2	phase_1_site_id_1	Site ID	dropdown <div><div>1</div>Agincourt</div> <div><div>2</div>DIMAMO</div> <div><div>3</div>Nairobi</div> <div><div>4</div>Nanoro</div> <div><div>5</div>Navrongo</div> <div><div>6</div>SOWETO</div>
	3	phase_1_enrolment_date	Enrolment Date	text (date_dmy)
	4	phase_1_gender	Gender	radio <div><div>0</div>Female</div> <div><div>1</div>Male</div> <div>Custom alignment: LH</div>
	5	phase_1_dob_known	Date of Birth known	yesno <div><div>1</div>Yes</div> <div><div>0</div>No</div> <div>Custom alignment: LH</div>
	6	phase_1_dob	Date of Birth	text (date_dmy)
	7	phase_1_yob	Year of birth	yesno <div><div>1</div>Yes</div> <div><div>0</div>No</div> <div>Custom alignment: LH</div>
	8	phase_1_age	Age	text (integer)
	9	phase_1_unique_site_id	Unique Site Identify	text
	10	phase_1_home_language	Home Language	dropdown <div><div>1</div>Afrikaans</div> <div><div>2</div>English</div> <div><div>3</div>isiNdebele</div> <div><div>4</div>isiXhosa</div> <div><div>5</div>isiZulu</div> <div><div>6</div>Sesotho</div> <div><div>7</div>Sepedi</div> <div><div>8</div>Setswana</div> <div><div>9</div>siSwati</div> <div><div>10</div>Tshivenda</div> <div><div>11</div>Xitsonga</div> <div><div>12</div>Shona</div> <div><div>13</div>Embu</div> <div><div>98</div>Other</div> <div><div>99</div>Unknown</div> <div>Custom alignment: LH</div>

	11	phase_1_ethnicity	Ethnicity	<div>dropdown</div> <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table> <div>Custom alignment: LH</div>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing
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98	Other																													
100	Missing																													
	12	ethnolinguistc_available	Ethnolinguistic data available	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No																						
1	Yes																													
0	No																													
	13	a_phase_1_data_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																				
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Instrument: <b>1. Participant Identification</b> (participant_identification) <div>^ Collapse</div>																														
	14	gene_site_id  Show the field ONLY if: [phase_1_arm_1][phase_1_uniqu e_site_id]<>"	Section Header: <i>1.1 General Information</i> 1.1.1 Is Unique Site Identifier [phase_1_arm_1] [phase_1_unique_site_id] correct?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No																						
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0	No																													
	15	gene_uni_site_id_correct  Show the field ONLY if: [gene_site_id] = '0' or [phase_1_a rm_1][phase_1_unique_site_id] = "	1.1.2 Please enter the correct Unique Site ID.	<div>text</div> <div>Custom alignment: LH</div>																										
	16	gene_site	1.1.3 Site name	<div>dropdown, Required</div> <table><tr><td>1</td><td>Agincourt</td></tr><tr><td>2</td><td>DIMAMO</td></tr><tr><td>3</td><td>Nairobi</td></tr><tr><td>4</td><td>Nanoro</td></tr><tr><td>5</td><td>Navrongo</td></tr><tr><td>6</td><td>Soweto</td></tr></table> <div>Custom alignment: LV</div>	1	Agincourt	2	DIMAMO	3	Nairobi	4	Nanoro	5	Navrongo	6	Soweto														
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	17	gene_enrolment_date	1.1.4 Data collection date	<div>text (date_dmy), Required</div> <div>Custom alignment: LV</div>																										
	18	gene_start_time	1.1.5 Start time of questionnaire	<div>text (time), Required</div> <div>Custom alignment: LH</div>																										
	19	gene_end_time	1.1.6 End time of questionnaire	<div>text (time), Required</div> <div>Custom alignment: LH</div>																										
	20	gene_compensation	1.1.7 Cash compensation paid to participant?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No																						
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	21	demo_approx_dob_is_correct  Show the field ONLY if: [phase_1_arm_1][phase_1_dob_ known]="0"	Section Header: <i>1.2 Demographic Information</i> 1.2.1 Date of birth unknown and approximate year of birth is [phase_1_arm_1][phase_1_year_of_birth]?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No																						
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0	No																													

	22	demo_dob_is_correct Show the field ONLY if: [phase_1_arm_1][phase_1_dob_known]="1"	1.2.2 Date of birth known and the correct date of birth is [phase_1_arm_1][phase_1_dob]?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	23	demo_date_of_birth_known Show the field ONLY if: [demo_dob_is_correct]='0' or [demo_approx_dob_is_correct]='0' or [phase_1_arm_1][phase_1_dob]=""	1.2.3 Date of birth known?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	24	demo_dob_new Show the field ONLY if: [demo_date_of_birth_known] = '1'	1.2.4 What is your date of birth?	text (date_dmy) Custom alignment: LH				
	25	demo_approx_dob_new Show the field ONLY if: [demo_date_of_birth_known] = '0'	1.2.5 What is your approximate year of birth? <i>will always be 15 June YYYY</i>	text (date_dmy), Required Custom alignment: LH				
	26	demo_age_at_collection	1.2.6 Age at collection	calc, Required Calculation: if([phase_1_arm_1][phase_1_dob]<>" and [phase_2_arm_1][demo_dob_new]=" and [phase_2_arm_1][demo_approx_dob_new]=", rounddown(datediff([phase_2_arm_1][gene_enrolment_date],[phase_1_arm_1][phase_1_dob],'y','dmy'),0), if([phase_2_arm_1][demo_dob_new]<>" ,rounddown(datediff([phase_2_arm_1][gene_enrolment_date],[phase_2_arm_1][demo_dob_new],'y','dmy'),0), if([phase_2_arm_1][demo_approx_dob_new]<>" ,rounddown(datediff([phase_2_arm_1][gene_enrolment_date],[phase_2_arm_1][demo_approx_dob_new],'y','dmy'),0),0))) Custom alignment: LH				
	27	demo_gender_is_correct Show the field ONLY if: [phase_1_arm_1][phase_1_gender]<>"	1.2.7 Is your sex [phase_1_arm_1][phase_1_gender]?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	28	demo_gender_correction Show the field ONLY if: [demo_gender_is_correct]='0' or [phase_1_arm_1][phase_1_gender]=""	1.2.8 What is your sex?	radio, Required <table><tr><td>0</td><td>Female</td></tr><tr><td>1</td><td>Male</td></tr></table> Custom alignment: LH	0	Female	1	Male
0	Female							
1	Male							
	29	demo_gender	Gender	calc Calculation: if([demo_gender_is_correct]='1', [phase_1_arm_1][phase_1_gender], [demo_gender_correction]) Custom alignment: LH Field Annotation: @HIDDEN				
	30	home_language_confirmation Show the field ONLY if: [phase_1_arm_1][phase_1_home_language]<>"	1.2.9 Is your Home Language [phase_1_arm_1][phase_1_home_language]?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							

31	home_language  Show the field ONLY if: [home_language_confirmation] = '0' or [phase_1_arm_1][phase_1_home_language]=''	1.2.9.1 Home Language	dropdown <table><tr><td>1</td><td>Afrikaans</td></tr><tr><td>2</td><td>English</td></tr><tr><td>3</td><td>isiNdebele</td></tr><tr><td>4</td><td>isiXhosa</td></tr><tr><td>5</td><td>isiZulu</td></tr><tr><td>6</td><td>Sesotho</td></tr><tr><td>7</td><td>Sepedi</td></tr><tr><td>8</td><td>Setswana</td></tr><tr><td>9</td><td>siSwati</td></tr><tr><td>10</td><td>Tshivenda</td></tr><tr><td>11</td><td>Xitsonga</td></tr><tr><td>12</td><td>Shona</td></tr><tr><td>13</td><td>Embu</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Afrikaans	2	English	3	isiNdebele	4	isiXhosa	5	isiZulu	6	Sesotho	7	Sepedi	8	Setswana	9	siSwati	10	Tshivenda	11	Xitsonga	12	Shona	13	Embu	98	Other	99	Unknown
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32	other_home_language  Show the field ONLY if: [home_language] = '98'	1.2.9.2 Other Home Language	text Custom alignment: LH																														
33	demo_home_language	Home Language	calc Calculation: if([home_language_confirmation]=1, [phase_1_arm_1][phase_1_home_language], [home_language]) Field Annotation: @HIDDEN																														
34	ethnicity_confirmation  Show the field ONLY if: [phase_1_arm_1][phase_1_ethni city]<>''	1.2.10 Is your Ethnicity [phase_1_arm][phase_1_ethnicity]?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No																										
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35	ethnicity  Show the field ONLY if: [ethnicity_confirmation] = '0' or [phase_1_arm_1][phase_1_ethni city]=''	1.2.10.1 Ethnicity	dropdown <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table> Custom alignment: LH	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing				
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36	other_ethnicity  Show the field ONLY if: [ethnicity] = '98'	1.2.10.2 Other ethnicity	text Custom alignment: LH																														
37	gene_identity_confirmed	1.2.11 Identity of participant confirmed?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No																										
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38	participant_identification_compl ete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																								
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Instrument: 2. Ethnolinguistic Information (ethnolinguistic\_information)

^ Collapse

39	ethn_father_ethn_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	Section Header: 2.1. Father's Information  2.1.1 Father ethnic/tribal affiliation (South Africa)	dropdown <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing				
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40	ethn_father_ethn_ot  Show the field ONLY if: [ethn_father_ethn_sa] = '98'	2.1.2 If other, please specify	text																														
41	ethn_father_lang_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	2.1.3 Father home language (South Africa)	dropdown <table><tr><td>1</td><td>Afrikaans</td></tr><tr><td>2</td><td>English</td></tr><tr><td>3</td><td>isiNdebele</td></tr><tr><td>4</td><td>isiXhosa</td></tr><tr><td>5</td><td>isiZulu</td></tr><tr><td>6</td><td>Sesotho</td></tr><tr><td>7</td><td>Sepedi</td></tr><tr><td>8</td><td>Setswana</td></tr><tr><td>9</td><td>siSwati</td></tr><tr><td>10</td><td>Tshivenda</td></tr><tr><td>11</td><td>Xitsonga</td></tr><tr><td>12</td><td>Shona</td></tr><tr><td>13</td><td>Embu</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table>	1	Afrikaans	2	English	3	isiNdebele	4	isiXhosa	5	isiZulu	6	Sesotho	7	Sepedi	8	Setswana	9	siSwati	10	Tshivenda	11	Xitsonga	12	Shona	13	Embu	98	Other	99	Unknown
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42	ethn_father_lang_ot  Show the field ONLY if: [ethn_father_lang_sa] = '98'	2.1.4 If other, please specify	text																														
43	ethn_pat_gfather_ethn_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	Section Header: 2.2 Paternal Grandfather's Information  2.2.1 Paternal grandfather ethnic/tribal affiliation (South Africa)	dropdown <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing				
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44	ethn_pat_gfather_ethn_ot  Show the field ONLY if: [ethn_pat_gfather_ethn_sa] = '98'	2.2.2 If other, please specify	text																														

45	ethn_pat_gfather_lang_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	2.2.3 Paternal grandfather home language (South Africa)	dropdown <table><tr><td>1</td><td>Afrikaans</td></tr><tr><td>2</td><td>English</td></tr><tr><td>3</td><td>isiNdebele</td></tr><tr><td>4</td><td>isiXhosa</td></tr><tr><td>5</td><td>isiZulu</td></tr><tr><td>6</td><td>Sesotho</td></tr><tr><td>7</td><td>Sepedi</td></tr><tr><td>8</td><td>Setswana</td></tr><tr><td>9</td><td>siSwati</td></tr><tr><td>10</td><td>Tshivenda</td></tr><tr><td>11</td><td>Xitsonga</td></tr><tr><td>12</td><td>Shona</td></tr><tr><td>13</td><td>Embu</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table>	1	Afrikaans	2	English	3	isiNdebele	4	isiXhosa	5	isiZulu	6	Sesotho	7	Sepedi	8	Setswana	9	siSwati	10	Tshivenda	11	Xitsonga	12	Shona	13	Embu	98	Other	99	Unknown
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47	ethn_pat_gmother_ethn_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	Section Header: 2.3 Paternal Grandmother's Information  2.3.1 Paternal grandmother ethnic/tribal affiliation (South Africa)	dropdown <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing				
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100	Missing																																
48	ethn_pat_gmother_ethn_ot  Show the field ONLY if: [ethn_pat_gmother_ethn_sa] = '9 8'	2.3.2 If other, please specify	text																														
49	ethn_pat_gmother_lang_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	2.3.3 Paternal grandmother home language (South Africa)	dropdown <table><tr><td>1</td><td>Afrikaans</td></tr><tr><td>2</td><td>English</td></tr><tr><td>3</td><td>isiNdebele</td></tr><tr><td>4</td><td>isiXhosa</td></tr><tr><td>5</td><td>isiZulu</td></tr><tr><td>6</td><td>Sesotho</td></tr><tr><td>7</td><td>Sepedi</td></tr><tr><td>8</td><td>Setswana</td></tr><tr><td>9</td><td>siSwati</td></tr><tr><td>10</td><td>Tshivenda</td></tr><tr><td>11</td><td>Xitsonga</td></tr><tr><td>12</td><td>Shona</td></tr><tr><td>13</td><td>Embu</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table>	1	Afrikaans	2	English	3	isiNdebele	4	isiXhosa	5	isiZulu	6	Sesotho	7	Sepedi	8	Setswana	9	siSwati	10	Tshivenda	11	Xitsonga	12	Shona	13	Embu	98	Other	99	Unknown
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50	ethn_pat_gmother_lang_ot  Show the field ONLY if: [ethn_pat_gmother_lang_sa] = '9 8'	2.3.4 If other, please specify	text																														

51	ethn_mother_ethn_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	Section Header: 2.4. Mother's Information  2.4.1 Mother ethnic/tribal affiliation (South Africa)	dropdown <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing				
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52	ethn_mother_ethn_ot  Show the field ONLY if: [ethn_mother_ethn_sa] = '98'	2.4.2 If other, please specify	text																														
53	ethn_mother_lang_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	2.4.3 Mother home language (South Africa)	dropdown <table><tr><td>1</td><td>Afrikaans</td></tr><tr><td>2</td><td>English</td></tr><tr><td>3</td><td>isiNdebele</td></tr><tr><td>4</td><td>isiXhosa</td></tr><tr><td>5</td><td>isiZulu</td></tr><tr><td>6</td><td>Sesotho</td></tr><tr><td>7</td><td>Sepedi</td></tr><tr><td>8</td><td>Setswana</td></tr><tr><td>9</td><td>siSwati</td></tr><tr><td>10</td><td>Tshivenda</td></tr><tr><td>11</td><td>Xitsonga</td></tr><tr><td>12</td><td>Shona</td></tr><tr><td>13</td><td>Embu</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table>	1	Afrikaans	2	English	3	isiNdebele	4	isiXhosa	5	isiZulu	6	Sesotho	7	Sepedi	8	Setswana	9	siSwati	10	Tshivenda	11	Xitsonga	12	Shona	13	Embu	98	Other	99	Unknown
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54	ethn_mother_lang_ot  Show the field ONLY if: [ethn_mother_lang_sa] = '98'	2.4.4 If other, please specify	text																														
55	ethn_mat_gfather_ethn_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	Section Header: 2.5 Maternal Grandfather's Information  2.5.1 Maternal grandfather ethnic/tribal affiliation (South Africa)	dropdown <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing				
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56	ethn_mat_gfather_ethn_ot  Show the field ONLY if: [ethn_mat_gfather_ethn_sa] = '98'	2.5.2 If other, please specify	text																														

57	ethn_mat_gfather_lang_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	2.5.3 Maternal grandfather home language (South Africa)	dropdown <table><tr><td>1</td><td>Afrikaans</td></tr><tr><td>2</td><td>English</td></tr><tr><td>3</td><td>isiNdebele</td></tr><tr><td>4</td><td>isiXhosa</td></tr><tr><td>5</td><td>isiZulu</td></tr><tr><td>6</td><td>Sesotho</td></tr><tr><td>7</td><td>Sepedi</td></tr><tr><td>8</td><td>Setswana</td></tr><tr><td>9</td><td>siSwati</td></tr><tr><td>10</td><td>Tshivenda</td></tr><tr><td>11</td><td>Xitsonga</td></tr><tr><td>12</td><td>Shona</td></tr><tr><td>13</td><td>Embu</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table>	1	Afrikaans	2	English	3	isiNdebele	4	isiXhosa	5	isiZulu	6	Sesotho	7	Sepedi	8	Setswana	9	siSwati	10	Tshivenda	11	Xitsonga	12	Shona	13	Embu	98	Other	99	Unknown
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59	ethn_mat_gmother_ethn_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	Section Header: 2.6 Maternal Grandmother's Information  2.6.1 Maternal grandmother ethnic/tribal affiliation (South Africa)	dropdown <table><tr><td>1</td><td>Zulu</td></tr><tr><td>2</td><td>Xhosa</td></tr><tr><td>3</td><td>Ndebele</td></tr><tr><td>4</td><td>Sotho</td></tr><tr><td>5</td><td>Venda</td></tr><tr><td>6</td><td>Tsonga</td></tr><tr><td>7</td><td>Tswana</td></tr><tr><td>8</td><td>BaPedi</td></tr><tr><td>9</td><td>Zimbabwean</td></tr><tr><td>40</td><td>Swati</td></tr><tr><td>99</td><td>Unknown</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>100</td><td>Missing</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	40	Swati	99	Unknown	98	Other	100	Missing				
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61	ethn_mat_gmother_lang_sa  Show the field ONLY if: ([gene_site] = '2' or [gene_site] = '6') and [phase_1_arm_1][ethnoli nguistc_available] = '0'	2.6.3 Maternal grandmother home language (South Africa)	dropdown <table><tr><td>1</td><td>Afrikaans</td></tr><tr><td>2</td><td>English</td></tr><tr><td>3</td><td>isiNdebele</td></tr><tr><td>4</td><td>isiXhosa</td></tr><tr><td>5</td><td>isiZulu</td></tr><tr><td>6</td><td>Sesotho</td></tr><tr><td>7</td><td>Sepedi</td></tr><tr><td>8</td><td>Setswana</td></tr><tr><td>9</td><td>siSwati</td></tr><tr><td>10</td><td>Tshivenda</td></tr><tr><td>11</td><td>Xitsonga</td></tr><tr><td>12</td><td>Shona</td></tr><tr><td>13</td><td>Embu</td></tr><tr><td>98</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table>	1	Afrikaans	2	English	3	isiNdebele	4	isiXhosa	5	isiZulu	6	Sesotho	7	Sepedi	8	Setswana	9	siSwati	10	Tshivenda	11	Xitsonga	12	Shona	13	Embu	98	Other	99	Unknown
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62	ethn_mat_gmother_lang_ot  Show the field ONLY if: [ethn_mat_gmother_lang_sa] = '98'	2.6.4 If other, please specify	text																														



	63	ethnolinguistic_information_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: <b>3. Family Composition</b> (family_composition) <a href="#">^ Collapse</a>												
	64	famc_siblings	Section Header: <i>3. Family Composition</i> 3.1 Do you have siblings with whom you share at least one parent? (half siblings and those that have passed away are included)	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	65	famc_number_of_brothers Show the field ONLY if: [famc_siblings] = '1'	3.2 How many brothers?	text (integer, Min: 0, Max: 99), Required Custom alignment: LH								
	66	famc_living_brothers Show the field ONLY if: [famc_number_of_brothers] > 0	3.3 How many of your brothers are still alive?	text (integer, Min: 0, Max: 99), Required Custom alignment: LH								
	67	famc_number_of_sisters Show the field ONLY if: [famc_siblings] = '1'	3.4 How many sisters?	text (integer, Min: 0, Max: 99), Required Custom alignment: LH								
	68	famc_living_sisters Show the field ONLY if: [famc_number_of_sisters] > 0	3.5 How many of your sisters are still alive?	text (integer, Min: 0, Max: 99) Custom alignment: LH								
	69	famc_children	3.6 Do you have any biological children?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
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	70	famc_bio_sons Show the field ONLY if: [famc_children] = '1'	3.7 How many biological sons?	text (integer, Min: 0, Max: 99) Custom alignment: LH								
	71	famc_living_bio_sons Show the field ONLY if: [famc_bio_sons] > 0	3.8 How many of your biological sons are still alive?	text (integer, Min: 0, Max: 99), Required Custom alignment: LH								
	72	famc_bio_daughters Show the field ONLY if: [famc_children] = '1'	3.9 How many biological daughters?	text (integer, Min: 0, Max: 99), Required Custom alignment: LH								
	73	famc_living_bio_daughters Show the field ONLY if: [famc_bio_daughters] > 0	3.10 How many of your biological daughters are still alive?	text (integer, Min: 0, Max: 99), Required Custom alignment: LH								
	74	family_composition_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: <b>4. Pregnancy and Menopause</b> (pregnancy_and_menopause) <a href="#">^ Collapse</a>												
	75	preg_pregnant Show the field ONLY if: [demo_gender] = '0' or ([phase_1_arm_1][phase_1_gender] = '0' and [demo_gender_is_correct] = '1')	Section Header: <i>4. Pregnancy And Menopause</i> 4.1 Are you pregnant?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	0	No				
1	Yes											
0	No											
	76	preg_alert Show the field ONLY if: [preg_pregnant] = '1'	Pregnancy is an exclusion criterion for this study. Please end this Study Visit, and request that participant returns when not pregnant	descriptive								
	77	preg_num_of_pregnancies Show the field ONLY if: ([demo_gender] = '0' and [preg_pregnant] = '0') or [phase_1_arm_1][phase_1_gender]='0'	4.2 How many pregnancies have you had?	text (integer, Min: 0, Max: 36), Required Custom alignment: LH								

