CARRS GEOHEALTH

FORM-1

Cohort1: 5th follow up questionnaire- Part I

Cluster ID clu_id	Household ID hhid
Follow-up ID 1 0 5 fup_id; Interviewer ID iid	PID pid
Date of interview: DD/ MM/ YY doi	Start Time (Hr:min) Hours : Minutes str_tm

Part-1 : Response and contact of the participant

1. Does the participant agree to be interviewed? agr_int	*[Yes =1; No =2]*	☐ If '2', go to Q-4
2. If **YES**, what is the present address pres_add	1- Same as baseline survey/follow up 1, 2 , 3 & 4 2- Changed	☐ *If '1' go to question-6*
3. If changed, note the current address **[If filled, please skip to Part 1A]**: *chg_add*		
4. If **NO**, what is the reason for non-response? resp_no resp_no_sp	1- Shifted not traceable 2- Shifted, traceable but not interested 3- Shifted but not approachable/out of area range 4- Hard refusal 5- Soft refusal 6- Deceased 7- Could not complete this survey and will available for next year follow-up 8- Others	☐ **"If "8" please specify"** _____

- If the answer in above question is 2, 4, 5 or 7 complete question number 5.
- If the answer in above question is 6; skip this questionnaire and please complete verbal autopsy form

5. If "**Refused",** reasons for refusal reason_refu	
Part 1A:- Details of contacts	
6. Name of the 1st contact name_con1	
Address of 1st contact add_con1	
Telephone number of 1st contact ph_con1	
7. Name of the 2nd contact name_con2	
Address of 2nd contact add_con2	
Telephone number of 2nd contact ph_con2	
8. Name of the Home Town contact name_htown	
Address of Home Town contact add_htown	
Telephone number of Home Town contact ph_htown	

CARRS COHORT GEOHELTH

FORM-1

5th follow up questionnaire- Part II

Cluster ID		Household ID	
Follow-up ID	1 0 5	Interviewer ID	PID
Date of interview:	DD/ MM/ YY	Start Time (Hr:min)	Hours : Minutes

SECTION 1:- DURATION OF STAY IN CITY

1.1 How long have you lived in the current city? (If participant responds since birth, please enter the current age of the participant) live_city		Years
1.2 How long have you lived in your current home? (If participant responds since birth, please enter the current age of the participant in Years) live_cuhyr live_cuhmo		Years : Months
1.3 Does the participant has adhaar card? adhaar	Yes 1 No 2 Don't know/ refused 3	**If 2 or 3, please skip to section 2**
1.4 If yes, please write the adhaar card number adh_no		

SECTION 2 :- OCCUPATION DETAILS

2.1 Are you employed currently? emp	Yes - 1 No – 2 Don't know/ refused 3	**If 2 or 3, please skip to section 3**
2.2 What is your primary occupation (work)? prm_wrk		**Specify the Occupation** prm_wrk_sp _____
2.3 How long have you been working in this field? pri_tyr pri_tmon		Years Months

2.4 Do you have any secondary occupation? sec_occ	Yes – 1 No – 2	☐ **If 2, skip to section 3**
2.5 If yes, what is your secondary occupation? sec_occ_yes		☐ **Specify the Occupation** **seco_occ_sp** _____
2.6 How long have you been working in this field? seco_tyr seco_tmon		☐☐ ☐☐ Years Months

Codes for occupation:

1. **Professional (office workers/health professionals/teacher/banker/business owner**
2. **Plant and machine operators and assembler** [Industrial site] (metal/glass/ceramics/wood/paper/chemical processing)
3. **Laborers** (construction worker/manual labor/garbage collectors)
4. **Service occupation** (domestic helper/waitress/cook)
5. **Transport** (rickshaw/auto/bus drivers)
6. **Agricultural** (farming/fishing/forestry)
7. **Specialized craft/trade** (car mechanic/carpenter/printer/metal worker or welder/potters/glassmaker/woodwork/leather)
8. **Others**

