

20160708AWI-Gen H3Africa_Agincourt**Dictionary
Codebook**

2018-05-29 09:32:28

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)												
Instrument: Demographic Data (demographic_data)															
1	awi_number	AWI-Gen Study Number	text, Required												
2	unique_study_identifier	Unique Site Identifier	text												
3	site	Site	dropdown <table><tr><td>1</td><td>Agincourt</td></tr><tr><td>2</td><td>Dikgale</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>	1	Agincourt	2	Dikgale	3	Nairobi	4	Nanoro	5	Navrongo	6	Soweto
1	Agincourt														
2	Dikgale														
3	Nairobi														
4	Nanoro														
5	Navrongo														
6	Soweto														
4	sample_collection_date	Section Header: 1. <i>GENERAL INFORMATION</i> 1.1 Data collection date	text (date_dmy)												
5	interviewer_code	1.2 Interviewer Code	text												
6	start_time	1.3 Start time of questionnaire	text (time)												
7	dob_known_yesno	Section Header: 2. <i>DEMOGRAPHIC INFORMATION</i> 2.1 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: RH	1	Yes	0	No								
1	Yes														
0	No														

8	dob Show the field ONLY if: [dob_known_yesno] = '1'	2.2 Date of Birth	text (date_dmy), Identifier								
9	age_at_collection Show the field ONLY if: [dob_known_yesno] = '1'	Age at collection	calc Calculation: rounddown(datediff([dob], [sample_collection_date], 'y', 'dmy'), 0)								
10	approximate_dob Show the field ONLY if: [dob_known_yesno] = '0'	2.3 Approximate date of birth (will always be 15 June ...)	text (date_dmy)								
11	app_age_collection Show the field ONLY if: [dob_known_yesno] = '0'	Approximate age at collection	calc Calculation: round(datediff([approximate_dob], [sample_collection_date], 'y', 'dmy'), 0)								
12	sex	2.4 Gender	dropdown <table><tr><td>0</td><td>Female</td></tr><tr><td>1</td><td>Male</td></tr></table>	0	Female	1	Male				
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13	country	2.5 Country	dropdown <table><tr><td>1</td><td>South Africa</td></tr><tr><td>2</td><td>Kenya</td></tr><tr><td>3</td><td>Ghana</td></tr><tr><td>4</td><td>Burkina Faso</td></tr></table>	1	South Africa	2	Kenya	3	Ghana	4	Burkina Faso
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14	home_language_sa	2.6 Home language (South Africa)	dropdown																												
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15	home_language_kenya	2.6 Home language (Kenya)	dropdown																																		
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16	home_language_ghana	2.6 Home Language (Ghana)	dropdown																																		
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17	home_language_bf Show the field ONLY if: [country] = '4'	2.6 Home Language (Burkina Faso)	dropdown <table><tr><td>1</td><td>Moore</td></tr><tr><td>2</td><td>Gourounsi</td></tr><tr><td>3</td><td>Fulani</td></tr><tr><td>4</td><td>Gourmatchema</td></tr><tr><td>5</td><td>Dioula</td></tr><tr><td>6</td><td>Bissa</td></tr><tr><td>7</td><td>Dagara</td></tr><tr><td>8</td><td>Francais</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>Unknown</td></tr></table>		1	Moore	2	Gourounsi	3	Fulani	4	Gourmatchema	5	Dioula	6	Bissa	7	Dagara	8	Francais	9	Other	10	Unknown				
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18	other_language Show the field ONLY if: [home_language_sa] = '13' or [home_language_kenya] = '96' or [home_language_bf] = '9' or [home_language_ghana] = '10'	2.6 If other, please specify	text																									
19	ethnicity Show the field ONLY if: [country] = '1'	2.7 South Africa ethnic/tribal affiliation	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>10</td><td>Other</td></tr><tr><td>11</td><td>Unknown</td></tr><tr><td>12</td><td>Swati</td></tr></table>		1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	10	Other	11	Unknown	12	Swati
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20	kenya_ethnicity Show the field ONLY if: [country] = '2'	2.7 Kenya ethnic/tribal affiliation	dropdown <table><tr><td>01</td><td>Embu</td></tr><tr><td>02</td><td>Kalenjin</td></tr><tr><td>03</td><td>Kamba</td></tr><tr><td>04</td><td>Kikuyu</td></tr><tr><td>05</td><td>Kisii</td></tr><tr><td>06</td><td>Luhya</td></tr><tr><td>07</td><td>Luo</td></tr><tr><td>08</td><td>Maasai</td></tr><tr><td>09</td><td>Meru</td></tr><tr><td>10</td><td>Mijikenda</td></tr><tr><td>11</td><td>Somali</td></tr><tr><td>12</td><td>Swahili</td></tr><tr><td>13</td><td>Taita</td></tr><tr><td>14</td><td>Taveta</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	01	Embu	02	Kalenjin	03	Kamba	04	Kikuyu	05	Kisii	06	Luhya	07	Luo	08	Maasai	09	Meru	10	Mijikenda	11	Somali	12	Swahili	13	Taita	14	Taveta	96	Other	98	Unknown
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21	ghana_ethnicity Show the field ONLY if: [country] = '3'	2.7 Ghana ethnic/tribal affiliation	dropdown <table><tr><td>1</td><td>Kassena</td></tr><tr><td>2</td><td>Nankana</td></tr><tr><td>5</td><td>Bulsa</td></tr><tr><td>6</td><td>Dagaati</td></tr><tr><td>7</td><td>Sisala</td></tr><tr><td>8</td><td>Dagomba</td></tr><tr><td>9</td><td>Kusasi</td></tr><tr><td>10</td><td>Mampruga</td></tr><tr><td>13</td><td>Frafra</td></tr><tr><td>11</td><td>Other</td></tr><tr><td>12</td><td>Unknown</td></tr></table>	1	Kassena	2	Nankana	5	Bulsa	6	Dagaati	7	Sisala	8	Dagomba	9	Kusasi	10	Mampruga	13	Frafra	11	Other	12	Unknown										
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22	<div>burkina_faso_ethnicity</div> <div>Show the field ONLY if: [country] = '4'</div>	2.7 Burkina Faso ethnic/tribal affiliation	dropdown <table><tr><td>1</td><td>Mossi</td></tr><tr><td>2</td><td>Gourounsi</td></tr><tr><td>3</td><td>Peulh</td></tr><tr><td>4</td><td>Gourmatche</td></tr><tr><td>5</td><td>Dioula</td></tr><tr><td>6</td><td>Bissa</td></tr><tr><td>7</td><td>Dagara</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>Unknown</td></tr></table>	1	Mossi	2	Gourounsi	3	Peulh	4	Gourmatche	5	Dioula	6	Bissa	7	Dagara	9	Other	10	Unknown						
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23	<div>other_ethnicity</div> <div>Show the field ONLY if: [burkina_faso_ethnicity] = '9' or [ethnicity] = '10' or [kenya_ethnicity] = '96' or [ghana_ethnicity] = '11'</div>	2.7 If other, please specify	text																								
24	<div>father_ethnicity_sa</div> <div>Show the field ONLY if: [country] = '1'</div>	<div>Section Header: 2.8. Family ethnicity</div> <div>Father ethnic/tribal affiliation (South Africa)</div>	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>10</td><td>Other</td></tr><tr><td>11</td><td>Unknown</td></tr><tr><td>12</td><td>Swati</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	10	Other	11	Unknown	12	Swati
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31	father_language_g Show the field ONLY if: [country] = '3'	Father home Language (Ghana)	dropdown <table><tr><td>1</td><td>Nankam</td></tr><tr><td>2</td><td>Kassem</td></tr><tr><td>3</td><td>Buli</td></tr><tr><td>6</td><td>Sisali</td></tr><tr><td>7</td><td>Kusal</td></tr><tr><td>8</td><td>Gruni</td></tr><tr><td>9</td><td>Dagbanli</td></tr><tr><td>10</td><td>Dagaare</td></tr><tr><td>11</td><td>Mamprusi</td></tr><tr><td>12</td><td>Other</td></tr><tr><td>13</td><td>Unknown</td></tr></table>		1	Nankam	2	Kassem	3	Buli	6	Sisali	7	Kusal	8	Gruni	9	Dagbanli	10	Dagaare	11	Mamprusi	12	Other	13	Unknown
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32	father_language_bf Show the field ONLY if: [country] = '4'	Father home Language (Burkina Faso)	dropdown <table><tr><td>1</td><td>Moore</td></tr><tr><td>2</td><td>Gourounsi</td></tr><tr><td>3</td><td>Fulani</td></tr><tr><td>4</td><td>Gourmatchema</td></tr><tr><td>5</td><td>Dioula</td></tr><tr><td>6</td><td>Bissa</td></tr><tr><td>7</td><td>Dagara</td></tr><tr><td>8</td><td>Francais</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>Unknown</td></tr></table>		1	Moore	2	Gourounsi	3	Fulani	4	Gourmatchema	5	Dioula	6	Bissa	7	Dagara	8	Francais	9	Other	10	Unknown		
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33	father_other_language Show the field ONLY if: [father_language_sa] = '13' or [father_language_k] = '96' or [father_language_g] = '12' or [father_language_bf] = '9'	If other, please specify	text																							

34	pat_gfather_ethnicity_s_a Show the field ONLY if: [country] = '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>10</td><td>Other</td></tr><tr><td>11</td><td>Unknown</td></tr><tr><td>12</td><td>Swati</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	10	Other	11	Unknown	12	Swati								
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35	pat_gfather_ethnicity_k Show the field ONLY if: [country] = '2'	Paternal grandfather ethnic/tribal affiliation (Kenya)	dropdown <table><tr><td>01</td><td>Embu</td></tr><tr><td>02</td><td>Kalenjin</td></tr><tr><td>03</td><td>Kamba</td></tr><tr><td>04</td><td>Kikuyu</td></tr><tr><td>05</td><td>Kisii</td></tr><tr><td>06</td><td>Luhya</td></tr><tr><td>07</td><td>Luo</td></tr><tr><td>08</td><td>Maasai</td></tr><tr><td>09</td><td>Meru</td></tr><tr><td>10</td><td>Mijikenda</td></tr><tr><td>11</td><td>Somali</td></tr><tr><td>12</td><td>Swahili</td></tr><tr><td>13</td><td>Taita</td></tr><tr><td>14</td><td>Taveta</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	01	Embu	02	Kalenjin	03	Kamba	04	Kikuyu	05	Kisii	06	Luhya	07	Luo	08	Maasai	09	Meru	10	Mijikenda	11	Somali	12	Swahili	13	Taita	14	Taveta	96	Other	98	Unknown
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36	pat_gfather_ethnicity_g	Paternal grandfather ethnic/tribal affiliation (Ghana)	dropdown																				
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37	pat_gfather_ethnicity_bf	Paternal grandfather ethnic/tribal affiliation (Burkina Faso)	dropdown																				
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38	pat_gfather_other_eth	If other, please specify	text																				
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39	pat_gfather_language_sa	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>Other</td></tr><tr><td>14</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	Other	14	Unknown						
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44	pat_gmother_ethnicity_sa Show the field ONLY if: [country] = '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>10</td><td>Other</td></tr><tr><td>11</td><td>Unknown</td></tr><tr><td>12</td><td>Swati</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	10	Other	11	Unknown	12	Swati								
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53	pat_gmother_other_language Show the field ONLY if: [pat_gmother_language_sa] = '13' or [pat_gmother_language_k] = '96' or [pat_gmother_language_g] = '12' or [pat_gmother_language_bf] = '9'	If other, please specify	text																								
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7	Dagara																						
8	Francais																						
9	Other																						
10	Unknown																						
73	mat_gfather_other_language Show the field ONLY if: [mat_gfather_language_sa] = '13' or [mat_gfather_language_k] = '96' or [mat_gfather_language_g] = '12' or [mat_gfather_language_bf] = '9'	If other, please specify	text																				