78	preg_num_of_live_births  Show the field ONLY if: [preg_num_of_pregnancies] > 0	4.3 How many live births have you had?	text (integer, Min: 0, Max: 36), Required Custom alignment: LH														
79	preg_birth_control  Show the field ONLY if: ([demo_gender] = '0' and [preg_pregnant] = '0') or [phase_1_arm_1][phase_1_gender]='0'	4.4 Are you currently taking birth control pills, a birth control injection, or using coil?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer						
1	Yes																
0	No																
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-8	Decline to answer																
80	preg_hysterectomy  Show the field ONLY if: ([demo_gender] = '0' and [preg_pregnant] = '0') or [phase_1_arm_1][phase_1_gender]='0'	4.5 Have you had a hysterectomy?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer						
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81	preg_regular_periods  Show the field ONLY if: ([demo_gender] = '0' and [preg_pregnant] = '0') or [phase_1_arm_1][phase_1_gender]='0'	4.6 Do you have regular periods? (i.e. every 21-35 days)	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer						
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0	No																
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-8	Decline to answer																
82	preg_last_period_remember  Show the field ONLY if: ([demo_gender] = '0' and [preg_pregnant] = '0') or [phase_1_arm_1][phase_1_gender]='0'	4.7 Do you remember when your last period was?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer						
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83	preg_last_period  Show the field ONLY if: [preg_last_period_remember] = '1'	4.8 When was your last period? <i>mm-yyyy</i>	descriptive														
84	preg_last_period_mon  Show the field ONLY if: [preg_last_period_remember] = '1'	4.8.1 Month <i>mm</i>	text (integer, Min: 1, Max: 12), Required Custom alignment: LH														
85	preg_last_period_mon_2  Show the field ONLY if: [preg_last_period_remember] = '1'	4.8.2 Year <i>yyyy</i>	text, Required Custom alignment: LH														
86	preg_period_more_than_yr  Show the field ONLY if: [preg_last_period_remember] = '0' or [preg_last_period_remember] = '2'	4.10 Was your last period more than a year ago?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer						
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87	pregnancy_and_menopause_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
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2	Complete																
Instrument: <b>5. Civil Status (Marital Status, Education &amp; Employment)</b> (civil_status_marital_status_education_employment) <div>^ Collapse</div>																	
88	mari_marital_status	Section Header: <i>5.1 Marital Status</i> 5.1.1 What is your marital status?	radio, Required <table><tr><td>1</td><td>Married</td></tr><tr><td>2</td><td>Living together</td></tr><tr><td>3</td><td>Never married or co-habited</td></tr><tr><td>4</td><td>Divorced, and partner is alive</td></tr><tr><td>5</td><td>Separated, and partner is alive</td></tr><tr><td>6</td><td>Partner deceased</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Married	2	Living together	3	Never married or co-habited	4	Divorced, and partner is alive	5	Separated, and partner is alive	6	Partner deceased	-8	Decline to answer
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5	Separated, and partner is alive																
6	Partner deceased																
-8	Decline to answer																

89	educ_highest_level	<div>Section Header: 5.2 Education</div> <div>5.2.1 What is the highest level of education you have reached?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>No formal education</td></tr><tr><td>2</td><td>Primary</td></tr><tr><td>3</td><td>Secondary</td></tr><tr><td>4</td><td>Tertiary</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	No formal education	2	Primary	3	Secondary	4	Tertiary	-8	Decline to answer				
1	No formal education																
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-8	Decline to answer																
90	educ_highest_years <div>Show the field ONLY if: [educ_highest_level] = '2' or [educ_highest_level] = '4' or [educ_highest_level] = '3'</div>	5.2.2 What is the total number of successfully completed years at your highest level of education?	text (integer, Max: 20), Required Custom alignment: LH														
91	educ_formal_years <div>Show the field ONLY if: [educ_highest_level] = '3' or [educ_highest_level] = '2' or [educ_highest_level] = '4'</div>	5.2.3 What is the total number of years of formal education that you have had?	calc, Required Calculation: if([educ_highest_level]='4', if([(gene_site]='1' or [gene_site]='2' or [gene_site]='3' or [gene_site]='6'), [educ_highest_years]+12, [educ_highest_years]+13), if([educ_highest_level]='3', if([(gene_site]='1' or [gene_site]='2' or [gene_site]='6'), [educ_highest_years]+7, if([gene_site]='3', [educ_highest_years]+8, [educ_highest_years]+6))), if([educ_highest_level]='2', [educ_highest_years],0))) Custom alignment: LH														
92	empl_status	<div>Section Header: 5.3 Employment</div> <div>5.3.1 What is your current employment status?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Self-employed</td></tr><tr><td>2</td><td>Formal full-time</td></tr><tr><td>3</td><td>Formal part-time</td></tr><tr><td>4</td><td>Informal</td></tr><tr><td>5</td><td>Unemployed</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Self-employed	2	Formal full-time	3	Formal part-time	4	Informal	5	Unemployed	-8	Decline to answer		
1	Self-employed																
2	Formal full-time																
3	Formal part-time																
4	Informal																
5	Unemployed																
-8	Decline to answer																
93	empl_days_work <div>Show the field ONLY if: [empl_status] = '1' or [empl_status] = '2' or [empl_status] = '3' or [empl_status] = '4'</div>	5.3.2 How many days a week do you work?	<div>dropdown, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr></table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
7	7																
94	civil_status_marital_status_education_employment_complete	<div>Section Header: Form Status</div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: 6.a. Cognition One (a_cognition_one) <div>^ Collapse</div>																	
95	cogn_read_sentence	<div>Section Header: 6.1 General Cognition Questions</div> <div>6.1.1 Can you read this sentence for me please? Even if you can only read part of it? Show the participant a card with the following sentence: "This morning I saw the sun rise"</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Cannot read at all</td></tr><tr><td>2</td><td>Able to read part of the sentence</td></tr><tr><td>3</td><td>Able to read whole sentence</td></tr><tr><td>4</td><td>Blind or severely visually impaired</td></tr></table> <div>Custom alignment: LV</div>	1	Cannot read at all	2	Able to read part of the sentence	3	Able to read whole sentence	4	Blind or severely visually impaired						
1	Cannot read at all																
2	Able to read part of the sentence																
3	Able to read whole sentence																
4	Blind or severely visually impaired																
96	cogn_memory	6.1.2 At present how good is your memory?	<div>radio, Required</div> <table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Fair</td></tr><tr><td>4</td><td>Poor</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Excellent	2	Very good	3	Fair	4	Poor	-8	Decline to answer				
1	Excellent																
2	Very good																
3	Fair																
4	Poor																
-8	Decline to answer																

97	cogn_difficulty_remember	6.1.3 Over the past month did you have any difficulty remembering things?	<table><tr><td>1</td><td>No</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Some</td></tr><tr><td>4</td><td>Quite a lot</td></tr><tr><td>5</td><td>I couldn't remember anything</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	No	2	A little	3	Some	4	Quite a lot	5	I couldn't remember anything	-8	Decline to answer																					
1	No																																			
2	A little																																			
3	Some																																			
4	Quite a lot																																			
5	I couldn't remember anything																																			
-8	Decline to answer																																			
98	cogn_difficulty_concern	6.1.4 Over the past month did you have any difficulty concentrating?	<table><tr><td>1</td><td>No</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a lot</td></tr><tr><td>4</td><td>I couldn't concentrate</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	No	2	A little	3	Quite a lot	4	I couldn't concentrate	-8	Decline to answer																							
1	No																																			
2	A little																																			
3	Quite a lot																																			
4	I couldn't concentrate																																			
-8	Decline to answer																																			
99	cogn_learning_new_task	6.1.5 In the last 30 days, how much difficulty did you have in learning a new task (for example, learning how to get to a new place, learning a new game, learning a new recipe)?	<table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>I couldn't learn something new</td></tr><tr><td>5</td><td>There was no opportunity to learn something new</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LV</div>	1	None	2	Mild	3	Moderate	4	I couldn't learn something new	5	There was no opportunity to learn something new	-8	Decline to answer																					
1	None																																			
2	Mild																																			
3	Moderate																																			
4	I couldn't learn something new																																			
5	There was no opportunity to learn something new																																			
-8	Decline to answer																																			
100	cogn_word_recall_p1	<p>Section Header: 6.2 Word Recall</p> <p>Next, I will read a set of 10 words and ask you to remember as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall all the words. Most people remember only a few. Please listen carefully as I read the list of words because I won't repeat them. When I finish, I will ask you to repeat aloud as many of the words as you can, in any order. Do you understand?</p> <p>Butter, Arm, Road, Paper, Chief, House, Stick, Money, Grass, Engine</p> <p>Read once</p>	descriptive																																	
101	cogn_words_remember_p1	6.2.1 Now please tell me the words you can remember.	<table><tr><td>1</td><td>cogn_words_remember_p1__1</td><td>Butter</td></tr><tr><td>2</td><td>cogn_words_remember_p1__2</td><td>Arm</td></tr><tr><td>3</td><td>cogn_words_remember_p1__3</td><td>Road</td></tr><tr><td>4</td><td>cogn_words_remember_p1__4</td><td>Paper</td></tr><tr><td>5</td><td>cogn_words_remember_p1__5</td><td>Chief</td></tr><tr><td>6</td><td>cogn_words_remember_p1__6</td><td>House</td></tr><tr><td>7</td><td>cogn_words_remember_p1__7</td><td>Stick</td></tr><tr><td>8</td><td>cogn_words_remember_p1__8</td><td>Money</td></tr><tr><td>9</td><td>cogn_words_remember_p1__9</td><td>Grass</td></tr><tr><td>10</td><td>cogn_words_remember_p1__10</td><td>Engine</td></tr><tr><td>-8</td><td>cogn_words_remember_p1__8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div> <div>Field Annotation: @NONEOFTHEABOVE=-8</div>	1	cogn_words_remember_p1__1	Butter	2	cogn_words_remember_p1__2	Arm	3	cogn_words_remember_p1__3	Road	4	cogn_words_remember_p1__4	Paper	5	cogn_words_remember_p1__5	Chief	6	cogn_words_remember_p1__6	House	7	cogn_words_remember_p1__7	Stick	8	cogn_words_remember_p1__8	Money	9	cogn_words_remember_p1__9	Grass	10	cogn_words_remember_p1__10	Engine	-8	cogn_words_remember_p1__8	Decline to answer
1	cogn_words_remember_p1__1	Butter																																		
2	cogn_words_remember_p1__2	Arm																																		
3	cogn_words_remember_p1__3	Road																																		
4	cogn_words_remember_p1__4	Paper																																		
5	cogn_words_remember_p1__5	Chief																																		
6	cogn_words_remember_p1__6	House																																		
7	cogn_words_remember_p1__7	Stick																																		
8	cogn_words_remember_p1__8	Money																																		
9	cogn_words_remember_p1__9	Grass																																		
10	cogn_words_remember_p1__10	Engine																																		
-8	cogn_words_remember_p1__8	Decline to answer																																		
102	cogn_imm_recall_score_p1	6.2.2 Immediate Recall Score	<table><tr><td colspan="2">text</td></tr><tr><td>if([cogn_words_rem_score_p1(1)]=1'</td><td>1,0)+if([cogn_words_re</td></tr></table> <div>Custom alignment: LH</div>	text		if([cogn_words_rem_score_p1(1)]=1'	1,0)+if([cogn_words_re																													
text																																				
if([cogn_words_rem_score_p1(1)]=1'	1,0)+if([cogn_words_re																																			
103	cogn_year	<p>Section Header: 6.3 Orientation</p> <p>6.3.1 What is the year?</p>	<table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Correct	0	Incorrect	-8	Decline to answer																											
1	Correct																																			
0	Incorrect																																			
-8	Decline to answer																																			

	104	cogn_what_is_the_month	6.3.2 What is the month?	radio, Required <table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Correct	0	Incorrect	-8	Decline to answer
1	Correct										
0	Incorrect										
-8	Decline to answer										
	105	cogn_day_of_the_month	6.3.3 What is the day of the month?	radio, Required <table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Correct	0	Incorrect	-8	Decline to answer
1	Correct										
0	Incorrect										
-8	Decline to answer										
	106	cogn_country_of_residence	6.3.4 What is the country that we are in?	radio, Required <table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Correct	0	Incorrect	-8	Decline to answer
1	Correct										
0	Incorrect										
-8	Decline to answer										
	107	cogn_district_province	6.3.5 What is the district/province?	radio, Required <table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Correct	0	Incorrect	-8	Decline to answer
1	Correct										
0	Incorrect										
-8	Decline to answer										
	108	cogn_village_town_city	6.3.6 What is the village/town/city?	radio, Required <table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Correct	0	Incorrect	-8	Decline to answer
1	Correct										
0	Incorrect										
-8	Decline to answer										
	109	cogn_weekdays_forward	6.3.7 Now let's list the days of the week forward. Please start from Sunday.	radio, Required <table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Correct	0	Incorrect	-8	Decline to answer
1	Correct										
0	Incorrect										
-8	Decline to answer										
	110	cogn_weekdays_backwards	6.3.8 Now please list the days of the week backwards, starting again from Sunday.	radio, Required <table><tr><td>1</td><td>Correct</td></tr><tr><td>0</td><td>Incorrect</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Correct	0	Incorrect	-8	Decline to answer
1	Correct										
0	Incorrect										
-8	Decline to answer										
	111	cogn_orientation_score	6.3.9 Orientation Score	text <table><tr><td colspan="2">if([cogn_words_rem_score_p1(1)]=1' 1,0)+if([cogn_words_re</td></tr></table> Custom alignment: LH		if([cogn_words_rem_score_p1(1)]=1' 1,0)+if([cogn_words_re					
if([cogn_words_rem_score_p1(1)]=1' 1,0)+if([cogn_words_re											
	112	a_cognition_one_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>		0	Incomplete	1	Unverified	2	Complete
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: <b>6.b Frailty Measurements</b> (b_frailty_measurements) <a href="#">^ Collapse</a>											
	113	frai_standing_up_time	Section Header: <i>6.4 Stand And Sit Assessment This section uses SOP 304</i> 6.4.1 Time from saying "stand" to sitting for the 5th time, with seconds to one decimal place.	text (number_1dp, Min: 6.0) Custom alignment: LH							
	114	frai_use_hands	6.4.2 Did the participant use their hands during the procedure?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH		1	Yes	0	No		
1	Yes										
0	No										

	115	frai_sit_stands_completed	6.4.3 Five sit-stands completed?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	116	frai_comment Show the field ONLY if: [frai_sit_stands_completed] = '0'	6.4.4 If no, please comment why.	notes Custom alignment: LH								
	117	frai_non_dominant_hand	Section Header: 6.5 Grip Strength Test This section uses SOP 304 6.5.1 Which is the dominant hand?  Use non-dominant hand	<div>radio</div> <table><tr><td>1</td><td>Left</td></tr><tr><td>2</td><td>Right</td></tr></table> <div>Custom alignment: LH</div>	1	Left	2	Right				
1	Left											
2	Right											
	118	frai_dynometer_force_1	6.5.2 With how much force does the participant squeeze the dynamometer the first time?	text (number_1dp, Min: 1.0, Max: 150.0) Custom alignment: LH								
	119	frai_dynometer_force_2	6.5.3 With how much force does the participant squeeze the dynamometer the second time?	text (number_1dp, Min: 1.0, Max: 150.0) Custom alignment: LH								
	120	frai_dynometer_force_3	6.5.4 With how much force does the participant squeeze the dynamometer the third time?	text (number_1dp, Min: 1.0, Max: 150.0) Custom alignment: LH								
	121	frai_complete_procedure	6.5.5 Did the participant manage to complete the procedure?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	122	frai_comment_why Show the field ONLY if: [frai_complete_procedure] = '0'	6.5.6 If no, please comment why	notes Custom alignment: LH								
	123	frai_turn_walk_back	Section Header: 6.6 5m Walk This section uses SOP 304 6.6.1 From the time saying "start", how long does it take to walk from the start line on the 2.5m line, to turn around, and to walk back to the start line (in seconds to one decimal place)?	text (number_1dp) Custom alignment: LH								
	124	frai_need_support	6.6.2 Did the participant need your physical support to walk during the procedure?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	-8	Decline to answer		
1	Yes											
0	No											
-8	Decline to answer											
	125	frai_procedure_walk_comp	6.6.3 Did the participant manage to complete the procedure?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	-8	Decline to answer		
1	Yes											
0	No											
-8	Decline to answer											
	126	frai_please_comment_why Show the field ONLY if: [frai_procedure_walk_comp] = '0'	6.6.4 If no, please comment why	notes Custom alignment: LH								
	127	b_frailty_measurements_complete	Section Header: Form Status Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: 6.c. Cognition Two (c_cognition_two) <div>^ Collapse</div>												
	128	cogn_delayed_recall_note	Section Header: 6.7 Delayed Recall The same list of words will be read to you in a different order. Please say out loud the words from this list you can remember. Are you ready?  Arm, Money, Paper, Stick, Road, Chief, Engine, Grass, Butter, House	descriptive								

	129	cogn_delayed_recall	6.7.1 Now please tell me the words you can remember.	<div>checkbox, Required</div> <table><tr><td>1</td><td>cogn_delayed_recall__1</td><td>Arm</td></tr><tr><td>2</td><td>cogn_delayed_recall__2</td><td>Money</td></tr><tr><td>3</td><td>cogn_delayed_recall__3</td><td>Paper</td></tr><tr><td>4</td><td>cogn_delayed_recall__4</td><td>Stick</td></tr><tr><td>5</td><td>cogn_delayed_recall__5</td><td>Road</td></tr><tr><td>6</td><td>cogn_delayed_recall__6</td><td>Chief</td></tr><tr><td>7</td><td>cogn_delayed_recall__7</td><td>Engine</td></tr><tr><td>8</td><td>cogn_delayed_recall__8</td><td>Grass</td></tr><tr><td>9</td><td>cogn_delayed_recall__9</td><td>Butter</td></tr><tr><td>10</td><td>cogn_delayed_recall__10</td><td>House</td></tr><tr><td>-8</td><td>cogn_delayed_recall__8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH Field Annotation: @NONEOFTHEABOVE=-8</div>	1	cogn_delayed_recall__1	Arm	2	cogn_delayed_recall__2	Money	3	cogn_delayed_recall__3	Paper	4	cogn_delayed_recall__4	Stick	5	cogn_delayed_recall__5	Road	6	cogn_delayed_recall__6	Chief	7	cogn_delayed_recall__7	Engine	8	cogn_delayed_recall__8	Grass	9	cogn_delayed_recall__9	Butter	10	cogn_delayed_recall__10	House	-8	cogn_delayed_recall__8	Decline to answer																														
1	cogn_delayed_recall__1	Arm																																																																	
2	cogn_delayed_recall__2	Money																																																																	
3	cogn_delayed_recall__3	Paper																																																																	
4	cogn_delayed_recall__4	Stick																																																																	
5	cogn_delayed_recall__5	Road																																																																	
6	cogn_delayed_recall__6	Chief																																																																	
7	cogn_delayed_recall__7	Engine																																																																	
8	cogn_delayed_recall__8	Grass																																																																	
9	cogn_delayed_recall__9	Butter																																																																	
10	cogn_delayed_recall__10	House																																																																	
-8	cogn_delayed_recall__8	Decline to answer																																																																	
	130	cogn_delayed_recall_score	6.7.2 Delayed Recall Score	text																																																															
	131	cogn_word_cognition_note	<div>Section Header: 6.8 Word Recognition</div> <div>Now I am going to read you a list of words. Some of the words are from the list I read to you earlier and some of the words I haven't read to you before.</div>	descriptive																																																															
	132	cogn_word_cognition_list	<div>6.8.1 I want you to say YES if the word I read you is one you heard earlier and NO if it is not a word you heard earlier.</div> <div>Do you have any questions? Are you ready?</div>	<div>checkbox, Required</div> <table><tr><td>1</td><td>cogn_word_cognition_list__1</td><td>Church</td></tr><tr><td>2</td><td>cogn_word_cognition_list__2</td><td>Coffee</td></tr><tr><td>3</td><td>cogn_word_cognition_list__3</td><td>Butter</td></tr><tr><td>4</td><td>cogn_word_cognition_list__4</td><td>Dollar</td></tr><tr><td>5</td><td>cogn_word_cognition_list__5</td><td>Arm</td></tr><tr><td>6</td><td>cogn_word_cognition_list__6</td><td>Road</td></tr><tr><td>7</td><td>cogn_word_cognition_list__7</td><td>Five</td></tr><tr><td>8</td><td>cogn_word_cognition_list__8</td><td>Paper</td></tr><tr><td>9</td><td>cogn_word_cognition_list__9</td><td>Hotel</td></tr><tr><td>10</td><td>cogn_word_cognition_list__10</td><td>Mountain</td></tr><tr><td>11</td><td>cogn_word_cognition_list__11</td><td>Chief</td></tr><tr><td>12</td><td>cogn_word_cognition_list__12</td><td>House</td></tr><tr><td>13</td><td>cogn_word_cognition_list__13</td><td>Shoe</td></tr><tr><td>14</td><td>cogn_word_cognition_list__14</td><td>Stick</td></tr><tr><td>15</td><td>cogn_word_cognition_list__15</td><td>Village</td></tr><tr><td>16</td><td>cogn_word_cognition_list__16</td><td>String</td></tr><tr><td>17</td><td>cogn_word_cognition_list__17</td><td>Money</td></tr><tr><td>18</td><td>cogn_word_cognition_list__18</td><td>Police</td></tr><tr><td>19</td><td>cogn_word_cognition_list__19</td><td>Grass</td></tr><tr><td>20</td><td>cogn_word_cognition_list__20</td><td>Engine</td></tr><tr><td>-8</td><td>cogn_word_cognition_list__8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH Field Annotation: @NONEOFTHEABOVE=-8</div>	1	cogn_word_cognition_list__1	Church	2	cogn_word_cognition_list__2	Coffee	3	cogn_word_cognition_list__3	Butter	4	cogn_word_cognition_list__4	Dollar	5	cogn_word_cognition_list__5	Arm	6	cogn_word_cognition_list__6	Road	7	cogn_word_cognition_list__7	Five	8	cogn_word_cognition_list__8	Paper	9	cogn_word_cognition_list__9	Hotel	10	cogn_word_cognition_list__10	Mountain	11	cogn_word_cognition_list__11	Chief	12	cogn_word_cognition_list__12	House	13	cogn_word_cognition_list__13	Shoe	14	cogn_word_cognition_list__14	Stick	15	cogn_word_cognition_list__15	Village	16	cogn_word_cognition_list__16	String	17	cogn_word_cognition_list__17	Money	18	cogn_word_cognition_list__18	Police	19	cogn_word_cognition_list__19	Grass	20	cogn_word_cognition_list__20	Engine	-8	cogn_word_cognition_list__8	Decline to answer
1	cogn_word_cognition_list__1	Church																																																																	
2	cogn_word_cognition_list__2	Coffee																																																																	
3	cogn_word_cognition_list__3	Butter																																																																	
4	cogn_word_cognition_list__4	Dollar																																																																	
5	cogn_word_cognition_list__5	Arm																																																																	
6	cogn_word_cognition_list__6	Road																																																																	
7	cogn_word_cognition_list__7	Five																																																																	
8	cogn_word_cognition_list__8	Paper																																																																	
9	cogn_word_cognition_list__9	Hotel																																																																	
10	cogn_word_cognition_list__10	Mountain																																																																	
11	cogn_word_cognition_list__11	Chief																																																																	
12	cogn_word_cognition_list__12	House																																																																	
13	cogn_word_cognition_list__13	Shoe																																																																	
14	cogn_word_cognition_list__14	Stick																																																																	
15	cogn_word_cognition_list__15	Village																																																																	
16	cogn_word_cognition_list__16	String																																																																	
17	cogn_word_cognition_list__17	Money																																																																	
18	cogn_word_cognition_list__18	Police																																																																	
19	cogn_word_cognition_list__19	Grass																																																																	
20	cogn_word_cognition_list__20	Engine																																																																	
-8	cogn_word_cognition_list__8	Decline to answer																																																																	
	133	cogn_recognition_score	6.8.2 Word Recognition Score	text																																																															
	134	cogn_different_animals	<div>Section Header: 6.9 Verbal Fluency</div> <div>6.9.1 Now I want to see how many different animals you can name. You have 60 seconds. When I say, 'Start', say the animal names as fast as you can.</div> <div>Are you ready? (Pause) Start.</div>	<div>text (integer, Min: 1, Max: 30), Required</div> <div>Custom alignment: LV</div>																																																															
	135	cogn_comments	6.10 Cognition Comments	<div>notes</div> <div>Custom alignment: LV</div>																																																															
	136	c_cognition_two_complete	<div>Section Header: Form Status</div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																																																									
0	Incomplete																																																																		
1	Unverified																																																																		
2	Complete																																																																		
Instrument: <b>7. Household Attributes</b> (household_attributes) <div>^ Collapse</div>																																																																			
	137	hou_household_size	<div>Section Header: 7. Household Attributes</div> <div>7.1 How many people besides you live in your household?</div>	<div>text (integer, Min: 1, Max: 100), Required</div> <div>Custom alignment: LH</div>																																																															
	138	hou_number_of_rooms	7.2 How many rooms are there in the house and outside structures used by household member?	<div>text (integer, Min: 1, Max: 70), Required</div> <div>Custom alignment: LH</div>																																																															

