CARRS SURVEILLANCE STUDY: COHORT-2: Baseline Survey FORM-5

Instruction to the interviewer: HAS THE PARTICIPANT SIGNED THE INFORMED CONSENT? DO NOT PROCEED UNTIL THE CONSENT FORM HAS BEEN SIGNED.

Household ID :- pa_hhp_id	**Participant ID :-** pid
CEB Code :- pa_ccode	**Interviewer ID:-** pa_iid
Date of Interview:- pa_doi **D D M M Y Y**	**Start Time:-** pa_st **Hour Minutes**
CONTACT DETAILS - IN BLOCK LETTERS	
PART A :- RESIDENTIAL DETAILS (Participant Details)	
Name of the participant :-	pa_pname
Father's name	pa_fname
Mother's name	pa_mname
Spouse's name (*ask if married*)	pa_sname
Address detail- House no :- Street/ Colony :- City :- Census Enumeration Number (CN No.) (If available) :- Postal code :-	pa_add
Telephone no- Mobile 1:- pa_m1 Mobile 2:- pa_m2 Residence :- pa_res Work :- pa_work	
Email Id (if any) :- pa_email	
Adhaar Card Number **Not mandatory (If not available write "0" in all 12 boxes)** pa_adno	

PART B :- CONTACT INFORMATION		
Whom should we contact to obtain your new contactaddress or telephone numbers, if required? **[Take details of two different contacts]**	Neighbor 1 Relative 2 Friend 3 Employer 4 No one to contact 5 Others 6	**1st contact** pb_con1 **If others (option 6), then specify** pb_con1_s **2nd contact** pb_con2 **If others (option 6), then specify** pb_con2_s
Name of the 1st contact person	pb_con1_name	
Address of the 1st contact person	pb_con1_add	
Phone number of the 1st contact person * Phone No. 1 pb_con1_ph1 Phone No . 2 pb_con1_ph2 Phone No . 3 pb_con1_ph3 **** Don't forget to ask office & home no.***		
Name of the 2nd contact person pb_con2_name		
Address of the 2nd contact person pb_con2_add		
Phone number of the 2nd contact person * Phone No. 1 pb_con2_ph1 Phone No . 2 pb_con2_ph2 Phone No . 3 pb_con2_ph3 **** Don't forget to ask office & home no.***		
PART C :- HOME TOWN CONTACT DETAILS		
Name pb_htcon_name		
Address (Home town) pb_htcon_add		
Phone number (Hometown) pb_htcon_ph1 pb_htcon_ph2 pb_htcon_ph3		

CARRS SURVEILLANCE STUDY: COHORT-2 Baseline Survey FORM-5

Household ID :-	**Participant ID :-**
CEB Code :-	**Interviewer ID:-**
Date of Interview:- D D M M Y Y	**Start Time:-** Hour Minutes
GPS COORDINATES: Latitude & longitude	
Latitude s1a_gla	**Longitude** s1a_glo

Section – 1: DEMOGRAPHIC AND SOCIO-ECONOMIC DETAILS {IN BLOCK LETTERS}

PART 1A :- DEMOGRAPHIC DETAILS

1.1 For men, relationship with the female participant (Ask only to male participant)	Husband 1 Father-in-law 2 Son 3 Father 4 Grand father 5 Brother-in-law (husband's brother) 6 Brother-in-law (sister's husband) 7 Son-in-law 8 Brother 9 Cousin 10 No female participant is selected 11 Female participant was adopted into the family 12 Male participant was adopted into the family 13 Others, specify 14	s1a_rf **If others (option 14) ,then specify** ---------- s1a_rfos
1.2 Age *(In completed years)*	s1a_age	
1.3 Date of birth *(If available)*	D D M M Y Y s1a_dob	
1.4 Sex	Male 1 Female 2 Trans-gender 3	s1a_sex
"A transgender is defined as a gender identity which includes transexuals, cross dressers, intersexed persons, gender variant persons and others."		
1.5 Do you know your birth weight? s1a_bwt	Yes 1 No 2	**If "2" go to Q.1.7**
1.6 . If yes, please mention *(In Kg)* s1a_bwtm	.	

1.7 What is your marital status ?	Single 1 Married 2 Widow/Widower 3 Separated/Divorced 4 Others 5	s1a_ms **If others (option 5), then specify** s1a_msos ----------
1.8 What is your mother tongue ? *(state of origin)*	Assamese 01 Marathi 11 Balochi 02 Santhali 12 Bengali 03 Bhojpuri 13 Gujarati 04 Punjabi 14 Hindi 05 Sindhi 15 Kannada 07 Telugu 16 Kashmiri 08 Tamil 17 Maithili 09 Urdu 18 Malayalam 10 Others 19	s1a_mto **If others (option 19), then specify** s1a_mtos
1.9 What religion do you follow? *(Optional)*	Hindu 1 Muslim 2 Sikh 3 Christian 4 Jain 5 Buddhism 6 No religion 7 Others 8 No response 9	s1a_rel **If others (option 8), then specify** _____ s1a_relos
1.10 What is your caste or tribe? *(Optional)*	Schedule caste 1 Schedule tribe 2 Other backward caste 3 Most backward 4 General 5 Others 6 No response 7 Don't belong to any caste 8 Not applicable 9	s1a_cas **If others (option 6) , then specify** _____ s1a_casos

PART 1B :- SOCIO-ECONOMIC DETAILS

1.11 Number of years of formal education* **The total number of years the participant spent in any educational institution (schools, colleges, religious schools etc.)*		s1a_fedu
1.12 Educational status (highest attained degree) ** A person who can both read and write with understanding in any language without any formal education or passed any minimum educational standard.* *** A person, who can neither read nor write or can only read but cannot write in any language*	Professional degree/post graduate 1 Graduate (B.A/B.Sc/B.Com/Diploma) 2 Secondary School /Intermediary 3 (ITI course ,class XII/X or Intermediate) High school (class V to IX) 4 Primary School (up to Class IV) 5 *Literate, no formal education 6 **Illiterate 7 Others 8	s1a_est **If others (option 8), then specify** _____ s1a_estos

1.13 What is your employment status?	Employed 1 Student 2 Housewife 3 Retired 4 Un-employed 5 Others 6	s1a_emst **If other (option 6), then specify** _____ s1a_emstos
1.14 If ***"Employed"***, *what* is your current occupation? ***[Use nearest applicable employment codes given below]***		s1a_coc **Please mention** s1a_cocos _____
1.15 Have you been involved in any other occupation during past ten years?	Yes 1 No 2	s1a_otoc **If "2" go to Q.1.17**
1.16 If ***"Yes"***, *what* was your previous occupation? ***[Use nearest applicable employment codes given below]***		s1a_poccos **Please mention** s1a_otoccos _____

Coding list for employment (for Q1.14. and 1.16)- refer to annexure for definition of skilled, semi-skilled , un- skilled

Professional, big business ,landlord (> 10 acre) , university teacher, class 1IAS/services officer, lawyer	1
Trained, clerical, medium business owner, middle level farmer (2-10 acre) , teacher, maintenance (incharge),	2
personnel manager Skilled manual laborer, small business owner, small farmer (<1 acre)	3
Semi-skilled manual laborer, marginal land owner ,rickshaw driver, army jawan, carpenter ,fitter	4
Unskilled manual laborer, landless laborer	5

1.17 What is your total household income per month? **[Please include income from all member who contribute to the household]**	<3000 1 3000-10,000 2 10,001-20,000 3 20,001-30,000 4 30,001-40,000 5 40,001-50,000 6 >50,000 7 Refused 8 Don't know 9	s1a_toin
1.18 Do you have a separate room for cooking (Kitchen)?	Yes 1 No 2	s1a_skit
1.19 What is the fuel used for cooking? **[If more than one source is used then note the source that is most commonly used]**	Coal/charcoal/kerosene 1 Induction/Electricity/gas (LPG)/solar/CNG(IGL) 2 Wood/dung 3 Others 4	s1a_fus **If others (option 4), then sepcify** s1a_fusos _____
1.20 What is the source of drinking water used at home? **[If more than one source is used then note the source that is most commonly used]**	Public source 1 Private source(Shared) 2 Private source(Own) 3 Bottled water 4 Purified tap water 5 Others 6	s1a_dwa **If others (option 6), then sepcify** s1a_dwaos