74	mat_gmother_ethnicity_sa Show the field ONLY if: [country] = '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>10</td><td>Other</td></tr><tr><td>11</td><td>Unknown</td></tr><tr><td>12</td><td>Swati</td></tr></table>	1	Zulu	2	Xhosa	3	Ndebele	4	Sotho	5	Venda	6	Tsonga	7	Tswana	8	BaPedi	9	Zimbabwean	10	Other	11	Unknown	12	Swati								
1	Zulu																																		
2	Xhosa																																		
3	Ndebele																																		
4	Sotho																																		
5	Venda																																		
6	Tsonga																																		
7	Tswana																																		
8	BaPedi																																		
9	Zimbabwean																																		
10	Other																																		
11	Unknown																																		
12	Swati																																		
75	mat_gmother_ethnicity_k Show the field ONLY if: [country] = '2'	Maternal grandmother ethnic/tribal affiliation (Kenya)	dropdown <table><tr><td>01</td><td>Embu</td></tr><tr><td>02</td><td>Kalenjin</td></tr><tr><td>03</td><td>Kamba</td></tr><tr><td>04</td><td>Kikuyu</td></tr><tr><td>05</td><td>Kisii</td></tr><tr><td>06</td><td>Luhya</td></tr><tr><td>07</td><td>Luo</td></tr><tr><td>08</td><td>Maasai</td></tr><tr><td>09</td><td>Meru</td></tr><tr><td>10</td><td>Mijikenda</td></tr><tr><td>11</td><td>Somali</td></tr><tr><td>12</td><td>Swahili</td></tr><tr><td>13</td><td>Taita</td></tr><tr><td>14</td><td>Taveta</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	01	Embu	02	Kalenjin	03	Kamba	04	Kikuyu	05	Kisii	06	Luhya	07	Luo	08	Maasai	09	Meru	10	Mijikenda	11	Somali	12	Swahili	13	Taita	14	Taveta	96	Other	98	Unknown
01	Embu																																		
02	Kalenjin																																		
03	Kamba																																		
04	Kikuyu																																		
05	Kisii																																		
06	Luhya																																		
07	Luo																																		
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12	Swahili																																		
13	Taita																																		
14	Taveta																																		
96	Other																																		
98	Unknown																																		

76	mat_gmother_ethnicity_g Show the field ONLY if: [country] = '3'	Maternal grandmother ethnic/tribal affiliation (Ghana)	dropdown <table><tr><td>1</td><td>Kassena</td></tr><tr><td>2</td><td>Nankana</td></tr><tr><td>5</td><td>Bulsa</td></tr><tr><td>6</td><td>Dagaati</td></tr><tr><td>7</td><td>Sisala</td></tr><tr><td>8</td><td>Dagomba</td></tr><tr><td>9</td><td>Kusasi</td></tr><tr><td>10</td><td>Mamprunga</td></tr><tr><td>13</td><td>Frafra</td></tr><tr><td>11</td><td>Other</td></tr><tr><td>12</td><td>Unknown</td></tr></table>		1	Kassena	2	Nankana	5	Bulsa	6	Dagaati	7	Sisala	8	Dagomba	9	Kusasi	10	Mamprunga	13	Frafra	11	Other	12	Unknown
1	Kassena																									
2	Nankana																									
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10	Mamprunga																									
13	Frafra																									
11	Other																									
12	Unknown																									
77	mat_gmother_ethnicity_bf Show the field ONLY if: [country] = '4'	Maternal grandmother ethnic/tribal affiliation (Burkina Faso)	dropdown <table><tr><td>1</td><td>Mossi</td></tr><tr><td>2</td><td>Gourounsi</td></tr><tr><td>3</td><td>Peulh</td></tr><tr><td>4</td><td>Gourmatche</td></tr><tr><td>5</td><td>Dioula</td></tr><tr><td>6</td><td>Bissa</td></tr><tr><td>7</td><td>Dagara</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>Unknown</td></tr></table>		1	Mossi	2	Gourounsi	3	Peulh	4	Gourmatche	5	Dioula	6	Bissa	7	Dagara	9	Other	10	Unknown				
1	Mossi																									
2	Gourounsi																									
3	Peulh																									
4	Gourmatche																									
5	Dioula																									
6	Bissa																									
7	Dagara																									
9	Other																									
10	Unknown																									
78	mat_gmother_other_ethnicity Show the field ONLY if: [mat_gmother_ethnicity_sa] = '10' or [mat_gmother_ethnicity_k] = '96' or [mat_gmother_ethnicity_g] = '11' or [mat_gmother_ethnicity_bf] = '9'	If other, please specify	text																							

79	mat_gmother_lang_sa Show the field ONLY if: [country] = '1'	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>Other</td></tr><tr><td>14</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	Other	14	Unknown						
1	Afrikaans																																				
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12	Shona																																				
13	Other																																				
14	Unknown																																				
80	mat_gmother_lang_k Show the field ONLY if: [country] = '2'	Maternal grandmother home language (Kenya)	dropdown <table><tr><td>01</td><td>Embu</td></tr><tr><td>15</td><td>English</td></tr><tr><td>02</td><td>Kalenjin</td></tr><tr><td>03</td><td>Kamba</td></tr><tr><td>04</td><td>Kikuyu</td></tr><tr><td>05</td><td>Kisii</td></tr><tr><td>06</td><td>Luhya</td></tr><tr><td>07</td><td>Luo</td></tr><tr><td>08</td><td>Maasai</td></tr><tr><td>09</td><td>Meru</td></tr><tr><td>10</td><td>Mijikenda</td></tr><tr><td>11</td><td>Somali</td></tr><tr><td>16</td><td>Swahili</td></tr><tr><td>13</td><td>Taita</td></tr><tr><td>14</td><td>Taveta</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	01	Embu	15	English	02	Kalenjin	03	Kamba	04	Kikuyu	05	Kisii	06	Luhya	07	Luo	08	Maasai	09	Meru	10	Mijikenda	11	Somali	16	Swahili	13	Taita	14	Taveta	96	Other	98	Unknown
01	Embu																																				
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14	Taveta																																				
96	Other																																				
98	Unknown																																				

81	mat_gmother_language_g	Maternal grandmother home Language (Ghana)	dropdown <table><tr><td>1</td><td>Nankam</td></tr><tr><td>2</td><td>Kassem</td></tr><tr><td>3</td><td>Buli</td></tr><tr><td>6</td><td>Sisali</td></tr><tr><td>7</td><td>Kusal</td></tr><tr><td>8</td><td>Gruni</td></tr><tr><td>9</td><td>Dagbanli</td></tr><tr><td>10</td><td>Dagaare</td></tr><tr><td>11</td><td>Mamprusi</td></tr><tr><td>12</td><td>Other</td></tr><tr><td>13</td><td>Unknown</td></tr></table>	1	Nankam	2	Kassem	3	Buli	6	Sisali	7	Kusal	8	Gruni	9	Dagbanli	10	Dagaare	11	Mamprusi	12	Other	13	Unknown
1	Nankam																								
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10	Dagaare																								
11	Mamprusi																								
12	Other																								
13	Unknown																								
82	mat_gmother_language_bf	Maternal grandmother home Language (Burkina Faso)	dropdown <table><tr><td>1</td><td>Moore</td></tr><tr><td>2</td><td>Gourounsi</td></tr><tr><td>3</td><td>Fulani</td></tr><tr><td>4</td><td>Gourmatchema</td></tr><tr><td>5</td><td>Dioula</td></tr><tr><td>6</td><td>Bissa</td></tr><tr><td>7</td><td>Dagara</td></tr><tr><td>8</td><td>Francais</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>Unknown</td></tr></table>	1	Moore	2	Gourounsi	3	Fulani	4	Gourmatchema	5	Dioula	6	Bissa	7	Dagara	8	Francais	9	Other	10	Unknown		
1	Moore																								
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4	Gourmatchema																								
5	Dioula																								
6	Bissa																								
7	Dagara																								
8	Francais																								
9	Other																								
10	Unknown																								

83	mat_gmother_other_language Show the field ONLY if: [mat_gmother_lang_safe] = '13' or [mat_gmother_lang_k] = '96' or [mat_gmother_language_g] = '12' or [mat_gmother_language_bf] = '9'	If other, please specify	text				
84	siblings_yesno Show the field ONLY if: [siblings_yesno] = '1'	Section Header: 3. FAMILY COMPOSITION 3.1 Do you have any siblings with which you share at least one parent?	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						
85	amount_brothers Show the field ONLY if: [siblings_yesno] = '1'	3.2 How many brothers do you have?	text (number)				
86	amount_sisters Show the field ONLY if: [siblings_yesno] = '1'	3.3 How many sisters do you have?	text				
87	children_yesno Show the field ONLY if: [children_yesno] = '1'	3.4 Do you have any biological children?	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						

88	amount_sons Show the field ONLY if: [children_yesno] = '1'	3.5 How many biological sons do you have?	text (number)						
89	amount_daughters Show the field ONLY if: [children_yesno] = '1'	3.6 How many biological daughters do you have?	text (number)						
90	demographic_data_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: Phenotypic Collection Data (phenotypic_collection_data)									
91	pregnant Show the field ONLY if: [sex] = '0'	Section Header: 4. <i>PREGNANCY</i> 4.1 Are you pregnant?	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								
92	number_pregnancies Show the field ONLY if: [sex] = '0'	4.2 How many pregnancies have you had?	text (number)						
93	number_live_births Show the field ONLY if: [sex] = '0'	4.3 How many live births have you had?	text (number)						

94	regular_periods Show the field ONLY if: [sex] = '0'	4.4 Do you have regular (28-35 day) periods?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	2	No								
1	Yes														
2	No														
95	last_period Show the field ONLY if: [sex] = '0'	4.5 Date of last period (mm/yyyy)	text												
96	marital_status	Section Header: 5. MARITAL STATUS 5.1 Marital Status	radio <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 with a living partner</td></tr><tr><td>5</td><td>Separated with a living partner</td></tr><tr><td>6</td><td>Partner deceased</td></tr></table>	1	Married	2	Living together	3	Never married or co-habited	4	Divorced with a living partner	5	Separated with a living partner	6	Partner deceased
1	Married														
2	Living together														
3	Never married or co-habited														
4	Divorced with a living partner														
5	Separated with a living partner														
6	Partner deceased														
97	highest_level_of_education	Section Header: 6. EDUCATION 6.1 Highest level of Education	radio <table><tr><td>0</td><td>No formal education</td></tr><tr><td>1</td><td>Primary</td></tr><tr><td>2</td><td>Secondary</td></tr><tr><td>3</td><td>Tertiary</td></tr></table>	0	No formal education	1	Primary	2	Secondary	3	Tertiary				
0	No formal education														
1	Primary														
2	Secondary														
3	Tertiary														
98	years_highest_education Show the field ONLY if: [highest_level_of_education] = '1' or [highest_level_of_education] = '2' or [highest_level_of_education] = '3'	6.2 Total number of succesfully completed years at highest level of education	text (number, Min: 0, Max: 10)												

99	employment	Section Header: 7. <i>EMPLOYMENT</i> 7.1 Employment	radio <table><tr><td>0</td><td>Self employed</td></tr><tr><td>1</td><td>Formal full-time employment by someone else</td></tr><tr><td>2</td><td>Part-time employment by someone else</td></tr><tr><td>3</td><td>Informal employment</td></tr><tr><td>4</td><td>Unemployed</td></tr></table>	0	Self employed	1	Formal full-time employment by someone else	2	Part-time employment by someone else	3	Informal employment	4	Unemployed
0	Self employed												
1	Formal full-time employment by someone else												
2	Part-time employment by someone else												
3	Informal employment												
4	Unemployed												
100	household_size	Section Header: 8. <i>HOUSEHOLD ATTRIBUTES</i> 8.1 How many people besides you are in your household?	text (number, Min: 0, Max: 100)										
101	person1_name Show the field ONLY if: [household_size] >0	Person 1 Name	text, Identifier										
102	person1_sex Show the field ONLY if: [household_size] >0	Person 1 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male						
1	Female												
2	Male												
103	person1_age Show the field ONLY if: [household_size] >0	Person 1 Age (years)	text (number)										
104	person1_relationship Show the field ONLY if: [household_size] >0	Person 1 Relationship to you (e.g. father, husband, daughter, etc.)	text										