	139	hou_number_of_bedrooms	7.3 How many rooms are used for sleeping in?	text (integer, Min: 1, Max: 70), Required Custom alignment: LH									
	140	hou_electricity	Section Header: 7.4 Which of the following items in working order, do you have in your household at the present time?  Electricity	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	141	hou_solar_energy	Solar energy	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	142	hou_power_generator  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '4' or [gene_site] = '5' or [gene_site] = '6'	Power generator	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	143	hou_alter_power_src	Alternative power source	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	144	hou_television	Television	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	145	hou_radio	Radio	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	146	hou_motor_vehicle	Motor vehicle	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	147	hou_motorcycle	Motorcycle	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	148	hou_bicycle	Bicycle	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	149	hou_refrigerator	Refrigerator	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
	150	hou_washing_machine  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '3' or [gene_site] = '5' or [gene_site] = '6'	Washing machine	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>		1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												



	151	hous_sewing_machine	Sewing machine	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	152	hous_telephone  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '4' or [gene_site] = '5' or [gene_site] = '6'	Telephone	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	153	hous_mobile_phone	Mobile phone	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	154	hous_microwave  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '3' or [gene_site] = '6'	Microwave	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	155	hous_dvd_player	DVD player	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	156	hous_satellite_tv_or_dstv	Satellite TV or DSTV	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	157	hous_computer_or_laptop  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '3' or [gene_site] = '5' or [gene_site] = '6'	Computer or laptop	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	158	hous_internet_by_computer  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '5' or [gene_site] = '6'	Internet by computer	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	159	hous_internet_by_m_phone  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '3' or [gene_site] = '5' or [gene_site] = '6'	Internet by mobile phone	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	160	hous_electric_iron  Show the field ONLY if: [gene_site] = '3' or [gene_site] = '5'	Electric iron	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer
	161	hous_fan  Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Fan	radio (Matrix), Required	
				1	Yes
				0	No
				2	Don't know
				-8	Decline to answer

	162	hou_electric_gas_stove	Electric or gas stove	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	163	hou_kerosene_stove Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4'	Kerosene stove	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	164	hou_plate_gas Show the field ONLY if: [gene_site] = '4' or [gene_site] = '5'	Plate gas	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	165	hou_electric_plate Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4'	Electric plate	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	166	hou_torch Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4'	Torch	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	167	hou_gas_lamp Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4'	Gas lamp	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	168	hou_kerosene_lamp Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4'	Kerosene lamp with glass	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	169	hou_toilet_facilities Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '4' or [gene_site] = '5' or [gene_site] = '6'	Toilet facilities	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	170	hou_portable_water Show the field ONLY if: [gene_site] = '5'	Portable water	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	171	hou_grinding_mill Show the field ONLY if: [gene_site] = '4' or [gene_site] = '5'	Grinding mill	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer
	172	hou_table Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Table	radio (Matrix), Required
				1 Yes
				0 No
				2 Don't know
				-8 Decline to answer

173	hous_sofa  Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Sofa set	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
174	hous_wall_clock  Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4'	Wall clock	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
175	hous_bed  Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Bed	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
176	hous_mattress  Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Mattress	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
177	hous_blankets  Show the field ONLY if: [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Blankets	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
178	hous_cattle  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Cattle	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
179	hous_other_livestock  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Other livestock	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
180	hous_poultry  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '3' or [gene_site] = '4' or [gene_site] = '5'	Poultry	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
181	hous_tractor  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '4' or [gene_site] = '5'	Tractor	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
182	hous_plough  Show the field ONLY if: [gene_site] = '1' or [gene_site] = '2' or [gene_site] = '4' or [gene_site] = '5'	Plough	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
183	household_attributes_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: 8. Substance Use (substance\_use)

⤴ Collapse

184	subs_tobacco_use	Section Header: 8.1 Tobacco Use 8.1.1 Have you ever smoked any tobacco products such as cigarettes, cigars or pipes?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Yes	0	No	-8	Decline to answer								
1	Yes																	
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-8	Decline to answer																	
185	subs_smoke_100  Show the field ONLY if: [subs_tobacco_use] = '1'	8.1.2 Have you smoked more than 100 times in your whole life?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Yes	0	No	2	Don't know	-8	Decline to answer						
1	Yes																	
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2	Don't know																	
-8	Decline to answer																	
186	subs_smoke_now  Show the field ONLY if: [subs_tobacco_use] = '1'	8.1.3 Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Yes	0	No	2	Don't know	-8	Decline to answer						
1	Yes																	
0	No																	
2	Don't know																	
-8	Decline to answer																	
187	subs_smoke_last_hour  Show the field ONLY if: [subs_smoke_now] = '1'	8.1.4 Did you smoke within the last hour?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		1	Yes	0	No	-8	Decline to answer								
1	Yes																	
0	No																	
-8	Decline to answer																	
188	subs_smoke_cigarettes  Show the field ONLY if: [subs_smoke_now] = '1'	8.1.5 What do you smoke? <i>Tick more than one if appropriate</i>	<table><tr><td colspan="2">checkbox, Required</td></tr><tr><td>1</td><td>subs_smoke_cigarettes__1 Cigarettes</td></tr><tr><td>2</td><td>subs_smoke_cigarettes__2 Pipe</td></tr><tr><td>3</td><td>subs_smoke_cigarettes__3 Hand rolled</td></tr><tr><td>4</td><td>subs_smoke_cigarettes__4 Cigars</td></tr><tr><td>5</td><td>subs_smoke_cigarettes__5 Others</td></tr><tr><td>-8</td><td>subs_smoke_cigarettes__8 Decline to answer</td></tr></table> Custom alignment: LH		checkbox, Required		1	subs_smoke_cigarettes__1 Cigarettes	2	subs_smoke_cigarettes__2 Pipe	3	subs_smoke_cigarettes__3 Hand rolled	4	subs_smoke_cigarettes__4 Cigars	5	subs_smoke_cigarettes__5 Others	-8	subs_smoke_cigarettes__8 Decline to answer
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1	subs_smoke_cigarettes__1 Cigarettes																	
2	subs_smoke_cigarettes__2 Pipe																	
3	subs_smoke_cigarettes__3 Hand rolled																	
4	subs_smoke_cigarettes__4 Cigars																	
5	subs_smoke_cigarettes__5 Others																	
-8	subs_smoke_cigarettes__8 Decline to answer																	
189	subs_smoke_specify  Show the field ONLY if: [subs_smoke_cigarettes(5)] = '1'	If other, please specify what you smoke	text, Required Custom alignment: LH															
190	subs_smoking_frequency  Show the field ONLY if: [subs_smoke_now] = '1'	8.1.6 How often do you smoke tobacco products?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Daily</td></tr><tr><td>2</td><td>5-6 days per week</td></tr><tr><td>3</td><td>1-4 days per week</td></tr><tr><td>4</td><td>1-3 days per month</td></tr><tr><td>5</td><td>less than once per month</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LV		radio, Required		1	Daily	2	5-6 days per week	3	1-4 days per week	4	1-3 days per month	5	less than once per month	-8	Decline to answer
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191	subs_smoke_per_day  Show the field ONLY if: [subs_smoking_frequency] = '1' or [subs_smoking_frequency] = '2' or [subs_smoking_frequency] = '4' or [subs_smoking_frequency] = '3' or [subs_smoking_frequency] = '5'	8.1.7 On the days that you smoke, how many times do you smoke tobacco products?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Once a day</td></tr><tr><td>2</td><td>Twice a day</td></tr><tr><td>3</td><td>Three times a day</td></tr><tr><td>4</td><td>More than three times a day</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH		radio, Required		1	Once a day	2	Twice a day	3	Three times a day	4	More than three times a day	-8	Decline to answer		
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192	subs_smoking_start_age  Show the field ONLY if: [subs_smoke_now] = '1'	8.1.8 How old were you when you started smoking?	text (integer, Min: 3, Max: 65), Required Custom alignment: LH															
193	subs_smoking_stop_year  Show the field ONLY if: [subs_tobacco_use] = '1' and [subs_smoke_now] = '0'	8.1.9 In which year did you stop smoking completely? yyyy	text (integer, Max: 2021), Required Custom alignment: LH															

194	subs_smokeless_tobacc_use	8.1.10 Have you ever used any smokeless tobacco such as snuff, snus, betel with tobacco or chewing?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer						
1	Yes														
0	No														
-8	Decline to answer														
195	subs_snuff_use  Show the field ONLY if: [subs_smokeless_tobacc_use] = '1'	8.1.11 Do you use snuff?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer						
1	Yes														
0	No														
-8	Decline to answer														
196	subs_snuff_method_use  Show the field ONLY if: [subs_snuff_use] = '1'	8.1.12 How do you take snuff?	radio, Required <table><tr><td>1</td><td>Through nose</td></tr><tr><td>2</td><td>Through mouth/on lip</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Through nose	2	Through mouth/on lip	-8	Decline to answer						
1	Through nose														
2	Through mouth/on lip														
-8	Decline to answer														
197	subs_snuff_use_freq  Show the field ONLY if: [subs_snuff_use] = '1'	8.1.13 How often do you use snuff?	radio, Required <table><tr><td>1</td><td>Daily</td></tr><tr><td>2</td><td>5-6 days per week</td></tr><tr><td>3</td><td>1-4 days per week</td></tr><tr><td>4</td><td>1-3 days per month</td></tr><tr><td>5</td><td>less than once per month</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LV	1	Daily	2	5-6 days per week	3	1-4 days per week	4	1-3 days per month	5	less than once per month	-8	Decline to answer
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198	subs_freq_snuff_use  Show the field ONLY if: [subs_snuff_use_freq] = '1' or [subs_snuff_use_freq] = '2' or [subs_snuff_use_freq] = '3' or [subs_snuff_use_freq] = '4' or [subs_snuff_use_freq] = '5'	8.1.14 On the days that you use snuff, how many times a day do you use it?	radio, Required <table><tr><td>1</td><td>Once a day</td></tr><tr><td>2</td><td>Twice a day</td></tr><tr><td>3</td><td>Three times a day</td></tr><tr><td>4</td><td>More than three times a day</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Once a day	2	Twice a day	3	Three times a day	4	More than three times a day	-8	Decline to answer		
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199	subs_tobacco_chew_use  Show the field ONLY if: [subs_smokeless_tobacc_use] = '1'	8.1.15 Do you use chewing tobacco?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer						
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0	No														
-8	Decline to answer														
200	subs_tobacco_chew_freq  Show the field ONLY if: [subs_tobacco_chew_use] = '1'	8.1.16 How often do you use chewing tobacco?	radio, Required <table><tr><td>1</td><td>Daily</td></tr><tr><td>2</td><td>5-6 days per week</td></tr><tr><td>3</td><td>1-4 days per week</td></tr><tr><td>4</td><td>1-3 days per month</td></tr><tr><td>5</td><td>less than once per month</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LV	1	Daily	2	5-6 days per week	3	1-4 days per week	4	1-3 days per month	5	less than once per month	-8	Decline to answer
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201	subs_tobacco_chew_d_freq  Show the field ONLY if: [subs_tobacco_chew_freq] = '1' or [subs_tobacco_chew_freq] = '2' or [subs_tobacco_chew_freq] = '3' or [subs_tobacco_chew_freq] = '4' or [subs_tobacco_chew_freq] = '5'	8.1.17 On the days that you use chewing tobacco, how many times a day do you use it?	radio, Required <table><tr><td>1</td><td>Once a day</td></tr><tr><td>2</td><td>Twice a day</td></tr><tr><td>3</td><td>Three times a day</td></tr><tr><td>4</td><td>More than three times a day</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Once a day	2	Twice a day	3	Three times a day	4	More than three times a day	-8	Decline to answer		
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202	subs_alcohol_consump	<div>Section Header: 8.2 Alcohol Use</div> <div>8.2.1 Have you ever consumed an alcohol drink such as beer, wine, spirits, fermented cider, or traditional beer?</div> <div>For this question use Alcohol_showcard_1</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer				
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203	subs_alcohol_consume_now <div>Show the field ONLY if: [subs_alcohol_consump] = '1'</div>	<div>8.2.2 Do you currently (in last 30 days) consume any alcohol drink such as beer, wine, spirits, fermented cider, or traditional beer?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer				
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204	subs_alcohol_consump_freq <div>Show the field ONLY if: [subs_alcohol_consume_now] = '1'</div>	<div>8.2.3 How often do you have at least one alcoholic drink?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Daily</td></tr><tr><td>2</td><td>5-6 days per week</td></tr><tr><td>3</td><td>1-4 days per week</td></tr><tr><td>4</td><td>1-3 days per month</td></tr><tr><td>5</td><td>less than once per month</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LV</div>	1	Daily	2	5-6 days per week	3	1-4 days per week	4	1-3 days per month	5	less than once per month	-8	Decline to answer
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205	subs_alcohol_consume_freq <div>Show the field ONLY if: [subs_alcohol_consump_freq] = '1' or [subs_alcohol_consump_freq] = '2' or [subs_alcohol_consump_freq] = '3' or [subs_alcohol_consump_freq] = '4' or [subs_alcohol_consump_freq] = '5'</div>	<div>8.2.4 On the days that you drink alcohol drinks, how many alcoholic drinks do you have?</div> <div>For this question use Alcohol_showcard_2</div>	<div>text (integer, Min: 1, Max: 20), Required</div> <div>Custom alignment: LV</div>												
206	subs_alcohol_cutdown	<div>8.2.5 Have you ever felt that you should cut down on your drinking?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
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-8	Decline to answer														
207	subs_alcohol_criticize <div>Show the field ONLY if: [subs_alcohol_consume_now] = '1'</div>	<div>8.2.6 Have people annoyed you by criticizing your drinking?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer				
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208	subs_alcohol_guilty <div>Show the field ONLY if: [subs_alcohol_consume_now] = '1'</div>	<div>8.2.7 Have you ever felt bad or guilty about your drinking?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
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209	subs_alcohol_hangover <div>Show the field ONLY if: [subs_alcohol_consume_now] = '1'</div>	<div>8.2.8 Have you ever had an alcoholic drink first thing in the morning to steady your nerves or get rid of hangover?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer				
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	210	subs_alcohol_con_past_yr  Show the field ONLY if: [subs_alcohol_consump] = '1'	8.2.9 In the past year, did you ever take ONE or more alcoholic drinks in a single morning, afternoon, or night? I understand that you may share drinks and that some drinks have different sizes, but please do your best to answer	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer							
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	211	subs_alcoholtype_consumed  Show the field ONLY if: [subs_alcohol_consump] = '1' or [subs_alcohol_consume_now] = '1'	8.2.10 What type of alcohol beverage do you, or did you usually drink?	<div>checkbox, Required</div> <table><tr><td>1</td><td>subs_alcoholtype_consumed__1</td><td>Beer</td></tr><tr><td>2</td><td>subs_alcoholtype_consumed__2</td><td>Wine</td></tr><tr><td>3</td><td>subs_alcoholtype_consumed__3</td><td>Spirits</td></tr><tr><td>4</td><td>subs_alcoholtype_consumed__4</td><td>Home brew</td></tr><tr><td>5</td><td>subs_alcoholtype_consumed__5</td><td>Other</td></tr></table> <div>Custom alignment: LH</div>	1	subs_alcoholtype_consumed__1	Beer	2	subs_alcoholtype_consumed__2	Wine	3	subs_alcoholtype_consumed__3	Spirits	4	subs_alcoholtype_consumed__4	Home brew	5	subs_alcoholtype_consumed__5	Other
1	subs_alcoholtype_consumed__1	Beer																	
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4	subs_alcoholtype_consumed__4	Home brew																	
5	subs_alcoholtype_consumed__5	Other																	
	212	subs_alcohol_specify  Show the field ONLY if: [subs_alcoholtype_consumed(5)] = '1'	8.2.8.1 If other, please specify other type of alcohol beverage	<div>text, Required</div> <div>Custom alignment: LH</div>															
	213	subs_drugs_use	<div>Section Header: 8.3 Drug Use</div> <div>8.3.1 Do you, or have you ever taken marijuana (dagga, weed)?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer							
1	Yes																		
0	No																		
2	Don't know																		
-8	Decline to answer																		
	214	subs_drug_use_other	8.3.2 Do you, or have you ever taken methamphetamines, cocaine or any other drugs (dagga, glue, heroin, crack, mandrax, acid)?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer							
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2	Don't know																		
-8	Decline to answer																		
	215	substance_use_complete	<div>Section Header: Form Status</div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																		
1	Unverified																		
2	Complete																		
<div>Instrument: 9.a General Health - Cancer (a_general_health_cancer)</div> <div>^ Collapse</div>																			
	216	genh_breast_cancer	<div>Section Header: 9.1 Please indicate whether you have, or have had, any of the following illnesses</div> <div>9.1.1 Breast cancer</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer							
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	217	genh_breast_cancer_treat  Show the field ONLY if: [genh_breast_cancer] = '1'	9.1.1.1 Have you received treatment prescribed by a doctor to treat the illness?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer							
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-8	Decline to answer																		
	218	genh_bre_cancer_treat_now  Show the field ONLY if: [genh_breast_cancer_treat] = '1'	9.1.1.2 Are you currently on treatment prescribed by a doctor?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer							
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	219	genh_breast_cancer_meds  Show the field ONLY if: [genh_bre_cancer_treat_now] = '1'	9.1.1.3 What medication has been prescribed? Please list names if possible.	<div>notes</div> <div>Custom alignment: LH</div>															

	220	genh_bre_cancer_trad_med Show the field ONLY if: [genh_breast_cancer] = '1'	9.1.1.4 Are you currently taking any herbal or traditional remedy for any of the above illnesses?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
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2	Don't know											
-8	Decline to answer											
	221	genh_cervical_cancer Show the field ONLY if: [demo_gender] = '0'	9.1.2 Cervical cancer	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	222	genh_cer_cancer_treat Show the field ONLY if: [genh_cervical_cancer] = '1'	9.1.2.1 Have you received treatment prescribed by a doctor to treat the illness?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	223	genh_cer_cancer_treat_now Show the field ONLY if: [genh_cer_cancer_treat] = '1'	9.1.2.2 Are you currently on treatment prescribed by a doctor?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	224	genh_cervical_cancer_meds Show the field ONLY if: [genh_cer_cancer_treat_now] = '1'	9.1.2.3 What medication has been prescribed? Please list names if possible.	<div>notes</div> <div>Custom alignment: LH</div>								
	225	genh_cer_cancer_trad_med Show the field ONLY if: [genh_cervical_cancer] = '1'	9.1.2.4 Are you currently taking any herbal or traditional remedy for any of the above illnesses?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	226	genh_prostate_cancer Show the field ONLY if: [demo_gender] = '1'	9.1.3 Prostate cancer	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	227	genh_pro_cancer_treat Show the field ONLY if: [genh_prostate_cancer] = '1'	9.1.3.1 Have you received treatment prescribed by a doctor to treat the illness?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	228	genh_pro_cancer_treat_now Show the field ONLY if: [genh_pro_cancer_treat] = '1'	9.1.3.2 Are you currently on treatment prescribed by a doctor?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	229	genh_prostate_cancer_meds Show the field ONLY if: [genh_pro_cancer_treat_now] = '1'	9.1.3.3 What medication has been prescribed? Please list names if possible.	<div>notes</div> <div>Custom alignment: LH</div>								



	230	genh_pro_cancer_trad_med Show the field ONLY if: [genh_prostate_cancer] = '1'	9.1.3.4 Are you currently taking any herbal or traditional remedy for any of the above illnesses?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	231	genh_oesophageal_cancer	9.1.4 Oesophageal cancer	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	232	genh_oes_cancer_treat Show the field ONLY if: [genh_oesophageal_cancer] = '1'	9.1.4.1 Have you received treatment prescribed by a doctor to treat the illness?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	233	genh_oes_cancer_treat_now Show the field ONLY if: [genh_oes_cancer_treat] = '1'	9.1.4.2 Are you currently on treatment prescribed by a doctor?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	234	genh_oes_cancer_meds Show the field ONLY if: [genh_oes_cancer_treat_now] = '1'	9.1.4.3 What medication has been prescribed? Please list names if possible.	<div>notes</div> <div>Custom alignment: LH</div>								
	235	genh_oesophageal_trad_med Show the field ONLY if: [genh_oesophageal_cancer] = '1'	9.1.4.4 Are you currently taking any herbal or traditional remedy for any of the above illnesses?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	236	genh_other_cancers	9.1.5 Other cancers	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	237	genh_cancer_specify_other Show the field ONLY if: [genh_other_cancers] = '1'	9.1.5.1Specify other cancers	<div>text, Required</div> <div>Custom alignment: LH</div>								
	238	genh_other_cancer_treat	9.1.5.2 Have you received treatment prescribed by a doctor to treat the illness?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	239	genh_oth_cancer_treat_now Show the field ONLY if: [genh_other_cancer_treat] = '1'	9.1.5.3 Are you currently on treatment prescribed by a doctor?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											