1.21 What is the toilet facility you use?	Public toilet 1 Shared toilet 2 Own flush toilet 3 Others 4	s1a_tfac **If others (option 4), then sepcify** s1a_tfacos _____
1.22 Which of the following do you own? ***[Yes=1;No=2]***	Television Refrigerator Washing machine Microwave/OTG Mixer-grinder Mobile phone DVD player Computer/Laptop Car Motor Cycle/ Scooter Bicycle	s1a_tv s1a_ref s1a_wmac s1a_mic s1a_mix s1a_mob s1a_dvd s1a_com s1a_car s1a_bike s1a_bicy

SECTION 2 :- TOBACCO and ALCOHOL CONSUMPTION, PHYSICAL ACTIVITY , SLEEP DETAILS and DIET HABITS

PART 2A:- TOBACCO USE

2.1 Have you **EVER** used tobacco in any form (smoking, chewing, snuff, etc)?	Yes 1 No 2	s2a_euto **If "2" go to Q.2.8**
2.2 In what forms have you consumed tobacco? **[Yes=1 ; No=2]**	In a smoking form In a chewed form In any other form (snuff, toothpaste etc.)	s2a_tofsmo s2a_tofchw s2a_tofoth
2.3 Do you currently* consume tobacco? **[Yes=1; No=2]** **Currently refers to within past 6 months*	Yes 1 No 2	s2a_cut **If "2" go to Q.2.5**

2.4 In which form?	**Yes =1 , No =2**	**If yes, how often**
Smoking form s2a_cutsm		s2a_smoft
Chewed form s2a_cutchw		s2a_chwoft
Any other form (snuff, toothpaste etc.) s2a_croth		s2a_othoft
		[Daily =1; 1-6 days a week =2; Less than once a week =3; Not applicable=9]

2.5 Quantity and duration of use(for both current and past users)

S .No	Type of tobacco use/used	Ever consumed following item [Yes=1; No=2]	Duration of Use [For how long]			Usage *(fill any one column)* ***Number smoked **Number of times smoked ***Appropriate amount in grams**			If you have stopped using any of the following products, time in months/years since you have stopped If Q2.1 filled with "1" and Q. 2.3 filled with "2" this Q should be filled	
			Years	Month	Day	Per day	Per week	Per month	Year	Month
1.	Cigarette * s2a_ecig									
2.	Beedi * s2a_ebee									
3.	Cigar* s2aecgr									
4.	Hukka/Chelum/Pipe**	s2a_euhuk								
5.	Tobacco chewing***	s2a_etoc								
6.	Pan with Zarda***	s2a_epaz								
7.	Pan masala with zarda***	s2a_epmwz								
8.	Snuff **	s2a_esuf								
9.	Gutkha ***	s2a_egtk								
10.	Others: Specify _____	s2a_eoth								

s2a_eothos

2.6 At what **AGE** did you first start smoking regularly ? **[Not applicable – write "99" in the box]**		Years s2a_smsage
2.7 At what **AGE** did you first start consuming smokeless tobacco product regularly ? **[Not applicable – write "99" in the box]**		Years s2a_smlsage
2.8 Are you exposed to tobacco smoke from others regularly *? *(e.g at home, at workplace regularly, while travelling, any other place)* **At least once a day in a week*	Yes 1 No 2	s2a_exp **"2" go to PART 2B**
2.8a. **If Yes**: How many days a week?		s2a_epdwe
2.8b. How much time during a day? s2a_epdweh		s2a_epdwem **Hours : Minutes**

PART 2B :- ALCOHOL USE

2.9 Have you **EVER** used alcohol?	Yes 1 No 2	s2b_ealc **"2" go to PART 2C**
2.10 How often do you use alcoholic beverages? **"Occasionally" here means less than once a week*	Consuming alcohol regularly **1** Consuming alcohol occasionally* **2** Used alcohol in the past (stopped more than 6months ago) **3** Recently stopped alcohol (less Than 6 months ago) **4**	s2b_houal

2.11 History of alcohol use for both present and past users

Type of alcohol used	Have you ever consumed following items	Duration of use [For how long]			Frequency of use (Fill any one column)				Quantity/ occasion ** (in ml)	If stopped, since how long? If Q 2.10 filled with Option "3" & "4" this Q should be filled	
	Yes=1; No=2	Year	Month	Day	Per day	Per week	Per month	Per year	ml	Year	Month
A) Local spirits eg. Desi arrack, toddy etc	s2b_eclc	s2b_lcy	s2b_lcmo	s2b_lcd	s2b_flcd	s2b_flcw	s2b_flcmo	s2b_flcy	s2b_qlc	s2a_lcsy	s2a_lcsmo
B) Spirits eg. Whisky, rum, brandy, gin, vodka	s2b_ecsp	s2b_spy	s2b_spmo	s2b_spd	s2b_fspd	s2b_fspw	s2b_fspmo	s2b_fspy	s2b_qsp	s2a_spsy	s2a_spsmo
C)Beer	s2b_ecbr	s2b_bry	s2b_brmo	s2b_brd	s2b_fbrd	s2b_fbrw	s2b_fbrmo	s2b_fbry	s2b_qbr	s2a_brsy	s2a_brsmo
D)Wine	s2b_ecwi	s2b_wiy	s2b_wimo	s2b_wid	s2b_fwid	s2b_fwiw	s2b_fwimo	s2b_fwiy	s2b_qwi	s2a_wisy	s2a_wismo

Conversion:** ***Please use local measures in calculating the total consumption (in ml per occasion)

For A & B: 1 small peg=30ml;1 large peg=60ml;1 extra-large peg=90ml; 1 quarter =180ml; a half bottle =375 ml; full bottle=750ml

For C: 1glass of beer =approx.325ml; Beer Can= 500ml; Bottle of Beer= 650 ml

For D: 1glass of wine=100m

PART 2C :- PHYSICAL ACTIVITY

Next, I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.
Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing, seeking employment. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

	Questions		Response
	2C-I: - ACTIVITY AT WORK		
2.12	Does your work involve **vigorous-intensity activity** that causes large increases in breathing or heart rate like *[carrying or lifting heavy loads, digging or construction work*] for at least 10 minutes continuously? ***(USE SHOWCARD)*** Activities are regarded as vigorous intensity if they cause as large increase in breathing and/or heart rate *[Sawing hardwood, forestry (cutting, chopping, carrying wood, ploughing, cutting crops (sugarcane), digging, grinding (with pestle),laboring (shoveling sand, loading furniture(stoves, fridge), instructing sports aerobics, cycle rickshaw driving]* ***Think only about those physical activities that you do for at least 10 minutes at a time.***	Yes 1 No 2	☐ **If "2", go to Q.2.15** s2c_va
2.13	In a **typical week**, on how many days do you do vigorous-intensity activities as part of your work? "Typical week" means a week when a person is doing vigorous intensity activities and not an average over a period. "Typical week" means a week when the participant is engaged in his/her usual activities. Valid response ranges from 1-7.	No. of days	☐ s2c_vad s2c_vah s2c_vam
2.14	How much time do you spend doing vigorous-intensity activities at work on a **typical day**? Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in vigorous-intensity activities at work. Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Probe very high response (over 4 hours) to verify	Hours : Minutes	☐☐ ☐☐ Hours : Minutes
2.15	Does your work involve **moderate-intensity activity** that causes small increases in breathing or heart rate such as brisk walking *[or carrying light loads*] for at least 10 minutes continuously? ***(USE SHOWCARD)*** Activities are regarded as moderate intensity if they cause as small increase in breathing and/or heart rate *[washing (bating and brushing carpets, wringing clothes (by hand),gardening, digging dry soil (with spade), weaving, woodwork (chiseling, sawing, softwood), mixing cement (with shovel), laboring (pushing loaded wheelbarrow, operating jackhammer, walking with load on head, drawing water, tending animals]* ***Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.***	Yes 1 No 2	s2c_ma ☐ **If "2", go to Q.2.18**
2.16	In a **typical week**, on how many days do you do moderate-intensity activities as part of your work? Valid responses range from 1-7	No. of days	s2c_mad ☐
2.17	How much time do you spend doing moderate-intensity activities at work on a **typical day**? Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. "Typical day" means a day when the participant is engaged in his/her usual activities. Probe very high responses (over 4 hrs) to verify	Hours : Minutes	☐☐ ☐☐ Hours : Minutes s2c_mah s2c_mam