105	Person2_name Show the field ONLY if: [household_size] >1	Person 2 Name	text, Identifier				
106	Person2_sex Show the field ONLY if: [household_size] >1	Person 2 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
107	Person2_age Show the field ONLY if: [household_size] >1	Person 2 Age (years)	text (number)				
108	Person2_relationship Show the field ONLY if: [household_size] >1	Person 2 Relationship to you	text				
109	Person3_name Show the field ONLY if: [household_size] >2	Person 3 Name	text, Identifier				
110	Person3_sex Show the field ONLY if: [household_size] >2	Person 3 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						

111	person3_age Show the field ONLY if: [household_size]>2	Person 3 Age	text				
112	person3_relationship Show the field ONLY if: [household_size]>2	Person 3 Relationship to you	text				
113	person4_name Show the field ONLY if: [household_size]>3	Person 4 Name	text, Identifier				
114	person4_sex Show the field ONLY if: [household_size]>3	Person 4 Sex	dropdown <table border="1"><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
115	person4_age Show the field ONLY if: [household_size]>3	Person 4 Age	text				
116	person4_relationship Show the field ONLY if: [household_size]>3	Person 4 Relationship to you	text				

117	Person5_name Show the field ONLY if: [household_size]>4	Person 5 Name	text, Identifier				
118	Person5_sex Show the field ONLY if: [household_size]>4	Person 5 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
119	Person5_age Show the field ONLY if: [household_size]>4	Person 5 Age	text				
120	Person5_relationship Show the field ONLY if: [household_size]>4	Person 5 Relationship to you	text				
121	Person6_name Show the field ONLY if: [household_size]>5	Person 6 Name	text, Identifier				
122	Person6_sex Show the field ONLY if: [household_size]>5	Person 6 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						

123	Person6_age Show the field ONLY if: [household_size]>5	Person 6 Age	text				
124	Person6_relationship Show the field ONLY if: [household_size]>5	Person 6 Relationship to you	text				
125	Person7_name Show the field ONLY if: [household_size]>6	Person 7 Name	text, Identifier				
126	Person7_sex Show the field ONLY if: [household_size]>6	Person 7 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
127	Person7_age Show the field ONLY if: [household_size]>6	Person 7 Age	text				
128	Person7_relationship Show the field ONLY if: [household_size]>6	Person 7 Relationship to you	text				

129	Person8_name Show the field ONLY if: [household_size]>7	Person 8 Name	text, Identifier				
130	Person8_sex Show the field ONLY if: [household_size]>7	Person 8 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
131	Person8_age Show the field ONLY if: [household_size]>7	Person 8 Age	text				
132	Person8_relationship Show the field ONLY if: [household_size]>7	Person 8 Relationship to you	text				
133	Person9_name Show the field ONLY if: [household_size]>8	Person 9 Name	text, Identifier				
134	Person9_sex Show the field ONLY if: [household_size]>8	Person 9 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						

135	Person9_age Show the field ONLY if: [household_size]>8	Person 9 Age	text				
136	Person9_relationship Show the field ONLY if: [household_size]>8	Person 9 Relationship to you	text				
137	Person10_name Show the field ONLY if: [household_size]>9	Person 10 Name	text, Identifier				
138	Person10_sex Show the field ONLY if: [household_size]>9	Person 10 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
139	Person10_age Show the field ONLY if: [household_size]>9	Person 10 Age	text				
140	Person10_relationship Show the field ONLY if: [household_size]>9	Person 10 Relationship to you	text				

141	person11_name Show the field ONLY if: [household_size]>10	Person 11 Name	text, Identifier				
142	person11_sex Show the field ONLY if: [household_size]>10	Person 11 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
143	person11_age Show the field ONLY if: [household_size]>10	Person 11 Age	text				
144	person11_relationship Show the field ONLY if: [household_size]>10	Person 11 Relationship to you	text				
145	person12_name Show the field ONLY if: [household_size]>11	Person 12 Name	text, Identifier				
146	person12_age Show the field ONLY if: [household_size]>11	Person 12 Age	text				

147	Person12_sex Show the field ONLY if: [household_size]>11	Person 12 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
148	Person12_relationship Show the field ONLY if: [household_size]>11	Person 12 Relationship to you	text				
149	Person13_name Show the field ONLY if: [household_size]>12	Person 13 Name	text, Identifier				
150	Person13_age Show the field ONLY if: [household_size]>12	Person 13 Age	text				
151	Person13_sex Show the field ONLY if: [household_size]>12	Person 13 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
152	Person13_relationship Show the field ONLY if: [household_size]>12	Person 13 Relationship to you	text				

153	Person14_name Show the field ONLY if: [household_size]>13	Person 14 Name	text, Identifier				
154	Person14_age Show the field ONLY if: [household_size]>13	Person 14 Age	text				
155	Person14_sex Show the field ONLY if: [household_size]>13	Person 14 Sex	dropdown <table border="1"><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
156	Person14_relationship Show the field ONLY if: [household_size]>13	Person 14 Relationship to you	text				
157	Person15_name Show the field ONLY if: [household_size]>14	Person 15 Name	text, Identifier				
158	Person15_age Show the field ONLY if: [household_size]>14	Person 15 Age	text				

159	Person15_sex Show the field ONLY if: [household_size]>14	Person 15 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
160	Person15_relationship Show the field ONLY if: [household_size]>14	Person 15 Relationship to you	text				
161	Person16_name Show the field ONLY if: [household_size]>15	Person 16 Name	text, Identifier				
162	Person16_age Show the field ONLY if: [household_size]>15	Person 16 Age	text				
163	Person16_sex Show the field ONLY if: [household_size]>15	Person 16 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
164	Person16_relationship Show the field ONLY if: [household_size]>15	Person 16 Relationship to you	text				

165	Person17_name Show the field ONLY if: [household_size]>16	Person 17 Name	text, Identifier				
166	Person17_age Show the field ONLY if: [household_size]>16	Person 17 Age	text				
167	Person17_sex Show the field ONLY if: [household_size]>16	Person 17 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
168	Person17_relationship Show the field ONLY if: [household_size]>16	Person 17 Relationship to you	text				
169	Person18_name Show the field ONLY if: [household_size]>17	Person 18 Name	text, Identifier				
170	Person18_age Show the field ONLY if: [household_size]>17	Person 18 Age	text				

171	person18_sex Show the field ONLY if: [household_size]>17	Person 18 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
172	person18_relationship Show the field ONLY if: [household_size]>17	Person 18 Relationship to you	text				
173	person19_name Show the field ONLY if: [household_size]>18	Person 19 Name	text, Identifier				
174	person19_age Show the field ONLY if: [household_size]>18	Person 19 Age	text				
175	person19_sex Show the field ONLY if: [household_size]>18	Person 19 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
176	person19_relationship Show the field ONLY if: [household_size]>18	Person 19 Relationship to you	text				

177	Person20_name Show the field ONLY if: [household_size]>19	Person 20 Name	text, Identifier				
178	Person20_age Show the field ONLY if: [household_size]>19	Person 20 Age	text				
179	Person20_sex Show the field ONLY if: [household_size]>19	Person 20 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
180	Person20_relationship Show the field ONLY if: [household_size]>19	Person 20 Relationship to you	text				
181	Person21_name Show the field ONLY if: [household_size]>20	Person 21 Name	text, Identifier				
182	Person21_sex Show the field ONLY if: [household_size]>20	Person 21 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						

183	Person21_age Show the field ONLY if: [household_size]>20	Person 21 Age	text				
184	Person21_relationship Show the field ONLY if: [household_size]>20	Person 21 Relationship to you	text				
185	Person22_name Show the field ONLY if: [household_size]>21	Person 22 Name	text, Identifier				
186	Person22_age Show the field ONLY if: [household_size]>21	Person 22 Age	text				
187	Person22_sex Show the field ONLY if: [household_size]>21	Person 22 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
188	Person22_relationship Show the field ONLY if: [household_size]>21	Person 22 Relationship to you	text				

189	Person23_name Show the field ONLY if: [household_size]>22	Person 23 Name	text, Identifier				
190	Person23_age Show the field ONLY if: [household_size]>22	Person 23 Age	text				
191	Person23_sex Show the field ONLY if: [household_size]>22	Person 23 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
192	Person23_relationship Show the field ONLY if: [household_size]>22	Person 23 Relationship to you	text				
193	Person24_name Show the field ONLY if: [household_size]>23	Person 24 Name	text, Identifier				
194	Person24_age Show the field ONLY if: [household_size]>23	Person 24 Age	text				

195	Person24_sex Show the field ONLY if: [household_size]>23	Person 24 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
196	Person24_relationship Show the field ONLY if: [household_size]>23	Person 24 Relationship to you	text				
197	Person25_name Show the field ONLY if: [household_size]>24	Person 25 Name	text, Identifier				
198	Person25_age Show the field ONLY if: [household_size]>24	Person 25 Age	text				
199	Person25_sex Show the field ONLY if: [household_size]>24	Person 25 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
200	Person25_relationship Show the field ONLY if: [household_size]>24	Person 25 Relationship to you	text				

201	person26_name Show the field ONLY if: [household_size]>25	Person 26 Name	text, Identifier				
202	person26_age Show the field ONLY if: [household_size]>25	Person 26 Age	text				
203	person26_sex Show the field ONLY if: [household_size]>25	Person 26 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
204	person26_relationship Show the field ONLY if: [household_size]>25	Person 26 Relationship to you	text				
205	person27_name Show the field ONLY if: [household_size]>26	Person 27 Name	text, Identifier				
206	person27_age Show the field ONLY if: [household_size]>26	Person 27 Age	text				

207	Person27_sex Show the field ONLY if: [household_size]>26	Person 27 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
208	Person27_relationship Show the field ONLY if: [household_size]>26	Person 27 Relationship to you	text				
209	Person28_name Show the field ONLY if: [household_size]>27	Person 28 Name	text, Identifier				
210	Person28_age Show the field ONLY if: [household_size]>27	Person 28 Age	text				
211	Person28_sex Show the field ONLY if: [household_size]>27	Person 28 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
212	Person28_relationship Show the field ONLY if: [household_size]>27	Person 28 Relationship to you	text				

21	Person29_name Show the field ONLY if: [household_size]>28	Person 29 Name	text, Identifier				
21	Person29_age Show the field ONLY if: [household_size]>28	Person 29 Age	text				
21	Person29_sex Show the field ONLY if: [household_size]>28	Person 29 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male
1	Female						
2	Male						
21	Person29_relationship Show the field ONLY if: [household_size]>28	Person 29 Relationship to you	text				
21	Person30_name Show the field ONLY if: [household_size]>29	Person 30 Name	text, Identifier				
21	Person30_age Show the field ONLY if: [household_size]>29	Person 30 Age	text				

219	Person30_sex Show the field ONLY if: [household_size]>29	Person 30 Sex	dropdown <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr></table>	1	Female	2	Male		
1	Female								
2	Male								
220	Person30_relationship Show the field ONLY if: [household_size]>29	Person 30 Relationship to you	text						
221	Amount_rooms	8.3 How many rooms are there in the house and outside structures used by household members?	text (number, Min: 1)						
222	Amount_bedrooms	8.4 How many rooms are used for sleeping in?	text (number, Min: 1)						
223	Electricity	Section Header: 8.5 Which of the following items, in working order, do you have in your household at the present time? Electricity	radio (Matrix) <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
224	Solar_energy	Solar energy	radio (Matrix) <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
225	Power_generator Show the field ONLY if: [country] = '1' or [country] = '3' or [country] = '4'	Power generator	radio (Matrix) <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								

226	Alternative power source	radio (Matrix)
		1 yes
		2 no
		3 don't know
227	Television	radio (Matrix)
		1 yes
		2 no
		3 don't know
228	Radio	radio (Matrix)
		1 yes
		2 no
		3 don't know
229	Motor vehicle	radio (Matrix)
		1 yes
		2 no
		3 don't know
230	Motorcycle	radio (Matrix)
		1 yes
		2 no
		3 don't know
231	Bicycle	radio (Matrix)
		1 yes
		2 no
		3 don't know
232	Refrigerator	radio (Matrix)
		1 yes
		2 no
		3 don't know