	240	genh_other_cancer_meds Show the field ONLY if: [genh_oth_cancer_treat_now] = '1'	9.1.5.4 What medication has been prescribed? Please list names if possible.	notes Custom alignment: LH								
	241	genh_oth_cancer_trad_med Show the field ONLY if: [genh_other_cancers] = '1'	9.1.5.5 Are you currently taking any herbal or traditional remedy for any of the above illnesses?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	242	a_general_health_cancer_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											

Instrument: **9.b General Health - Family History** (b\_general\_health\_family\_history)

[^ Collapse](#)

	243	genh_obesity_mom	<div>Section Header: 9.2 Please indicate if your mother has, or has had, any of the following illnesses</div> <div>9.2.1 Weight problem/obesity</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	244	genh_h_blood_pressure_mom	9.2.2 High blood pressure	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	245	genh_h_cholesterol_mom	9.2.3 High cholesterol	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	246	genh_breast_cancer_mom	9.2.4 Breast cancer	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	247	genh_cervical_cancer_mom	9.2.5 Cervical cancer	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	248	genh_oes_cancer_mom	9.2.6 Oesophageal cancer	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											

249	genh_cancer_other_mom	9.2.7 Other cancer	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
250	genh_asthma_mom	9.2.8 Asthma or reactive air disease (lung disease)	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
251	genh_obesity_dad	Section Header: 9.3 Please indicate if your father has, or has had, any of the following illnesses 9.3.1 Weight problem/obesity	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
252	genh_h_blood_pressure_dad	9.3.2 High blood pressure	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
253	genh_h_cholesterol_dad	9.3.3 High cholesterol	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
254	genh_prostate_cancer_dad	9.3.4 Prostate cancer	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
255	genh_other_cancers_dad	9.3.5 Other cancers	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
256	genh_asthma_dad	9.3.6 Asthma or reactivate air disease	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
257	b_general_health_family_history_complete	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

	258	genh_days_fruit	Section Header: 9.4 Diet 9.4.1 In a typical week, on how many days do you eat fruit? This question uses Diet_showcard_1	text (integer, Min: 0, Max: 7), Required Custom alignment: LH																																										
	259	genh_fruit_servings	9.4.2 How many servings of fruit do you eat on a typical day? This question uses Diet_showcard_2	text (integer, Max: 30), Required Custom alignment: LH																																										
	260	genh_days_veg	9.4.3 In a typical week, on how many days do you eat vegetables? This question uses Diet_showcard_3	text (integer, Max: 7), Required Custom alignment: LH																																										
	261	genh_veg_servings	9.4.4 How many servings of vegetables do you eat on a typical day? This question uses Diet_showcard_4	text (integer, Max: 30), Required Custom alignment: LH																																										
	262	genh_starchy_staple_food	9.4.5 Which are the main starchy staple foods that you eat most of? Please choose one or two of the following	<table><tr><td colspan="3">checkbox, Required</td></tr><tr><td>1</td><td>genh_starchy_staple_food__1</td><td>Potatoes</td></tr><tr><td>2</td><td>genh_starchy_staple_food__2</td><td>Brown rice</td></tr><tr><td>3</td><td>genh_starchy_staple_food__3</td><td>White rice</td></tr><tr><td>4</td><td>genh_starchy_staple_food__4</td><td>Brown porridge or pap</td></tr><tr><td>5</td><td>genh_starchy_staple_food__5</td><td>White porridge or pap</td></tr><tr><td>6</td><td>genh_starchy_staple_food__6</td><td>Brown bread purchased at the shop</td></tr><tr><td>7</td><td>genh_starchy_staple_food__7</td><td>White bread purchased at the shop</td></tr><tr><td>8</td><td>genh_starchy_staple_food__8</td><td>Brown bread made at home</td></tr><tr><td>9</td><td>genh_starchy_staple_food__9</td><td>White bread made at home</td></tr><tr><td>10</td><td>genh_starchy_staple_food__10</td><td>Samp</td></tr><tr><td>11</td><td>genh_starchy_staple_food__11</td><td>Brown pasta (including spaghetti &amp; macaroni)</td></tr><tr><td>12</td><td>genh_starchy_staple_food__12</td><td>White pasta (including spaghetti &amp; macaroni)</td></tr><tr><td>-8</td><td>genh_starchy_staple_food__8</td><td>Decline to answer</td></tr></table> Custom alignment: LV Field Annotation: @MAXCHECKED = 2 @NONEOFTHEABOVE=-8	checkbox, Required			1	genh_starchy_staple_food__1	Potatoes	2	genh_starchy_staple_food__2	Brown rice	3	genh_starchy_staple_food__3	White rice	4	genh_starchy_staple_food__4	Brown porridge or pap	5	genh_starchy_staple_food__5	White porridge or pap	6	genh_starchy_staple_food__6	Brown bread purchased at the shop	7	genh_starchy_staple_food__7	White bread purchased at the shop	8	genh_starchy_staple_food__8	Brown bread made at home	9	genh_starchy_staple_food__9	White bread made at home	10	genh_starchy_staple_food__10	Samp	11	genh_starchy_staple_food__11	Brown pasta (including spaghetti & macaroni)	12	genh_starchy_staple_food__12	White pasta (including spaghetti & macaroni)	-8	genh_starchy_staple_food__8	Decline to answer
checkbox, Required																																														
1	genh_starchy_staple_food__1	Potatoes																																												
2	genh_starchy_staple_food__2	Brown rice																																												
3	genh_starchy_staple_food__3	White rice																																												
4	genh_starchy_staple_food__4	Brown porridge or pap																																												
5	genh_starchy_staple_food__5	White porridge or pap																																												
6	genh_starchy_staple_food__6	Brown bread purchased at the shop																																												
7	genh_starchy_staple_food__7	White bread purchased at the shop																																												
8	genh_starchy_staple_food__8	Brown bread made at home																																												
9	genh_starchy_staple_food__9	White bread made at home																																												
10	genh_starchy_staple_food__10	Samp																																												
11	genh_starchy_staple_food__11	Brown pasta (including spaghetti & macaroni)																																												
12	genh_starchy_staple_food__12	White pasta (including spaghetti & macaroni)																																												
-8	genh_starchy_staple_food__8	Decline to answer																																												
	263	genh_starchy_staple_freq  Show the field ONLY if: [genh_starchy_staple_food(1)] = '1' or [genh_starchy_staple_food(2)] = '1' or [genh_starchy_staple_food(3)] = '1' or [genh_starchy_staple_food(4)] = '1' or [genh_starchy_staple_food(5)] = '1' or [genh_starchy_staple_food(6)] = '1' or [genh_starchy_staple_food(7)] = '1' or [genh_starchy_staple_food(8)] = '1' or [genh_starchy_staple_food(9)] = '1' or [genh_starchy_staple_food(10)] = '1' or [genh_starchy_staple_food(11)] = '1' or [genh_starchy_staple_food(12)] = '1'	9.4.6 In a typical week, on how many days do you eat such starchy staple foods? This question uses Diet_showcard_5	text (integer, Max: 7), Required Custom alignment: LH																																										
	264	genh_staple_servings  Show the field ONLY if: [genh_starchy_staple_food(1)] = '1' or [genh_starchy_staple_food(2)] = '1' or [genh_starchy_staple_food(3)] = '1' or [genh_starchy_staple_food(4)] = '1' or [genh_starchy_staple_food(5)] = '1' or [genh_starchy_staple_food(6)] = '1' or [genh_starchy_staple_food(7)] = '1' or [genh_starchy_staple_food(8)] = '1' or [genh_starchy_staple_food(9)] = '1' or [genh_starchy_staple_food(10)] = '1' or [genh_starchy_staple_food(11)] = '1' or [genh_starchy_staple_food(12)] = '1'	9.4.7 How many servings of these starchy staple foods do you eat on a typical day? This question uses Diet_showcard_6	text (integer, Max: 30), Required Custom alignment: LH																																										

	265	genh_vendor_meals	9.4.8 How many meals per week do you buy from a vendor or take-away or restaurant? <i>By meal, I mean breakfast, lunch or dinner</i>	text (integer, Min: 0, Max: 21), Required Custom alignment: LH								
	266	genh_sugar_drinks	9.4.9 How many cans or bottles, or cups of sugary cold drinks (excluding fruit juice), do you drink in a week? This question uses Diet_showcard_7 and Diet_showcard_8	text (integer, Max: 99), Required Custom alignment: LH								
	267	genh_juice	9.4.10 How many cans, bottles, or cups of juice do you drink in a week? This question uses Diet_showcard_7 and Diet_showcard_8	text (integer, Max: 99) Custom alignment: LH								
	268	genh_change_diet	9.4.11 Has a doctor, nurse, or other healthcare worker ever told you to change your diet (e.g to eat less sugar)?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	269	genh_lose_weight	9.4.12 Has a doctor, nurse, or other healthcare worker ever advised you to lose weight?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	270	c_general_health_diet_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											

Instrument: **9.d General Health - Exposure to Pesticides & Pollutants** (d\_general\_health\_exposure\_to\_pesticides\_pollutants)

[^ Collapse](#)

	271	genh_pesticide	Section Header: 9.5 Exposure to pesticides 9.5.1 Do you work with insecticides or pesticides?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	272	genh_pesticide_years Show the field ONLY if: [genh_pesticide] = '1'	9.5.2 How long (in years) have you been working with insecticides or pesticides? yyyy	text (integer, Min: 0), Required Custom alignment: LH								
	273	genh_pesticide_region	9.5.3 Do you live close to a farm or region where insecticides or pesticides are used?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	274	genh_pesticide_type	9.5.4 Do you know what type of pesticides or insecticides are used, either by you, or within your area?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	275	genh_pesticide_list Show the field ONLY if: [genh_pesticide_type] = '1'	9.5.5 Please list them if possible:	notes, Required Custom alignment: LH								
	276	genh_cooking_place	Section Header: 9.6 Exposure to indoor pollutants 9.6.1 Do you cook inside a kitchen or in an open environment?	radio, Required <table><tr><td>1</td><td>Kitchen</td></tr><tr><td>2</td><td>Open environment</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LH	1	Kitchen	2	Open environment	3	Other		
1	Kitchen											
2	Open environment											
3	Other											
	277	genh_cookingplace_specify Show the field ONLY if: [genh_cooking_place] = '3'	9.6.1.1 Please specify other place of cooking	notes, Required Custom alignment: LH								

278	genh_cooking_done_inside	9.6.2 If cooking is done inside a kitchen, apart from the door is there a vent to the exterior (chimney, window, or other open connection)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer										
1	Yes																				
0	No																				
2	Don't know																				
-8	Decline to answer																				
279	genh_energy_source_type	9.6.3 What type of energy source do you use for cooking in your house?	checkbox, Required <table border="1"> <tr><td>1</td><td>genh_energy_source_type__1</td><td>Firewood</td></tr> <tr><td>2</td><td>genh_energy_source_type__2</td><td>Charcoal</td></tr> <tr><td>3</td><td>genh_energy_source_type__3</td><td>Liquid-petroleum gas</td></tr> <tr><td>4</td><td>genh_energy_source_type__4</td><td>Electricity</td></tr> <tr><td>5</td><td>genh_energy_source_type__5</td><td>Paraffin</td></tr> <tr><td>6</td><td>genh_energy_source_type__6</td><td>Other</td></tr> </table> Custom alignment: LH	1	genh_energy_source_type__1	Firewood	2	genh_energy_source_type__2	Charcoal	3	genh_energy_source_type__3	Liquid-petroleum gas	4	genh_energy_source_type__4	Electricity	5	genh_energy_source_type__5	Paraffin	6	genh_energy_source_type__6	Other
1	genh_energy_source_type__1	Firewood																			
2	genh_energy_source_type__2	Charcoal																			
3	genh_energy_source_type__3	Liquid-petroleum gas																			
4	genh_energy_source_type__4	Electricity																			
5	genh_energy_source_type__5	Paraffin																			
6	genh_energy_source_type__6	Other																			
280	genh_energy_specify	9.6.3.1 If other, please specify other energy source	text, Required																		
281	genh_smoker_in_your_house	9.6.4 Did anyone smoke in your house in the past 12 months (this includes you)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer										
1	Yes																				
0	No																				
2	Don't know																				
-8	Decline to answer																				
282	genh_smoke_freq_someone Show the field ONLY if: [genh_smoker_in_your_house] = '1'	9.6.5 On average, how often did someone smoke in your house in the past 12 months?	radio, Required <table border="1"> <tr><td>1</td><td>Less than once per month</td></tr> <tr><td>2</td><td>A few days each month</td></tr> <tr><td>3</td><td>More than half the days of the month</td></tr> <tr><td>4</td><td>Most days</td></tr> <tr><td>5</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LV	1	Less than once per month	2	A few days each month	3	More than half the days of the month	4	Most days	5	Don't know	-8	Decline to answer						
1	Less than once per month																				
2	A few days each month																				
3	More than half the days of the month																				
4	Most days																				
5	Don't know																				
-8	Decline to answer																				
283	genh_insect_repellent_use	9.6.6 Do you use insect repellent in your rooms (coils, aerosols, powered spray, any other repellent)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer										
1	Yes																				
0	No																				
2	Don't know																				
-8	Decline to answer																				
284	d_general_health_exposure_to_pesticides_pollutants_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: <b>10. Infection History</b> (infection_history) <a href="#">^ Collapse</a>																					
285	infh_malaria	Section Header: <i>10.1 Malaria</i> 10.1.1 Have you ever had malaria?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer										
1	Yes																				
0	No																				
2	Don't know																				
-8	Decline to answer																				
286	infh_malaria_month Show the field ONLY if: [infh_malaria] = '1'	10.1.2 Have you had malaria fever in the last month?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer										
1	Yes																				
0	No																				
2	Don't know																				
-8	Decline to answer																				

287	infh_malaria_area	10.1.3 Have you traveled to an area with a high incidence of malaria, in the last 2 months? This question uses the showcard, Malaria_areas	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
288	infh_tb	Section Header: 10.2 Tuberculosis 10.2.1 Have you ever been told by a doctor, nurse or other healthcare worker that you have TB?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
289	infh_tb_12months Show the field ONLY if: [infh_tb] = '1'	10.2.2 Have you been newly-diagnosed with TB in the last 12 months?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
290	infh_tb_diagnosed Show the field ONLY if: [infh_tb_12months] = '1'	10.2.3 When was it diagnosed?  mm-yyyy	text, Required Custom alignment: LH								
291	infh_tb_treatment Show the field ONLY if: [infh_tb] = '1'	10.2.4 Have you ever received treatment for TB prescribed by a doctor, nurse, or other healthcare worker?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
292	infh_tb_meds Show the field ONLY if: [infh_tb] = '1'	10.2.5 Are you currently receiving treatment for TB prescribed by a doctor, nurse, or other healthcare worker?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
293	infh_tb_counselling Show the field ONLY if: [infh_tb] = '1'	10.2.6 Have you ever been counselled by a doctor, nurse or other healthcare worker, on how you can avoid passing TB onto others?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
294	infh_tb_traditional_med	10.2.7 Are you currently taking any herbal or traditional remedy for TB?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
295	infh_hiv_que_answering	Section Header: 10.3. Human Immunodeficiency Virus(HIV) participants can choose not to answer this section 10.3.1 Do you feel comfortable with answering questions about your HIV status?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No				
1	Yes										
0	No										
296	infh_hiv_tested Show the field ONLY if: [infh_hiv_que_answering]=1	10.3.2 Have you ever been tested for HIV?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										

297	infh_hiv_status Show the field ONLY if: [infh_hiv_que_answering]=1	10.3.3 Do you know your HIV status?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
298	infh_hiv_positive Show the field ONLY if: [infh_hiv_que_answering]=1	10.3.4 Have you ever tested positive for HIV?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
299	infh_hiv_diagnosed Show the field ONLY if: [infh_hiv_positive] = '1'	10.3.5 When were you diagnosed? <i>mm-yyyy</i>	text, Required Custom alignment: LH								
300	infh_hiv_medication Show the field ONLY if: [infh_hiv_positive] = '1'	10.3.6 Do you or have you used ARV medication prescribed by a doctor, nurse or healthcare worker to treat it? This and proceeding questions use the ARV_showcard	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
301	infh_hiv_treatment Show the field ONLY if: [infh_hiv_medication] = '1'	10.3.7 In which year did you first start treatment? <i>yyyy</i>	text (integer), Required Custom alignment: LH								
302	infh_hiv_arv_meds Show the field ONLY if: [infh_hiv_medication] = '1'	10.3.8 What ARV medication did you first start taking?	text, Required Custom alignment: LH								
303	infh_hiv_arv_meds_now Show the field ONLY if: [infh_hiv_status] = '1'	10.3.9 Are you currently taking ARV medication?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
304	infh_hiv_arv_meds_specify Show the field ONLY if: [infh_hiv_arv_meds_now] = '1'	10.3.10 What ARV medication are you currently taking?	text Custom alignment: LH								
305	infh_hiv_arv_single_pill Show the field ONLY if: [infh_hiv_arv_meds_now] = '1'	10.3.11 Is your current ARV medication a single pill once a day?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
306	infh_hiv_pill_size Show the field ONLY if: [infh_hiv_arv_single_pill] = '1'	10.3.12 What size pill is it? The size of an aspirin (small) or a very large pill (large)?  A photo will be provided	radio, Required <table><tr><td>1</td><td>Small</td></tr><tr><td>2</td><td>Large</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Small	2	Large	-8	Decline to answer		
1	Small										
2	Large										
-8	Decline to answer										
307	infh_hiv_traditional_meds Show the field ONLY if: [infh_hiv_positive] = '1'	10.3.13 Are you currently taking any herbal or traditional remedy for HIV?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										



308	infh_painful_feet_hands  Show the field ONLY if: [infh_hiv_positive] = '1'	Section Header: 10.4 Have you experienced any of the following that your doctor has told you is related to HIV or your ARV medication? Please select all that apply  10.4.1 Painful feet or hands?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
309	infh_hypersensitivity  Show the field ONLY if: [infh_hiv_positive] = '1'	10.4.2 Hypersensitivity reaction (or allergy)?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
310	infh_kidney_problems  Show the field ONLY if: [infh_hiv_positive] = '1'	10.4.3 Kidney problems?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
311	infh_liver_problems  Show the field ONLY if: [infh_hiv_positive] = '1'	10.4.4 Liver problems?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
312	infh_change_in_body_shape  Show the field ONLY if: [infh_hiv_positive] = '1'	10.4.5 Change in body shape (buffalo hump or growth of breasts)?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
313	infh_mental_state_change  Show the field ONLY if: [infh_hiv_positive] = '1'	10.4.6 Change in mental state (such as forgetfulness, dizziness, hallucinations)?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
314	infh_chol_levels_change  Show the field ONLY if: [infh_hiv_positive] = '1'	10.4.6 Change in cholesterol levels?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
315	infh_hiv_test	10.5.1 If you are HIV negative would you like to be tested for HIV?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No				
1	Yes										
0	No										
316	infh_hiv_counselling  Show the field ONLY if: [infh_hiv_test] = '1'	10.5.1 Do you agree to pre-HIV and post-HIV test counselling?  Answer must be yes if participant is to have test.	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No				
1	Yes										
0	No										
317	infection_history_complete	Section Header: Form Status Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **11.a Cardiometabolic Risk Factors - Diabetes** (a\_cardiometabolic\_risk\_factors\_diabetes)

318

carf\_blood\_sugar

Section Header: 11.1 Diabetes  
11.1.1 Has a doctor, nurse, or other healthcare worker ever measured your blood or urine for diabetes (sugar in the blood)?

radio, Required

1

Yes

0

No

2

Don't know

-8

Decline to answer

Custom alignment: LH

319

carf\_diabetes

11.1.2 Have you ever been told by a doctor or healthcare worker, that you have diabetes or high blood sugar (outside of pregnancy)?

radio, Required

1

Yes

0

No

2

Don't know

-8

Decline to answer

Custom alignment: LH

320

carf\_diabetes\_12months  
Show the field ONLY if:  
[carf\_diabetes] = '1'

11.1.3 Have you been newly-diagnosed with diabetes in the last 12 months?

radio

1

Yes

0

No

2

Don't know

-8

Decline to answer

Custom alignment: LH

321

carf\_diabetes\_treatment  
Show the field ONLY if:  
[carf\_diabetes] = '1'

11.1.4 Have you ever received treatment for diabetes prescribed by a doctor, nurse, or other healthcare worker?

radio

1

Yes

0

No

2

Don't know

-8

Decline to answer

Custom alignment: LH

322

carf\_diabetes\_treat\_now  
Show the field ONLY if:  
[carf\_diabetes\_treatment] = '1'

11.1.5 Are you currently receiving treatment for diabetes prescribed by a doctor, nurse, or other healthcare worker?

radio

1

Yes

0

No

2

Don't know

-8

Decline to answer

Custom alignment: LH

323

carf\_diabetes\_treat  
Show the field ONLY if:  
[carf\_diabetes\_treat\_now] = '1'

11.1.6 Are you doing anything to treat your diabetes?  
  
Please tick all that apply

checkbox

1

carf\_diabetes\_treat\_\_1

Insulin Injection

2

carf\_diabetes\_treat\_\_2

Pills (that you swallow)

3

carf\_diabetes\_treat\_\_3

Special diet

4

carf\_diabetes\_treat\_\_4

Weight loss

5

carf\_diabetes\_treat\_\_5

Other (specify)

Custom alignment: LV

324

carf\_diabetetreat\_specify  
Show the field ONLY if:  
[carf\_diabetes\_treat(5)] = '1'

11.1.6.1 If other, please specify

notes

Custom alignment: LV

325

carf\_diabetes\_meds\_2  
Show the field ONLY if:  
[carf\_diabetes\_treat\_now] = '1'

11.1.7 Please list if possible, medicine you taking for diabetes?

notes

Custom alignment: LV

326

carf\_diabetes\_traditional  
Show the field ONLY if:  
[carf\_diabetes\_12months] = '1'