2C-II: **- Travel to and from places**			
The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example: to work, for shopping, to market, to place of worship. The introductory statement to the following questions on transport-related physical activity is very important. It asks and helps the participant to now think about how they travel around getting from place-to-place. This statement should not be omitted.			
2.18	Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2	s2c_wa ☐ **If "2", go to Q.2.21**
2.19	In a **typical week**, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places? Valid responses range from 1-7	No. of days	s2c_wad ☐
2.20	How much time do you spend walking or bicycling for travel on a **typical day**? Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in transport-related activities. Think of one day you can recall easily. Consider the total amount of time walking or bicycling for trips of 10 minutes or more. Probe very high responses (over 4 hrs) to verify.	Hours: Minutes	☐☐ ☐☐ Hours : Minutes s2c_wah s2c_wam
2C-III: **- Recreational activities**			
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure).			
2.21	Do you do any vigorous-intensity sports, fitness or recreational (*leisure*) activities that cause large increases in breathing or heart rate like [*running or football]* for at least 10 minutes continuously? ***(USE SHOWCARD)*** Activities are regarded as vigorous intensity if they cause a large increase in breathing and/or heart rate. *[Badminton, tennis, high-impact aerobics, aqua aerobic, fast swimming]*	Yes 1 No 2	s2c_vs ☐ **If "2", go to Q.2.24**
2.22	In a **typical week**, on how many days do you do vigorous-intensity sports, fitness or recreational (*leisure*) activities? Valid responses range from 1-7	No. of days	s2c_vsd ☐
2.23	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational vigorous-intensity activities. Think of one day you can recall easily. Consider the total amount of time doing vigorous recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).	Hours : Minutes	☐☐ ☐☐ Hours : Minutes s2c_vsph s2c_vsm
2.24	Do you do any moderate-intensity sports, fitness or recreational *(leisure*) activities that causes a small increase in breathing or heart rate such as brisk walking, *cycling, swimming, volleyball* for at least 10 minutes continuously? ***(USE SHOWCARD)*** Activities are regarded as moderate intensity if they cause a small increase in breathing and/or heart rate. *[Cycling, jogging, dancing, horse-riding, yoga, low-impact aerobics, cricket]*	Yes 1 No 2	s2c_ms ☐ **If "2", go to Q.2.27**
2.25	In a **typical week**, on how many days do you do moderate-intensity sports, fitness or recreational (*leisure*) activities? Valid responses range from 1-7	No. of days	s2c_msd ☐

2.26	How much time do you spend doing moderate-intensity sports, fitness or recreational (*leisure*) activities on a **typical day**? Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational moderate-intensity activities. Think of one day you can recall easily. Consider the total amount of time doing moderate recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).	Hours : Minutes	Hours : Minutes s2c_msh s2c_msm

***2C-IV:* - Sedentary behavior**

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but **do not include time spent sleeping**.

(USE SHOWCARD)

2.27	How much time do you usually spend sitting or reclining on a **typical day**?	Hours : Minutes	s2c_sh Hours : s2c_sm Minutes
2.28	How many hours/ minutes do you spend sitting/reclining in each of the following on a **typical day**?	At work at the desk	s2c_shw Hours : s2c_smw Minutes
		In class during lectures	s2c_shcl Hours : s2c_smcl Minutes
		During travel (driving, traffic jams, bus, car, train, metro)	s2c_sht Hours : s2c_smt Minutes
		AT HOME	
		During watching television	s2c_shtv Hours : s2c_smtv Minutes
		In front of a computer	s2c_shco Hours : s2c_smco Minutes
		Any other (chatting, playing cards etc)	s2c_sho Hours : s2c_smo Minutes
2.29	For how long you stand in a typical day? **(Calculate only if the standing is more than 10 minutes continuously)**	Hours : Minutes	s2c_sth Hours : s2c_stm Minutes

PART 2D: SLEEP (Sleep Heart Health Study; NHLBI)

	On weekdays / workdays	On weekends
2.30 How many hours of sleep do you usually get at night (or your main sleep period)? **Average hours of sleep per night**	c2d_snwo **No. of hours**	c2d_snwe **No. of hours**
2.31 During a usual week, how many times do you nap for 5 minutes or more? (Write **"00"** if the participant does not take any naps)	c2d_n **Number of times**	

2.32 Please indicate how often you experience each of the following **(refer to codes below)**

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

Have trouble falling asleep	c2d_ts
Wake up during the night and have difficulty getting back to sleep	c2d_wn
Wake up too early in the morning and be unable to get back to sleep	c2d_wem
Feel unrested during the day, no matter how many hours of sleep you had	c2d_fun
Do not get enough sleep	c2d_esl
Take sleeping pills or other medication to help you sleep	c2d_spi

PART 2E: DIET

2.33 Are you a vegetarian?	Yes 1 No 2		s2e_v
2.34 Do you take eggs?	Yes 1 No 2		s2e_e
2.35 Have you been **advised** a special diet?	Yes 1 No 2		s2e_sd **If "2" go to Q.2.36**
2.35a If YES, what diets are you currently following?	Type of diet	***Response [Yes=1;No=2]***	Since how many years are you on this special diet? **Y Y : M M**
	Diabetic diet s2e_dd Weight reducing diet s2e_wrd Others (specify) s2e_othd _____ s2e_othdos	s2e_ddy s2e_wrdy s2e_othdy	s2e_ddmo s2e_wrdmo s2e_othdmo

2.36 How frequently do you use reheated oil?	Never 1 Less than once a month 2 Once in a month 3 Twice in a month 4 2-3 times/week 5 Daily 6 Don't know 7		☐ s2e_ro
2.37 Which oil or fat do you commonly use for cooking?	**Type of oil/ fat**		**If yes,**
	Unsaturated fat:	***[Yes=1;No=2]***	**Monthly consumption [in ml]**
	Mustard oil s2e_mu	☐	☐ s2e_muml
	Sunflower oil s2e_sun	☐	☐ s2e_sunml
	Soyabean oil s2e_soya	☐	☐ s2e_soyaml
	Groundnut oil s2e_gnut	☐	☐ s2e_gnutml
	Ricebran oil s2e_ribr	☐	☐ s2e_ribrml
	Palm oil s2e_pam	☐	☐ s2e_pamml
	Sesame/til oil s2e_til	☐	☐ s2e_tilml
	Cocount oil s2e_coco	☐	☐ s2e_cocoml
	Olive oil s2e_oli	☐	☐ s2e_oliml
	Others specify s2e_oth s2e_othos ----------	☐	☐ s2e_othml
	Saturated fat:	***[Yes=1;No=2]***	**Monthly consumption [in grams]**
	Butter s2e_but	☐	☐ s2e_butml
	Ghee s2e_ghe	☐	☐ s2e_gheml
	Vanaspati s2e_vans	☐	☐ s2e_vansml
	Others specify s2e_saoth s2e_saothos ----------	☐	☐ s2e_saothml
2.38 Usually what type of milk do you consume?	None 1 Skimmed milk 2 Double toned 3 Toned/cow's milk 4 Full cream/buffalo's milk 5 Don't know 6		☐ s2e_tcomil
2.39 How often is the meat you eat usually trimmed of fat? **[Don't ask this question to vegetarians]**	Usually **(and who do not eat meat)** 1 Sometimes 2 Rarely or never 3		☐ s2e_metri