233	Washing machine Show the field ONLY if: [country] = '1' or [country] = '2' or [country] = '3'	Washing machine	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
234	Sewing machine	Sewing machine	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
235	Telephone Show the field ONLY if: [country] = '1' or [country] = '3' or [country] = '4'	Telephone	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
236	Mobile phone	Mobile phone	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
237	Microwave Show the field ONLY if: [country] = '1' or [country] = '2'	Microwave	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
238	DVD player	DVD player	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								

239	satellite_tv_or_dstv	Satellite TV or DSTV	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
240	computer_or_laptop	Computer or laptop	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
241	Internet_by_computer	Internet by computer	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
242	Internet_by_mobile_phone	Internet by mobile phone	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
243	Electric_iron	Electric iron	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								

244	Fan	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '3' or [country] = '4'		<table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes							
2	no							
3	don't know							
245	Electric or gas stove	radio (Matrix)						
Electric_or_gas_stove		<table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes							
2	no							
3	don't know							
246	Kerosene stove	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '4'		<table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes							
2	no							
3	don't know							
247	Plate gas	radio (Matrix)						
Show the field ONLY if: [country] = '3' or [country] = '4'		<table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes							
2	no							
3	don't know							
248	Electric plate	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '4'		<table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes							
2	no							
3	don't know							
249	Torch	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '4'		<table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>2</td> <td>no</td> </tr> <tr> <td>3</td> <td>don't know</td> </tr> </table>	1	yes	2	no	3	don't know
1	yes							
2	no							
3	don't know							

250	gas_lamp Show the field ONLY if: [country] = '4' or [country] = '2'	Gas lamp	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
251	kerosene_lamp_with_glass Show the field ONLY if: [country] = '2' or [country] = '4'	Kerosene lamp with glass	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
252	toilet_facilities Show the field ONLY if: [country] = '1' or [country] = '4' or [country] = '3'	Toilet facilities	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
253	portable_water Show the field ONLY if: [country] = '3'	Portable water	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
254	grinding_mill Show the field ONLY if: [country] = '3' or [country] = '4'	Grinding mill	radio (Matrix) <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> <tr><td>3</td><td>don't know</td></tr> </table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								

255	Table	Table	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '3' or [country] = '4'			<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
256	Sofa_set	Sofa set	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '3' or [country] = '4'			<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
257	Wall_clock	Wall clock	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '4'			<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
258	Bed	Bed	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '3' or [country] = '4'			<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
259	Mattress	Mattress	radio (Matrix)						
Show the field ONLY if: [country] = '2' or [country] = '3' or [country] = '4'			<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								

250	Blankets	Blankets	radio (Matrix)						
	Show the field ONLY if: [country] = '2' or [country] = '3' or [country] = '4'		<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
251	Cattle	Cattle	radio (Matrix)						
	Show the field ONLY if: [site] = '1' or [site] = '2' or [site] = '3' or [site] = '4' or [site] = '5'		<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
252	Other livestock	Other livestock	radio (Matrix)						
	Show the field ONLY if: [site] = '1' or [site] = '2' or [site] = '3' or [site] = '4' or [site] = '5'		<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								
253	Poultry	Poultry	radio (Matrix)						
	Show the field ONLY if: [site] = '1' or [site] = '2' or [site] = '3' or [site] = '4' or [site] = '5'		<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know
1	yes								
2	no								
3	don't know								

264	Tractor	radio (Matrix)															
Show the field ONLY if: [site] = '1' or [site] = '2' or [site] = '4' or [site] = '5'		<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know									
1	yes																
2	no																
3	don't know																
265	Plough	radio (Matrix)															
Show the field ONLY if: [site] = '1' or [site] = '2' or [site] = '4' or [site] = '5'		<table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>3</td><td>don't know</td></tr></table>	1	yes	2	no	3	don't know									
1	yes																
2	no																
3	don't know																
266	tobacco_yesno	yesno															
	Section Header: 9. <i>SUBSTANCE USE</i> 9.1. <i>Tobacco use</i> 9.1.1 Have you ever smoked any tobacco products such as cigarettes, cigars or pipes?	<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																
267	current_smoker_yesno	yesno															
Show the field ONLY if: [tobacco_yesno] = '1'	9.1.2 Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?	<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																
268	what_smoke	checkbox															
Show the field ONLY if: [current_smoker_yesno] = '1'	9.1.3 What do you smoke?	<table><tr><td>1</td><td>what_smoke__1</td><td>Cigarettes</td></tr><tr><td>2</td><td>what_smoke__2</td><td>Pipe</td></tr><tr><td>3</td><td>what_smoke__3</td><td>Hand rolled</td></tr><tr><td>4</td><td>what_smoke__4</td><td>Cigars</td></tr><tr><td>5</td><td>what_smoke__5</td><td>E-cigarettes</td></tr></table> Custom alignment: RH	1	what_smoke__1	Cigarettes	2	what_smoke__2	Pipe	3	what_smoke__3	Hand rolled	4	what_smoke__4	Cigars	5	what_smoke__5	E-cigarettes
1	what_smoke__1	Cigarettes															
2	what_smoke__2	Pipe															
3	what_smoke__3	Hand rolled															
4	what_smoke__4	Cigars															
5	what_smoke__5	E-cigarettes															

269	amount_smoke_day Show the field ONLY if: [current_smoker_yesno] = '1'	9.1.4 How often do you smoke tobacco products?	dropdown <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></table>	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
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												
270	Smoke_per_day Show the field ONLY if: [current_smoker_yesno] = '1'	9.1.5 On the days that you smoke, how many tobacco products do you smoke?	text (number)										
271	Age_start_smoking Show the field ONLY if: [tobacco_yesno] = '1'	9.1.6 How old were you when you first started smoking?	text (number, Min: 1)										
272	Year_stop_smoking Show the field ONLY if: [current_smoker_yesno] = '0'	9.1.7 When did you stop smoking completely? (yyyy)	text										
273	Smokeless tobacco_yesno	9.1.8 Have you ever used any smokeless tobacco such as snuff, snus, betel with tobacco or chewing tobacco?	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												

274	snuff_yesno o Show the field ONLY if: [smokelesstobacco_yesno] = '1'	9.1.9 Do you use snuff?	yesno 1 Yes 0 No Custom alignment: RH	
275	snuff_method od Show the field ONLY if: [snuff_yesno] = '1'	9.1.10 How do you take snuff?	checkbox 1 snuff_method__1 2 snuff_method__2	Through your nose Through your mouth/on your lip
276	snuff_use_time me Show the field ONLY if: [snuff_yesno] = '1'	9.1.11 How often do you use snuff?	dropdown 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	
277	snuff_daily_use use Show the field ONLY if: [snuff_yesno] = '1'	9.1.12 On the days that you use snuff, how many times a day do you use it?	dropdown 1 Once a day 2 Twice a day 3 Three times a day 4 More than three times a day	
278	chewing_tobacco_yesno o Show the field ONLY if: [smokelesstobacco_yesno] = '1'	9.1.13 Do you use chewing tobacco?	yesno 1 Yes 0 No Custom alignment: RH	

279	chewing_to_bacco_use_time Show the field ONLY if: [chewing_to_bacco_yesno] = '1'	9.1.14 How often do you use chewing tobacco?	dropdown <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></table>	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
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												
280	chewing_to_bacco_daily Show the field ONLY if: [chewing_to_bacco_yesno] = '1'	9.1.15 On the days that you use chewing tobacco, how many times a day do you use it?	dropdown <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></table>	1	Once a day	2	Twice a day	3	Three times a day	4	More than three times a day		
1	Once a day												
2	Twice a day												
3	Three times a day												
4	More than three times a day												
281	alcohol_yesno	Section Header: 9.2. Alcohol use 9.2.1 Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider, or traditional beer?	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer		
1	Yes												
0	No												
2	Don't know												
3	Refuse to answer												
282	alcohol_current_yesno Show the field ONLY if: [alcohol_yesno] = '1'	9.2.2 Do you currently (in the last 30 days) consume any alcoholic drink such as beer, wine, spirits, fermented cider, or traditional beer?	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer		
1	Yes												
0	No												
2	Don't know												
3	Refuse to answer												
283	alcohol_time Show the field ONLY if: [alcohol_current_yesno] = '1'	9.2.3 How often do you have at least one alcoholic drink?	dropdown <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></table>	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
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												

284	amount_alcohol Show the field ONLY if: [alcohol_yesno] = '1'	9.2.4 On the days that you drink alcoholic drinks, how many alcoholic drinks do you have?	text (number)								
285	cutdown_alcohol_yesno Show the field ONLY if: [alcohol_current_yesno] = '1'	9.2.5 Have you ever felt that you should cut down on your drinking?	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
286	criticise_drinking_yesno Show the field ONLY if: [alcohol_current_yesno] = '1'	9.2.6 Have people annoyed you by criticising your drinking?	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
287	guilty_drinking_yesno Show the field ONLY if: [alcohol_current_yesno] = '1'	9.2.7 Have you ever felt bad or guilty about your drinking?	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
288	hangover_yesno Show the field ONLY if: [alcohol_current_yesno] = '1'	9.2.8 Have you ever had an alcoholic drink first thing in the morning to steady your nerves or get rid of a hangover?	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										

289	binge_drinking_yesno Show the field ONLY if: [alcohol_current_yesno] = '1'	9.2.9 In the past year, did you ever take 6 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.	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer								
1	Yes																		
0	No																		
2	Don't know																		
3	Refuse to answer																		
290	alcohol_type Show the field ONLY if: [alcohol_yesno] = '1'	9.2.10 What type of alcoholic beverage do you usually drink?	checkbox <table><tr><td>1</td><td>alcohol_type__1</td><td>Beer</td></tr><tr><td>2</td><td>alcohol_type__2</td><td>Wine</td></tr><tr><td>3</td><td>alcohol_type__3</td><td>Spirits</td></tr><tr><td>4</td><td>alcohol_type__4</td><td>Home Brew</td></tr><tr><td>5</td><td>alcohol_type__5</td><td>Other</td></tr></table>	1	alcohol_type__1	Beer	2	alcohol_type__2	Wine	3	alcohol_type__3	Spirits	4	alcohol_type__4	Home Brew	5	alcohol_type__5	Other	
1	alcohol_type__1	Beer																	
2	alcohol_type__2	Wine																	
3	alcohol_type__3	Spirits																	
4	alcohol_type__4	Home Brew																	
5	alcohol_type__5	Other																	
291	specify_alcohol Show the field ONLY if: [alcohol_type(5)] = '1'	Specify	text																
292	drugs_yesno 0	Section Header: 9.3. Drug use 9.3.1 Do you, or have you ever taken marijuana, methamphetamines, cocaine or any other drugs (dagga, glue, heroin, crack, mandrax, acid)?	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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer								
1	Yes																		
0	No																		
2	Don't know																		
3	Refuse to answer																		
293	breast_cancer Show the field ONLY if: [sex] = '0'	Section Header: 10. GENERAL HEALTH 10.1 Please indicate whether you have or, have had any of the following illnesses 10.1.1 Breast cancer	radio (Matrix) <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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer								
1	Yes																		
0	No																		
2	Don't know																		
3	Refuse to answer																		

294	cervical_cancer Show the field ONLY if: [sex] = '0'	10.1.2 Cervical cancer	radio (Matrix) <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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
295	prostate_cancer Show the field ONLY if: [sex] = '1'	10.1.3 Prostate cancer	radio (Matrix) <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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
296	other_cancers	10.1.4 Other cancers	radio (Matrix) <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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
297	asthma	10.1.5 Asthma or reactive air diseases	radio (Matrix) <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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
298	treatment_gen_health_yesno Show the field ONLY if: [breast_cancer] = '1' or [cervical_cancer] = '1' or [prostate_cancer] = '1' or [other_cancers] = '1' or [asthma] = '1'	10.1.6 Have you ever received treatment prescribed by a doctor to treat any of the above illnesses?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know		
1	Yes										
0	No										
2	Don't know										