11.1.8 Are you currently taking any herbal or traditional remedy for diabetes?

radio

1

Yes

0

No

2

Don't know

-8

Decline to answer

Custom alignment: LH

327	carf_diabetes_history	11.1.9 Do you have a family history of diabetes?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
328	carf_diabetes_mother Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.1 Mother	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
329	carf_diabetes_father Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.2 Father	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
330	carf_diabetes_brother_1 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.3 Brother 1	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
331	carf_diabetes_brother_2 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.4 Brother 2	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
332	carf_diabetes_brother_3 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.5 Brother 3	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
333	carf_diabetes_brother_4 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.6 Brother 4	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
334	carf_diabetes_sister_1 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.7 Sister 1	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
335	carf_diabetes_sister_2 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.8 Sister 2	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										

336	carf_diabetes_sister_3 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.9 Sister 3	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
337	carf_diabetes_sister_4 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.10 Sister 4	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
338	carf_diabetes_son_1 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.11 Son 1	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
339	carf_diabetes_son_2 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.12 Son 2	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
340	carf_diabetes_son_3 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.13 Son 3	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
341	carf_diabetes_son_4 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.14 Son 4	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
342	carf_daughter_diabetes_1 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.15 Daughter 1	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
343	carf_diabetes_daughter_2 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.16 Daughter 2	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
344	carf_diabetes_daughter_3 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.17 Daughter 3	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										

345	carf_diabetes_daughter_4 Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.18 Daughter 4	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
346	carf_diabetes_fam_other Show the field ONLY if: [carf_diabetes_history] = '1'	11.1.9.19 Other family member	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
347	carf_diabetes_fam_specify Show the field ONLY if: [carf_diabetes_fam_other] = '1'	11.1.9.20 Please specify other family member(s)	notes Custom alignment: LH								
348	a_cardiometaabolic_risk_factors_diabetes_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **11.b Cardiometaabolic Risk Factors - Heart Conditions** (b\_cardiometaabolic\_risk\_factors\_heart\_conditions)

[^ Collapse](#)

349	carf_stroke	Section Header: 11.2 Stroke 11.2.1 Have you ever been told by a doctor, nurse, or other healthcare worker that you have had a stroke?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
350	carf_stroke_diagnosed Show the field ONLY if: [carf_stroke] = '1'	11.2.2 When was it first diagnosed? (year)  yyyy	text (integer) Custom alignment: LH								
351	carf_tia	11.2.3 Have you ever been told by a doctor, nurse, or other healthcare worker that you have had a ministroke, or transient ischemic attack (TIA)?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
352	carf_weakness	11.2.4 Have you ever had sudden painless weakness on one side of your body?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
353	carf_numbness	11.2.5 Have you ever had sudden numbness or a dead feeling on one side of your body?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
354	carf_blindness	11.2.6 Have you ever had sudden painless loss of vision in one or both eyes?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										

	355	carf_half_vision_loss	11.2.7 Have you ever suddenly lost one half of your vision?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	356	carf_understanding_loss	11.2.8 Have you ever suddenly lost the ability to understand what people are saying?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	357	carf_expression_loss	11.2.9 Have you ever suddenly lost the ability to express yourself verbally, or in writing?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	358	carf_angina	<div>Section Header: 11.3 Angina</div> <div>11.3.1 Have you ever been told by a doctor, nurse, or other healthcare worker that you have angina (chest pain due to heart disease)?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	359	carf_angina_treatment <div>Show the field ONLY if: [carf_angina] = '1'</div>	11.3.2 Have you ever received treatment for chest pain due to heart disease prescribed by a doctor, nurse or other healthcare worker?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	360	carf_angina_treat_now <div>Show the field ONLY if: [carf_angina] = '1'</div>	11.3.3 Are you currently taking any medication for angina prescribed by a doctor or other healthcare worker for this?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	361	carf_angina_meds <div>Show the field ONLY if: [carf_angina] = '1'</div>	11.3.4 What medicine are you taking for this?  Please list if possible	<div>notes</div> <div>Custom alignment: LH</div>								
	362	carf_angina_traditional <div>Show the field ONLY if: [carf_angina] = '1'</div>	11.3.5 Are you currently taking any herbal or traditional remedy for angina?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	363	carf_pain <div>Show the field ONLY if: [carf_angina] = '1'</div>	11.3.6 During the last months, have you experienced any pain or discomfort in your chest, or pain going to the left arm or neck, when you walk uphill or hurry?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											

364	carf_pain2	11.3.7 During the last months, have you experienced any pain or discomfort in your chest, or pain going to the left arm or neck, when you walk at an ordinary pace on level ground?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer																																																	
1	Yes																																																											
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2	Don't know																																																											
-8	Decline to answer																																																											
365	carf_pain_action_stopslow Show the field ONLY if: [carf_pain2] = '1'	11.3.8 What do you do if you get the pain or discomfort when you are walking?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Stop or slow down</td></tr><tr><td>2</td><td>Rest for a while and then carry on</td></tr><tr><td>3</td><td>Carry on after taking a pain relief medicine that dissolves in your mouth (a nitro spray or tablet)</td></tr><tr><td>4</td><td>Carry on walking</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LV</div>	radio		1	Stop or slow down	2	Rest for a while and then carry on	3	Carry on after taking a pain relief medicine that dissolves in your mouth (a nitro spray or tablet)	4	Carry on walking	-8	Decline to answer																																													
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3	Carry on after taking a pain relief medicine that dissolves in your mouth (a nitro spray or tablet)																																																											
4	Carry on walking																																																											
-8	Decline to answer																																																											
366	carf_relief_standstill Show the field ONLY if: [carf_pain2] = '1'	11.3.9 Is the pain or discomfort relieved if you stand still?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	radio		1	Yes	0	No	2	Don't know	-8	Decline to answer																																															
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1	Yes																																																											
0	No																																																											
2	Don't know																																																											
-8	Decline to answer																																																											
367	carf_pain_location	11.3.10 Will you show me where you usually experience the pain or discomfort?  Show participant a diagram of an upper torso with regions labelled 1-18  <i>Choose pain location 1-18 from diagram. Tick more than one if appropriate.</i>	<table><tr><td colspan="3">checkbox</td></tr><tr><td>1</td><td>carf_pain_location__1</td><td>1</td></tr><tr><td>2</td><td>carf_pain_location__2</td><td>2</td></tr><tr><td>3</td><td>carf_pain_location__3</td><td>3</td></tr><tr><td>4</td><td>carf_pain_location__4</td><td>4</td></tr><tr><td>5</td><td>carf_pain_location__5</td><td>5</td></tr><tr><td>6</td><td>carf_pain_location__6</td><td>6</td></tr><tr><td>7</td><td>carf_pain_location__7</td><td>7</td></tr><tr><td>8</td><td>carf_pain_location__8</td><td>8</td></tr><tr><td>9</td><td>carf_pain_location__9</td><td>9</td></tr><tr><td>10</td><td>carf_pain_location__10</td><td>10</td></tr><tr><td>11</td><td>carf_pain_location__11</td><td>11</td></tr><tr><td>12</td><td>carf_pain_location__12</td><td>12</td></tr><tr><td>13</td><td>carf_pain_location__13</td><td>13</td></tr><tr><td>14</td><td>carf_pain_location__14</td><td>14</td></tr><tr><td>15</td><td>carf_pain_location__15</td><td>15</td></tr><tr><td>16</td><td>carf_pain_location__16</td><td>16</td></tr><tr><td>17</td><td>carf_pain_location__17</td><td>17</td></tr><tr><td>18</td><td>carf_pain_location__18</td><td>18</td></tr></table> <div>Custom alignment: LH</div>	checkbox			1	carf_pain_location__1	1	2	carf_pain_location__2	2	3	carf_pain_location__3	3	4	carf_pain_location__4	4	5	carf_pain_location__5	5	6	carf_pain_location__6	6	7	carf_pain_location__7	7	8	carf_pain_location__8	8	9	carf_pain_location__9	9	10	carf_pain_location__10	10	11	carf_pain_location__11	11	12	carf_pain_location__12	12	13	carf_pain_location__13	13	14	carf_pain_location__14	14	15	carf_pain_location__15	15	16	carf_pain_location__16	16	17	carf_pain_location__17	17	18	carf_pain_location__18	18
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17	carf_pain_location__17	17																																																										
18	carf_pain_location__18	18																																																										
368	carf_heartattack	Section Header: 11.4 Heart Attack  11.4.1 Have you ever been told by a doctor, nurse, or other healthcare worker that you have had a heart attack?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	radio		1	Yes	0	No	2	Don't know	-8	Decline to answer																																															
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1	Yes																																																											
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2	Don't know																																																											
-8	Decline to answer																																																											
369	carf_heartattack_treat Show the field ONLY if: [carf_heartattack] = '1'	11.4.2 Did you ever receive medical treatment for your heart attack?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	radio		1	Yes	0	No	2	Don't know	-8	Decline to answer																																															
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2	Don't know																																																											
-8	Decline to answer																																																											
370	carf_heartattack_meds Show the field ONLY if: [carf_heartattack_treat] = '1'	11.4.3 What medicine are you taking for your heart attack?  Please list if possible	notes Custom alignment: LH																																																									

371	carf_heartattack_trad Show the field ONLY if: [carf_heartattack] = '1'	11.4.4 Are you currently taking any herbal or traditional remedy for your heart attack?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
372	carf_congestiv_heart_fail	Section Header: 11.5 Congestive Heart Failure 11.5.1 Have you ever been told by a doctor, nurse, or other healthcare worker that you have had heart failure?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
373	carf_chf_treatment Show the field ONLY if: [carf_congestiv_heart_fail] = '1'	11.5.2 Have you ever received medical treatment for heart failure prescribed by a doctor, nurse, or other healthcare worker?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
374	carf_chf_treatment_now Show the field ONLY if: [carf_congestiv_heart_fail] = '1'	11.5.3 Are you currently on treatment for heart failure prescribed by a doctor, nurse, or other healthcare worker?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
375	carf_chf_meds Show the field ONLY if: [carf_congestiv_heart_fail] = '1'	11.5.4 Are you taking medicine for this?  Please list if possible	notes Custom alignment: LH								
376	carf_chf_traditional	11.5.5 Are you currently taking any herbal or traditional remedy for heart failure?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
377	b_cardiometabolic_risk_factors_heart_conditions_complete	Section Header: Form Status Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **11.c Cardiometabolic Risk Factors - Hypertension, Cholesterol** (c\_cardiometabolic\_risk\_factors\_hypertension\_choles)

[^ Collapse](#)

	378	carf_bp_measured	<div>Section Header: 11.6 Hypertension</div> 11.6.1 Has a doctor, nurse, or other healthcare worker ever measured your blood pressure?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	379	carf_hypertension	11.6.2 Have you ever been told by a doctor, nurse, or other healthcare worker that you have hypertension (high blood pressure)?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											



380	carf_hypertension_12mnths Show the field ONLY if: [carf_hypertension] = '1'	11.6.3 Have you been newly-diagnosed with hypertension in the last 12 months?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
0	No														
2	Don't know														
-8	Decline to answer														
381	carf_hypertension_treat Show the field ONLY if: [carf_hypertension] = '1'	11.6.4 Have you ever received treatment for hypertension prescribed by a doctor, nurse or other healthcare worker?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
0	No														
2	Don't know														
-8	Decline to answer														
382	carf_hypertension_meds Show the field ONLY if: [carf_hypertension] = '1'	11.6.5 Are you currently on treatment for hypertension prescribed by a doctor, nurse or other healthcare worker?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
0	No														
2	Don't know														
-8	Decline to answer														
383	carf_hypertension_medlist Show the field ONLY if: [carf_hypertension] = '1'	11.6.6 Are you taking medicine for this?  Please list if possible	notes Custom alignment: LH												
384	carf_hypertension_trad	11.6.7 Are you currently taking any herbal or traditional remedy for hypertension?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
0	No														
2	Don't know														
-8	Decline to answer														
385	carf_cholesterol	Section Header: 11.7 High Cholesterol 11.7.1 Has a doctor, nurse or other healthcare worker ever measured your cholesterol?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
0	No														
2	Don't know														
-8	Decline to answer														
386	carf_h_cholesterol	11.7.2 Have you ever been told by your doctor or other healthcare worker told you that you have high cholesterol?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
0	No														
2	Don't know														
-8	Decline to answer														
387	carf_chol_treatment Show the field ONLY if: [carf_h_cholesterol] = '1'	11.7.3 Have you ever been treated for high cholesterol by a doctor, nurse, or other healthcare worker?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer				
1	Yes														
0	No														
2	Don't know														
-8	Decline to answer														
388	carf_chol_treatment_now Show the field ONLY if: [carf_h_cholesterol] = '1'	11.7.4 Are you currently using any of the following to treat your high cholesterol, as prescribed by a doctor, nurse, or other healthcare worker?	<table><tr><td>1</td><td>carf_chol_treatment_now__1</td><td>Special Diet</td></tr><tr><td>2</td><td>carf_chol_treatment_now__2</td><td>Weight loss</td></tr><tr><td>3</td><td>carf_chol_treatment_now__3</td><td>Medicine</td></tr><tr><td>4</td><td>carf_chol_treatment_now__4</td><td>Other (please specify)</td></tr></table> Custom alignment: LH	1	carf_chol_treatment_now__1	Special Diet	2	carf_chol_treatment_now__2	Weight loss	3	carf_chol_treatment_now__3	Medicine	4	carf_chol_treatment_now__4	Other (please specify)
1	carf_chol_treatment_now__1	Special Diet													
2	carf_chol_treatment_now__2	Weight loss													
3	carf_chol_treatment_now__3	Medicine													
4	carf_chol_treatment_now__4	Other (please specify)													
389	carf_chol_treat_specify Show the field ONLY if: [carf_chol_treatment_now(4)] = '1'	11.7.4.1 Specify other treatment	notes Custom alignment: LH												

	390	carf_chol_medicine Show the field ONLY if: [carf_h_cholesterol] = '1'	11.7.5 Are you taking medicine for this?  Please list if possible	notes Custom alignment: LH										
	391	carf_chol_traditional	11.7.6 Are you currently taking any herbal or traditional remedy for high cholesterol?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer		
1	Yes													
0	No													
2	Don't know													
-8	Decline to answer													
	392	c_cardiometabolic_risk_factors_hypertension_choles_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete													
1	Unverified													
2	Complete													
Instrument: <b>11.d Cardiometabolic Risk Factors - Kidney, Thyroid &amp; RA</b> (d_cardiometabolic_risk_factors_kidney_thyroid_ra) <a href="#">^ Collapse</a>														
	393	carf_thyroid	Section Header: <i>11.8 Thyroid Disease</i> 11.8.1 Has a doctor ever told you that you have thyroid disease?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer		
1	Yes													
0	No													
2	Don't know													
-8	Decline to answer													
	394	carf_thyroid_type Show the field ONLY if: [carf_thyroid] = '1'	11.8.2 Do you know what type of thyroid disease you were diagnosed with?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer		
1	Yes													
0	No													
2	Don't know													
-8	Decline to answer													
	395	carf_thyroid_specify Show the field ONLY if: [carf_thyroid_type] = '1'	11.8.3 If yes, please specify	text Custom alignment: LH										
	396	carf_thyroid_treatment Show the field ONLY if: [carf_thyroid] = '1'	11.8.4 Have you ever been treated for it?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer		
1	Yes													
0	No													
2	Don't know													
-8	Decline to answer													
	397	carf_thyroid_treat_use Show the field ONLY if: [carf_thyroid_treatment] = '1'	11.8.5 What treatment did you use?	radio <table border="1"> <tr><td>1</td><td>Thyroid hormone</td></tr> <tr><td>2</td><td>Surgery</td></tr> <tr><td>3</td><td>Radioactive iodine</td></tr> <tr><td>4</td><td>Antithyroid drugs</td></tr> <tr><td>5</td><td>Don't Know</td></tr> </table> Custom alignment: LH	1	Thyroid hormone	2	Surgery	3	Radioactive iodine	4	Antithyroid drugs	5	Don't Know
1	Thyroid hormone													
2	Surgery													
3	Radioactive iodine													
4	Antithyroid drugs													
5	Don't Know													
	398	carf_parents_thyroid Show the field ONLY if: [carf_thyroid] = '1'	11.8.6 Do either of your parents have, or have they had, thyroid disease?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> <tr><td>-8</td><td>Decline to answer</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer		
1	Yes													
0	No													
2	Don't know													
-8	Decline to answer													
	399	carf_thyroidparnt_specify Show the field ONLY if: [carf_parents_thyroid] = '1'	11.8.7 Please specify which	radio <table border="1"> <tr><td>1</td><td>Mother</td></tr> <tr><td>2</td><td>Father</td></tr> <tr><td>3</td><td>Both</td></tr> </table> Custom alignment: LH	1	Mother	2	Father	3	Both				
1	Mother													
2	Father													
3	Both													

400	carf_kidney_disease	<div>Section Header: 11.9 Kidney Disease</div> 11.9.1 Has a doctor ever told you that you have kidney disease?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
401	carf_kidney_disease_known <div>Show the field ONLY if: [carf_kidney_disease] = '1'</div>	11.9.2 Do you know what type of kidney disease?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
402	carf_kidneydiseas_specify <div>Show the field ONLY if: [carf_kidney_disease_known] = '1'</div>	11.9.3 Please specify the type of kidney disease	<div>text</div> <div>Custom alignment: LH</div>								
403	carf_kidney_function_low <div>Show the field ONLY if: [carf_kidney_disease] = '1'</div>	11.9.4 Has a doctor ever told you that your kidneys have low function?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
404	carf_kidney_family	11.9.5 Has anyone in your family either had kidney disease, or died from it?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
405	carf_kidney_family_mother <div>Show the field ONLY if: [carf_kidney_family] = '1'</div>	11.9.6 If yes, mother?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No				
1	Yes										
0	No										
406	carf_kidney_family_father <div>Show the field ONLY if: [carf_kidney_family] = '1'</div>	11.9.7 If yes, father?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No				
1	Yes										
0	No										
407	carf_kidney_family_other <div>Show the field ONLY if: [carf_kidney_family] = '1'</div>	11.9.8 If yes, other?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No				
1	Yes										
0	No										
408	carf_kidney_fam_specify <div>Show the field ONLY if: [carf_kidney_family_other] = '1'</div>	11.9.9 If other, who?	<div>text</div> <div>Custom alignment: LH</div>								
409	carf_kidney_family_type <div>Show the field ONLY if: [carf_kidney_family_other] = '1' or [carf_kidney_family_father] = '1' or [carf_kidney_family_mothe r] = '1'</div>	11.9.10 Do you know what kind of kidney disease he or she had?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No				
1	Yes										
0	No										
410	carf_kidney_fam_tspecify <div>Show the field ONLY if: [carf_kidney_family_type] = '1'</div>	11.9.11 If yes, please specify	<div>text</div> <div>Custom alignment: LH</div>								

411	carf_joints_swollen_pain	Section Header: 11.10 Rheumatoid Arthritis 11.10.1 Are your joints ever swollen or painful?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer		
1	Yes												
0	No												
2	Don't know												
-8	Decline to answer												
412	carf_joints_swollen Show the field ONLY if: [carf_joints_swollen_pain] = '1'	11.10.2 How many joints are swollen or painful?	radio <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>One joint</td></tr><tr><td>3</td><td>Two or more joints</td></tr><tr><td>4</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	None	2	One joint	3	Two or more joints	4	Don't know	-8	Decline to answer
1	None												
2	One joint												
3	Two or more joints												
4	Don't know												
-8	Decline to answer												
413	carf_joints_involved Show the field ONLY if: [carf_joints_swollen_pain] = '1'	11.10.3 Which joints are involved? Small joints (hands, feet) or Large joints (wrists, elbows, shoulders, hips, knees, ankles)	radio <table><tr><td>1</td><td>Small</td></tr><tr><td>2</td><td>Large</td></tr><tr><td>3</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Small	2	Large	3	Don't know	-8	Decline to answer		
1	Small												
2	Large												
3	Don't know												
-8	Decline to answer												
414	carf_when_they_hurt Show the field ONLY if: [carf_joints_swollen_pain] = '1'	11.10.4 Do they hurt mostly in the morning, afternoon or all the time	radio <table><tr><td>1</td><td>Morning</td></tr><tr><td>2</td><td>Afternoon</td></tr><tr><td>3</td><td>All the time</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Morning	2	Afternoon	3	All the time	-8	Decline to answer		
1	Morning												
2	Afternoon												
3	All the time												
-8	Decline to answer												
415	carf_symptoms_how_long Show the field ONLY if: [carf_joints_swollen_pain] = '1'	11.10.5 In retrospect, how long do you think that you've had these symptoms?	radio <table><tr><td>1</td><td>Less than 6 weeks</td></tr><tr><td>2</td><td>More than 6 weeks</td></tr><tr><td>3</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Less than 6 weeks	2	More than 6 weeks	3	Don't know	-8	Decline to answer		
1	Less than 6 weeks												
2	More than 6 weeks												
3	Don't know												
-8	Decline to answer												
416	carf_arthritis_results	11.10.6 Have you had the following laboratory tests performed to assess the arthritis and been told the result?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Declined to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Declined to answer		
1	Yes												
0	No												
2	Don't know												
-8	Declined to answer												
417	carf_rheumatoid_factor Show the field ONLY if: [carf_arthritis_results] = '1'	11.10.6 Rheumatoid Factor (RF)	radio <table><tr><td>1</td><td>Positive</td></tr><tr><td>2</td><td>Negative</td></tr><tr><td>3</td><td>Not tested</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Positive	2	Negative	3	Not tested	-8	Decline to answer		
1	Positive												
2	Negative												
3	Not tested												
-8	Decline to answer												
418	carf_acpa Show the field ONLY if: [carf_arthritis_results] = '1'	11.10.7 Anti-citrullinated protein antibody (ACPA)	radio <table><tr><td>1</td><td>Positive</td></tr><tr><td>2</td><td>Negative</td></tr><tr><td>3</td><td>Not tested</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Positive	2	Negative	3	Not tested	-8	Decline to answer		
1	Positive												
2	Negative												
3	Not tested												
-8	Decline to answer												