2.40 In the **PAST ONE YEAR**, how often have you consumed foods from the following food groups? **[Write in the appropriate column]**					
Food items	**Daily-1; Weekly-2; Monthly-3, Never or less than once a month-4**	**Frequency**		**Approx. amount eaten at one time (refer to show cards)**	
		No. of days per month/week	**No. of times per day**		**Encircle one**
Meats [lamb, mutton, goat, veal, rabbit, beef, pork; their curries]	s2e_comet	s2e_metmo	s2e_metd	s2e_metot	Bowl/Pcs s2e_metb s2e_metp
Poultry [chicken, turkey, duck, pheasant, quail; their curries]	s2e_copo	s2e_pomo	s2e_pod	s2e_poot	Bowl/Pcs s2e_pobo s2e_pop
Organ meats [liver, kidney, brain, spleen, heart and sausages nihari, paya]	s2e_coorg	s2e_orgmo	s2e_orgd	s2e_orgot	Bowl/Pcs s2e_orgbo s2e_orgp
Fish [fresh-water and sea-water fish; preserved fish such as salted fish, canned fish, dried fish]	s2e_cofi	s2e_fimo	s2e_fid	s2e_fiot	Bowl/Pcs s2e_fib s2e_fip
Shell fish and crustaceans [crab, squid, prawns, molluscs]	s2e_cosfi	s2e_sfimo	s2e_sfid	s2e_sfiot	Bowl/Pcs s2e_sfib s2e_sfip
Eggs [Includes preserved eggs, duck eggs]	s2e_coegg	s2e_eggmo	s2e_eggd	s2e_eggot	Pcs
Cooked green leafy vegetables (spinach, fenugreek, bathua, mustard, turnip greens, amaranth etc.)	s2e_cogl	s2e_glmo	s2e_gld	s2e_glot	Bowl
Cooked other vegetables [beans, cauliflower, brinjal, ladies finger, pumpkin, bottle/bitter gourd, carrot, radish, onion]	s2e_cothve	s2e_othvemo	s2e_othved	s2e_othveot	Bowl
Cooked vegetables: roots and tubers[Potatoes, sweet potato, colocasia]	s2e_cocove	s2e_covemo	s2e_coved	s2e_coveot	Bowl
Uncooked raw vegetables : salads	s2e_coucve	s2e_ucvemo	s2e_ucved	s2e_ucveot	Bowl
Fruits (1) banana, cheeko/sapota, mango, grapes	s2e_cof1	s2e_f1mo	s2e_f1d	s2e_f1ot	Bowl/Pcs s2e_f1b s2e_f1p
Fruits (2) All other fruits	s2e_cof2	s2e_f2mo	s2e_f2d	s2e_f2ot	Bowl/Pcs s2e_f2b s2e_f2p
Boiled rice, fried rice, briyani, pulav, semolina, sago, pasta	s2e_cobric	s2e_bricmo	s2e_bricd	s2e_bricot	Bowl
White bread, idli, taftan, sheermal, dosa	s2e_cowbr	s2e_wbrmo	s2e_wbrd	s2e_wbron	Bowl/Pcs s2e_wbrb s2e_wbrp
Whole wheat roti, brown bread, whole grain porridge, pearl millet, barley, ragi, oats	s2e_cowwh	s2e_wwhmo	s2e_wwhd	s2e_wwhot	Bowl/Pcs s2e_wwhb s2e_wwhp
Legumes and pulses [includes all dals, black & white chana, rajma, lobia etc.)	s2e_coleg	s2e_legmo	s2e_legd	s2e_legot	Bowl

Food items	Daily-1; Weekly-2; Monthly-3, Never or less than once a month-4	Frequency		Approx. amount eaten at one time (refer to show cards)	
		No. of days per month/week	No. of times per day		
Milk & milk based drinks	s2e_comil	s2e_milmo	s2e_mild	s2e_milot	Glass
Milk products [yogurt, curd, raita, lassi]	s2e_comilpr	s2e_milprmo	s2e_milprd	s2e_milprot	Bowl
Milk based desserts [custard, khoya, firni, kheer, milk puddings, mohalabeia, shameia]	s2e_comildes	s2e_mildemo	s2e_mildesd	s2e_mildesot	Bowl
Deep fried foods1 [chicken nuggets,onion rings, pakoras, namakparay, namkeen, French fries]	s2e_codf1	s2e_df1mo	s2e_df1d	s2e_df1ot	Bowl
Deep fried foods 2 [samosas, egg rolls, kachori, cutlets, poori, patties]	s2e_codf2	s2e_df2mo	s2e_df2d	s2e_df2ot	Pcs
Desserts1 [chocolate, tarts ,candy, cakes, pies, ice-creams & pastries]	s2e_codes1	s2e_des1mo	s2e_des1d	s2e_des1ot	Pcs
Desserts2 [burfi,ladoo, jalebi, gulabjamum, rasgullah, rasmalai]	s2e_codes2	s2e_des2mo	s2e_des2d	s2e_des2ot	Pcs
Carbonated beverages	s2e_cocar	s2e_carmo	s2e_card	s2e_carot	Glass
Fresh fruit juices	s2e_cofej	s2e_fejmo	s2e_fejd	s2e_fejot	Glass
Fruit juices [Frozen (tetra-packed); Sherbets, Frooti, Maza etc.]	s2e_cofoj	s2e_fojmo	s2e_fojd	s2e_fojot	Glass
Nuts [peanuts, almonds, cashews, walnuts etc.]	s2e_cont	s2e_ntmo	s2e_ntd	s2e_ntot	Bowl/Pcs s2e_ntb s2e_ntp
Tea [tea without milk and sugar and any other tea]	s2e_cotea	s2e_teamo	s2e_tead	s2e_teaot	Glass s2e_tc s2e_tg
Coffee consumption [coffee with and without milk and/sugar]	s2e_cocf	s2e_cfmo	s2e_cfd	s2e_cfot	Glass
Pickles & chutnies [achar, pickled vegetables, sauces and chutneys]	s2e_copick	s2e_picmo	s2e_picd	s2e_picot	Bowl/Pcs/ s2e_picb s2e_picp Spoon s2e_pics
Miscellaneous foods [biscuit, rusk, phen]	s2e_comis	s2e_mismo	s2e_misd	s2e_misot	Pcs
Others 1	s2e_cooth1 s2e_oth1os	s2e_oth1mo	s2e_oth1d	s2e_oth1ot	Bowl/Pcs/ s2e_oth1b s2e_oth1p Spoon s2e_oth1s
Others 2	s2e_cooth2 s2e_oth2os	s2e_oth2mo	s2e_oth2d	s2e_oth2ot	Bowl/Pcs/ s2e_oth2b s2e_oth2p Spoon s2e_oth2s

SECTION– 3:MEDICAL HISTORY (CARDIO METABOLIC DISEASES AND THEIR RISK FACTORS)

PART 3A: DISEASE SPECIFIC QUESTIONS

3A-I: **HYPERTENSION (High Blood Pressure)/DIABETES (High Blood Sugar)/ HYPERLIPIDEMIA (High Blood Cholesterol)**

	Hypertension (High Blood Pressure)*	Diabetes (High Blood Sugar)*	Hyperlipidemia (High Blood Cholesterol)
3.1 Have you **EVER** been told by a doctor that you have any of the following diseases? ***[Yes =1; No =2; Don't know=3]***	s3a1_hbp ☐	s3a1_dia ☐	s3a1_hyl ☐

Fill this section if the answer for high blood pressure/ high blood sugar/high blood cholesterol is "YES" in PART 3A-I, Q.3.1. *If the answer is **'YES'** to any of the choices in Q. 3.1, then go to Q.3.2. **'OTHERWISE'** skip the entire section and go to 3A-II*

**Exclude pregnancy induced Hypertension and High Blood Sugar*

3.2 **SINCE HOW MANY YEARS** have you had Hypertension/ Diabetes/ Hyperlipidemia?	**Duration in Years /Month** s3a1_hbpy Years ☐☐ s3a1_hbpmo Months ☐☐	**Duration in Years /Month** s3a1_diay Years ☐☐ s3a1_diamo Months ☐☐	**Duration in Years /Month** s3a1_hyly Years ☐☐ s3a1_hylmo Months ☐☐
3.3 What treatment are you taking for it currently? **[Yes=1; No=2]**			
Prescribed dietary modification	s3a1_thbpdie ☐	s3a1_tdiadie ☐	s3a1_thyldie ☐
Prescribed physical exercise	s3a1_thbpex ☐	s3a1_tdiaex ☐	s3a1_thylex ☐
Traditional medicine/Therapy*	s3a1_thbpth ☐	s3a1_tdiath ☐	s3a1_thylth ☐
Allopathic drugs(English/modern)	s3a1_thbpdr ☐	s3a1_tdiadr ☐	s3a1_thyldr ☐
None	s3a1_thbpno ☐	s3a1_tdiano ☐	s3a1_thylno ☐