299	medication_yesno Show the field ONLY if: [breast_cancer] = '1' or [cervical_cancer] = '1' or [prostate_cancer] = '1' or [other_cancers] = '1' or [asthma] = '1'	10.1.7 Are you currently on treatment prescribed by a doctor to treat any of the above illnesses?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know		
1	Yes										
0	No										
2	Don't know										
300	list_medication Show the field ONLY if: [medication_yesno] = '1'	10.1.8 What medication has been prescribed? Please list names if possible.	notes								
301	traditional_med_yesno Show the field ONLY if: [breast_cancer] = '1' or [cervical_cancer] = '1' or [prostate_cancer] = '1' or [other_cancers] = '1' or [asthma] = '1'	10.1.9 Are you currently taking any herbal or traditional remedy for any of the above illnesses?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know		
1	Yes										
0	No										
2	Don't know										
302	obesity_mom	Section Header: 10.2. Please indicate if your mother has, or has had any of the following illnesses 10.2.1 Weight problem/obesity	radio (Matrix) <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>3</td><td>Refuse to answer</td></tr></table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										

303	3_blood_pressure_mom	10.2.2 High blood pressure	radio (Matrix) <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>3</td> <td>Refuse to answer</td> </tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
304	4_cholesterol_mom	10.2.3 High cholesterol	radio (Matrix) <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>3</td> <td>Refuse to answer</td> </tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
305	5_breast_cancer_mom	10.2.4 Breast cancer	radio (Matrix) <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>3</td> <td>Refuse to answer</td> </tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
306	6_cervical_cancer_mom	10.2.5 Cervical cancer	radio (Matrix) <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>3</td> <td>Refuse to answer</td> </tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
307	7_other_cancers_mom	10.2.6 Other cancers	radio (Matrix) <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>3</td> <td>Refuse to answer</td> </tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
308	8_asthma_mom	10.2.7 Asthma or reactive air disease	radio (Matrix) <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>3</td> <td>Refuse to answer</td> </tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										

309	obesity_dad	<p>Section Header: 10.3. Please indicate if your father has, or has had any of the following illnesses</p> <p>10.3.1 Weight problem/obesity</p>	<p>radio (Matrix)</p> <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>3</td><td>Refuse to answer</td></tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
310	high_blood_pressure_dad	10.3.2 High blood pressure	<p>radio (Matrix)</p> <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>3</td><td>Refuse to answer</td></tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
311	high_cholesterol_dad	10.3.3 High cholesterol	<p>radio (Matrix)</p> <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>3</td><td>Refuse to answer</td></tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
312	prostate_cancer_dad	10.3.4 Prostate cancer	<p>radio (Matrix)</p> <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>3</td><td>Refuse to answer</td></tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
313	other_cancers_dad	10.3.5 Other cancers	<p>radio (Matrix)</p> <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>3</td><td>Refuse to answer</td></tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
314	asthma_dad	10.3.6 Asthma or reactive air disease	<p>radio (Matrix)</p> <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>3</td><td>Refuse to answer</td></tr> </table>	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										

31	5days_fruit	Section Header: 10.4. Diet 10.4.1 In a typical week, on how many days do you eat fruit?	text (number, Min: 0, Max: 7) Custom alignment: RH						
31	6fruit_servings	10.4.2 How many servings of fruit do you eat on a typical day?	text (number, Min: 0)						
31	7days_veg	10.4.3 In a typical week, on how many days do you eat vegetables?	text (number, Min: 0, Max: 7)						
31	8servings_veg	10.4.4 How many servings of vegetables do you eat on a typical day?	text (number, Min: 0)						
31	9vendor_meals	10.4.5 How many meals per week do you buy from a vendor or take-away or restaurant? By meal, I mean breakfast, lunch or dinner.	text (number, Min: 0)						
32	10days_bread	10.4.6 In a typical week, on how many days do you eat bread bought from a shop?	text (number, Min: 0, Max: 7)						
32	11slices_bread	10.4.7 How many slices of bread bought from a shop, do you eat on a typical day?	text (number, Min: 0)						
32	12sugardrinks	10.4.8 How many cans, bottles, or cups of sugary cold drinks, do you drink in a week?	text (number, Min: 0)						
32	13juice	10.4.9 How many cans or bottles or cups of fruit juice do you drink in a week?	text (number, Min: 0)						
32	14change_diet_yesno	10.4.10 Has a doctor, nurse, or other healthcare worker ever told you to change your diet (eg.To eat less sugar)?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

325	lose_weight_yesno	10.4.11 Has a doctor, nurse, or other healthcare worker ever advised you to lose weight?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
326	pesticide_yesno Show the field ONLY if: [site] = '1' or [site] = '2' or [site] = '4' or [site] = '5'	Section Header: 10.5. Exposure to Pesticides 10.5.1 Do you work with insecticides or pesticides?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
327	years_pesticide Show the field ONLY if: [pesticide_yesno] = '1'	10.5.2 How long have you been working with insecticides or pesticides?	text (number, Min: 0)						
328	region_pesticide_yesno Show the field ONLY if: [site] = '1' or [site] = '2' or [site] = '4' or [site] = '5'	10.5.3 Do you live close to a farm or region where insecticides or pesticides are used?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
329	pesticide_type_yesno Show the field ONLY if: [region_pesticide_yesno] = '1'	10.5.4 Do you know what type of pesticides or insecticides are used, either by you, or within your area?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

330	pesticide_list	10.5.5 Please list them if possible :	notes						
	Show the field ONLY if: [pesticide_type_yesno] = '1'								
331	malaria_yesno	Section Header: 11. INFECTION HISTORY 11.1 Malaria 11.1.1 Have you ever had Malaria?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
332	malaria_month_yesno	11.1.2 Have you had malaria fever in the last month?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
333	malaria_area_yesno	11.1.3 Have you traveled to an area with a high incidence of malaria, in the last 2 months?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
334a	tb_yesno	Section Header: 11.2. TB 11.2.1 Have you ever been told by a doctor, nurse or other healthcare worker that you have TB?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

335b_12mont hs_yesno Show the field ONLY if: [tb_yesno] = '1'	11.2.2 Have you been newly-diagnosed with TB in the last 12 months?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							
336b_diagnosed Show the field ONLY if: [tb_yesno] = '1'	11.2.3 When was it diagnosed?	text						
337b_treatment_yesno Show the field ONLY if: [tb_yesno] = '1'	11.2.4 Have you ever received treatment for TB 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							
338b_meds_yesno Show the field ONLY if: [tb_treatment_yesno] = '1'	11.2.5 Are you currently receiving treatment for TB 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							
339b_counseling_yesno Show the field ONLY if: [tb_yesno] = '1'	11.2.6 Have you ever been counselled by a doctor, nurse or other healthcare worker, on how you can avoid passing TB onto others?	radio <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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							

340b_traditional_med_yesno	11.2.7 Are you currently taking any herbal or traditional remedy for TB?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							
341blood_sugar_yesno	Section Header: 12. CARDIOMETABOLIC RISK FACTORS 12.1. Diabetes 12.1.1 Has a doctor, nurse, or other healthcare worker ever measured your blood or urine for diabetes (sugar in the blood)?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							
342diabetes_yesno	12.1.2 Have you ever been told by a doctor or healthcare worker, that you have diabetes or high blood sugar (outside of pregnancy)?	radio <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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							
343diabetes_12months_yesno Show the field ONLY if: [diabetes_yesno] = '1'	12.1.3 Have you been newly-diagnosed with diabetes in the last 12 months?	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							
344diabetes_treatment_yesno Show the field ONLY if: [diabetes_yesno] = '1'	12.1.4 Have you ever received treatment for diabetes 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes							
0	No							
2	Don't know							

345	diabetes_meds_yesno Show the field ONLY if: [diabetes_yesno] = '1'	12.1.5 Are you currently receiving treatment for diabetes prescribed by a doctor, nurse, or other healthcare worker?	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> </table> Custom alignment: RH	1	Yes	0	No	2	Don't know										
1	Yes																		
0	No																		
2	Don't know																		
346	diabetes_meds Show the field ONLY if: [diabetes_meds_yesno] = '1'	12.1.6 Are you doing anything to treat your diabetes (sugar in the blood)? <i>Note: Insulin injections and pills can't be taken at the same time!</i>	checkbox <table border="1"> <tr><td>1</td><td>diabetes_meds__1</td><td>Insulin injection</td></tr> <tr><td>2</td><td>diabetes_meds__2</td><td>Pills (that you swallow)</td></tr> <tr><td>3</td><td>diabetes_meds__3</td><td>Special Diet</td></tr> <tr><td>4</td><td>diabetes_meds__4</td><td>Weight Loss</td></tr> <tr><td>5</td><td>diabetes_meds__5</td><td>Other</td></tr> </table>	1	diabetes_meds__1	Insulin injection	2	diabetes_meds__2	Pills (that you swallow)	3	diabetes_meds__3	Special Diet	4	diabetes_meds__4	Weight Loss	5	diabetes_meds__5	Other	
1	diabetes_meds__1	Insulin injection																	
2	diabetes_meds__2	Pills (that you swallow)																	
3	diabetes_meds__3	Special Diet																	
4	diabetes_meds__4	Weight Loss																	
5	diabetes_meds__5	Other																	
347	diabetes_meds_specify Show the field ONLY if: [diabetes_meds(5)] = '1'	Specify	text																
348	diabetes_traditional_yesno Show the field ONLY if: [diabetes_traditional_yesno] = '1'	12.1.7 Are you currently taking any herbal or traditional remedy for diabetes (sugar in the blood)?	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> </table> Custom alignment: RH	1	Yes	0	No	2	Don't know										
1	Yes																		
0	No																		
2	Don't know																		
349	diabetes_history_yesno Show the field ONLY if: [diabetes_history_yesno] = '1'	12.1.8 Do you have a family history of diabetes?	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> </table> Custom alignment: RH	1	Yes	0	No	2	Don't know										
1	Yes																		
0	No																		
2	Don't know																		

350	<div>mother_diabetes</div> <div>Show the field ONLY if: [diabetes_history_yesno] = '1'</div>	<div>Section Header: 12.1.9 Which of your family members have, or have had diabetes (sugar in the blood)?</div> <div>Mother</div>	<div>radio (Matrix)</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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
351	<div>father_diabetes</div> <div>Show the field ONLY if: [diabetes_history_yesno] = '1'</div>	Father	<div>radio (Matrix)</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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
352	<div>brother_1_diabetes</div> <div>Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_brothers]>= 1</div>	Brother 1	<div>radio (Matrix)</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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
353	<div>brother_2_diabetes</div> <div>Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_brothers]>=2</div>	Brother 2	<div>radio (Matrix)</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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
354	<div>brother_3_diabetes</div> <div>Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_brothers]=3</div>	Brother 3	<div>radio (Matrix)</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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

355	Brother_4_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_brothers]=4	Brother 4	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
356	Sister_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sisters]>=1	Sister 1	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
357	Sister_2_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sisters]>=2	Sister 2	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
358	Sister_3_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sisters]=3	Sister 3	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

359	Sister_4_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sisters]=4	Sister 4	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
360	Son_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sons]>=1	Son 1	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
361	Son_2_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sons]>=2	Son 2	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
362	Son_3_diabetes Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sons]=3	Son 3	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

363	Son_4_diabetes	Son 4	radio (Matrix)						
	Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_sons]=4		<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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
364	Daughter_1_diabetes	Daughter 1	radio (Matrix)						
	Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_daughters]>=1		<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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
365	Daughter_2_diabetes	Daughter 2	radio (Matrix)						
	Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_daughters]>=2		<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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
366	Daughter_3_diabetes	Daughter 3	radio (Matrix)						
	Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_daughters]=3		<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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