419	carf_esr_crp Show the field ONLY if: [carf_arthritis_results] = '1'	11.10.8 ESR and/or CRP	radio <table><tr><td>1</td><td>Positive</td></tr><tr><td>2</td><td>Negative</td></tr><tr><td>3</td><td>Not tested</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Positive	2	Negative	3	Not tested	-8	Decline to answer										
1	Positive																				
2	Negative																				
3	Not tested																				
-8	Decline to answer																				
420	carf_osteo	Section Header: 11.11 Osteoarthritis 11.11.1 Has a doctor ever told you that you have osteoarthritis?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
421	carf_osteo_sites Show the field ONLY if: [phase_2_arm_1][carf_osteo]='1'	11.11.1.1 If YES which joint(s)/site(s)?	checkbox <table><tr><td>1</td><td>carf_osteo_sites__1</td><td>Left hip</td></tr><tr><td>2</td><td>carf_osteo_sites__2</td><td>Right hip</td></tr><tr><td>3</td><td>carf_osteo_sites__3</td><td>Left knee</td></tr><tr><td>4</td><td>carf_osteo_sites__4</td><td>Right knee</td></tr><tr><td>5</td><td>carf_osteo_sites__5</td><td>Hand</td></tr><tr><td>6</td><td>carf_osteo_sites__6</td><td>Spine</td></tr></table> Custom alignment: LH	1	carf_osteo_sites__1	Left hip	2	carf_osteo_sites__2	Right hip	3	carf_osteo_sites__3	Left knee	4	carf_osteo_sites__4	Right knee	5	carf_osteo_sites__5	Hand	6	carf_osteo_sites__6	Spine
1	carf_osteo_sites__1	Left hip																			
2	carf_osteo_sites__2	Right hip																			
3	carf_osteo_sites__3	Left knee																			
4	carf_osteo_sites__4	Right knee																			
5	carf_osteo_sites__5	Hand																			
6	carf_osteo_sites__6	Spine																			
422	carf_osteo_hip Show the field ONLY if: [phase_2_arm_1][carf_osteo]='1'	11.11.2 Have you undergone hip replacement surgery for osteoarthritis?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
423	carf_osteo_hip_site Show the field ONLY if: [phase_2_arm_1][carf_osteo_hip]='1'	11.11.2.1 If YES, which hip?	radio <table><tr><td>1</td><td>Left</td></tr><tr><td>2</td><td>Right</td></tr><tr><td>3</td><td>Both side</td></tr></table> Custom alignment: RH	1	Left	2	Right	3	Both side												
1	Left																				
2	Right																				
3	Both side																				
424	carf_osteo_hip_repl_age Show the field ONLY if: [phase_2_arm_1][carf_osteo_hip]='1'	11.11.2.2 At what age did you have the first hip replacement surgery?	text (integer)																		
425	carf_osteo_knee_replace	11.11.3 Have you undergone knee replacement surgery for osteoarthritis?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
426	carf_osteo_knee_replace_site Show the field ONLY if: [phase_2_arm_1][carf_osteo_knee_replace]='1'	11.11.3.1 If YES, which knee?	checkbox <table><tr><td>1</td><td>carf_osteo_knee_replace_site__1</td><td>Left</td></tr><tr><td>2</td><td>carf_osteo_knee_replace_site__2</td><td>Right</td></tr><tr><td>3</td><td>carf_osteo_knee_replace_site__3</td><td>Both side</td></tr></table> Custom alignment: RH	1	carf_osteo_knee_replace_site__1	Left	2	carf_osteo_knee_replace_site__2	Right	3	carf_osteo_knee_replace_site__3	Both side									
1	carf_osteo_knee_replace_site__1	Left																			
2	carf_osteo_knee_replace_site__2	Right																			
3	carf_osteo_knee_replace_site__3	Both side																			
427	carf_osteo_knee_repl_age Show the field ONLY if: [phase_2_arm_1][carf_osteo_knee_replace]='1'	11.11.3.2 At what age did you have the first knee replacement surgery?	text (integer)																		
428	d_cardiometabolic_risk_factors_kidney_thyroid_ra_complete	Section Header: Form Status Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: 12. Physical Activity and Sleep (physical_activity_and_sleep) <div>^ Collapse</div>																					
429	gpaq_gpaq_notes	Section Header: 12.1 Global Physical Activity Questionnaire (GPAQ) The following questions are about the time you spend doing different types of physical activities. This includes activities you do at home, at work, travelling from place to place and during your spare time. Work can be paid or unpaid. You are requested to answer the questions even if you don't consider yourself an active person.	descriptive																		

	430	gpaq_work_days	12.1.1 In question 5.3.2, you indicated that you work [empl_days_work] days per week? If not, may you please make the correction.	descriptive																
	431	gpaq_work_weekend	12.1.2 Do you work over the weekend?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer										
1	Yes																			
0	No																			
-8	Decline to answer																			
	432	gpaq_phy_activity_notes	Section Header: 12.2 Occupation-Related Physical Activity (Paid Or Unpaid Work)  The following questions have been aligned with the validated GPAQ for Physical Activity. Respondents should consider their activity during a usual week. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. In the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate. PLEASE USE THE SHOWCARDS FOR PHYSICAL ACTIVITY TO ANSWER THESE QUESTIONS	descriptive																
	433	gpaq_work_sedentary	12.2.1 Does your work involve mostly sitting or standing still, or walking for very short periods (less than 10 minutes)?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer										
1	Yes																			
0	No																			
-8	Decline to answer																			
	434	gpaq_work_vigorous	12.2.2 Does your work involve vigorous activities (heavy lifting, digging, manual labour or construction) for at least 10 minutes at a time?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer										
1	Yes																			
0	No																			
-8	Decline to answer																			
	435	gpaq_work_vigorous_days Show the field ONLY if: [gpaq_work_vigorous] = '1'	12.2.3 In a usual week, how many days are spent doing vigorous activities as part of your work?	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr></table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7
0	0																			
1	1																			
2	2																			
3	3																			
4	4																			
5	5																			
6	6																			
7	7																			
	436	gpaq_work_vigorous_time Show the field ONLY if: [gpaq_work_vigorous] = '1'	12.2.4 On a usual day of vigorous work, how much time do you spend doing these activities?  ENTER HOURS AND MINUTES BELOW.	calc Calculation: [gpaq_work_vigorous_hrs]*60+ [gpaq_work_vigorous_mins] Custom alignment: LH																
	437	gpaq_work_vigorous_hrs Show the field ONLY if: [gpaq_work_vigorous] = '1'	12.2.4.1 On a usual day of vigorous work, how many hours are spent doing these activities? (hours)  HOURS ONLY	text (integer, Min: 0, Max: 24) Custom alignment: LH																
	438	gpaq_work_vigorous_mins Show the field ONLY if: [gpaq_work_vigorous] = '1'	12.2.4.2 On a usual day of vigorous work, how many hours are spent doing these activities? (minutes)  MINUTES ONLY	text (integer, Min: 0, Max: 60) Custom alignment: LH																
	439	gpaq_work_moderate	12.2.5 Does your work involve moderate-intensity activities (brisk walking or carrying light loads) for at least 10 minutes at a time?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer										
1	Yes																			
0	No																			
-8	Decline to answer																			

440	<div>gpaq_work_moderate_days</div> <div>Show the field ONLY if: [gpaq_work_moderate] = '1'</div>	<div>12.2.6 In a usual week, how many days are spent doing moderate-intensity activities at work?</div>	<div>dropdown</div> <div><table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr></table></div> <div>Custom alignment: LH</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7
0	0																		
1	1																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7																		
441	<div>gpaq_work_moderate_time</div> <div>Show the field ONLY if: [gpaq_work_moderate] = '1'</div>	<div>12.2.7 On a usual work day, how much time do you spend doing moderate-intensity activities?</div> <div>ENTER HOURS AND MINUTES BELOW.</div>	<div>calc</div> <div>Calculation: [gpaq_work_moderate_hrs]*60+[gpaq_work_moderate_mins]</div> <div>Custom alignment: LH</div>																
442	<div>gpaq_work_moderate_hrs</div> <div>Show the field ONLY if: [gpaq_work_moderate] = '1'</div>	<div>12.2.7.1 On a usual work day, how many hours are spent doing moderate-intensity activities (hours)?</div> <div>HOURS ONLY</div>	<div>text (integer, Min: 0, Max: 24)</div> <div>Custom alignment: LH</div>																
443	<div>gpaq_work_moderate_mins</div> <div>Show the field ONLY if: [gpaq_work_moderate] = '1'</div>	<div>12.2.7.2 On a usual work day, how many hours are spent doing moderate-intensity activities (minutes)?</div> <div>MINUTES ONLY</div>	<div>text (integer, Min: 0, Max: 60)</div> <div>Custom alignment: LH</div>																
444	<div>gpaq_work_day_time</div>	<div>12.2.8 How long is your usual work day?</div> <div>ENTER HOURS AND MINUTES BELOW.</div>	<div>calc</div> <div>Calculation: [gpaq_work_day_hrs]*60+[gpaq_work_day_mins]</div> <div>Custom alignment: LH</div>																
445	<div>gpaq_work_day_hrs</div>	<div>12.2.8.1 How long is your usual work day (hours)?</div> <div>HOURS ONLY</div>	<div>text (integer, Min: 0, Max: 24)</div> <div>Custom alignment: LH</div>																
446	<div>gpaq_work_day_mins</div>	<div>12.2.8.2 How long is your usual work day (minutes)?</div> <div>MINUTES ONLY</div>	<div>text (integer)</div> <div>Custom alignment: LH</div>																
447	<div>gpaq_travel_notes</div>	<div>Section Header: 12.3 Travel Related Physical Activity</div> <div>The following questions have been aligned with the validated GPAQ for Physical Activity. Respondents should consider their activity during a usual week. These questions exclude the physical activities at work that you have already mentioned. These questions are about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. PLEASE USE THE SHOWCARDS FOR PHYSICAL ACTIVITY TO ANSWER THESE QUESTIONS</div>	<div>descriptive</div>																
448	<div>gpaq_transport_phy</div>	<div>12.3.1 Do you walk or use a bicycle (for at least minutes at a time) to get to and from places?</div>	<div>radio</div> <div><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table></div> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer								
1	Yes																		
0	No																		
2	Don't know																		
-8	Decline to answer																		
449	<div>gpaq_transport_phy_days</div> <div>Show the field ONLY if: [gpaq_transport_phy] = '1'</div>	<div>12.3.2 In a usual week, how many days do you walk or cycle, for at least 10 minutes, to get to and from places?</div>	<div>dropdown</div> <div><table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr></table></div> <div>Custom alignment: LH</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7
0	0																		
1	1																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7																		
450	<div>gpaq_transport_phy_time</div> <div>Show the field ONLY if: [gpaq_transport_phy] = '1'</div>	<div>12.3.3 On a usual day, how much time do you spend walking or cycling for travel?</div> <div>ENTER HOURS AND MINUTES BELOW.</div>	<div>calc</div> <div>Calculation: [gpaq_transport_phy_hrs]*60+[gpaq_transport_phy_mins]</div> <div>Custom alignment: LH</div>																
451	<div>gpaq_transport_phy_hrs</div> <div>Show the field ONLY if: [gpaq_transport_phy] = '1'</div>	<div>12.3.3.1 On a usual day, how many hours do you spend walking or cycling for travel? (hours)</div> <div>HOURS ONLY</div>	<div>text (integer, Min: 0, Max: 24)</div> <div>Custom alignment: LH</div>																
452	<div>gpaq_transport_phy_mins</div> <div>Show the field ONLY if: [gpaq_transport_phy] = '1'</div>	<div>12.3.3.2 On a usual day, how many minutes do you spend walking or cycling for travel? (minutes)</div> <div>MINUTES ONLY</div>	<div>text (integer, Min: 0, Max: 60)</div> <div>Custom alignment: LH</div>																

453	gpaq_leisure_phy	Section Header: 12.4 Non-Work Related and Leisure Time Physical Activity 12.4.1 In your spare time, do you engage in any vigorous or moderate-intensity physical activities lasting more than 10 minutes at a time?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer										
1	Yes																		
0	No																		
-8	Decline to answer																		
454	gpaq_leisure_vigorous	12.4.2 In your spare time do you do any vigorous activities like running, strenuous sport or exercise, for at least 10 minutes at a time?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer										
1	Yes																		
0	No																		
-8	Decline to answer																		
455	gpaq_leisurevigorous_days Show the field ONLY if: [gpaq_leisure_vigorous] = '1' or [gpaq_leisure_phy] = '1'	12.4.3 In a usual week, how many days do you engage in vigorous activities as part of your leisure time?	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr></table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7
0	0																		
1	1																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7																		
456	gpaq_leisurevigorous_time Show the field ONLY if: [gpaq_leisurevigorous_days] <> "	12.4.4 In a normal day, how much leisure time is spent doing vigorous activities?  ENTER HOURS AND MINUTES BELOW.	calc Calculation: [gpaq_leisurevigorous_hrs]*60+ [gpaq_leisurevigorous_mins] Custom alignment: LH																
457	gpaq_leisurevigorous_hrs Show the field ONLY if: [gpaq_leisurevigorous_days] <> "	12.4.4.1 In a normal day, how many leisure hours are spent doing vigorous activities? (hours)  HOURS ONLY	text (integer, Min: 0, Max: 24) Custom alignment: LH																
458	gpaq_leisurevigorous_mins Show the field ONLY if: [gpaq_leisurevigorous_days] <> "	12.4.4.2 In a normal day, how many leisure minutes are spent doing vigorous activities? minutes)  MINUTES ONLY	text (integer, Min: 0, Max: 60) Custom alignment: LH																
459	gpaq_leisuremoderate	12.4.5 In your spare time, do you engage in any moderately intense physical activities like walking or swimming, for at least 10 minutes at a time?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	-8	Decline to answer										
1	Yes																		
0	No																		
-8	Decline to answer																		
460	gpaq_leisuremoderate_days Show the field ONLY if: [gpaq_leisuremoderate] = '1'	12.4.6 In a normal week, how many days are spent engaging in moderately intense physical activities as part of your leisure time?	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr></table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7
0	0																		
1	1																		
2	2																		
3	3																		
4	4																		
5	5																		
6	6																		
7	7																		
461	gpaq_leisuremoderate_time Show the field ONLY if: [gpaq_leisuremoderate_days] <> "	12.4.7 How much leisure time is spent doing moderate-intensity activities in a normal day?  ENTER HOURS AND MINUTES BELOW.	calc Calculation: [gpaq_leisuremoderate_hrs]*60+ [gpaq_leisuremoderate_mins] Custom alignment: LH																
462	gpaq_leisuremoderate_hrs Show the field ONLY if: [gpaq_leisuremoderate_days] <> "	12.4.7.1 How many leisure hours are spent doing moderate-intensity activities in a normal day? (hours)  HOURS ONLY	text (integer, Min: 0, Max: 24) Custom alignment: LH																
463	gpaq_leisuremoderate_mins Show the field ONLY if: [gpaq_leisuremoderate_days] <> "	12.4.7.2 How many leisure minutes are spent doing moderate-intensity activities in a normal day? (minutes)  MINUTES ONLY	text (integer, Min: 0, Max: 60) Custom alignment: LH																



464	gpaq_work_day_stng_time	<div>Section Header: 13.5 Sitting/Resting Activity</div> <div>12.5.1 On a working day, how much time do you usually spend sitting or reclining (excluding sleep)? This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television during working hours and leisure or spare time</div> <div>ENTER HOURS AND MINUTES BELOW.</div>	<div>calc</div> <div>Calculation: [gpaq_work_day_stng_hrs]*60+[gpaq_work_day_stng_mins]</div> <div>Custom alignment: LH</div>								
465	gpaq_work_day_stng_hrs	<div>12.5.1.1 On a working day, how much time do you usually spend sitting or reclining (excluding sleep)? This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television during working hours and leisure or spare time (hours).</div> <div>HOURS ONLY</div>	<div>text (integer, Min: 0, Max: 24)</div> <div>Custom alignment: LH</div>								
466	gpaq_work_day_stng_mins	<div>12.5.1.2 On a working day, how much time do you usually spend sitting or reclining (excluding sleep)? This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television during working hours and leisure or spare time (minutes).</div> <div>MINUTES ONLY</div>	<div>text (integer, Min: 0, Max: 60)</div> <div>Custom alignment: LH</div>								
467	gpaq_non_work_day_time	<div>12.5.2 On a non-working day, how much time do you usually spend sitting or reclining (excluding sleep)? This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television during working hours and leisure or spare time</div> <div>ENTER HOURS AND MINUTES BELOW.</div>	<div>calc</div> <div>Calculation: [gpaq_non_work_day_hrs]*60+[gpaq_non_work_day_mins]</div> <div>Custom alignment: LH</div>								
468	gpaq_non_work_day_hrs	<div>12.5.2.1 On a non-working day, how much time do you usually spend sitting or reclining (excluding sleep)? This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television during working hours and leisure or spare time (hours).</div> <div>HOURS ONLY</div>	<div>text (integer, Min: 0, Max: 24)</div> <div>Custom alignment: LH</div>								
469	gpaq_non_work_day_mins	<div>12.5.2.2 On a non-working day, how much time do you usually spend sitting or reclining (excluding sleep)? This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television during working hours and leisure or spare time (minutes)</div> <div>MINUTES ONLY</div>	<div>text (integer, Min: 0, Max: 60)</div> <div>Custom alignment: LH</div>								
470	gpaq_week_sleep_time	<div>Section Header: 13.6 SLEEP</div> <div>12.6.1 What time do you go to sleep during the week?</div> <div>PLEASE USE 24 HOUR NOTATION</div>	<div>text (time)</div> <div>Custom alignment: LH</div>								
471	gpaq_week_wakeup_time	<div>12.6.2 What time do you wake up during the week?</div> <div>PLEASE USE 24 HOUR NOTATION</div>	<div>text (time)</div> <div>Custom alignment: LH</div>								
472	gpaq_weekend_sleep_time	<div>12.6.3 What time do you go to sleep during the weekend?</div> <div>PLEASE USE 24 HOUR NOTATION</div>	<div>text (time)</div> <div>Custom alignment: LH</div>								
473	gpaq_weekend_wakeup_time	<div>12.6.4 What time do you wake up during the weekend?</div> <div>PLEASE USE 24 HOUR NOTATION</div>	<div>text (time)</div> <div>Custom alignment: LH</div>								
474	gpaq_sleep_room_pple_num	<div>12.6.5 How many people sleep in the same room as you, including you?</div>	<div>text (integer, Min: 0, Max: 99)</div> <div>Custom alignment: LH</div>								
475	gpaq_sleep_room_livestock	<div>12.6.6 Do the livestock sleep in the same room as you?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	-8	Decline to answer		
1	Yes										
0	No										
-8	Decline to answer										
476	gpaq_sleep_on	<div>12.6.7 What do you sleep on?</div>	<div>dropdown</div> <table><tr><td>1</td><td>On a mat</td></tr><tr><td>2</td><td>On a floor / On a mattress only</td></tr><tr><td>3</td><td>On a bed</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	On a mat	2	On a floor / On a mattress only	3	On a bed	-8	Decline to answer
1	On a mat										
2	On a floor / On a mattress only										
3	On a bed										
-8	Decline to answer										
477	gpaq_mosquito_net_use	<div>12.6.8 Do you sleep in a mosquito net?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	-8	Decline to answer		
1	Yes										
0	No										
-8	Decline to answer										

478	gpaq_feel_alert	12.6.9 When do you feel the most alert, awake, and energetic?	<div>dropdown</div> <table><tr><td>1</td><td>Definitely more in the morning</td></tr><tr><td>2</td><td>A bit more in the morning</td></tr><tr><td>3</td><td>More in the middle of the day</td></tr><tr><td>4</td><td>A bit more in the evening</td></tr><tr><td>5</td><td>Definitely more in the evening</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Definitely more in the morning	2	A bit more in the morning	3	More in the middle of the day	4	A bit more in the evening	5	Definitely more in the evening	-8	Decline to answer
1	Definitely more in the morning														
2	A bit more in the morning														
3	More in the middle of the day														
4	A bit more in the evening														
5	Definitely more in the evening														
-8	Decline to answer														
479	gpaq_sleeping_difficulty	12.6.10 Do you have any difficulty falling asleep?	<div>dropdown</div> <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very Severe</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	None	2	Mild	3	Moderate	4	Severe	5	Very Severe	-8	Decline to answer
1	None														
2	Mild														
3	Moderate														
4	Severe														
5	Very Severe														
-8	Decline to answer														
480	gpaq_difficulty_staysleep	12.6.11 Do you have any difficulty staying asleep?	<div>dropdown</div> <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very Severe</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	None	2	Mild	3	Moderate	4	Severe	5	Very Severe	-8	Decline to answer
1	None														
2	Mild														
3	Moderate														
4	Severe														
5	Very Severe														
-8	Decline to answer														
481	gpaq_waking_early_problem	12.6.12 Do you have any problems waking up too early?	<div>dropdown</div> <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very Severe</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	None	2	Mild	3	Moderate	4	Severe	5	Very Severe	-8	Decline to answer
1	None														
2	Mild														
3	Moderate														
4	Severe														
5	Very Severe														
-8	Decline to answer														
482	gpaq_waking_up_tired	12.6.13 Do you have problems with waking up still feeling tired?	<div>dropdown</div> <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very Severe</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	None	2	Mild	3	Moderate	4	Severe	5	Very Severe	-8	Decline to answer
1	None														
2	Mild														
3	Moderate														
4	Severe														
5	Very Severe														
-8	Decline to answer														
483	gpaq_sleep_pattern_satis	12.6.14 How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?	<div>dropdown</div> <table><tr><td>1</td><td>Very Satisfied</td></tr><tr><td>2</td><td>Satisfied</td></tr><tr><td>3</td><td>Moderately Satisfied</td></tr><tr><td>4</td><td>Dissatisfied</td></tr><tr><td>5</td><td>Very Dissatisfied</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Very Satisfied	2	Satisfied	3	Moderately Satisfied	4	Dissatisfied	5	Very Dissatisfied	-8	Decline to answer
1	Very Satisfied														
2	Satisfied														
3	Moderately Satisfied														
4	Dissatisfied														
5	Very Dissatisfied														
-8	Decline to answer														

484	gpaq_sleep_interfere	12.6.16 To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?	<div>dropdown</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Interfering A Little</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Much</td></tr><tr><td>5</td><td>Very Much Interfering</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Not at all	2	Interfering A Little	3	Somewhat	4	Much	5	Very Much Interfering	-8	Decline to answer
1	Not at all														
2	Interfering A Little														
3	Somewhat														
4	Much														
5	Very Much Interfering														
-8	Decline to answer														
485	physical_activity_and_sleep_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														

Instrument: **13. Anthropometric Measurements** (anthropometric\_measurements)

[^ Collapse](#)