***Traditional medicine/therapy include Yoga , Ayurveda, Unani, Homeopathy, Tibetan, Naturopathy, Meditation**

3.4 When was the last time you consulted your doctor? Less than 1 month 1 1 to 3 months 2 4 to 6 months 3 More than 6 months 4	s3a1_chbp ☐	s3a1_cdia ☐	s3a1_chyl ☐

3A-II: HEART DISEASE

3.5 Have you **EVER** been told by a doctor that you have heart disease? **[Yes=1 ; No=2*; Don't know=3*]**	s3a2_hrt ☐ **If "2" or "3" skip to *3A-III***	
3.6 When did you first come to know that you have heart disease?	<1 year 1 1-5 years 2 >5 years 3	s3a2_khrtd ☐ s3a2_hrtd1
3.7 What did the doctor say it was?	Heart attack 1 Angina 2 Heart failure 3 Valve disease 4 Hole in the heart 5 Others 6 Not informed about the nature of the problem 7	s3a2_hrtd3 ☐ s3a2_hrtd2 ☐ ☐ Use separate boxes for more than one option ***If Others (option 6) , please specify*** ---------- s3a2_hrtdos

If "1" go to Q. 3.8 otherwise go to Q. 3.12

3.8 At what **AGE** did you have your 1st heart attack?	**Years** ☐☐ s3a2_hrtak1	
3.9 Were you hospitalized for treatment?	Yes 1 No 2	☐ s3a2_hrtht
3.10 Did you have any repeat attacks?	Yes 1 No 2	☐ s3a2_reak **If "2" go to Q.3.12**
3.11 Were you hospitalized for the subsequent attacks?	Yes 1 No 2	☐ s3a2_sbakhs
3.12 What treatment are you taking for heart disease currently? ***[Yes=1; No=2]*** ****Traditional medicine / therapy include Yoga, Ayurveda, Unani, Homeopathy, Tibetan, Naturopathy, Meditation***	Prescribed dietary modifications Prescribed physical exercise Traditional medicine / therapy* Allopathic drugs (English / modern) None	☐ s3a2_thrtdie ☐ s3a2_thrtex ☐ s3a2_thrtth ☐ s3a2_thrtdr ☐ s3a2_thrtno
3.13 Ask the participant to showthe medical records (if any) and note the diagnosis below s3a2_hrtrec		

3A-III: STROKE (Paralytic attack)

3.14 Have you **EVER** been told by a doctor that you have stroke (Paralytic attack)? **[Yes=1 ; No=2; *Don't know=3*]**	s3a3_stk ☐ **If "2" or "3" skip to *3A-IV***	
3.15 What was your **AGE** when you had stroke (Paralytic attack)?	**Years** ☐☐ s3a3_stkage	
3.16 Is there a residual disability in any part of the body?	Yes 1 No 2	☐ s3a3_dabod **If "2" skip to Q.3.18**
3.17 If **'YES'**, does it involve the following? ***[Yes=1; No=2]***	Paralysis of leg/foot Paralysis of arm/hand Weakness of leg/foot Weakness of arm/hand Defect of speech Defect of vision Urinary incontinence Any other weakness (specify)_____ s3a3_othwkos	☐ s3a3_plg ☐ s3a3_phd ☐ s3a3_wlg ☐ s3a3_whd ☐ s3a3_dsch ☐ s3a3_dvis ☐ s3a3_urin ☐ s3a3_othwk
3.18 Are you **advised** to continue any medication after your paralytic attack?	Yes 1 No 2	☐ s3a3_cmed
3.19 Ask the participant to show the medical records (if any) and note the diagnosis below s3a3_mrec		

3A-IV: KIDNEY			
3.20 Have you **EVER** been told by a doctor that you have:		Yes=1; No=2	If YES, since how long? **(For kidney stones: most recent)**
	s3a4_kdst Kidney stone s3a4_kddis Kidney disease s3a4_kdfail Kidney failure	s3a4_sty s3a4_disy s3a4_faily	YY MM s3a4_stmo s3a4_dismo s3a4_failmo
	If all the options in Q.3.20 is filled with "2" skip to "3A-V"		
3.21 If **YES**, for kidney stones, what treatment was received?	Only medication 1 Surgery 2 No treatment 3 Others 4		s3a4_sttr **If others (Option 4), then specify** _____ s3a4_sttros
3.22 If **YES**, for kidney disease or kidney failure **[Yes =1; No =2]**	Have you ever undergone dialysis? Have you ever undergone kidney transplant?		s3a4_kddi s3a4_kdtrp
3A-V: CANCER			
3.23 Have you **EVER** been told by a doctor that you have cancer? **[Yes=1 ; No=2; *Don't know=3*]**			s3a5_can **If "2" or "3" skip to "PART 3B"**
3.24 The site for cancer was? *(Multiple choice)*	Oral 01 Esophagus (Food pipe) 02 Stomach 03 Other pharynx 04 Colo-rectum 05 Larynx 06 Liver 07 Lung 08 Breast 09 Cervix 10 Ovary 11 Others, please specify 12 Unknown 99		s3a5_cans1 s3a5_cans2 **If others (Option 12), then specify** s3a5_canos1 _____ s3a5_canos
3.25 At which stage the cancer was diagnosed? *(If multiple site in Q3.24, fill the 2nd box)*	Stage 0/ in situ stage 1 Stage I 2 Stage II 3 Stage III 4 Stage IV 5 Don't know 6		s3a5_canst1 s3a5_canst2
3.26 **SINCE HOW MANY** years/months have you been suffering from cancer?	s3a5_cany s3a5_canmo **Years before (OR) Months before**		
3.27 What was the primary treatment?	Surgery 1 Hormone therapy 2 Radiology 3 Chemotherapy 4 Others, please specify 5 Don't know 6		s3a5_canpt **If others (Option 5), then specify** s3a5_canptos _____

PART- 3B: PERIPHERAL VASCULAR DISEASE		
3.28 Do you get pain in either leg on walking?	Yes 1 No 2	☐ s3b_plw **If "2" go to "PART 3C"**
3.29 If **YES**, in which part of your leg do you feel it?	Pain includes calf / calves 1 Pain does not include calf/claves 2	☐ s3b_plwpt **If "2" go to "PART 3C"**
3.30 Do you get it if you climb stairs or walking fast?	Yes 1 No 2 Not Applicable 3	☐ s3b_clsta **If "2" go to "PART 3C"**
3.31 Do you get it if you walk at an ordinary pace on the level ground?	Yes 1 No 2	☐ s3b_lgro **If "2" go to "PART 3C"**
3.32 Does the pain ever disappear while you are still walking?	Yes 1 No 2	☐ s3b_diswal **If "1" go to "PART 3C"**
3.33 What do you do if you get it when you are walking?	Stop or slacken pace 1 carry on 2	☐ s3b_gwalk **If "2" go to "PART 3C"**
3.34 What happens to it if you stand still?	Relieved 1 Not Relieved 2	☐ s3b_still **If "2" go to "PART 3C"**
3.35 If relieved, how soon?	10 minutes or less 1 more than 10 minutes 2	☐ s3b_resoon
PART-3 C: FRACTURE		
3.36 Have you ever had a broken bone or fracture?	Yes 1 No 2	☐ s3c_efra **If "2" skip to "Q3.38"**

3.37 If yes	did that involve (Yes=1, No=2)	Age at fracture*	Was this due to fall from standing height (example, falling in bathroom, fall while walking) (Yes=1, No=2)	If no, what was the cause?
Hip	s3c_inhip	s3c_frhiage	s3c_frhibro	s3c_frhics
Wrist	s3c_inwrist	s3c_frwrtage	s3c_frwrtbro	s3c_frwrtcs
Spine/ Vertebra	s3c_inspi	s3c_frspage	s3c_frspbro	s3c_frspcs
Others	s3c_inoth	Specify :- s3c_inothos		

** If they had multiple fracture note the age of most recent fracture*

3.38 Has either of your parents or siblings had a fracture of the hip, wrist or spine?	Yes 1 No 2 Don't know 3	☐ s3c_pafr

PART- 3D: COMPLICATIONS (This section will be applied to all participants not just for diabetes)