SECTION 3 :-TIME ACTIVITY

3.1 On a typical **WEEKDAY**, please let us know how you spend your day?

Hours	Activity	Time spent outside (in min)	Location	Passive Smoking Exposure
5-7 AM wdy_5_7	wdy_5_7_sp ☐	wdy_5_7_spout ☐	wdy_5_7_loc ☐	wdy_5_7_psk ☐
7-9 AM wdy_7_9	wdy_7_9_sp ☐	wdy_7_9_ spout ☐	wdy_7_9_loc ☐	wdy_7_9_psk ☐
9-11 AM wdy_9_11	wdy_9_11_sp ☐	wdy_9_11_ spout ☐	wdy_9_11_loc ☐	wdy_9_11_psk ☐
11-1PM wdy_11_1	wdy_11_1_sp ☐	wdy_11_1_ spout ☐	wdy_11_1_loc ☐	wdy_11_1_psk ☐
1-3 PM wdyp_1_3	wdyp_1_3_sp ☐	wdyp_1_3_ spout ☐	wdyp_1_3_loc ☐	wdyp_1_3_psk ☐
3-5 PM wdyp_3_5	wdyp_3_5_sp ☐	wdyp_3_5_ spout ☐	wdyp_3_5_loc ☐	wdyp_3_5_psk ☐
5-7 PM wdyp_5_7	wdyp_5_7_sp ☐	wdyp_5_7_ spout ☐	wdyp_5_7_loc ☐	wdyp_5_7_psk ☐
7-9 PM wdyp_7_9	wdyp_7_9_sp ☐	wdyp_7_9_ spout ☐	wdyp_7_9_loc ☐	wdyp_7_9_psk ☐
9-11 PM wdyp_9_11	wdyp_9_11_sp ☐	wdyp_9_11_ spout ☐	wdyp_9_11_loc ☐	wdyp_9_11_psk ☐
11-3AM wdyp_11_3	wdyp_11_3_sp ☐	wdyp_11_3_ spout ☐	wdyp_11_3_loc ☐	wdyp_11_3_psk ☐
3-5 AM wdy_3_5	wdy_3_5_sp ☐	wdy_3_5_ spout ☐	wdy_3_5_loc ☐	wdyp_3_5_psk ☐

3.2 On a typical **WEEKEND**, please let us know how you spend your day?				
Hours	Activity	Time spent outside (in min)	Location	Passive Smoking Exposure
5-7 AM wen_5_7	wen_5_7_sp ☐	wen_5_7_spout ☐	wen_5_7_loc ☐	wen_5_7_psk ☐
7-9 AM wen_7_9	wen_7_9_sp ☐	wen_7_9_spout ☐	wen_7_9_loc ☐	wen_7_9_psk ☐
9-11 AM wen_9_11	wen_9_11_sp ☐	wen_9_11_spout ☐	wen_9_11_loc ☐	wen_9_11_psk ☐
11-1PM wen_11_1	wen_11_1_sp ☐	wen_11_1_spout ☐	wen_11_1_loc ☐	wen_11_1_psk ☐
1-3 PM wenp_1_3	wenp_1_3_sp ☐	wenp_1_3_spout ☐	wenp_1_3_loc ☐	wenp_1_3_psk ☐
3-5 PM wenp_3_5	wenp_3_5_sp ☐	wenp_3_5_spout ☐	wenp_3_5_loc ☐	wenp_3_5_psk ☐
5-7 PM wenp_5_7	wenp_5_7_sp ☐	wenp_5_7_spout ☐	wenp_5_7_loc ☐	wenp_5_7_psk ☐
7-9 PM wenp_7_9	wenp_7_9_sp ☐	wenp_7_9_spout ☐	wenp_7_9_loc ☐	wenp_7_9_psk ☐
9-11 PM wenp_9_11	wenp_9_11_sp ☐	wenp_9_11_spout ☐	wenp_9_11_loc ☐	wenp_9_11_psk ☐
11-3AM wenp_11_3	wenp_11_3_sp ☐	wenp_11_3_spout ☐	wenp_11_3_loc ☐	wenp_11_3_psk ☐
3-5 AM wen_3_5	wen_3_5_sp ☐	wen_3_5_spout ☐	wen_3_5_loc ☐	wen_3_5_psk ☐

Codes for Time activity (Question 3.1 & 3.2)

Activity	Location	Passive Smoking Exposure
1- Sleeping /napping 2- Cooking/doing household chores 3- Shopping/ out-of-household work (meeti socializing) 4- Occupation 5- Study 6- Travel/Commute (Commute to work/drop to school/ commute to shopping) 7- Leisure/rest (Watching TV/reading/chatting/visiting friends) 8- Leisure time (includes recreational games, exercise) 9- Others **If other, then specify** _____	1-Indoor with closed windows 2-Indoor with open windows 3-Outdoor/ in an open vehicle (scooter/ bike/bicycle/rickshaw/auto) 4-Inside a closed vehicle (metro/bus/ car)	1-Yes 2-No 3-Don't know/Not sure