486	anth_standing_height	Section Header: 13.1 Standing Height 13.1.1 Standing height (mm)	text (number, Min: 1000, Max: 2100) Custom alignment: LH						
487	anth_weight	Section Header: 13.2 Weight 13.2.1 Weight (kg)	text (number_2dp, Min: 30.00, Max: 180.00), Required Custom alignment: LH						
488	anth_waist_circumf_1	Section Header: 13.3 Waist Circumference 13.3.1 Waist circumference (cm)	text (number_1dp, Min: 50.00, Max: 200.00), Required Custom alignment: LH						
489	anth_waist_circumf_2	13.3.2 Waist circumference (cm)	text (number_1dp, Min: 50.00, Max: 200.00) Custom alignment: LH						
490	anth_waist_circumf	13.3.3 Average waist circumference (cm)	calc Calculation: if([anth_waist_circumf_2] <>" ,mean([anth_waist_circumf_1],[anth_waist_circumf_2]), [anth_waist_circumf_1]) Custom alignment: LH						
491	anth_hip_circumf_1	Section Header: 13.4 Hip Circumference 13.4.1 Hip circumference (cm)	text (number_1dp, Min: 50.00, Max: 200.00), Required Custom alignment: LH						
492	anth_hip_circumf_2	13.4.2 Hip circumference (cm)	text (number_1dp, Min: 50.0, Max: 200.0) Custom alignment: LH						
493	anth_hip_circumf	13.4.3 Average hip circumference (cm)	calc Calculation: if([anth_hip_circumf_2] <>" ,mean([anth_hip_circumf_1],[anth_hip_circumf_2]), [anth_hip_circumf_1]) Custom alignment: LH						
494	anth_measurementcollector	13.5 Person performing measurements	dropdown <table><tr><td>1</td><td>Nomses</td></tr><tr><td>2</td><td>Sphumelele</td></tr><tr><td>3</td><td>Thonniah</td></tr></table> Custom alignment: LH	1	Nomses	2	Sphumelele	3	Thonniah
1	Nomses								
2	Sphumelele								
3	Thonniah								
495	anthropometric_measurements_complete	Section Header: Form Status Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **14. Blood Pressure and Pulse Measurements** (blood\_pressure\_and\_pulse\_measurements)

[^ Collapse](#)

496	bppm_systolic_1	Section Header: <i>14.1 First Measurements</i> 14.1.1 Systolic measurement 1	text (integer, Min: 30, Max: 250) Custom alignment: LH
497	bppm_diastolic_1	14.1.2 Diastolic measurement 1	text (integer, Min: 30, Max: 250) Custom alignment: LH
498	bppm_pulse_1	14.1.3 Pulse measurement 1	text (integer, Min: 30, Max: 250) Custom alignment: LH
499	bppm_measurement_time_1	14.1.4 Time that first set of measurements were taken	text (time) Custom alignment: LH
500	bppm_systolic_2	Section Header: <i>14.2 Second Measurements</i> 14.2.1 Systolic measurement 2	text (integer, Min: 30, Max: 250) Custom alignment: LH
501	bppm_diastolic_2	14.2.2 Diastolic measurement 2	text (integer, Min: 30, Max: 250) Custom alignment: LH

	502	bppm_pulse_2	14.2.3 Pulse measurement 2	text (integer, Min: 30, Max: 250) Custom alignment: LH						
	503	bppm_measurement_time_2	14.2.4 Time that second set of measurements were taken	text (time) Custom alignment: LH						
	504	bppm_systolic_3	Section Header: 14.3 Third Measurements 14.3.1 Systolic measurement 3	text (integer, Min: 30, Max: 250) Custom alignment: LH						
	505	bppm_diastolic_3	14.3.2 Diastolic measurement 3	text (integer, Min: 30, Max: 250) Custom alignment: LH						
	506	bppm_pulse_3	14.3.3 Pulse measurement 3	text (integer, Min: 30, Max: 250) Custom alignment: LH						
	507	bppm_measurement_time_3	14.3.4 Time that third set of measurements were taken	text (time) Custom alignment: LH						
	508	bppm_measurementcollector	14.4 Person performing measurements	dropdown <table><tr><td>1</td><td>Nomses</td></tr><tr><td>2</td><td>Sphumelele</td></tr><tr><td>3</td><td>Thonniah</td></tr></table> Custom alignment: LH	1	Nomses	2	Sphumelele	3	Thonniah
1	Nomses									
2	Sphumelele									
3	Thonniah									
	509	bppm_systolic_avg	Section Header: 14.5 Average Calculations 14.5.1 BP Systolic Average	calc Calculation: mean([bppm_systolic_2],[bppm_systolic_3]) Custom alignment: LH						
	510	bppm_diastolic_avg	14.5.2 BP Diastolic Average	calc Calculation: mean([bppm_diastolic_2],[bppm_diastolic_3]) Custom alignment: LH						
	511	bppm_pulse_avg	14.5.3 BP Pulse average	calc Calculation: mean([bppm_pulse_2],[bppm_pulse_3]) Custom alignment: LH						
	512	blood_pressure_and_pulse_measurements_complete	Section Header: Form Status Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: **15. Ultrasound and DXA Measurements** (ultrasound\_and\_dxa\_measurements)

[^ Collapse](#)

	513	ultr_vat_scat_measured	Section Header: 15.1 Visceral(VAT) and Subcutaneous(SCAT) Fat Measurements 15.1.1 Was VAT and SCAT measured?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	514	ultr_comment Show the field ONLY if: [ultr_vat_scat_measured] = '0'	15.1.1.1 Comment if No	notes Custom alignment: LH				
	515	ultr_technician Show the field ONLY if: [ultr_vat_scat_measured] = '1'	15.1.2 Name of ultrasound technician	text Custom alignment: LH				
	516	ultr_visceral_fat Show the field ONLY if: [ultr_vat_scat_measured] = '1'	15.1.3 Visceral (medial) fat (cm), to two decimal points.	text (number_2dp, Min: 0.01, Max: 30.00) Custom alignment: LH				
	517	ultr_subcutaneous_fat Show the field ONLY if: [ultr_vat_scat_measured] = '1'	15.1.4 Subcutaneous (transverse) fat (cm), to two decimal points	text (number_2dp, Min: 0.01, Max: 30.00) Custom alignment: LH				
	518	ultr_cimt	Section Header: 15.2 Carotid Intima-Media Thickness(cIMT) 15.2.1 Was cIMT measured?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	519	ultr_cimt_comment Show the field ONLY if: [ultr_cimt] = '0'	15.2.1.1 Comment if No	text Custom alignment: LH				
	520	ultr_cimt_technician Show the field ONLY if: [ultr_cimt] = '1'	15.2.2 Name of ultrasound technician	text Custom alignment: LH				
	521	ultr_cimt_right_min Show the field ONLY if: [ultr_cimt] = '1'	15.2.3 Minimum cIMT on the right	text (number_2dp, Min: 0.01, Max: 3.00) Custom alignment: LH				

	522	ultr_cimt_right_max Show the field ONLY if: [ultr_cimt] = '1'	15.2.4 Maximum cIMT on the right	text (number_2dp, Min: 0.01, Max: 3.00) Custom alignment: LH				
	523	ultr_cimt_right_mean Show the field ONLY if: [ultr_cimt] = '1'	15.2.5 Average cIMT on the right	text (number_2dp, Min: 0.01, Max: 3.00) Custom alignment: LH				
	524	ultr_cimt_left_min Show the field ONLY if: [ultr_cimt] = '1'	15.2.6 Minimum cIMT on the left	text (number_2dp, Min: 0.01, Max: 3.00) Custom alignment: LH				
	525	ultr_cimt_left_max Show the field ONLY if: [ultr_cimt] = '1'	15.2.7 Maximum cIMT on the left	text (number_2dp, Min: 0.01, Max: 3.00) Custom alignment: LH				
	526	ultr_cimt_left_mean Show the field ONLY if: [ultr_cimt] = '1'	15.2.8 Average cIMT on the left	text (number_2dp, Min: 0.01, Max: 3.00) Custom alignment: LH				
	527	ultr_plaque	Section Header: 15.3 PLAQUE 15.3.1 Was plaque measured?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	528	ultr_plaque_comment Show the field ONLY if: [ultr_plaque] = '0'	15.3.1.1 Comment if No	text Custom alignment: LH				
	529	ultr_plaque_technician Show the field ONLY if: [ultr_plaque] = '1'	15.3.2 Name of ultrasound technician	text Custom alignment: LH				
	530	ultr_plaque_present Show the field ONLY if: [ultr_plaque] = '1'	15.3.3 Was plaque present?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	531	ultr_plaque_right_min Show the field ONLY if: [ultr_plaque] = '1'	15.3.4 Plaque thickness on the right	text (number_2dp) Custom alignment: LH				
	532	ultr_plaque_right_max Show the field ONLY if: [ultr_plaque] = '1'	15.3.5 Maximum plaque thickness on the right	text Custom alignment: LH Field Annotation: @HIDDEN				
	533	ultr_plaque_right_mean Show the field ONLY if: [ultr_plaque] = '1'	15.3.6 Average plaque thickness on the right	text (number_2dp) Custom alignment: LH Field Annotation: @HIDDEN				
	534	ultr_plaque_left_min Show the field ONLY if: [ultr_plaque] = '1'	15.3.5 Minimum plaque thickness on the left	text (number_2dp) Custom alignment: LH				
	535	ultr_plaque_left_max Show the field ONLY if: [ultr_plaque] = '1'	15.3.8 Maximum plaque thickness on the left	text (number_2dp) Custom alignment: LH Field Annotation: @HIDDEN				
	536	ultr_plaque_left_mean Show the field ONLY if: [ultr_plaque] = '1'	15.3.9 Mean plaque thickness on the left	text (number_2dp) Custom alignment: LH Field Annotation: @HIDDEN				
	537	ultr_dxa_scan_completed	Section Header: 15.4 DXA Scan 15.4.1 Was the DXA Scan Completed?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes							
0	No							
	538	ultr_dxa_scan_comment Show the field ONLY if: [ultr_dxa_scan_completed] = '0'	15.4.1.1 Comment if No	text Custom alignment: LH				
	539	ultr_dxa_measurement_1 Show the field ONLY if: [ultr_dxa_scan_completed] = '1'	15.4.2 Measurement 1	text (number_2dp) Custom alignment: LH				
	540	ultr_dxa_measurement_2 Show the field ONLY if: [ultr_dxa_scan_completed] = '1'	15.4.3 Measurement 2	text (number_2dp) Custom alignment: LH				

541	ultr_dxa_measurement_3  Show the field ONLY if: [ultr_dxa_scan_completed] = '1'	15.4.4 Measurement 3	text (number_2dp) Custom alignment: LH						
542	ultr_dxa_measurement_4  Show the field ONLY if: [ultr_dxa_scan_completed] = '1'	15.4.5 Measurement 4	text (number_2dp) Custom alignment: LH						
543	ultr_dxa_measurement_5  Show the field ONLY if: [ultr_dxa_scan_completed] = '1'	15.4.6 Measurement 5	text (number_2dp) Custom alignment: LH						
544	ultrasound_and_dxa_measurements_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **16.a Respiratory Health** (a\_respiratory\_health)

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545	resp_lung_fnc_symptoms	Section Header: 16.1 Respiratory Health questions The following set of questions will help us understand more about your lung function. 16.1.1 Do you have any of the following symptoms?	descriptive						
546	resp_breath_shortness	16.1.1.1 Do you CURRENTLY suffer from shortness of breath and a productive cough that has not gone away over the last year?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know
1	Yes								
0	No								
9	Don't know								
547	resp_breath_shortness_ever	16.1.1.2 Have you EVER experienced shortness of breath and a productive cough that persisted for a year or more?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know
1	Yes								
0	No								
9	Don't know								
548	resp_mucus	16.1.1.3 Do you bring up phlegm/sputum/mucus on most days?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know
1	Yes								
0	No								
9	Don't know								
549	resp_breath_too_short	16.1.1.4 Are you often too short of breath to leave the house, or short of breath on dressing or undressing?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know
1	Yes								
0	No								
9	Don't know								
550	resp_cough	16.1.1.5 Do you usually cough when you don?t have a cold?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know
1	Yes								
0	No								
9	Don't know								
551	resp_wheezing_whistling	16.1.1.6 Have you had wheezing or whistling in the chest in the past 12 months?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know
1	Yes								
0	No								
9	Don't know								
552	resp_asthma_diagnosed	16.1.2 Has a doctor, nurse or healthcare professional ever told you that you have asthma? <i>If no, skip to 16.1.3</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know
1	Yes								
0	No								
9	Don't know								
553	resp_age_diagnosed Show the field ONLY if: [resp_asthma_diagnosed] = '1'	16.1.2.1 At what age were you first diagnosed with asthma?	text (integer, Min: 1, Max: 80) Custom alignment: LH						

554	resp_asthma_treat Show the field ONLY if: [resp_asthma_diagnosed] = '1'	16.1.2.2 Have you received treatment prescribed by a health professional for your asthma?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
555	resp_asthma_treat_now Show the field ONLY if: [resp_asthma_treat] = '1'	16.1.2.3 Are you currently on treatment prescribed by a health professional for asthma?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
556	resp_copd_suffer	16.1.3 Has a doctor, nurse or healthcare professional ever told you that you suffer from any of the following conditions? <i>Check all that apply.</i>	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>resp_copd_suffer__1</td><td>Chronic bronchitis</td></tr> <tr><td>2</td><td>resp_copd_suffer__2</td><td>Emphysema</td></tr> <tr><td>3</td><td>resp_copd_suffer__3</td><td>COPD</td></tr> <tr><td>0</td><td>resp_copd_suffer__0</td><td>No</td></tr> <tr><td>9</td><td>resp_copd_suffer__9</td><td>Don't know</td></tr> </table> <div>Custom alignment: LH</div>	1	resp_copd_suffer__1	Chronic bronchitis	2	resp_copd_suffer__2	Emphysema	3	resp_copd_suffer__3	COPD	0	resp_copd_suffer__0	No	9	resp_copd_suffer__9	Don't know
1	resp_copd_suffer__1	Chronic bronchitis																
2	resp_copd_suffer__2	Emphysema																
3	resp_copd_suffer__3	COPD																
0	resp_copd_suffer__0	No																
9	resp_copd_suffer__9	Don't know																
557	resp_copd_treat Show the field ONLY if: [resp_copd_suffer(1)] = '1' or [resp_copd_suffer(2)] = '1' or [resp_copd_suffer(3)] = '1'	16.1.3.2 Are you currently on treatment prescribed by a health professional for any of the above?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
558	resp_inhaled_medication	16.1.4 Do you use any inhaled medication using a puffer? Please note that you will have been asked to bring your inhaled medication with you today.	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
559	resp_medication_list Show the field ONLY if: [resp_inhaled_medication] = '1'	16.1.4.1 If yes, please list the medication and dosage.	<div>notes</div> <div>Custom alignment: LH</div>															
560	resp_puffs_time Show the field ONLY if: [resp_inhaled_medication] = '1'	16.1.4.2 If yes, how many puffs at a time.	<div>text (integer, Min: 1, Max: 5)</div> <div>Custom alignment: LH</div>															
561	resp_puffs_times_day Show the field ONLY if: [resp_inhaled_medication] = '1'	16.1.4.3 If yes, how many times a day.	<div>text (integer, Min: 1, Max: 30)</div> <div>Custom alignment: LH</div>															
562	resp_measles_suffer	16.1.5 Have you ever suffered from any of the following? <i>Check all that apply.</i>	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>resp_measles_suffer__1</td><td>Measles</td></tr> <tr><td>2</td><td>resp_measles_suffer__2</td><td>Whooping cough</td></tr> <tr><td>0</td><td>resp_measles_suffer__0</td><td>No</td></tr> <tr><td>9</td><td>resp_measles_suffer__9</td><td>Don't know</td></tr> </table> <div>Custom alignment: LH</div>	1	resp_measles_suffer__1	Measles	2	resp_measles_suffer__2	Whooping cough	0	resp_measles_suffer__0	No	9	resp_measles_suffer__9	Don't know			
1	resp_measles_suffer__1	Measles																
2	resp_measles_suffer__2	Whooping cough																
0	resp_measles_suffer__0	No																
9	resp_measles_suffer__9	Don't know																
563	a_respiratory_health_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	
Instrument: <b>16.b Spirometry Eligibility</b> (b_spirometry_eligibility) <div>^ Collapse</div>																		
564	rspe_major_surgery	Section Header: <i>16.2 Screening questions to determine eligibility for Respiratory Health spirometry test. Ensure that the participant is familiar with the procedure before proceeding. In this section there is no "declined to answer" check box as these are safety questions.</i>  16.2.1 Have you had chest trauma or any major surgery in the last 6 weeks involving the eye, ear, chest, abdomen, brain, nose or throat? <i>If yes, do not test at this time and skip to 16.2.12</i>	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	

565	rspe_chest_pain  Show the field ONLY if: [rspe_major_surgery] = '0' or [rspe_major_surgery] = '9'	16.2.2 In the last 4 weeks have you had any chest pain due to heart disease that is not well controlled, or been told that you have an aneurysm, or suffered from a heart attack or stroke? <i>If yes, do not test at this time and skip to 16.2.12</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
566	rspe_coughing_blood  Show the field ONLY if: [rspe_chest_pain]='0' or [rspe_chest_pain] = '9'	16.2.3 Have you recently or are you currently coughing up any blood? <i>If yes, do not test at this time and skip to 16.2.12</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
567	rspe_acute_retinal_detach  Show the field ONLY if: [rspe_coughing_blood] = '0' or [rspe_coughing_blood] = '9'	16.2.4 Has a health professional told you that you had or currently have an acute retinal detachment? (explain that this is a serious eye condition where a thin layer at the back of the eye has lifted - other eye conditions like cataracts and glaucoma should not be excluded)? <i>If yes, do not test at this time and skip to 16.2.12</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
568	rspe_any_pain  Show the field ONLY if: [rspe_acute_retinal_detach] = '0' or [rspe_acute_retinal_detach] = '9'	16.2.5 Are you in any pain now that could limit you from blowing with effort? <i>If yes, do not test at this time and skip to 16.2.12</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
569	rspe_diarrhea  Show the field ONLY if: [rspe_any_pain] = '0' or [rspe_any_pain] = '9'	16.2.6 Are you currently suffering from acute diarrhea, vomiting or nausea that may limit you from blowing with effort? <i>If yes, do not test at this time and skip to 16.2.12</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
570	rspe_high_blood_pressure  Show the field ONLY if: [rspe_diarrhea] = '0' or [rspe_diarrhea] = '9'	16.2.7 Does the participant have high blood pressure above 180mmHg systolic or 110mmHg diastolic (tested in section xxxx)? (use average of the last two blood pressure measurements) <i>If yes, do not test at this time and skip to 16.2.12</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
571	rspe_tb_diagnosed  Show the field ONLY if: [rspe_high_blood_pressure] = '0' or [rspe_high_blood_pressure] = '9'	16.2.8 Have you been recently diagnosed with TB? <i>If no, skip to 2.9</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH Field Annotation: @DEFAULT='1'	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
572	rspe_tb_treat_past4wks  Show the field ONLY if: [rspe_tb_diagnosed] = '1'	16.2.8.1 Did you start your treatment within the past 4 weeks?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	
573	rspe_infection	16.2.9 Have you had a respiratory infection in the last 3 weeks? If yes, show options: flu, pneumonia, bronchitis, chest cold	checkbox <table><tr><td>1</td><td>rspe_infection__1</td><td>Flu</td></tr><tr><td>2</td><td>rspe_infection__2</td><td>Pneumonia</td></tr><tr><td>3</td><td>rspe_infection__3</td><td>Bronchitis</td></tr><tr><td>4</td><td>rspe_infection__4</td><td>Chest cold</td></tr><tr><td>0</td><td>rspe_infection__0</td><td>No</td></tr></table> Custom alignment: LH	1	rspe_infection__1	Flu	2	rspe_infection__2	Pneumonia	3	rspe_infection__3	Bronchitis	4	rspe_infection__4	Chest cold	0	rspe_infection__0	No
1	rspe_infection__1	Flu																
2	rspe_infection__2	Pneumonia																
3	rspe_infection__3	Bronchitis																
4	rspe_infection__4	Chest cold																
0	rspe_infection__0	No																
574	rspe_participation	16.2.9 If yes, do you feel well enough to participate in this test?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Don't know</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Don't know									
1	Yes																	
0	No																	
9	Don't know																	



	575	rspe_wearing_tightclothes	16.2.10 Are you wearing any tight clothing that interferes with your ability to breathe deeply?	<div>radio</div> <div> <div>1 Yes</div> <div>0 No</div> <div>9 Don't know</div> </div> <div>Custom alignment: LH</div>
	576	rspe_wearing_dentures	16.2.11 Are you wearing dentures?	<div>radio</div> <div> <div>1 Yes</div> <div>0 No</div> <div>9 Don't know</div> </div> <div>Custom alignment: LH</div>
	577	rspe_participation_note	The participant cannot do spirometry because of 1 - Major Surgery in the last 6 weeks 2 - Chest pain in the last 4 weeks 3 - Coughing up blood 4 - Acute Retinal Detachment 5 - In pain 6 - Acute diarrhea, vomiting or nausea 7 - High Blood Pressure (above 180/110)8 - Respiratory Infection9 - Not feeling well enough	<div>calc</div> <div>Calculation: if([rspe_major_surgery]='1', 1, if([rspe_chest_pain]='1', 2, if([rspe_coughing_blood]='1', 3, if([rspe_acute_retinal_detach]='1', 4, if([rspe_any_pain]='1', 5, if([rspe_diarrhea]='1', 6, if([rspe_high_blood_pressure]='1', 7, if([rspe_infection]='1', 8, 9 )))))))</div>
	578	rspe_researcher_question	16.2.12 Is participant able to take the spirometry test? <i>If Yes, proceed to the spirometry test. If no, please explain to the participant that for the reason above it would not be safe for them to have the spirometry test today.</i>	<div>radio</div> <div> <div>1 Yes</div> <div>0 No</div> </div> <div>Custom alignment: LH</div>
	579	b_spirometry_eligibility_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <div> <div>0 Incomplete</div> <div>1 Unverified</div> <div>2 Complete</div> </div>

Instrument: **16.c Spirometry Test** (c\_spirometry\_test)

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	580	spiro_eligible	Section Header: <i>16.3 Spirometry test Confirm that the participant understands what the test is for.</i> 16.3.1 Confirm that the participant is eligible to perform the test	<div>radio, Required</div> <div> <div>1 Yes</div> <div>0 No</div> </div> <div>Custom alignment: LH</div>
	581	spiro_researcher Show the field ONLY if: [spiro_eligible] = '1'	16.3.2 Person performing spirometry	<div>dropdown</div> <div> <div>1 Researcher 1</div> <div>2 Researcher 2</div> </div> <div>Custom alignment: LH</div>
	582	spiro_num_of_blows Show the field ONLY if: [spiro_eligible] = '1'	16.3.3.1 Total number of blows	<div>text (integer, Min: 1, Max: 8)</div> <div>Custom alignment: LH</div>
	583	spiro_num_of_vblows Show the field ONLY if: [spiro_eligible] = '1'	16.3.3.2 Number of valid blows	<div>text (integer, Min: 0, Max: 3)</div> <div>Custom alignment: LH</div>
	584	spiro_pass Show the field ONLY if: [spiro_eligible] = '1'	16.3.4 Was the FEV1/FVC ratio for one of the three valid blows less than 0.7? <i>If yes, proceed to reversibility screen. Go to 16.4</i>	<div>radio</div> <div> <div>1 Yes</div> <div>0 No</div> </div> <div>Custom alignment: LH</div>
	585	spiro_comment	16.3.5 Comments	<div>notes</div> <div>Custom alignment: LH</div>
	586	c_spirometry_test_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <div> <div>0 Incomplete</div> <div>1 Unverified</div> <div>2 Complete</div> </div>