***3D-I:* – FOOT ULCERS AND AMPUTATION**

3.39 Have you **EVER** had a non-healing ulcer/sore in the foot that took **more than 4 weeks** to heal?	Yes 1 No 2	☐ s3d1_eulc
3.40 Do you walk around bare foot?	Yes 1 No 2	☐ s3d1_wbft
3.41 Have you had an amputation?	Yes 1 No 2	☐ s3d1_amp **If "2" go to "PART 3*D-II*"**
3.42 If '**YES',** when? s3d1_ampy	☐☐ s3d1_ampm **Years before (OR) Months before**	
3.43 What was the level of amputation?	Toe 1 Below ankle 2 Below knee 3 Above Knee 4	☐ s3d1_ample
3.44 What was the cause for amputation?	Injury 1 Diabetes 2 Infection 3 Others 4	☐ s3d1_ampcau **If Others (option 4), then specify** s3d1_ampcauos ----------
3.45 Do you have medical records or prescriptions?	Yes 1 No 2 Don't Know 3	☐ s3d1_amprec
3.46 Ask the participant to show the medical records (if any) and note the diagnosis below s3d1_ampdirec		

***3D-II:* – EYES**

3.47 Do you have difficulty with your eyesight other than your ordinary power glasses (spectacles)?	Yes 1 No 2	☐ s3d2_eydif **If " 2" go to "Section 4"**
3.48 If **"Yes",** what was the diagnosis?	Physician- diagnosed cataract 1 Physician- diagnosed retinopathy 2 Both 3 Other 4	☐ s3d2_eydia **If Others (option4), then specify** s3d2_eydiaos _____
3.49 Have you undergone laser therapy (Photocoagulation) anytime?	Yes 1 No 2	☐ s3d2_eylt
3.50 Do you have medical records or prescriptions?	Yes 1 No 2	☐ s3d2_eyrec
3.51 Ask the participant to show the medical records (if any) and note the diagnosis below s3d2_eydiarec		

Section:-4 DRUG INFORMATION

4.1 In the past one week, have you taken any Allopathic drug (English / modern) for a disease?	**Yes= 1; No =2**	☐ s4_talldrug **If "2" go to "Section 5"**

4.2 If yes, provide details of all the medication that the participant is taking at the time of survey in the below columns

Name of the drug (Write in CAPTIAL letters)		**Since when are you taking this drug?**	
			Select the appropriate time measure **[Years=1, Months=2, Week=3, Days=4]**
a) s4_d1nam	s4_d1tk	☐☐	☐ s4_d1tkt
b) s4_d2nam	s4_d2tk	☐☐	☐ s4_d2tkt
c) s4_d3nam	s4_d3tk	☐☐	☐ s4_d3tkt
d) s4_d4nam	s4_d4tk	☐☐	☐ s4_d4tkt
e) s4_d5nam	s4_d5tk	☐☐	☐ s4_d5tkt
f) s4_d6nam	s4_d6tk	☐☐	☐ s4_d6tkt
g) s4_d7nam	s4_d7tk	☐☐	☐ s4_d7tkt
h) s4_d8nam	s4_d8tk	☐☐	☐ s4_d8tkt
i) s4_d9nam	s4_d9tk	☐☐	☐ s4_d9tkt
j) s4_d10nam	s4_d10tk	☐☐	☐ s4_d10tkt

Section:-5 – TREATMENT HISTORY AND EXPENDITURES

PART-5A: OUTPATIENT

5.1 Are you undergoing treatment as an outpatient for any of the following reasons?	Heart disease	☐ s5a_hrt
	Stroke	☐ s5a_st
	Diabetes	☐ s5a_dia
	Diabetic complications (infections, retinopathy, nephropathy, etc.)	☐ s5a_com
	High blood pressure	☐ s5a_hbp
	Chronic Kidney disease	☐ s5a_ckd

If the answer to any of the above is "YES" go to the next question OTHERWISE skip to "PART-5B"

In the following questions ask the details of treatment and cost only for the LAST 6 MONTHS

5.2 List the expenditures incurred towards above mentioned conditions in the last 6 months (Q.5.1) in the given table

		Names	Type of setting (govt=1, pvt=2 , charity=3 others =4)	If others, specify	Number of visits/No. of days *	Total amount spent (in rupees)	Mode of payment^	Distance from home (km)
A	**Consultation**							
	Clinic -1	s5a_c1nam	s5a_c1ty	s5a_c1_tyos	s5a_c1vis	s5a_c1amot	s5a_c1mod	s5a_c1dis
	Clinic -2	s5a_c2nam	s5a_c2ty	s5a_c2_tyos	s5a_c2vis	s5a_c2amot	s5a_c2mod	s5a_c2dis
	Clinic -3	s5a_c3nam	s5a_c3ty	s5a_c3_tyos	s5a_c3vis	s5a_c3amot	s5a_c3mod	s5a_c3dis
	Clinic-4	s5a_c4nam	s5a_c4ty	s5a_c4_tyos	s5a_c4vis	s5a_c4amot	s5a_c4mod	s5a_c4dis
B	**Laboratory/other investigations**							
	Setting-1	s5a_l1nam	s5a_l1ty	s5a_l1tyos	s5a_l1vis	s5a_l1amot	s5a_l1mo	s5a_l1dis
	Setting-2	s5a_l2nam	s5a_l2ty	s5a_l2tyos	s5a_l2vis	s5a_l2amot	s5a_l2mo	s5a_l2dis
	Setting-3	s5a_l3nam	s5a_l3ty	s5a_l3tyos	s5a_l3vis	s5a_l3amot	s5a_l3mo	s5a_l3dis
	Setting-4	s5a_l4nam	s5a_l4ty	s5a_l4tyos	s5a_l4vis	s5a_l4amot	s5a_l4mo	s5a_l4dis
C	**Home nurse/carer**	s5a_nunam			s5a_nuvisit	s5a_namot	s5a_nmod	
D	**Physical and occupation rehabilitation**							
	setting-1	s5a_pr1name	s5a_pr1ty	s5a_pr1tyos	s5a_pr1vis	s5a_pr1amot	s5a_pr1mod	s5a_pr1dis
	Setting-2	s5a_pr2name	s5a_pr2ty	s5a_pr2tyos	s5a_pr2vis	s5a_pr2amot	s5a_pr2mod	s5a_pr2dis
E	**Others #- specify**	s5a_oth1nam	s5a_oth1ty	s5a_oth1tyos	s5a_oth1vis	s5a_oth1_amot	s5a_oth1mod	s5a_oth1dis
	Others #- specify	s5a_oth2nam	s5a_oth2ty	s5a_oth2tyos	s5a_oth2vis	s5a_oth2_amot	s5a_oth2mod	s5a_oth2dis

*** Include all the investigations examples blood tests, urine tests, ECG, Echocardiogram, X-ray, CT/MRI scans, dialysis, ultrasound etc.**

 # Example- self monitoring of blood glucose

^ Mode of payment – options

Own savings/family member paid=1	**Borrowed from friend/relative/ employer =3**	**Sold house/land or other assets=5**	**Free medical treatment (government hospital, CGHS, ECHS, ESI etc)=7**
Employer paid=2	**Borrowed from bank=4**	**Health insurance=6**	

5.3 Total amount of money spent in rupees on MEDICATIONS for the diseases mentioned in Q.5.1 in the LAST 6 MONTHS

Rs. _____ s5a_tamot

PART 5B-I: INPATIENT

5.4 Were you hospitalized for any illness in the past 12 months?	**Yes** 1 **No** 2 **Don't Know** 3	☐ s5b1_hoill **"2 or 3" go to Q.5.7**
5.5 If YES, how many times?	☐☐ s5b1_hoillti	
5.6 Were you admitted for any of the following reasons? **[Yes=1; No=2]**	**Heart disease** **Stroke** **Diabetes** **Diabetic complications (infections, retinopathy, nephropathy, etc.)** **High blood pressure** **Chronic Kidney disease**	☐ s5b1_rshrt ☐ s5b1_rs_str ☐ s5b1_rsdia ☐ s5b1_rscomp ☐ s5b1_rehbp ☐ s5b1_reckd
5.7 Have you undergone any surgical procedure in the past 12 months?	**Yes** 1 **No** 2 **Don't Know** 3	☐ s5b1_ugs_pro **"2 & 3" skip to "Section 6"**
5.8 If yes, what was the procedure? **[Yes=1; No=2]**	**Angioplasty/ bypass** **Valve repair/replacement** **Pacemaker** **Amputation** **Abscess/ulcer** **Renal transplantation** **Heart transplant** **Retinal photocoagulation/laser therapy** **Others (specify)**_____ s5b1_prothos	☐ s5b1_pran ☐ s5b1_prre ☐ s5b1_prpac ☐ s5b1_pramp ☐ s5b1_prulc ☐ s5b1_prretrp ☐ s5b1_prhrttrp ☐ s5b1_prlt ☐ s5b1_proth
5.9 Do you have medical records related to hospitalization /surgical procedure?	**Yes** 1 **No** 2	☐ s5b1_prrec

