

Participant ID

fo\_pid [int(5)]

**CARRS: Surveillance Study**

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

Cluster ID fo_clusterid [int(10)]	Household ID fo_hhid [(int6)]
Follow-up ID fo_followupid [int(3)]	Interviewer ID fo_iid [int(4)]
Date of interview: DD/ MM/ YY fo_doi [varchar(11)]	Start Time [Hr:min] HR MIN fo_time1 [int(4)]

**SECTION- 1: Response of the participant**

1. Did the participant respond to the study? fo_studyresp[int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
2. If yes, what is the present address fo_padd [int(1)]	Same as baseline survey 1 Changed 2	<input type="checkbox"/>
2a. If changed, note the current address: fo_cadd [varchar(255)]		
3. If no, what is the reason for non-response? fo_reasons [int(1)] fo_reasonsp [varchar(100)]	Participant has relocated- non reachable/traceable 1 Not available after 3 subsequent visits 2 Refused to participate 3 Not Alive 4 Others Please specify _____	<input type="checkbox"/>

If the answer is 4 for the above question, please complete **verbal autopsy** form

**SECTION – 2: MEDICAL HISTORY****PART-A: CARDIOMETABOLIC DISEASES AND THEIR RISK FACTORS**

	(Yes=1, NO= 2)	If YES, Since How long (Mnts)
1. In last one year, have you been told by a doctor that you have developed or suffered (or started medication for) any of the following diseases?		
Hypertension (High blood pressure)* fo_hypert [int(1)]	<input type="checkbox"/>	fo_hypertm [int(2)] <input type="checkbox"/>
Diabetes (High Blood Sugar)* fo_diab [int(1)]	<input type="checkbox"/>	fo_diabm [int(2)] <input type="checkbox"/>
Hyperlipidemia (High Cholesterol) fo_hyperli [int(1)]	<input type="checkbox"/>	fo_hyperlim [int(2)] <input type="checkbox"/>
Heart Attack fo_heartat [int(1)]	<input type="checkbox"/>	fo_heartatm [int(2)] <input type="checkbox"/>
Stroke (Paralytic Attack) fo_stroke [int(1)]	<input type="checkbox"/>	fo_strokem [int(2)] <input type="checkbox"/>
Chronic Kidney Disease fo_ckidney [int(1)]	<input type="checkbox"/>	fo_ckidneym [int(2)] <input type="checkbox"/>



\*Exclude pregnancy induced Hypertension and High Blood Sugar:

If the answer is '**YES**' to any of the choices in Q. 1, then continue with this section, otherwise skip to **SECTION -3**. Ask for documented evidence, doctor's diagnosis/prescription/investigation report. Take a photocopy/photo of the evidence and attach with the questionnaire.

Write the actual diagnosis/description below

fo\_desc [varchar(255)]

## PART B: DISEASE SPECIFIC QUESTIONS

### I. Hypertension

a. Are you taking any Allopathic drugs (English / modern) for your blood pressure? fo_hypdrug [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
b. If yes, were you advised by a physician (prescribed?) fo_hyppres [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
c. How often do you miss the medication per week? fo_hypmed [int(2)]		<input type="checkbox"/> <input type="checkbox"/>

### II. Diabetes

a. Are you taking any Allopathic drugs (English / modern) for your blood sugar/diabetes? fo_diabdrug [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
b. If yes, were you advised by a physician (prescribed?) fo_diabpres [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
b. How often do you miss the medication per week? fo_diabmed [int(2)]		<input type="checkbox"/> <input type="checkbox"/>

### III. Hyperlipidemia

a. Are you taking any Allopathic drugs (English / modern) for your cholesterol/hyperlipidemia? fo_hyperlidrug [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
b. If yes, were you advised by a physician (prescribed?) fo_hyperlipres [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
d. If yes, how often do you miss the medication (per week)? fo_hyperlimed [int(2)]		<input type="checkbox"/> <input type="checkbox"/>

### IV. Chronic Kidney Disease

a. Are you taking any Allopathic drugs (English / modern) for your kidney disease? fo_ckidneydrug [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
b. If yes, were you advised by a physician (prescribed?) fo_ckidneypres [int(1)]	[Yes = 1; No = 2]	<input type="checkbox"/>
C. If yes, how often do you miss the medication (per week)? fo_ckidneymed [int(2)]		<input type="checkbox"/> <input type="checkbox"/>

## Section 3: Hospitalization

### Part A

1. Were you hospitalized for any illness in the <b>past 12 months?</b> <span>fo_hosp [int(1)]</span>	[Yes = 1; No = 2; Do not remember = 3]	<input type="text"/> [If NO, Skip to Section-4]	
2. Were you admitted for any of the following reasons?	Heart Attack/Angina <span>fo_hangina [int(1)]</span> Stroke <span>fo_hstroke [int(1)]</span> Diabetes <span>fo_hdiab [int(1)]</span> Diabetic complications (infections, retinopathy, nephropathy, etc.) <span>fo_hdiabcomp [int(1)]</span> High blood pressure <span>fo_hhbp [(1)]</span> Chronic Kidney disease <span>fo_hckidney [int(1)]</span>	[Yes = 1; No = 2] <input type="text"/> <span>fo_hangina [int(2)]</span> <input type="text"/> <input type="text"/> <span>fo_hstroke [int(2)]</span> <input type="text"/> <input type="text"/> <span>fo_hdiab [int(2)]</span> <input type="text"/> <input type="text"/> <span>fo_hdiabcomp [int(2)]</span> <input type="text"/> <input type="text"/> <span>fo_hhbp [int(2)]</span> <input type="text"/> <input type="text"/> <span>fo_hckidney [int(2)]</span> <input type="text"/>	If yes, How many times? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Part B: DISEASE SPECIFIC QUESTIONS