SECTION:-4 BIOMASS AND KEROSENE USE		
4.1 What is the type of cooking fuel commonly used in your home?		Yes, primary=1; Yes, secondary=2 No, don't use=3
	A. LPG fuel_lpg	☐
	B. Electricity fuel_elet	☐
	C. Kerosene fuel_kero	☐
	D. Biomass(Biomass –includes biomass pellets, wood, coconut shells, dried leaves/ dung cake) fuel_bio	☐
	E. Other **fuel_oth** If other, then specify fuel_otsp _____	☐
4.2 Do you use biomass or kerosene for other purposes other than cooking? (Biomass –includes biomass pellets, wood, coconut shells, dried leaves/ dunk cake)		Yes, primary=1; Yes, secondary=2 No, don't use=3
	A. Lighting otpur_light	☐
	B. Heating otpur_heat	☐
	C. Boiling water otpur_bowat	☐
	D. Others otpur_ot otpur_otsp If other, then specify _____	☐
SECTION 5:- TOBACCO AND ALCOHOL USE		
5.1 Do you currently consume tobacco? (within last 1 year) f5con_tob	Yes-1 No -2	☐ If 2, skip to Q5.3
5.2 If yes, how often?	1- Regularly (≥once a week) 2- Occasionally (<once a week) 3- No	Smoking Form: con_tob_smk ☐ Chewed Form: con_tob_chw ☐ Any other Form: con_tob_ot ☐
5.3 Have you used alcoholic beverages in last one year? f5use_alc	Yes -1 No -2 Don't remember -3	☐ If "2 & 3" go to Section 6
5.4 If yes, how often did you consume? hw_ofn_alc	1- Regularly (≥once a week) 2- Occasionally (<once a week)	☐

SECTION 6:- DIET		
Part 6A:- Household Food Insecurity Access Scale (HFIAS) Measurement Tool		
6.1 In the past four weeks, did you worry that your household would not have enough food? wor_fod	1- Yes 2- No (skip to Q6.2)	☐
6.1a How often did this happen? wor_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐
6.2 In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? pref_fod	1- Yes 2- No (skip to Q6.3)	☐
6.2a How often did this happen? pref_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐
6.3 In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources? vari_fod	1- Yes 2- No (skip to Q6.4)	☐
6.3a How often did this happen? vari_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐
6.4 In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? oth_fod	1- Yes 2- No (skip to Q6.5)	☐
6.4a How often did this happen? oth_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐

6.5 In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? sml_fod	1- Yes 2- No (skip to Q6.6)	☐
6.5a How often did this happen? sml_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐
6.6 In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food? few_fod	1- Yes 2- No (skip to Q6.7)	☐
6.6a How often did this happen? few_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐
6.7 In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? no_fod	1- Yes 2- No (skip to Q6.8)	☐
6.7a How often did this happen? no_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐
6.8 In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? nig_fod	1- Yes 2- No (skip to Q6.9)	☐
6.8a How often did this happen? nig_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐

6.9 In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? woe_fod	1- Yes 2- No (move to part 6B)	☐
6.9a How often did this happen? woe_hw_oft	1- Rarely (once or twice in the past four weeks) 2- Sometimes (three to ten times in the past four weeks) 3- Often (more than ten times in the past four weeks)	☐

Part 6B:- INDIVIDUAL DIETARY INFORMATION

6.10 Are you a vegetarian? veg	Yes 1 No 2		☐
6.11 Do you take eggs? egg	Yes 1 No 2		☐
6.12Have you been advised a special diet? spl_diet	Yes 1 No 2		☐ **If "2" go to Q.6.13**
6.12a 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 dia_diet Weight reducing diet wred_diet Others (specify) oth_diet oth_diet_sp _____	☐ ☐ ☐	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ dia_diet_yr dia_diet_mon wred_diet_yr wred_diet_mon oth_diet_yr oth_diet_mon
6.13How frequently do you use leftover oil? left_oil left_oil_sp	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		☐

6.14 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 usat_must		usat_must_con
	Sunflower oil usat_sun		usat_sun_con
	Soyabean oil usat_soya		usat_soya_con
	Groundnut oil usat_gnut		usat_gnut_con
	Ricebran oil usat_rbran		usat_rbran_con
	Palm oil usat_plm_con		usat_plm_con
	Sesame/til oil usat_til		usat_til_con
	Coconut oil usat_coc		usat_coc_con
	Olive oil usat_olive		usat_olive_con
	Others specify usat_oth usat_oth_sp ----------		usat_oth_con
	Saturated fat:	**[Yes=1;No=2]**	**Monthly consumption [in grams]**
	Butter sat_but		sat_but_con
	Ghee sat_ghee		sat_ghee_con
	Vanaspati sat_van		sat_van_con
	Others specify sat_oth sat_oth_sp ----------		sat_oth_con
6.15 Usually what type of milk do you consume milk_con milk_con_sp	None 1 Skimmed milk 2 Double toned 3 Toned/cow's milk 4 Full cream/buffalo's milk 5 Don't know 6 Others specify 7 _____		
6.16 How often is the meat you eat usually trimmed of fat? trim_meat [Don't ask this question to vegetarians]	Usually (and who do not eat meat) 1 Sometimes 2 Rarely or never 3		