If the answer is YES, ask the participant to show the medical records and note the diagnosis in a chronological order separately for hospitalization due to illness and surgical procedures mentioned above in the space provided below

Hospitalization s5b1_hosrec

Surgical procedure s5b1_surrec

Comments s5b1_comm

PART 5B-II: HOSPITALISATION COST

Fill this section only if the par
ticipant has undergone hospitalization due to illness or procedure mentioned in Q.5.6 and Q.5.8 of PART 5B-I, otherwise go to "Section 6".
For each hospitalization note the following details, starting with the first hospitalization in past 12 months. If the number of hospitalization is more than three then use a second form to complete the history.

Sl. No	Questions	1	2	3
5.10	When were you hospitalized?	s5b2_h1hosmo s5b2_h1hosy M M Y Y Y Y	s5b2_h2hosmo s5b2_h2hosy M M Y Y Y Y	M M Y Y Y
5.11	How many days did you stay in the hospital?	Days s5b2_h1hstd	Days	Days
5.12	Type of hospital? [Yes=1; No=2]	Government s5b2_h1htyg Private s5b2_h1htyp Charity s5b2_h1htyc Other, please specify s5b2_h1htyoth s5b2_h1htyothos _____	Government Private Charity Other, please specify _____	Government Private Charity Other, please specify _____
5.13	Name of hospital (Address)	s5b2_h1add		
5.14	What type of treatment/procedure/ surgery did you undergo? (Cross-check with the medical records and information in PART-5A) [Yes=1; No=2]	Medicines s5b2_h1tmed Thrombolysis s5b2_h1tth Angiogram s5b2_h1tang Angioplasty s5b2_h1tapsy Bypass surgery s5b2_h1tbps Brachytherapy s5b2_h1tbch Pacemaker s5b2_h1tpmk Heart transplant s5b2_h1thrttrp Amputation s5b2_h1tamp Echocardiography s5b2_h1tecg Neuro-imaging (CT/MRI of brain) s5b2_h1tneu Dialysis s5b2_h1tdils Kidney-transplant s5b2_h1tkdtrp For observation s5b2_h1tobs Other procedure s5b2_h1toth Specify _____ s5b2_h1tothos	Medicines Thrombolysis Angiogram Angioplasty Bypass surgery Brachytherapy Pacemaker Heart transplant Amputation Echocardiography Neuro-imaging (CT/MRI of brain) Dialysis Kidney-transplant For observation Other procedure Specify _____	Medicines Thrombolysis Angiogram Angioplasty Bypass surgery Brachytherapy Pacemaker Heart transplant Amputation Echocardiography Neuro-imaging (CT/MRI of brain) Dialysis Kidney-transplant For observation Other procedure Specify _____

5.15	**Total amount spent on treatment (hospitalization expenses + medicines purchased during the stay)**	Rs _____ s5b2_h1amots	Rs _____	Rs _____
5.16	**Number of days attendant stayed with you in the hospital**	s5b2_h1attsty **Days** ☐☐	**Days** ☐☐	**Days** ☐☐
5.17	**Distance from home to hospital?**	Kms ☐☐☐ s5b2_h1disho	Kms ☐☐☐	Kms ☐☐☐
5.18	**Cost of travel from home to hospital (excluding ambulance cost, if any)**	**Rs** _____ s5b2_h1cotrl	Rs _____	Rs _____
5.19	**How do you pay for your hospitalization Costs?** **[Yes=1; No=2]**	**Own saving** s5b2_h1pyown ☐ **Family members paid** s5b2_h1pyfam ☐ **Employer paid** s5b2_h1pyem ☐ **Borrowed from friends, relatives, employer** s5b2_h1pyborf ☐ **Borrowed from bank** s5b2_h1pyborb ☐ **Sold house, land, or other assets** s5b2_h1pysoho ☐ **Health insurance** s5b2_h1pyhin ☐ **Other** s5b2_h1pyoth ☐ **(Specify_____)** s5b2_h1pyothos	**Own saving** ☐ **Family members paid** ☐ **Employer paid** ☐ **Borrowed from friends, relatives, employer** ☐ **Borrowed from bank** ☐ **Sold house, land, or other assets** ☐ **Health insurance** ☐ **Other** ☐ **(Specify_____)**	**Own saving** ☐ **Family members paid** ☐ **Employer paid** ☐ **Borrowed from friends ,relatives, employer** ☐ **Borrowed from bank** ☐ **Sold house, land, or other assets** ☐ **Health insurance** ☐ **Other** ☐ **(Specify_____)**
5.20	**If used, which type of insurance have you used?** **[Yes=1; No=2]**	**Government health insurance** s5b2_h1_insg ☐ **Social health insurance** s5b2_h1_insso ☐ **Commercial health Insurance (employer paid)** s5b2_h1_insem ☐ **Commercial health insurance (self-paid)** s5b2_h1_inssel ☐ **Other** s5b2_h1_insoth ☐ **(_____) specify** s5b2_h1_insothos	**Government health insurance** ☐ **Social health insurance** ☐ **Commercial health Insurance (employer paid)** ☐ **Commercial health insurance (self-paid)** ☐ **Other** ☐ **(_____) specify**	**Government health insurance** ☐ **Social health insurance** ☐ **Commercial health Insurance (employer paid)** ☐ **Commercial health insurance (self-paid)** ☐ **Other** ☐ **(_____) specify**

SECTION-6: FAMILY HISTORY

6.1 Has anyone in your family suffered from any of the following diseases, before the age of 60 years? *[Yes=1; No=2; Don't know=3]*	Hypertension (High Blood Pressure) Heart disease* Diabetes mellitus (High Blood Sugar) Stroke (Paralytic Attack) Cancer ***Angina/ heart attack/heart failure**	☐ s6_hbp ☐ s6_hrt ☐ s6_dia ☐ s6_str ☐ s6_can

6.2 Fill the table below

For Hypertension (High Blood Pressure)

	Relationship with the participant		Yes= 1, No =2, Don't Know=3, Not applicable=9
a)	Father	s6_hbpfat	
b)	Mother	s6_hbpmot	
c)	Son	s6_hbpson	
d)	Daughter	s6_hbp_dau	
e)	Brother1	s6_hbpbro1	
f)	Brother2	s6_hbpbro2	
g)	Brother3	s6_hbpbro3	
h)	Sister1	s6_hbpsis1	
i)	Sister 2	s6_hbpsis2	
j)	Sister 3	s6_hbpsis3	

For Diabets Mellitus (High Blood Sugar)

	Relationship with the participant		Yes= 1, No =2, Don't Know=3, Not applicable=9
a)	Father	s6_diafat	
b)	Mother	s6_diamot	
c)	Son	s6_diason	
d)	Daughter	s6_diadau	
e)	Brother1	s6_diabro1	
f)	Brother2	s6_diabro2	
g)	Brother3	s6_diabro3	
h)	Sister1	s6_diasis1	
i)	Sister 2	s6_diasis2	
j)	Sister 3	s6_diasis3	

For Heart Disease

	Relationship with the participant		Yes= 1, No =2, Don't Know=3, Not applicable=9	Age at 1st attack (In Years)
a)	Father	s6_hrtfat		s6_hrtfatag1
b)	Mother	s6_hrtmot		s6_hrtmotag1
c)	Son	s6_hrtson		s6_hrtsonag1
d)	Daughter	s6_hrtdau		s6_hrtdauag1
e)	Brother1	s6_hrtbro1		s6_hrtbro1ag1
f)	Brother2	s6_hrtbro2		s6_hrtbro2ag1
g)	Brother3	s6_hrtbro3		s6_hrtbro3ag1
h)	Sister1	s6_hrtsis1		s6_hrtsis1ag1
i)	Sister 2	s6_hrtsis2		s6_hrtsis2ag1
j)	Sister 3	s6_hrtsis3		s6_hrtsis3ag1