## I. Heart Attack (fill in if ticked above)

a. What intervention or procedure did you receive at or after your heart attack? <span>fo_hattackint [int(1)]</span>  <span>fo_hattackintsp [varchar(100)]</span>	Thrombolysis (Clot subsiding drugs) 1 Coronary angioplasty (balloon or stenting) 2 CABG (By pass surgery) 3 Others 4 Please mention _____	<input type="text"/>
b. Are you taking any Allopathic drugs (English / modern) for your heart disease? <span>fo_hattdrug [int(1)]</span>	[Yes = 1; No = 2]	<input type="text"/>
c. If yes, were you advised by a physician (prescribed?) <span>fo_hattpres [int(1)]</span>	[Yes = 1; No = 2]	<input type="text"/>

## II. Stroke (fill in if ticked above)

a. Is there residual:	Paralysis / Weakness <span>fo_rparalysis [int(1)]</span> Defect of speech <span>fo_rspeech [int(1)]</span> Urinary incontinence <span>fo_rurinary [int(1)]</span> Any other weakness <span>fo_rweakness [int(1)]</span> (specify) _____ <span>fo_rspecify [varchar(100)]</span>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-----------------------	--	--

## Section 4: Drug information

1. In the past one week, are you currently taking any Allopathic drugs (English / modern) for any disease?	[Yes = 1; No = 2]	<span>fo_drugcurr [int(1)]</span> <input type="text"/> [If NO, go to section 5]
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 capital letters)	Since when are you taking this drug? (Circle the appropriate time measure)
1. fo_drug1 [varchar(100)]	<input type="text"/> <input type="text"/> years/ <input type="text"/> Months/ <input type="text"/> weeks/ <input type="text"/> days fo_drug1y [int(2)] fo_drug1m [int(2)] fo_drug1w [int(2)] fo_drug1d [int(1)]
2. fo_drug2 [varchar(100)]	<input type="text"/> <input type="text"/> years/ <input type="text"/> Months/ <input type="text"/> weeks/ <input type="text"/> days fo_drug2y [int(2)] fo_drug2m [int(2)] fo_drug2w [int(2)] fo_drug2d [int(1)]
3. fo_drug3 [varchar(100)]	<input type="text"/> <input type="text"/> years/ <input type="text"/> Months/ <input type="text"/> weeks/ <input type="text"/> days fo_drug3y [int(2)] fo_drug3m [int(2)] fo_drug3w [int(2)] fo_drug3d [int(1)]
4. fo_drug4 [varchar(100)]	<input type="text"/> <input type="text"/> years/ <input type="text"/> Months/ <input type="text"/> weeks/ <input type="text"/> days fo_drug4y [int(2)] fo_drug4m [int(2)] fo_drug4w [int(2)] fo_drug4d [int(1)]
5. fo_drug5 [varchar(100)]	<input type="text"/> <input type="text"/> years/ <input type="text"/> Months/ <input type="text"/> weeks/ <input type="text"/> days fo_drug5y [int(2)] fo_drug5m [int(2)] fo_drug5w [int(2)] fo_drug5d [int(1)]
6. fo_drug6 [varchar(100)]	<input type="text"/> <input type="text"/> years/ <input type="text"/> Months/ <input type="text"/> weeks/ <input type="text"/> days fo_drug6y [int(2)] fo_drug6m [int(2)] fo_drug6w [int(2)] fo_drug6d [int(1)]
7. fo_drug7 [varchar(100)]	<input type="text"/> <input type="text"/> years/ <input type="text"/> Months/ <input type="text"/> weeks/ <input type="text"/> days fo_drug7y [int(2)] fo_drug7m [int(2)] fo_drug7w [int(2)] fo_drug7d [int(1)]

**Section 5: COMPLICATIONS** - Complete the following section only if the participant has diabetes (refer the diabetes list provided to you)

#### I. AMPUTATIONS

a. In last one year, have you had an amputation? fo_ampa [int(1)]	[Yes = 1; No = 2;]	<input type="text"/> "2" go to Part II
b. Level of amputation fo_ampb [int(1)]	Toe 1 Below ankle 2 Below knee 3 Above Knee 4	<input type="text"/>
c. What was the cause for amputation? fo_ampc1 [int(1)] fo_ampc2 [int(1)] fo_ampcoth [varchar(100)]	Injury 1 Diabetes 2 Infection 3 Other 4	<input type="text"/> <input type="text"/> Others specify _____
d. Ask the participant to show the medical records and photograph fo_ampmed [varchar(255)]		

#### II. EYES (Complete the following sections only if the participant has diabetes (refer to the diabetes list provided to you))

a. Did you have deterioration with your eyesight other than your ordinary power glasses (spectacles)? fo_eyesa [int(1)]	[Yes = 1; No = 2;]	<input type="text"/> "2" skip the section
b. If 'YES', what was the diagnosis? fo_eyesb [int(1)] fo_eyesmen [varchar(255)]	Physician-diagnosed cataract 1 Physician-diagnosed retinopathy 2 Others 3 Mention _____	<input type="text"/>
c. Have you undergone laser therapy (Photocoagulation) at anytime fo_eyelaser [int(1)]	[Yes = 1; No = 2;]	<input type="text"/>

15. Time interview ended:

fo\_intendtime [int(5)]

  :    
 HR MIN