|  |  |  |
| --- | --- | --- |
| **Sl No** | **Demographic and socio-economic details** |  |
| 1. | How many members are there in this family within 30-69 years of age group including you(those who are biologically related and eat from a common kitchen)? | Total:  No. of Males: No. of  Females: |
| 2. | What is your age in completed years? |  |
| 3. | What is your gender? | 1.Male 2.Female 3.Transgender 4.refuse to reply |
| 4. | What is your religious affiliation? | 1.Hindu 2.Christian 3.Muslim 4.Others 5.refuse to reply |
| 5. | What is your marital status at present? | 1.Currently married 2.Separated/Divorced 3.Widowed 4.Never married 999.Refused to reply |
| 6. | Who is/are the members of family living with you at present (if >60years)? | 1.Alone 2.With spouse 3.With spouse &  children 4.With children 999.Refused to reply |
| 7. | What is the highest level of Education attained by you? | 1.No schooling 2.Primary 3.Upto secondary 4.Above secondary  4.Graduate and above 999.Refused to reply |
| 8. | Are you currently working? | 1.Yes 2.No |
| 9. | What is the type of occupation? | 1.Daily wager 2.Self-employed 3.Salaried  4.Homemaker 5.Others |
| 10. | If ‘No’, have you ever worked in past? | 1. Yes 2.No |
| 11. | What was the type of occupation? | 1.Daily wager 2.Self-employed 3.Salaried  4.Homemaker 5.Others |
| 12 | What type of house you have? | 1.Pucca 2.Katcha 3.Semi pucca |
| 13. | How is the ownership of house? | 1.Owned 2.Rented 3.Others |
| 14. | How much is the average monthly income of H.H from all sources (In Rupees)? | 1.1000-4999 2.5000-9999 3.10000-24999  4.25000-49999 5.>50000 999.refuse to reply |
| 15. | Do you use any of the following fuels for cooking? | * 1.LPG * 2.Electricity * 3.Fire Wood * 4.Kerosene * 5.Biogas |
| 16. | If you are using kerosene/ fire wood where is the cooking done usually? | 1.Indoor alone 2.Outdoor alone 3.Both indoor and outdoor |
|  | **Questions related to morbidities and their management**(Qn No.17-19 in table attached) |  |

|  |  |  |
| --- | --- | --- |
| 20. | Do anyone from family accompany you for the hospital visit usually? | 1.Yes 2.No 999.refuse to reply |
| 21. | How many health professionals in total you usually visit for follow up of all these morbidities? | 1.One 2.two 3.More than two |
| 22. | How many health facilities do you usually visit for follow up of all these morbidities you have? | 1.One 2.More than one |
| 23. | How many medications in total you have been told to take for a period of more than 3 months? |  |
| 24. | What do you usually do when your prescribed medications run out? | 1.Refill from the medical shop with prescription 2.Get medicines after visiting any health professional 3.Stop taking medicines 4.Others |
| 25. | Who usually pays for your medications? | 1.Self 2.Family member 3.Others 4.refuse to reply |
| 26. | How much is the average monthly expenditure for medication (in rupees)? | 1.<500 2.500-999 3.1000-2499 4.2500-3999 5.>4000 6.Refused to reply |
|  | **Questions on risk factors** |  |
| 27. | Have you attained menopause (in case of females)? | 1. Yes 2. No 3.Don’t know 999. Refused to reply |
| 28. | Have you ever smoked? | 1.Yes 2.No 999.Refuse to reply |
| 29. | If you are currently smoking , How many cigarettes/ beedis per day? | 1. <5 2. 5-10 3. >10 |
| 30. | Do you have habit of using smokeless forms of tobacco like chewing or snuffing? | 1.Yes 2.No 999.Refuse to reply |
| 31. | Have you ever had alcohol? | 1.Yes 2.No 999.Refuse to reply |
| 32. | If you are currently taking alcohol, How often have you taken drinks containing alcohol during last one month? | 1.Once 2.Two to four times 3.More than 4 times 999.Refused to reply |
| 33. | Do you perform regular physical activity like walking or jogging continuously for at least 30 minutes, 5 days a week? | 1.Yes 2.No 999.Refused to reply |
| 34. | Have you made any changes in your diet after you were being diagnosed with the above mentioned conditions? | * Yes * No |
| 35. | If ‘Yes’ what is/are the changes made? | * Reduced salt * Reduced carbohydrates * Reduced fatty foods * Others - |

**PHQ9 QUESTIONNAIRE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| **1. Little interest or pleasure in doing things** | **0** | **1** | **2** | **3** |
| **2. Feeling down, depressed, or hopeless** | **0** | **1** | **2** | **3** |
| **3. Trouble falling or staying asleep, or sleeping too much** | **0** | **1** | **2** | **3** |
| **4. Feeling tired or having little energy** | **0** | **1** | **2** | **3** |
| **5. Poor appetite or overeating** | **0** | **1** | **2** | **3** |
| **6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down** | **0** | **1** | **2** | **3** |
| **7. Trouble concentrating on things, such as reading the newspaper or watching television** | **0** | **1** | **2** | **3** |
| **8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual** | **0** | **1** | **2** | **3** |
| **9. Thoughts that you would be better off dead or of hurting yourself in some way** | **0** | **1** | **2** | **3** |

**MEASUREMENTS**

**1. WEIGHT – (**IN KILOGRAMS USING ELECTRONIC WEIGHING SCALE):

**2. BLOOD PRESSURE (**in mmHg using electronic BP apparatus)

|  |  |
| --- | --- |
| Reading 1 | Systolic Diastolic |
| Reading 2 | Systolic Diastolic |
| Reading 3 | Systolic Diastolic |

**3. BLOOD SUGAR (**in mg/dl using glucometer)

|  |  |
| --- | --- |
| Random blood sugar |  |

**4**. **LUNG FUNCTION (with portable spirometer)**

|  |  |
| --- | --- |
| FEV1 |  |
| FVC |  |
| FEV1/FVC |  |
| VC |  |
| PEF |  |
| FEF 25-75 |  |
| IVC |  |