For Stroke (Paralytic Attack)			
	Relationship with the participant	**Yes= 1, No =2, Don't Know=3, Not applicable=9**	**Age at 1st attack (In Years)**
a)	Father s6_strfat		s6_strfatag1
b)	Mother s6_strmot		s6_strmotag1
c)	Son s6_strson		s6_str_sonag1
d)	Daughter s6_strdau		s6_str_dauag1
e)	Brother1 s6_strbro1		s6_strbro1ag1
f)	Brother2 s6_strbro2		s6_strbro2ag1
g)	Brother3 s6_strbro3		s6_strbro3ag1
h)	Sister1 s6_strsis1		s6_strsis1ag1
i)	Sister 2 s6_strsis2		s6_strsis2ag1
j)	Sister 3 s6_strsis3		s6_strsis3ag1

For Cancer		
	Relationship with the participant	**Yes= 1, No =2, Don't Know=3, Not applicable=9**
a)	Father s6_canfat	
b)	Mother s6_canmot	
c)	Son s6_canson	
d)	Daughter s6_candau	
e)	Brother1 s6_canbro1	
f)	Brother2 s6_canbro2	
g)	Brother3 s6_canbro3	
h)	Sister1 s6_cansis1	
i)	Sister 2 s6_cansis2	
j)	Sister 3 s6_cansis3	

Section-7: PATIENT HEALTH QUESTIONNAIRE -9 (PHQ-9)		
S.No	**Over the last 2 weeks, how often have you been bothered by any of the following problems (1-10)**	1. Not at All 2. Several Days 3. More than half the time 4. Nearly every day
1.	Have little interest or pleasure in doing things	☐ s7_phq1
2.	Feeling down, depressed, or hope less	☐ s7_phq2
3.	Trouble falling or staying asleep or sleeping too much	☐ s7_phq3
4.	Feel tired or feel like having little energy	☐ s7_phq4
5.	Poor appetite or overeat	☐ s7_phq5
6.	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐ s7_phq6
7.	Trouble concentrating on things, such as reading the newspaper or watching television	☐ s7_phq7
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	☐ s7_phq8
9.	Thoughts that you be better off dead, or of hurting yourself in some way	☐ s7_phq9

10.	If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people	☐ s7_phq10 1. Not difficlut at all 2. Somewhat difficlut 3. Very difficult 4. Extremely difficlut

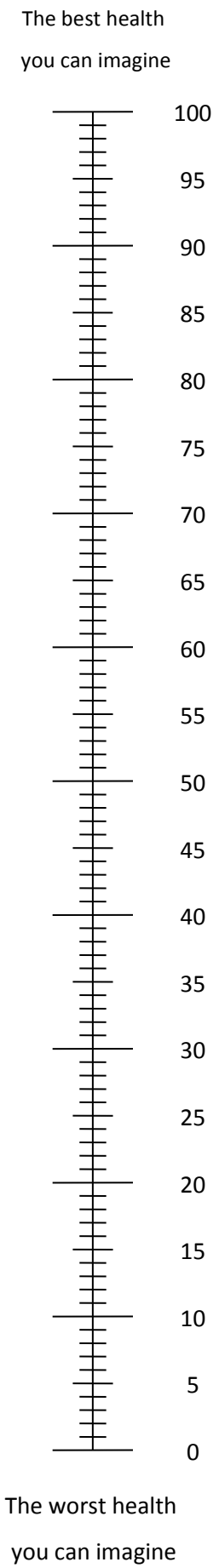
SECTION-8: QUALITY OF LIFE

Under each heading, please mention the number that describes your health today

1. Mobility	I have no problems in walking about	1	☐ s8_qolmob
	I have slight problems in walking about	2	
	I have moderate problems in walking about	3	
	I have severe problems in walking about	4	
	I am unable to walk about	5	
2. Self- Care	I have no problems in bathing or dressing myself	1	☐ s8_qolself
	I have slight problems in bathing or dressing myself	2	
	I have moderate problems in bathing or dressing myself	3	
	I have severe problems in bathing or dressing myself	4	
	I am unable to bath or dress myself	5	
3. Usual Activities (e.g.. work,study housework family or leisure actvities)	I have no problems doing my usual activities	1	☐ s8_qoluat
	I have slight problems doing my usual activities	2	
	I have moderate problems doing my usual activities	3	
	I have severe peoblems doing my usual activities	4	
	I am unable to do my usual activites	5	
4. Pain/ Discomfort	I have no pain or discomfort	1	☐ s8_qoldcm
	I have slight pain or discomfort	2	
	I have moderate pain or discomfort	3	
	I have severe pain or discomfort	4	
	I have extreme pain or discomfort	5	
5. Anxiety/ Depression	I am not anxious or depressed	1	☐ s8_qolands
	I am slightly anxious or depressed	2	
	I am moderately anxious or depressed	3	
	I am severely anxious or depressed	4	
	I am extremely anxious or depressed	5	

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY= ☐ s8_qolhstus



SECTION 9: FEMALE REPRODUCTIVE HISTORY (Only for Female)

THIS SECTION TO BE FILLED ONLY FOR THE FEMALE PARTICIPANTS. FOR MALE PARTICIPANTS SKIP THIS SECTION AND THANK THE PARTICIPANT

9.1 At what **AGE** did you start menstruating?	s9_agemens ☐☐ **Years**	
9.2 Are you having menstrual cycles?	Yes 1 No 2	☐ s9_hmens **If "1" go to Q.9.4**
9.3 If '**No**' what is the reason?	Pregnancy 1 Lactation 2 Natural menopause 3 Surgical menopause 4 Others 5	☐ s9_mensrea **If others (option 5), then specify** _____ s9_mensreaos
9.4 If menopausal, since how long? ***[Ask if Q.9.3. is filled with option 3 or 4]***	s9_menshly ☐☐ **YY** s9_lmensmo ☐☐ **MM** s9_menshlmo	
9.5 When was your last menstrual period (LMP)?	s9_lmensd ☐☐ **D D** ☐☐ **M M** ☐☐ **Y Y** s9_lmensy	**(If filled go to Q.9.6)**
9.5a If the participant cannot recall the date of her LMP	s9_menpay ☐☐ **Y Y** ☐☐ s9_menpay_mo **M M** ☐☐ **D D** s9_menpay_d	
9.6 Have you used hormonal drugs or oral contraceptive pills? **[Yes= 1, No=2]**	**Ever used in the past** s9_usd_pt ☐ s9_usd_pty	**Duration of use (since how long)** ☐☐ **Y Y** ☐☐ **M M** s9_usd_ptmo
	Currently using s9_usdcur ☐ s9_usdcury	**Duration of use (since how long)** ☐☐ **Y Y** ☐☐ **M M** s9_usdcurmo
9.7 Number of pregnancies so far? (**also include miscarriages/abortions)**	☐☐ s9_pgnu **If 00, end the questionnaire and thank the participant**	
9.8 In the last pregnancy was the delivery :	Normal 1 Caesarian Section 2 Others 3 Not applicable 9	☐ s9_ltdevr **If others (option 3), then specify** _____ s9_ltdevros
9.9 Were you diagnosed to have gestational diabetes in any of the pregnancies?	Yes 1 No 2 Don't know 3 Not applicable 9	☐ s9_gesdiab
9.10 Were you diagnosed to have hypertension in any of the pregnancies?	Yes 1 No 2 Don't know 3 Not applicable 9	☐ s9_diahbp

☐☐ ☐☐

END TIME: - Hours : Minutes

FOR QUALITY CHECK

REVIEWER 1	**REVIEWER 2**	**DATA ENTRY/SCANNING**
NAME:_____	NAME:_____	NAME:_____
SIGNATURE:_____	SIGNATURE:_____	SIGNATURE:_____
DATE:_____/_____/_____	DATE:_____/_____/_____	DATE:_____/_____/_____