367	daughter_4_diabetes	Daughter 4	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
	Show the field ONLY if: [diabetes_history_yesno] = '1' and [amount_daughters] = 4								
368	other_diabetes	Other	radio (Matrix) <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></table>	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
	Show the field ONLY if: [diabetes_history_yesno] = '1'								
369	diabetes_other_specify	Specify	text						
	Show the field ONLY if: [other_diabetes] = '1'								
370	stroke_yesno	Section Header: 12.2. Stroke* *Jones, W.J., Williams, L. S. and Meschia, J. F. (2001) Validating the Questionnaire for Verifying Stroke-Free Status (QVSFS) by neurological history and examination. Stroke, 32(10): 2223-6. Please note that the word, "physician" has been replaced with the phrase, "doctor, nurse or other healthcare worker" to accommodate the AWI-Gen study. 12.2.1 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

371	stroke_diagnosed	12.2.2 When was it first diagnosed? (year)	text						
	Show the field ONLY if: [stroke_yesno] = '1'								
372	tia_yesno	12.2.3 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
373	weakness_yesno	12.2.4 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
374	numbness_yesno	12.2.5 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
375	blindness_yesno	12.2.6 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

376	half_vision_loss_yesno	12.2.7 Have you ever suddenly lost one half of your vision?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
377	understanding_loss_yesno	12.2.8 Have you ever suddenly lost the ability to understand what people are saying?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
378	expression_loss_yesno	12.2.9 Have you ever suddenly lost the ability to express yourself verbally, or in writing?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
379	bp_measured_yesno	Section Header: 12.3 <i>Hypertension</i> 12.3.1 Has a doctor, nurse, or other healthcare worker ever measured your blood pressure?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
380	hypertension_yesno	12.3.2 Have you ever been told by a doctor, nurse, or other healthcare worker that you have hypertension (high blood pressure)?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

381	hypertensi on_12mont hs_yn Show the field ONLY if: [hypertensi on_yesno] = '1'	12.3.3 Have you been newly-diagnosed with hypertension in the last 12 months?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
382	hypertensi on_treatme nt_yn Show the field ONLY if: [hypertensi on_yesno] = '1'	12.3.4 Have you ever received treatment for hypertension 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
383	hypertensi on_meds_y n Show the field ONLY if: [hypertensi on_yesno] = '1'	12.3.5 Are you currently on treatment for hypertension 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
384	hypertensi on_meds Show the field ONLY if: [hypertensi on_meds_y n] = '1'	12.3.6 What medicine are you taking for this? Please list if possible.	notes						
385	hypertensi on_traditio nal	12.3.7 Are you currently taking any herbal or traditional remedy for hypertension?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

386	angina_yes no	Section Header: 12.4 Angina 12.4.1 Have you ever been told by a doctor, nurse, or other healthcare worker that you have angina (chest pain due to heart disease)?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
387	angina_treatment_yn Show the field ONLY if: [angina_yesno] = '1'	12.4.2 Have you ever received treatment for chest pain due to heart disease 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
388	angina_meds_yesno Show the field ONLY if: [angina_yesno] = '1'	12.4.3 Are you currently taking any medication for angina prescribed by a doctor or other healthcare worker for this?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
389	angina_meds Show the field ONLY if: [angina_meds_yesno] = '1'	12.4.4 What medicine are you taking for this? Please list if possible.	notes						
390	angina_traditional	12.4.5 Are you currently taking any herbal or traditional remedy for angina?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

391	pain_yesno	12.4.6 During the last 12 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?	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> </table> Custom alignment: RH		1	Yes	0	No	2	Don't know
1	Yes									
0	No									
2	Don't know									
392	pain2_yesno	12.4.7 During the last 12 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?	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> </table> Custom alignment: RH		1	Yes	0	No	2	Don't know
1	Yes									
0	No									
2	Don't know									
393	pain_action	12.4.8 What do you do if you get the pain or discomfort when you are walking?	checkbox							
	Show the field ONLY if: [pain_yesno] = '1' or [pain2_yesno] = '1'		1	pain_action__1	Stop or slow down					
			2	pain_action__2	Rest for a while and then carry on					
			3	pain_action__3	Carry on after taking a pain relief medicine that dissolves in your mouth (a nitro spray or tablet)					
			4	pain_action__4	Carry on walking					

394	<p>relief_stand still</p> <p>Show the field ONLY if: [pain_yesno] = '1' or [pain2_yesno] = '1'</p>	<p>12.4.9 Is the pain or discomfort relieved if you stand still?</p>	<p>radio</p> <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> </table> <p>Custom alignment: RH</p>	1	Yes	0	No	2	Don't know																																																
1	Yes																																																								
0	No																																																								
2	Don't know																																																								
395	<p>pain_location</p> <p>Show the field ONLY if: [pain_yesno] = '1' or [pain2_yesno] = '1'</p>	<p>12.4.10 Will you show me where you usually experience the pain or discomfort?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>pain_location__1</td><td>1</td></tr> <tr><td>2</td><td>pain_location__2</td><td>2</td></tr> <tr><td>3</td><td>pain_location__3</td><td>3</td></tr> <tr><td>4</td><td>pain_location__4</td><td>4</td></tr> <tr><td>5</td><td>pain_location__5</td><td>5</td></tr> <tr><td>6</td><td>pain_location__6</td><td>6</td></tr> <tr><td>7</td><td>pain_location__7</td><td>7</td></tr> <tr><td>8</td><td>pain_location__8</td><td>8</td></tr> <tr><td>9</td><td>pain_location__9</td><td>9</td></tr> <tr><td>10</td><td>pain_location__10</td><td>10</td></tr> <tr><td>11</td><td>pain_location__11</td><td>11</td></tr> <tr><td>12</td><td>pain_location__12</td><td>12</td></tr> <tr><td>13</td><td>pain_location__13</td><td>13</td></tr> <tr><td>14</td><td>pain_location__14</td><td>14</td></tr> <tr><td>15</td><td>pain_location__15</td><td>15</td></tr> <tr><td>16</td><td>pain_location__16</td><td>16</td></tr> <tr><td>17</td><td>pain_location__17</td><td>17</td></tr> <tr><td>18</td><td>pain_location__18</td><td>18</td></tr> </table> <p>Custom alignment: RH</p>	1	pain_location__1	1	2	pain_location__2	2	3	pain_location__3	3	4	pain_location__4	4	5	pain_location__5	5	6	pain_location__6	6	7	pain_location__7	7	8	pain_location__8	8	9	pain_location__9	9	10	pain_location__10	10	11	pain_location__11	11	12	pain_location__12	12	13	pain_location__13	13	14	pain_location__14	14	15	pain_location__15	15	16	pain_location__16	16	17	pain_location__17	17	18	pain_location__18	18
1	pain_location__1	1																																																							
2	pain_location__2	2																																																							
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16	pain_location__16	16																																																							
17	pain_location__17	17																																																							
18	pain_location__18	18																																																							
396	<p>heartattack_yesno</p>	<p>Section Header: 12.5 Heart Attack</p> <p>12.5.1 Have you ever been told by a doctor, nurse, or other healthcare worker that you have had a heart attack?</p>	<p>radio</p> <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> </table> <p>Custom alignment: RH</p>	1	Yes	0	No	2	Don't know																																																
1	Yes																																																								
0	No																																																								
2	Don't know																																																								

397	heartattack_treatment Show the field ONLY if: [heartattack_yesno] = '1'	12.5.2 Did you ever receive medical treatment 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
398	heartattack_traditional	12.5.3 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
399	chf_yesno	Section Header: 12.6 Congestive Heart Failure 12.6.1 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
400	chf_treatment_yn Show the field ONLY if: [chf_yesno] = '1'	12.6.2 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
401	chf_meds_yesno Show the field ONLY if: [chf_yesno] = '1'	12.6.3 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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
402	chf_meds Show the field ONLY if: [chf_meds_yesno] = '1'	12.6.4 What medicine are you taking for this? Please list if possible.	notes						

403	hf_traditional	12.6.5 Are you currently taking any herbal or traditional remedy for heart failure?	radio		
			1	Yes	
			0	No	
			2	Don't know	
			Custom alignment: RH		
404	cholesterol_yesno	Section Header: 12.7 High Cholesterol 12.7.1 Has a doctor, nurse or other healthcare worker ever measured your cholesterol?	radio		
			1	Yes	
			0	No	
			2	Don't know	
			Custom alignment: RH		
405	cholesterol_yesno	12.7.2 Have you ever been told by your doctor or other healthcare worker told you that you have high cholesterol?	radio		
			1	Yes	
			0	No	
			2	Don't know	
			Custom alignment: RH		
406	cholesterol_treatment	12.7.3 Have you ever been treated for high cholesterol by a doctor, nurse, or other healthcare worker?	radio		
	Show the field ONLY if: [h_cholesterol_yesno] = '1'		1	Yes	
			0	No	
			2	Don't know	
			Custom alignment: RH		
407	cholesterol_meds	12.7.4 Are you currently using any of the following to treat your high cholesterol, as prescribed by a doctor, nurse, or other healthcare worker?	checkbox		
	Show the field ONLY if: [cholesterol_treatment] = '1'		1	cholesterol_meds__1	Special diet
			2	cholesterol_meds__2	Weight loss
			3	cholesterol_meds__3	Medicine
			4	cholesterol_meds__4	Other
			Custom alignment: RH		

408	cholesterol_traditional	12.7.5 Are you currently taking any herbal or traditional remedy for high cholesterol?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
409	thyroid_yesno	Section Header: 13. THYROID DISEASE 13.1 Has a doctor ever told you that you have thyroid disease?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
410	thyroid_type_yesno Show the field ONLY if: [thyroid_yesno] = '1'	13.2 Do you know what type of thyroid disease you were diagnosed with?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								
411	thyroid_specify Show the field ONLY if: [thyroid_type_yesno] = '1'	If yes, please specify	text						
412	thyroid_treatment_yesno Show the field ONLY if: [thyroid_yesno] = '1'	13.3 Have you ever been treated for it?	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></table> Custom alignment: RH	1	Yes	0	No	2	Don't know
1	Yes								
0	No								
2	Don't know								

413	thyroid_treatment	13.4 What treatment did you use?	checkbox												
	Show the field ONLY if: [thyroid_treatment_yesno] = '1'		<table border="1"> <tr> <td>4</td> <td>thyroid_treatment__4</td> <td>Thyroid hormone</td> </tr> <tr> <td>5</td> <td>thyroid_treatment__5</td> <td>Surgery</td> </tr> <tr> <td>6</td> <td>thyroid_treatment__6</td> <td>Radioactive iodine</td> </tr> <tr> <td>7</td> <td>thyroid_treatment__7</td> <td>Antithyroid drugs</td> </tr> </table>	4	thyroid_treatment__4	Thyroid hormone	5	thyroid_treatment__5	Surgery	6	thyroid_treatment__6	Radioactive iodine	7	thyroid_treatment__7	Antithyroid drugs
4	thyroid_treatment__4	Thyroid hormone													
5	thyroid_treatment__5	Surgery													
6	thyroid_treatment__6	Radioactive iodine													
7	thyroid_treatment__7	Antithyroid drugs													
			Custom alignment: RH												
414	parents_thyroid_yesno	13.5 Do either of your parents have, or have they had, thyroid disease?	yesno												
			<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
			Custom alignment: RH												
415	specify_thyroid_parent	Please specify	dropdown												
	Show the field ONLY if: [parents_thyroid_yesno] = '1'		<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>	1	mother	2	father	3	both						
1	mother														
2	father														
3	both														
416	kidney_disease_yesno	Section Header: 14. KIDNEY DISEASE 14.1 Has a doctor ever told you that you have kidney 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> </table>	1	Yes	0	No	2	Don't know						
1	Yes														
0	No														
2	Don't know														
			Custom alignment: RH												
417	type_kidney_disease_yesno	14.2 Do you know what type of kidney disease?	yesno												
	Show the field ONLY if: [kidney_disease_yesno] = '1'		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
			Custom alignment: RH												