Instrument: **16.d Reversibility Test** (d\_reversibility\_test)

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	587	rspr_salb_admin	Section Header: <i>16.4 Reversibility spirometry test Explain to participant that their lung function is low and the reversibility test will help us understand what the cause may be. They will be asked to use the puffer and wait for 15 minutes. Then they will need to do the spirometry test again.</i> 16.4.1 Was the salbutamol administered?	<div>radio, Required</div> <div> <div>1 Yes</div> <div>0 No</div> </div> <div>Custom alignment: LH</div>
--	-----	-----------------	--	--

588	rspir_salb_time_admin Show the field ONLY if: [rspir_salb_admin]='1'	16.4.1.1 What time was the salbutamol administered?	text (time) Custom alignment: LH						
589	rspir_time_started Show the field ONLY if: [rspir_salb_admin]='1'	16.4.1.2 What time was the spirometry started?	text (time) Custom alignment: LH						
590	rspir_researcher Show the field ONLY if: [rspir_salb_admin]='1'	16.4.2 Person performing spirometry	dropdown <table><tr><td>1</td><td>Researcher 1</td></tr><tr><td>2</td><td>Researcher 2</td></tr></table> Custom alignment: LH	1	Researcher 1	2	Researcher 2		
1	Researcher 1								
2	Researcher 2								
591	rspir_num_of_blows Show the field ONLY if: [rspir_salb_admin]='1'	16.4.3 Total number of blows	text (integer, Min: 1, Max: 8) Custom alignment: LH						
592	rspir_num_of_vblows Show the field ONLY if: [rspir_salb_admin]='1'	16.4.4 Number of valid blows	text (integer, Min: 0, Max: 3) Custom alignment: LH						
593	rspir_comment	16.4.5 Comments	notes Custom alignment: LH						
594	d_reversibility_test_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **17.a. Microbiome** (a\_microbiome)

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595	micr_take_antibiotics	<div>Section Header: 17.1 Microbiome</div> <div>17.1.1 When did you last take an antibiotic?</div> <div>Give the most accurate answer you can</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Within the last week</td></tr><tr><td>2</td><td>Within the last month</td></tr><tr><td>3</td><td>Within the last six months</td></tr><tr><td>4</td><td>Within the last year</td></tr><tr><td>5</td><td>Within the last last two years</td></tr><tr><td>6</td><td>Within the last last three years</td></tr><tr><td>7</td><td>Longer</td></tr><tr><td>8</td><td>Never</td></tr><tr><td>9</td><td>Don't Know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LV</div>	1	Within the last week	2	Within the last month	3	Within the last six months	4	Within the last year	5	Within the last last two years	6	Within the last last three years	7	Longer	8	Never	9	Don't Know	-8	Decline to answer		
1	Within the last week																								
2	Within the last month																								
3	Within the last six months																								
4	Within the last year																								
5	Within the last last two years																								
6	Within the last last three years																								
7	Longer																								
8	Never																								
9	Don't Know																								
-8	Decline to answer																								
596	micr_diarrhea_last_time	<div>17.1.2 When did you last have diarrhea?</div> <div>Give the most accurate answer you can</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Within the last week</td></tr><tr><td>2</td><td>Within the last month</td></tr><tr><td>3</td><td>Within the last six months</td></tr><tr><td>4</td><td>Within the last year</td></tr><tr><td>5</td><td>Within the last two years</td></tr><tr><td>6</td><td>Within the last three years</td></tr><tr><td>7</td><td>Longer</td></tr><tr><td>8</td><td>Can't remember</td></tr><tr><td>9</td><td>Never</td></tr><tr><td>10</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LV</div>	1	Within the last week	2	Within the last month	3	Within the last six months	4	Within the last year	5	Within the last two years	6	Within the last three years	7	Longer	8	Can't remember	9	Never	10	Don't know	-8	Decline to answer
1	Within the last week																								
2	Within the last month																								
3	Within the last six months																								
4	Within the last year																								
5	Within the last two years																								
6	Within the last three years																								
7	Longer																								
8	Can't remember																								
9	Never																								
10	Don't know																								
-8	Decline to answer																								
597	micr_worm_intestine_treat	<div>17.1.3 Have you ever been treated for worms in your intestine?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer														
1	Yes																								
0	No																								
2	Don't know																								
-8	Decline to answer																								

598	micr_wormintestine_period Show the field ONLY if: [micr_worm_intestine_treat] = '1'	17.1.4 How long ago did you take medication for worms in your intestine	<div>radio, Required</div> <table><tr><td>1</td><td>Within the last week</td></tr><tr><td>2</td><td>Within the last month</td></tr><tr><td>3</td><td>Within the last six months</td></tr><tr><td>4</td><td>Within the last three years</td></tr><tr><td>5</td><td>Longer</td></tr><tr><td>6</td><td>Can't remember</td></tr><tr><td>7</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LV</div>	1	Within the last week	2	Within the last month	3	Within the last six months	4	Within the last three years	5	Longer	6	Can't remember	7	Don't know	-8	Decline to answer
1	Within the last week																		
2	Within the last month																		
3	Within the last six months																		
4	Within the last three years																		
5	Longer																		
6	Can't remember																		
7	Don't know																		
-8	Decline to answer																		
599	micr_probiotics_taken	17.1.5 Have you ever taken probiotics?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer								
1	Yes																		
0	No																		
2	Don't know																		
-8	Decline to answer																		
600	micr_probiotics_t_period Show the field ONLY if: [micr_probiotics_taken] = '1'	17.1.6 How long ago did you take probiotics? Probiotics are live bacteria and yeasts that are good for you, especially your digestive system.	<div>radio, Required</div> <table><tr><td>1</td><td>Within the last week</td></tr><tr><td>2</td><td>Within the last month</td></tr><tr><td>3</td><td>Within the last six months</td></tr><tr><td>4</td><td>Within the last three years</td></tr><tr><td>5</td><td>Longer</td></tr><tr><td>6</td><td>Can't remember</td></tr><tr><td>7</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LV</div>	1	Within the last week	2	Within the last month	3	Within the last six months	4	Within the last three years	5	Longer	6	Can't remember	7	Don't know	-8	Decline to answer
1	Within the last week																		
2	Within the last month																		
3	Within the last six months																		
4	Within the last three years																		
5	Longer																		
6	Can't remember																		
7	Don't know																		
-8	Decline to answer																		
601	a_microbiome_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete										
0	Incomplete																		
1	Unverified																		
2	Complete																		
Instrument: <b>17.b. Blood Collection</b> (b_blood_collection) <div>⤴ Collapse</div>																			
602	bloc_last_eat_time	Section Header: <i>17.2 Blood Collection</i> 17.2.1 At what time did you last eat?	<div>text (datetime_seconds_dmy), Required</div> <div>Custom alignment: LH</div>																
603	bloc_last_ate_hrs Show the field ONLY if: [bloc_last_eat_time] <> "	17.2.1.1 Hours last ate	<div>calc</div> <div>Calculation: datediff("now",[bloc_last_eat_time],'h',"dmy")</div> <div>Custom alignment: LH</div>																
604	bloc_last_drink_time	17.2.2 At what time did you last drink a sugar sweetened or alcohol containing beverage	<div>text (datetime_seconds_dmy), Required</div> <div>Custom alignment: LH</div>																
605	bloc_hours_last_drink	17.2.2.1 Hours last drunk	<div>calc</div> <div>Calculation: datediff([bloc_last_drink_time], "today", "h", "dmy",false)</div> <div>Custom alignment: LH</div>																
606	bloc_fasting_confirmed	17.2.3 Fasting confirmed?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No												
1	Yes																		
0	No																		
607	bloc_two_red_tubes	17.2.4 Have TWO RED tubes been drawn?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No												
1	Yes																		
0	No																		
608	bloc_red_tubes_num Show the field ONLY if: [bloc_two_red_tubes] = '0'	17.2.4.1 If no, how many RED tubes are there?	<div>text (integer, Min: 0, Max: 3), Required</div> <div>Custom alignment: LH</div>																

609	bloc_one_purple_tube	17.2.5 Has ONE PURPLE tube been drawn?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
610	bloc_if_no_purple_tubes Show the field ONLY if: [bloc_one_purple_tube] = '0'	17.2.5.1 If no, how many PURPLE tubes are there?	text (integer, Min: 0, Max: 3) Custom alignment: LH						
611	bloc_one_grey_tube	17.2.6 Has ONE GREY tube been drawn?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
612	bloc_grey_tubes_no Show the field ONLY if: [bloc_one_grey_tube] = '0'	17.2.6.1 If no, how many GREY tubes are there?	text (integer, Min: 0, Max: 3), Required Custom alignment: LH						
613	bloc_phlebotomist_name	17.2.7 Phlebotomist name	dropdown (autocomplete), Required <table><tr><td>1</td><td>Sphumelele</td></tr><tr><td>2</td><td>Thonniah</td></tr></table> Custom alignment: LH	1	Sphumelele	2	Thonniah		
1	Sphumelele								
2	Thonniah								
614	bloc_blood_taken_date	17.2.8 Date blood taken	text (date_dmy), Required Custom alignment: LH						
615	bloc_bloodcollection_time	17.2.9 Time of blood collection	text (time), Required Custom alignment: LH						
616	b_blood_collection_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **17.c Urine Collection** (c\_urine\_collection)

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617	bloc_urine_collected	Section Header: 17.3 Urine Collection 17.3.1 Has urine been collected?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
618	bloc_specify_reason Show the field ONLY if: [bloc_urine_collected] = '0'	17.3.2 If No, please specify reason(s)	notes Custom alignment: LH						
619	bloc_urcontainer_batchnum Show the field ONLY if: [bloc_urine_collected] = '1'	17.3.3 What is the batch number of the urine container?	dropdown <table><tr><td>1</td><td>X0039A</td></tr></table> Custom alignment: LH	1	X0039A				
1	X0039A								
620	bloc_urine_tube_expiry Show the field ONLY if: [bloc_urine_collected] = '1'	17.3.4 What is the expiry date of the urine container?	dropdown <table><tr><td>1</td><td>01-01-2020</td></tr></table> Custom alignment: LH	1	01-01-2020				
1	01-01-2020								
621	bloc_urine_collector	17.3.5 Name of specimen collector	dropdown <table><tr><td>1</td><td>Sphumelele</td></tr><tr><td>2</td><td>Thonniah</td></tr></table> Custom alignment: LH	1	Sphumelele	2	Thonniah		
1	Sphumelele								
2	Thonniah								
622	bloc_urine_taken_date	17.3.6 Date urine taken	text (date_dmy), Required Custom alignment: LH						
623	bloc_urinecollection_time	17.3.7 Time of urine collection	text (time), Required Custom alignment: LH						
624	c_urine_collection_complete	Section Header: Form Status Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **18. Point of Care Testing** (point\_of\_care\_testing)

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625	poc_test_conducted	Section Header: 18.1 Glucose And Cholesterol Test (single test strip) 18.1.1 Does participant want to have glucose or cholesterol tested?	radio, Required <div> <div>1 Yes</div> <div>0 No</div> </div> Custom alignment: LH
626	poc_comment Show the field ONLY if: [poc_test_conducted] = '0'	18.1.1.1 Comment, if No	notes, Required Custom alignment: LH
627	poc_instrument_serial_num Show the field ONLY if: [poc_test_conducted] = '1'	18.1.2 What is the serial number of instrument?	dropdown, Required <div> <div>0 00381931765016</div> <div>1 Serial Number 2</div> </div> Custom alignment: LH
628	poc_test_strip_batch_num Show the field ONLY if: [poc_test_conducted] = '1'	18.1.3 What is the batch number of the test strip?	dropdown, Required <div> <div>1 A816</div> <div>2 Batch Number 2</div> </div> Custom alignment: LH
629	poc_teststrip_expiry_date Show the field ONLY if: [poc_test_conducted] = '1'	***18.1.4 What is the expiry date of the test strip?  mm-yyyy	dropdown, Required <div> <div>1 28-10-2019</div> </div> Custom alignment: LH
630	poc_test_date Show the field ONLY if: [poc_test_conducted] = '1'	18.1.5 Date test administered	text (date_dmy), Required Custom alignment: LH
631	poc_test_time Show the field ONLY if: [poc_test_conducted] = '1'	18.1.6 Time test administered  PLEASE USE 24 HOUR NOTATION	text (time), Required Custom alignment: LH
632	poc_researcher_name	18.1.7 Name of researcher providing test	dropdown, Required <div> <div>1 Thonniah</div> <div>2 Siphumemelele</div> </div> Custom alignment: LH
633	poc_glucose_test_result Show the field ONLY if: [poc_test_conducted] = '1'	18.1.8 What is the Glucose test result?	text (number_2dp, Min: 0.00, Max: 30.00), Required Custom alignment: LH
634	poc_chol_result Show the field ONLY if: [poc_test_conducted] = '1'	18.1.9 What is the Cholesterol test result?	text (number_2dp, Min: 0, Max: 30), Required Custom alignment: LH
635	poc_gluc_results_provided	18.1.10 Were the glucose test results provided to participant?	radio, Required <div> <div>1 Yes</div> <div>0 No</div> </div> Custom alignment: LH
636	poc_gluc_results_notes Show the field ONLY if: [poc_gluc_results_provided] = '0'	18.1.10.1 If no, please specify reason(s)	notes, Required Custom alignment: LH
637	poc_chol_results_provided Show the field ONLY if: [poc_test_conducted] = '1'	18.1.11 Were the cholesterol test results provided to participant?	radio, Required <div> <div>1 Yes</div> <div>0 No</div> </div> Custom alignment: LH
638	poc_chol_results_notes Show the field ONLY if: [poc_chol_results_provided] = '0'	18.1.11.1 If no, please specify reason(s)	notes, Required Custom alignment: LH
639	poc_glucresults_discussed	18.1.12 Were the glucose test results discussed with the participant?	radio, Required <div> <div>1 Yes</div> <div>0 No</div> </div> Custom alignment: LH
640	poc_cholresults_discussed	18.1.13 Were the cholesterol test results discussed with the participant?	radio, Required <div> <div>1 Yes</div> <div>0 No</div> </div> Custom alignment: LH

641	poc_seek_advice	18.1.14 Was participant recommended to seek further advice from a health care worker?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
642	poc_hiv_test_conducted	Section Header: 18.2 HIV Test 18.2.1 Was the test conducted?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
643	poc_hiv_comment Show the field ONLY if: [poc_hiv_test_conducted] = '0'	18.2.1.1 Comment if No	notes, Required Custom alignment: LH						
644	poc_hiv_pre_test Show the field ONLY if: [poc_hiv_test_conducted] = '1'	18.2.2 Was HIV pre-test counselling provided?  Answer MUST be Yes	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
645	poc_pre_test_worker Show the field ONLY if: [poc_hiv_pre_test] = '1'	18.2.3 Name of health care worker providing pre-test counselling	text, Required Custom alignment: LH						
646	poc_test_kit_serial_num Show the field ONLY if: [poc_hiv_test_conducted] = '1'	18.2.4 Serial number of test kit	dropdown, Required <table><tr><td>1</td><td>Serial Number 1</td></tr><tr><td>2</td><td>Serial Number 2</td></tr></table> Custom alignment: LH	1	Serial Number 1	2	Serial Number 2		
1	Serial Number 1								
2	Serial Number 2								
647	poc_hiv_strip_batch_num Show the field ONLY if: [poc_test_conducted] = '1'	18.2.5 What is the batch number of the test strip?	dropdown, Required <table><tr><td>1</td><td>20180516</td></tr><tr><td>2</td><td>Batch Number 2</td></tr></table> Custom alignment: LH	1	20180516	2	Batch Number 2		
1	20180516								
2	Batch Number 2								
648	poc_hiv_strip_expiry_date Show the field ONLY if: [poc_test_conducted] = '1'	***18.2.6 What is the expiry date of the test strip?  mm-yyyy	dropdown, Required <table><tr><td>1</td><td>15-05-2020</td></tr></table> Custom alignment: LH	1	15-05-2020				
1	15-05-2020								
649	poc_hiv_test_date_done Show the field ONLY if: [poc_hiv_test_conducted] = '1'	18.2.7 Date test administered	text (date_dmy), Required Custom alignment: LH						
650	poc_technician_name Show the field ONLY if: [poc_hiv_test_conducted] = '1'	18.2.8 Name of researcher completing the test	dropdown, Required <table><tr><td>1</td><td>Nomses</td></tr><tr><td>2</td><td>Sphumelele</td></tr><tr><td>3</td><td>Thonniah</td></tr></table> Custom alignment: LH	1	Nomses	2	Sphumelele	3	Thonniah
1	Nomses								
2	Sphumelele								
3	Thonniah								
651	poc_hiv_test_result Show the field ONLY if: [poc_hiv_test_conducted] = '1'	18.2.9 What is the HIV test result	radio, Required <table><tr><td>1</td><td>Positive</td></tr><tr><td>0</td><td>Negative</td></tr><tr><td>2</td><td>Inconclusive</td></tr></table> Custom alignment: LH	1	Positive	0	Negative	2	Inconclusive
1	Positive								
0	Negative								
2	Inconclusive								
652	poc_result_provided Show the field ONLY if: [poc_hiv_test_conducted] = '1'	18.2.10 Was test result provided to participant?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
653	poc_post_test_counselling Show the field ONLY if: [poc_hiv_test_conducted] = '1'	18.2.11 Was post test counselling provided? Answer MUST be Yes if test was conducted	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
654	poc_post_test_worker Show the field ONLY if: [poc_post_test_counselling] = '1'	18.2.12 Name of health care worker providing post-test counselling	dropdown, Required <table><tr><td>1</td><td>Thonniah</td></tr><tr><td>2</td><td>Sphumelele</td></tr></table> Custom alignment: LH	1	Thonniah	2	Sphumelele		
1	Thonniah								
2	Sphumelele								

655	poc_hivpositive_firsttime  Show the field ONLY if: [poc_hiv_test_result] = '1'	18.2.13 If this was a first-time positive test, was participant referred for secondary testing?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
656	poc_hiv_seek_advice	18.2.14 Was the participant recommended to seek further advice from a health care worker?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
657	point_of_care_testing_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **19. Trauma** (trauma)

[^ Collapse](#)

	658	tram_experienced_events	Have you experienced any of the following events in the past 6 months? Check time from original	descriptive								
	659	tram_injury_ill_assault	Section Header: 19.1 Trauma 19.1.1 A serious illness, injury or an assault?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	660	tram_relative_ill_injured	19.1.2 A serious illness, injury or assault that happened to a close relative?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	661	tram_deceased	Section Header: 19.2 Life Threatening Events With Long Term Consequences(LTE-Q) 19.2.1 Your parent, child or spouse died?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	662	tram_family_friend_died	19.2.2 A close family friend or another relative (aunt, cousin, grandparent) died?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	663	tram_marital_separation	19.2.3 You had a separation due to marital difficulties?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											
	664	tram_broke_relationship	19.2.4 You broke off a steady relationship?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes											
0	No											
2	Don't know											
-8	Decline to answer											

665	tram_problem_with_friend	19.2.5 You had a serious problem with a close friend, neighbour or relative?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
666	tram_unemployed	19.2.6 You became unemployed or you were seeking work unsuccessfully for more than one month?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
667	tram_sacked_from_your_job	19.2.7 You were sacked, fired or laid off from your job?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
668	tram_financial_crisis	19.2.8 You had a major financial crisis?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
669	tram_problems_with_police	19.2.9 You had problems with the police and/or a court appearance?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
670	tram_some_valued_lost	19.2.10 Something you valued was lost or stolen?	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Don't know</td></tr><tr><td>-8</td><td>Decline to answer</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	2	Don't know	-8	Decline to answer
1	Yes										
0	No										
2	Don't know										
-8	Decline to answer										
671	trauma_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **20. Completion of Questionnaire** (completion\_of\_questionnaire)

[^ Collapse](#)

672	comp_sections_1_13	Section Header: 20. Checklist 20.1 Sections 1-12: General Questionnaire	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes						
0	No						
673	comp_comment_no_1_13 Show the field ONLY if: [comp_sections_1_13] = '0'	Comment if No	notes Custom alignment: LH				
674	comp_section_14	20.2 Section 13: Anthropometric Measurements	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No
1	Yes						
0	No						
675	comp_comment_no_14 Show the field ONLY if: [comp_section_14] = '0'	Comment if No	notes Custom alignment: LH				



	676	comp_section_15	20.3 Section 14: Blood Pressure and Pulse Measurements	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes									
0	No									
	677	comp_comment_no_15 Show the field ONLY if: [comp_section_15] = '0'	Comment if No	notes Custom alignment: LH						
	678	comp_section_16	20.4 Section 15: Ultrasound and DXA Measurements	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes									
0	No									
	679	comp_comment_no_16 Show the field ONLY if: [comp_section_16] = '0'	Comment if No	notes Custom alignment: LH						
	680	comp_section_17	20.5 Section 16: Respiratory Health, Spirometry & Reversibility Spirometry	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes									
0	No									
	681	comp_comment_no_17 Show the field ONLY if: [comp_section_17] = '0'	Comment if No	notes Custom alignment: LH						
	682	comp_section_18	20.6 Section 17: Blood Collection, Urine Collection & Microbiome	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes									
0	No									
	683	comp_comment_no_18 Show the field ONLY if: [comp_section_18] = '0'	Comment if No	notes Custom alignment: LH						
	684	comp_section_19	20.7 Section 18: Point of Care Testing	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes									
0	No									
	685	comp_comment_no_19 Show the field ONLY if: [comp_section_19] = '0'	Comment if No	notes Custom alignment: LH						
	686	comp_section_20	20.8 Section 19: Trauma	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No		
1	Yes									
0	No									
	687	comp_comment_no_20 Show the field ONLY if: [comp_section_19] = '0'	Comment if No	notes Custom alignment: LH						
	688	completion_of_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									