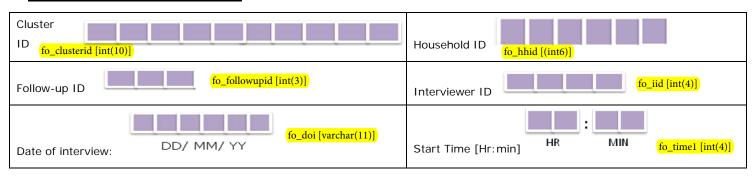
CARRS: Surveillance Study

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



| SECTION- 1: Response of the participant | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| Did the participant respond to the study? fo_studyresp[int(l)] | [Yes =1; No =2] | | | | | | | | |
| If yes, what is the present address fo_padd [int(1)] | Same as baseline survey Changed | 1 2 | | | | | | | |
| 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 Not available after 3 subsequent visits Refused to participate Not Alive Others Please specify | /traceable 1 2 3 4 | | | | | | | |
| If the answer is 4 for the above question, please complete verbal autopsy form | | | | | | | | | |
| PART-A: CARDIOMETABOLIC DISEASES AND THEIR RISK FACTORS | | | | | | | | | |
| | | (Yes=1, NO= 2) If YES , Since How long (Mnts) | | | | | | | |
| 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? | Stroke (Paralytic Attack) fo_strok | int(1)] fo_dia [int(1)] fo_hy at [int(1)] fo_he e [int(1)] fo_st | bertm[int(2)] bm [int(2)] perlim [int(2)] cartatm [int(2)] rokern [int(2)] didneym [int(2)] | | | | | | |

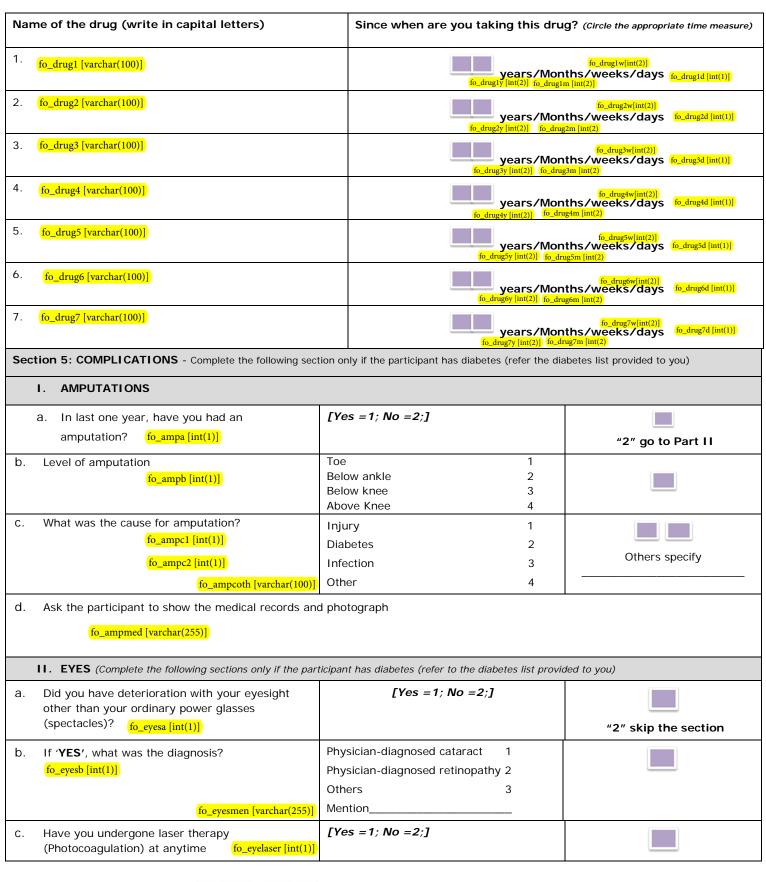
*Exclude pregnancy induced Hypertension and High Blood Sugar:

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 | | | | |
|---|-----------------|--|--|--|
| 1. Hypertension | | | | |
| a. Are you taking any Allopathic drugs (English / modern) for your blood pressure? fo_hypdrug[int(1)] | [Yes =1; No =2] | | | |
| b. If yes, were you advised by a physician (prescribed?) fo_hyppres [int(1)] | [Yes =1; No =2] | | | |
| c. How often do you miss the medication per week? fo_hypmed [int(2)] | | | | |
| II. Diabetes | | | | |
| a. Are you taking any Allopathic drugs (English / modern) for your blood sugar/diabetes? fo_diabdrug [int(1)] | [Yes =1; No =2] | | | |
| b. If yes, were you advised by a physician (prescribed?) fo_diabpres [int(1)] | [Yes =1; No =2] | | | |
| b. How often do you miss the medication per week? fo_diabmed [int(2)] | | | | |
| III. Hyperlipidemia | | | | |
| a. Are you taking any Allopathic drugs (English / modern) for your cholesterol/hyperlipidemia? [fo_hyperlidrug[int(1)]] | [Yes =1; No =2] | | | |
| b. If yes, were you advised by a physician (prescribed?) fo_hyperlipres [int(1)] | [Yes =1; No =2] | | | |
| d. If yes, how often do you miss the medication (per week)? fo_hyperlimed [int(2)] | | | | |
| 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] | | | |
| b. If yes, were you advised by a physician (prescribed?) fo_ckidneypres [int(1)] | [Yes =1; No =2] | | | |
| C.If yes, how often do you miss the medication (per week)? fo_ckidneymed [int(2)] | | | | |
| Section 3: Hospitalization Part A | | | | |

| 1. | Were you hospitalized for any illness in the past 12 months? | [Yes =1; No =2;Do not remember=3] | [If NO , Skip to Section-4] | | | | |
|--|---|--|--|-----------------------------------|-------------------------|--|--|
| | months? [int(1)] | | | | | | |
| 2. | Were you admitted for any of the following reasons? | | [Yes: No=2 | | If yes, How many times? | | |
| | | Heart Attack/Angina fo_hangina [int(1)] Stroke fo_hstroke [int(1)] Diabetes fo_hdiab[int(1)] | | fo_hangina fo_hstroke fo_hdiabn | n [int(2)] | | |
| | | Diabetic complications (infections, fo_hdi retinopathy, nephropathy, etc.) High blood pressure Chronic Kidney disease fo_hckidney [int(1)] | | fo_hdiabo [int(2)] fo_hhbpr | [int(2)] | | |
| Dan | t B: DISEASE SPECIFIC QUESTIONS | Chiloffic Ridfley disease C_state (1.107) | | | ,(<u>C</u>) | | |
| rai | Heart Attack (fill in if ticked above) | | | | | | |
| a. | What intervention or procedure did you receive at or | Thrombolysis (Clot subsiding drugs) | 1 | | | | |
| after your heart attack? fo_hattackint [int(1)] | | Coronary angioplasty (balloon or stenting | g) 2 | | | | |
| | | CABG (By pass surgery) 3 | | | | | |
| | fo_hattackintsp [varchar(100)] | Others Please mention | 4 | | | | |
| | Are you taking any Allopathic drugs (English / modern) r your heart disease? | [Yes =1; No =2] | | | | | |
| c. If | yes, were you advised by a physician (prescribed?) fo_hattpres [int(1)] | [Yes =1; No =2] | | | | | |
| II. Stroke (fill in if ticked above) | | | | | | | |
| a. | Is there residual: | Paralysis / Weakness fo_rparalysis [int(1)] | | | | | |
| | | Defect of speech [int(1)] | | | | | |
| | | Urinary incontinence fo_rurinary [int(1)] | | | | | |
| | | Any other weakness fo_rweakness [int(1) | | _ | | | |
| | | (specify) | | | | | |
| Sec | tion 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] fo_drugcurr | [int(1)] | [If NO |), go to section 5] | | |
| 2. | If yes, Provide details of all the medication that the partic | ipant is taking at the time of survey in the | e below | columns | | | |



15. Time interview ended:

fo_intendtime [int(5)]