418	type_kidney_disease	Please specify the type of kidney disease	text										
	Show the field ONLY if: [type_kidney_disease_yesno] = '1'												
419	low_kidney_function_yesno	14.3 Has a doctor ever told you that your kidneys have low function?	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></table>	1	Yes	0	No	2	Don't know				
1	Yes												
0	No												
2	Don't know												
			Custom alignment: RH										
420	kidney_family_yesno	14.4 Has anyone in your family either had kidney disease, or died from it?	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></table>	1	Yes	0	No	2	Don't know				
1	Yes												
0	No												
2	Don't know												
			Custom alignment: RH										
421	family_kidney_who	14.5 If yes, who?	checkbox										
	Show the field ONLY if: [kidney_family_yesno] = '1'		<table><tr><td>1</td><td>family_kidney_who__1</td><td>Mother</td></tr><tr><td>2</td><td>family_kidney_who__2</td><td>Father</td></tr><tr><td>3</td><td>family_kidney_who__3</td><td>Other</td></tr></table>	1	family_kidney_who__1	Mother	2	family_kidney_who__2	Father	3	family_kidney_who__3	Other	
1	family_kidney_who__1	Mother											
2	family_kidney_who__2	Father											
3	family_kidney_who__3	Other											
			Custom alignment: RH										
422	kidney_other_specify	If other, please specify	text										
	Show the field ONLY if: [family_kidney_who(3)] = '1'												

423	kidney_family_type_yesno Show the field ONLY if: [kidney_family_yesno] = '1'	14.6 Do you know what kind of kidney disease he or she had?	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						
424	family_kidney_type Show the field ONLY if: [kidney_family_type_yesno] = '1'	Please specify	text				
425	work_days	Section Header: 15. PHYSICAL ACTIVITY 15.1.1 How many days do you work per week?	text (number, Min: 0, Max: 7)				
426	work_week_end_yesno	15.1.2 Do you work over the weekend?	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						
427	work_sedentary_yesno	Section Header: 15.2 Occupation-related Physical Activity (Paid or unpaid work) 15.2.1 Does your work involve mostly sitting or standing still, or walking for very short periods (less than 10 minutes)?	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						
428	work_vigorous_yesno Show the field ONLY if: [work_sedentary_yesno] = '0'	15.2.2 Does your work involve vigorous activities (heavy lifting, digging, manual labour or construction) for at least 10 minutes at a time?	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						

429	work_vigorous_days Show the field ONLY if: [work_vigorous_yesno] = '1'	15.2.3 In a usual week, how many days are spent doing vigorous activities?	text (number, Min: 0, Max: 7)				
430	work_vigorous_hours Show the field ONLY if: [work_vigorous_yesno] = '1'	15.2.4 On a usual day of vigorous work, how many hours are spent doing these activities? (hours) <i>Hours only</i>	text (number, Min: 0, Max: 24)				
431	work_vigorous_minutes Show the field ONLY if: [work_vigorous_yesno] = '1'	On a usual day of vigorous work, how many hours are spent doing these activities? (minutes) <i>Minutes only</i>	text (number, Min: 0, Max: 60)				
432	work_vigorous_total Show the field ONLY if: [work_vigorous_yesno] = '1'	Total vigorous activity (minutes) <i>Recorded as total minutes</i>	calc Calculation: ([work_vigorous_hours]*60)+ [work_vigorous_minutes]				
433	work_mode_rate_yesno Show the field ONLY if: [work_sedentary_yesno] = '0' or [work_vigorous_yesno] = '0'	15.2.5 Does your work involve moderate-intensity activities (brisk walking or carrying light loads) for at least 10 minutes at a time?	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						

434	work_mode_rate_days Show the field ONLY if: [work_moderate_yesno] = '1'	15.2.6 In a usual week, how many days are spent doing moderate-intensity activities at work?	text (number, Min: 0, Max: 7)
435	work_mode_rate_hours Show the field ONLY if: [work_moderate_yesno] = '1'	15.2.7 On a usual work day, how many hours are spent doing moderate-intensity activities? (hours) <i>Hours only</i>	text (number, Min: 0, Max: 24)
436	work_mode_rate_mins Show the field ONLY if: [work_moderate_yesno] = '1'	On a usual work day, how many hours are spent doing moderate-intensity activities? (minutes) <i>Minutes only</i>	text (number, Min: 0, Max: 60)
437	work_mode_rate_total Show the field ONLY if: [work_moderate_yesno] = '1'	Total moderate activity (minutes) <i>Recorded as total minutes</i>	calc Calculation: ([work_moderate_hours]*60)+ [work_moderate_mins]
438	work_day_hours	15.2.8 How long is your usual work day? (hours) <i>Hours only</i>	text (number, Min: 0, Max: 24)
439	work_day_mins	How long is your usual work day? (minutes) <i>Minutes only</i>	text (number, Min: 0, Max: 60)
440	work_day_total	Work day total (minutes) <i>Recorded as total minutes</i>	calc Calculation: ([work_day_hours]*60)+ [work_day_mins]

441	transport_physical_yesno	<p>Section Header: <i>15.3 Travel-related physical activity</i></p> <p>15.3.1 Do you walk or use a bicycle (for at least 10 minutes at a time) to get to and from places?</p>	<p>yesno</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: RH</p>	1	Yes	0	No
1	Yes						
0	No						
442	transport_physical_days	<p>15.3.2 In a usual week, how many days do you walk or cycle, for at least 10 minutes, to get to and from places?</p>	<p>text (number, Min: 0, Max: 7)</p>				
443	transport_physical_hours	<p>15.3.3 On a usual day, how many hours do you spend walking or cycling for travel? (hours)</p> <p><i>Hours only</i></p>	<p>text (number, Min: 0, Max: 24)</p>				
444	transport_physical_mins	<p>On a usual day, how many hours do you spend walking or cycling for travel? (minutes)</p> <p><i>Minutes only</i></p>	<p>text (number, Min: 0, Max: 60)</p>				
445	transport_physical_total	<p>Total travel-related activity (minutes)</p> <p><i>Recorded as total minutes</i></p>	<p>calc</p> <p>Calculation:</p> <p>$([\text{transport_physical_hours}] * 60) + [\text{transport_physical_mins}]$</p>				

446	leisure_physical_yesno	<p>Section Header: 15.4 Non-work related and leisure time physical activity</p> <p>15.4.1 In your spare time, do you engage in any vigorous or moderate-intensity physical activities lasting more than 10 minutes at a time?</p>	<p>yesno</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: RH</p>	1	Yes	0	No
1	Yes						
0	No						
447	leisure_vigorous_yesno	<p>15.4.2 In your spare time do you do any vigorous activities like running, strenuous sport or exercise, for at least 10 minutes at a time?</p>	<p>yesno</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: RH</p>	1	Yes	0	No
1	Yes						
0	No						
448	leisure_vigorous_days	<p>15.4.3 In a usual week, how many days do you engage in vigorous activities as part of your leisure time?</p>	<p>text (number, Min: 0, Max: 7)</p>				
449	leisure_vigorous_hours	<p>15.4.4 In a normal day, how many leisure hours are spent doing vigorous activities? (hours)</p> <p>Hours only</p>	<p>text (number, Min: 0, Max: 24)</p>				

450	leisure_vigorous_mins Show the field ONLY if: [leisure_vigorous_yesno] = '1' and [leisure_physical_yesno] = '1'	In a normal day, how many leisure hours are spent doing vigorous activities? (minutes) <i>Minutes only</i>	text (number, Min: 0, Max: 60)				
451	leisure_vigorous_total Show the field ONLY if: [leisure_vigorous_yesno] = '1' and [leisure_physical_yesno] = '1'	In a normal day, how many leisure hours are spent doing vigorous activities? (minutes) <i>Recorded as total minutes</i>	calc Calculation: ([leisure_vigorous_hours]*60)+[leisure_vigorous_mins]				
452	leisure_moderate_yesno Show the field ONLY if: [leisure_physical_yesno] = '1'	15.4.5 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?	yesno <table border="1"><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						
453	leisure_moderate_days Show the field ONLY if: [leisure_moderate_yesno] = '1' and [leisure_physical_yesno] = '1'	15.4.6 In a normal week, how many days are spent engaging in moderately intense physical activities as part of your leisure time?	text (number, Min: 0, Max: 7)				

454	leisure_moderate_hours Show the field ONLY if: [leisure_moderate_yes no] = '1' and [leisure_physical_yes no] = '1'	15.4.7 How many leisure hours are spent doing moderate-intensity activities in a normal day? (hours) <i>Hours only</i>	text (number, Min: 0, Max: 24)
455	leisure_moderate_mins Show the field ONLY if: [leisure_moderate_yes no] = '1' and [leisure_physical_yes no] = '1'	How many leisure hours are spent doing moderate-intensity activities in a normal day? (minutes) <i>Minutes only</i>	text (number, Min: 0, Max: 60)
456	leisure_moderate_total Show the field ONLY if: [leisure_moderate_yes no] = '1' and [leisure_physical_yes no] = '1'	How many leisure hours are spent doing moderate-intensity activities in a normal day? (minutes) <i>Recorded as total minutes</i>	calc Calculation: ([leisure_moderate_hours]*60)+ [leisure_moderate_mins]

453	sitting_hours	<p>Section Header: 15.5 <i>Sitting/Resting Activity</i></p> <p>15.5.1 Over the past 7 days, how much time did you spend sitting or reclining on a usual day (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.</p> <p><i>Recorded as total minutes</i></p>	<p>calc</p> <p>Calculation:</p> $([sitting_work_total] + [tv_week_total] + [pc_week_total] + [sit_travel_week_total] + [sit_social_week_total] + [total_relax_week] + [total_church_week]) / 5$
458	sitting_work_hours	<p>15.5.2 How many hours per day do you spend sitting, while you are at work?</p> <p><i>Hours only</i></p>	text (number, Min: 0, Max: 24)
459	sitting_work_mins	<p>How many hours per day do you spend sitting, while you are at work?</p> <p><i>Minutes only</i></p>	text (number, Min: 0, Max: 60)
460	sitting_work_total	<p>Total hours sitting at work</p> <p><i>Recorded as total minutes</i></p>	<p>calc</p> <p>Calculation:</p> $([sitting_work_hours] * 60) + [sitting_work_mins]$
461	tv_week_hours	<p>15.5.3 How many hours do you spend sitting watching TV per day, during the week?</p> <p><i>Hours only</i></p>	text (number, Min: 0, Max: 24)
462	tv_week_mins	<p>How many hours do you spend sitting watching TV per day, during the week?</p> <p><i>Minutes only</i></p>	text (number, Min: 0, Max: 60)
463	tv_week_total	<p>Total time watching television per day during the week</p> <p><i>Recorded as total minutes</i></p>	<p>calc</p> <p>Calculation:</p> $([tv_week_hours] * 60) + [tv_week_mins]$
464	tv_weekend_hours	<p>15.5.4 How many hours per day, do you spend watching TV during the weekend?</p> <p><i>Hours only</i></p>	text (number, Min: 0, Max: 24)
465	tv_weekend_mins	<p>How many hours per day, do you spend watching TV during the weekend?</p> <p><i>Minutes only</i></p>	text (number, Min: 0, Max: 60)

466	tv_weekend_total	Total time watching television per day during the weekend <i>Recorded as total minutes</i>	calc Calculation: ([tv_weekend_hours]*60)+ [tv_weekend_mins]
467	pc_week_hours	15.5.5 How many hours per day, are spent sitting while using a computer outside of your normal working hours during the week? <i>Hours only</i>	text (number, Min: 0, Max: 24)
468	pc_week_mins	How many hours per day, are spent sitting while using a computer outside of your normal working hours during the week? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
469	pc_week_total	Total time per day using a computer during the week <i>Recorded as total minutes</i>	calc Calculation: ([pc_week_hours]*60)+ [pc_week_mins]
470	pc_weekend_hours	15.5.6 How many hours per day are spent using a computer during the weekend? <i>Hours only</i>	text (number, Min: 0, Max: 24)
471	pc_weekend_mins	How many hours per day are spent using a computer during the weekend? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
472	pc_weekend_total	Total time per day using a computer during the weekend <i>Recorded as total minutes</i>	calc Calculation: ([pc_weekend_hours]*60)+ [pc_weekend_mins]
473	it_travel_week_hours	15.5.7 How many hours per day do you spend sitting (eg. in a car, bus, train) while travelling from place to place during the week? <i>Hours only</i>	text (number, Min: 0, Max: 24)
474	it_travel_week_mins	How many hours per day do you spend sitting (eg. in a car, bus, train) while travelling from place to place during the week? <i>Minutes only</i>	text (number, Min: 0, Max: 60)

475	sit_travel_week_total	Total time spent per day sitting while travelling during the week <i>Recorded as total minutes</i>	calc Calculation: ([sit_travel_week_hours]*60)+ [sit_travel_week_mins]
476	sit_travel_weekend_hours	15.5.8 How many hours per day are spent sitting (eg. in a car, bus, train) while travelling during the weekend? <i>Hours only</i>	text (number, Min: 0, Max: 24)
477	sit_travel_weekend_mins	How many hours per day are spent sitting (eg. in a car, bus, train) while travelling during the weekend? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
478	sit_travel_weekend_total	Total time spent per day sitting while travelling during the weekend <i>Recorded as total minutes</i>	calc Calculation: ([sit_travel_weekend_hours]*60)+ [sit_travel_weekend_mins]
479	sit_social_week_hours	15.5.9 How many hours per day do you spend sitting while socialising during the week? <i>Hours only</i>	text (number, Min: 0, Max: 24)
480	sit_social_week_mins	How many hours per day do you spend sitting while socialising during the week? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
481	sit_social_week_total	Total time spent per day socialising during the week <i>Recorded as total minutes</i>	calc Calculation: ([sit_social_week_hours]*60)+ [sit_social_week_mins]
482	sit_social_weekend_hours	15.5.10 How many hours per day do you spend sitting while socialising over the weekend? <i>Hours only</i>	text (number, Min: 0, Max: 24)
483	sit_social_weekend_mins	How many hours per day do you spend sitting while socialising over the weekend? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
484	sit_social_weekend_total	Total time spent per day socialising during the weekend <i>Recorded as total minutes</i>	calc Calculation: ([sit_social_weekend_hours]*60)+ [sit_social_weekend_mins]

485	hours_relax_week	15.5.11 How many hours per day you spend sitting while relaxing during the week? <i>Hours only</i>	text (number, Min: 0, Max: 24)
486	mins_relax_week	How many hours per day you spend sitting while relaxing during the week? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
487	total_relax_week	Total time spent per day relaxing during the week <i>Recorded as total minutes</i>	calc Calculation: ([hours_relax_week]*60)+[mins_relax_week]
488	hours_relax_weekend	15.5.12 How many hours per day do you spend sitting while relaxing during the weekend? <i>Hours only</i>	text (number, Min: 0, Max: 24)
489	mins_relax_weekend	How many hours per day do you spend sitting while relaxing during the weekend? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
490	total_relax_weekend	Total time spent per day relaxing during the weekend <i>Recorded as total minutes</i>	calc Calculation: ([hours_relax_weekend]*60)+[mins_relax_weekend]
491	hours_church	15.5.13 How many hours are spent sitting while at church, during the week? <i>Hours only</i>	text (number, Min: 0, Max: 24)
492	mins_church	How many hours are spent sitting while at church, during the week? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
493	total_church_week	Total time spent per day at church during the week <i>Recorded as total minutes</i>	calc Calculation: ([hours_church]*60)+[mins_church]
494	hours_church_weekend	15.5.14 How many hours are spent sitting while at church, during the weekend? <i>Hours only</i>	text (number, Min: 0, Max: 24)

495	mins_church_weekend	How many hours are spent sitting while at church, during the weekend? <i>Minutes only</i>	text (number, Min: 0, Max: 60)
496	total_church_weekend	Total time spent per day at church during the weekend <i>Recorded as total minutes</i>	calc Calculation: ([hours_church_weekend]*60)+[mins_church_weekend]
497	sleep_time_week	Section Header: 16. SLEEP The following questions relate to how much time is spent asleep per day 16.1 What time do you go to sleep during the week?	text (time)
498	wakeup_time_week	16.2 What time do you wake up during the week?	text (time)
499	hours_sleep_week	Hours slept per day during the week	calc Calculation: if([sleep_time_week]>[wakeup_time_week], 24-round(datediff([sleep_time_week],[wakeup_time_week],"h"),0), round(datediff([sleep_time_week],[wakeup_time_week],"h"),0))
500	sleep_time_weekend	16.3 What time do you go to sleep during the weekend?	text (time)
501	wakeup_time_weekend	16.4 What time do you wake up during the weekend?	text (time)
502	hours_sleep_weekend	Hours slept per day during the weekend	calc Calculation: if([sleep_time_weekend]>[wakeup_time_weekend], 24-round(datediff([sleep_time_weekend],[wakeup_time_weekend],"h"),0), round(datediff([sleep_time_weekend],[wakeup_time_weekend],"h"),0))
503	end_time	17. Time at completion of questionnaire	text (time)

504	phenotypic_collection_data_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: Sample Collection Data (sample_collection_data)									
505	standing_height_mm	Section Header: 1. <i>ANTHROPOMETRIC MEASUREMENTS</i> 1.1 Standing height (mm)	text (number)						
506	weight_kg	1.2 Weight (kg)	text (number_1dp)						
507	waist_circumference_mm	1.3 Waist circumference (mm)	text (number)						
508	hip_circumference_mm	1.4 Hip circumference (mm)	text (number)						
509	systolic_1	Section Header: 2. <i>BLOOD PRESSURE</i> 2.1 Systolic 1	text						
510	systolic_2	2.2 Systolic 2	text						
511	systolic_3	2.3 Systolic 3	text						
512	bp_sys_avg	Average systolic BP	calc Calculation: mean([systolic_2], [systolic_3])						
513	diastolic_1	2.4 Diastolic 1	text						
514	diastolic_2	2.5 Diastolic 2	text						
515	diastolic_3	2.6 Diastolic 3	text						
516	bp_dia_avg	Average diastolic BP	calc Calculation: mean([diastolic_2], [diastolic_3])						
517	time_bp	2.7 Time blood pressure taken in the first instance	text (time)						
518	pulse_1	Section Header: 3. <i>PULSE</i> 3.1 Pulse 1	text						
519	pulse_2	3.2 Pulse 2	text						
520	pulse_3	3.3 Pulse 3	text						

521	pulse_avg	Average Pulse	calc Calculation: mean([pulse_2], [pulse_3])				
522	collector_measurements	3.4 Person performing measurements	text				
523	notes_anthropometry	3.5 Notes for anthropometric measurements	notes				
524	ultrasound_yesno	Section Header: 4. <i>ULTRASOUND MEASUREMENTS</i> 4.1 Ultrasound	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						
525	visceral_fat	4.2 Visceral (medial) fat (cm)	text (number_2dp)				
526	subcutaneous_fat	4.3 Subcutaneous (transverse) fat (cm)	text (number_2dp)				
527	ultrasound_operator	4.4 Ultrasound Operator Name	text				
528	date_ultrasound_taken	4.5 Date Ultrasound Taken	text (date_dmy)				
529	cimt_yesno	4.6 cIMT	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						
530	min_cimt_right	4.7 Minimum cIMT on the right	text (number_2dp)				
531	max_cimt_right	4.8 Maximum cIMT on the right	text (number_2dp)				
532	mean_cimt_right	4.9 Average cIMT on the right	text (number_2dp)				
533	min_cimt_left	4.10 Minimum cIMT on the left	text (number_2dp)				
534	max_cimt_left	4.11 Maximum cIMT on the left	text (number_2dp)				
535	mean_cimt_left	4.12 Mean cIMT on the left	text (number_2dp)				

536	ultrasound_notes	4.13 Notes for ultrasound measurements	notes						
537	sample_collection_data_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: Blood Collection Data (blood_collection_data)									
538	fasting_yesno	Section Header: <i>1. BLOOD COLLECTION</i> 1.1 Fasting blood?	yesno <table border="1"> <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								
539	time_ate	1.2 At what time did you last eat?	text (time)						
Show the field ONLY if: [fasting_yesno] = '0'									
540	fasting_confirmation	1.3 Fasting confirmed?	yesno <table border="1"> <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								
541	red_yesno	TWO 5ml RED tubes	yesno <table border="1"> <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								
542	no_red_tubes	If no, how many tubes are there?	text (number, Min: 0, Max: 2)						
Show the field ONLY if: [red_yesno] = '0'									
543	purple_yesno	TWO 5ml PURPLE tubes	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								

544	no_purple_tubes Show the field ONLY if: [purple_yesno] = '0'	If no, how many tubes are there?	text (number, Min: 0, Max: 2)								
545	grey_yesno	ONE 5ml GREY tube	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
546	no_grey_tubes Show the field ONLY if: [grey_yesno] = '0'	If no, how many tubes are there?	text (number, Min: 0, Max: 2)								
547	notes_blood	Notes or comments for blood collection	notes								
548	phlebotomist	1.5 Phlebotomist name	text								
549	date_blood_taken	1.6 Date blood taken	text (date_dmy)								
550	time_blood_taken	1.7 Time of blood collection	text (time)								
551	comments	1.8 Comments	notes								
552	tested_hiv_yesno	Section Header: 2. HIV 2.1 Have you ever been tested for HIV?	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>3</td><td>Refuse to answer</td></tr></table> Custom alignment: RH	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										

553	hiv_status_ yesno Show the field ONLY if: [tested_hiv_ yesno] = '1'	2.2 Do you know your status?	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>3</td><td>Refuse to answer</td></tr> </table> Custom alignment: RH	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
554	hiv_positive_ yesno Show the field ONLY if: [hiv_status_ yesno] = '1'	2.3 Have you ever tested HIV positive?	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>3</td><td>Refuse to answer</td></tr> </table> Custom alignment: RH	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
555	hiv_medica tion_ yesno Show the field ONLY if: [hiv_positiv e_ yesno] = '1'	2.4 Do you use medication prescribed by a doctor, nurse or healthcare worker to treat 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>3</td><td>Refuse to answer</td></tr> </table> Custom alignment: RH	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										
556	traditional_ med_hiv_ ye sno 	2.5 Are you currently taking any herbal or traditional remedy for HIV?	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>3</td><td>Refuse to answer</td></tr> </table> Custom alignment: RH	1	Yes	0	No	2	Don't know	3	Refuse to answer
1	Yes										
0	No										
2	Don't know										
3	Refuse to answer										

557	agree_hivtest_yesno	2.6 Do you agree to have your blood sample tested for HIV?	yesno <table border="1"> <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								
558	result_hiv	2.7 Result	radio <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>0</td> <td>Negative</td> </tr> <tr> <td>2</td> <td>NA</td> </tr> </table> Custom alignment: RH	1	Positive	0	Negative	2	NA
1	Positive								
0	Negative								
2	NA								
559	p_glucose_result	Section Header: 3. <i>TEST RESULTS</i> 3.1 Fasting Plasma Glucose result	text						
560	insulin_result	3.2 Fasting insulin result	text						
561	hba1c_result	3.3 HbA1c result	text						
562	hdl_result	3.4 HDL result	text						
563	ldl_result	3.5 LDL result	text						
564	triglyceride_result	3.6 Triglyceride result	text						
565	cholesterol_result	3.7 Total cholesterol result	text						
566	test_results_notes	Notes or comments related to tests	notes						
567	urine_sample_yesno	Section Header: 4. <i>URINE COLLECTION</i> 4.1 Urine sample taken?	yesno <table border="1"> <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								
568	blood_collection_data_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: Checklist (checklist)									

569	informed_consent	1. Informed consent	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						
570	questionnaire_yesno	2. Questionnaire	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						
571	anthropometrics_yesno	3. Anthropometric measurements	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						
572	blood_pressure_done	4. Blood pressure	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						
573	pulse_done	5. Pulse	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						
574	blood_samples_yesno	6. Blood samples	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						
575	abdominal_ultrasound_yesno	7. Abdominal Ultrasound	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						

576	cable_cimt_yesno	8. cIMT	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								
577	hiv_test_yesno	9. HIV test	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								
578	urine_yesno	10. Urine sample	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								
579	quality_controller_id	11. Quality controller ID	text						
580	reimbursement_yesno	12. Reimbursement for time	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
581	checklist_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								