6.17 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/ day**		**Encircle one**
1. Meats [lamb, mutton, goat, veal, rabbit, beef, pork; their curries]	con_meat	con_meat_pmo	con_meat_dy	con_meat_amt	Bowl/Pcs
2. Poultry [chicken, turkey, duck, pheasant, quail; their curries]	con_poul	con_poul_pmo	con_poul_dy	con_poul_amt	Bowl/Pcs
3. Organ meats [liver, kidney, brain, spleen, heart and sausages nihari, paya]	con_org	con_org_pmo	con_org_dy	con_org_amt	Bowl/Pcs
4. Fish [fresh-water and sea-water fish; preserved fish such as salted fish, canned fish, dried fish]	con_fish	con_fish_pmo	con_fish_dy	con_fish_amt	Bowl/Pcs
5. Shell fish and crustaceans [crab, squid, prawns, molluscs]	con_sfish	con_sfish_pmo	con_sfish_dy	con_sfish_amt	Bowl/Pcs
6. Eggs [Includes preserved eggs, duck eggs]	con_egg	con_egg_pmo	con_egg_dy	con_egg_amt	Pcs
7. Cooked green leafy vegetables (spinach, fenugreek, bathua, mustard, turnip greens, amaranth etc.)	con_gleaf	con_gleaf_pmo	con_gleaf_dy	con_gleaf_amt	Bowl
8. Cooked other vegetables [beans, cauliflower, brinjal, ladies finger, pumpkin, bottle/bitter gourd, carrot, radish, onion]	con_otveg	con_otveg_pmo	con_otveg_dy	con_otveg_amt	Bowl
9. Cooked vegetables: roots and tubers[Potatoes, sweet potato, colocasia]	con_cveg	con_cveg_pmo	con_cveg_dy	con_cveg_amt	Bowl
10. Uncooked raw vegetables : salads	con_ucrow	con_ucrow_pmo	con_ucrow_dy	con_ucrow_amt	Bowl
11. Fruits (1) banana, cheeko/sapota, mango, grapes	con_fru1	con_fru1_pmo	con_fru1_dy	con_fru1_amt	Bowl/Pcs
12. Fruits (2) All other fruits	con_fru2	con_fru2_pmo	con_fru2_dy	con_fru2_amt	Bowl/Pcs
13. Boiled rice, fried rice, briyani, pulav, semolina, sago, pasta	con_brice	con_brice_pmo	con_brice_dy	con_brice_amt	Bowl
14. White bread, idli, taftan, sheermal, dosa	con_wbrd	con_wbrd_pmo	con_wbrd_dy	con_wbrd_amt	Bowl/Pcs
15. Whole wheat roti, brown bread, whole grain porridge, pearl millet, barley, ragi, oats	con_wwrot	con_wwrot_pmo	con_wwrot_dy	con_wwrot_amt	Bowl/Pcs
16. Legumes and pulses [includes all dals, black & white chana, rajma, lobia etc.)	con_legu	con_legu_pmo	con_legu_dy	con_legu_amt	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		Encircle one
17. Milk & milk based drinks	con_mdrink	con_mdrink_pmo	con_mdrink_dy	con_mdrink_amt	Glass
18. Milk products [curd, fresh cheese, raita, lassi]	con_mprod	con_mprod_pmo	con_mprod_dy	con_mprod_amt	Bowl
19. Milk based desserts [custard, khoya, firni, kheer, milk puddings, mohalabeia, shameia]	con_mdest	con_mdest_pmo	con_mdest_dy	con_mdest_amt	Bowl
20. Deep fried foods1 [chicken nuggets,onion rings, pakoras, namakparay, namkeen, French fries]	con_fri1	con_fri1_pmo	con_fri1_dy	con_fri1_amt	Bowl
21. Deep fried foods 2 [samosas, egg rolls, kachori, cutlets, poori, patties]	con_fri2	con_fri2_pmo	con_fri2_dy	con_fri2_amt	Pcs
22. Desserts1 [chocolate, tarts ,candy, cakes, pies, ice-creams & pastries]	con_des1	con_des1_pmo	con_des1_dy	con_des1_amt	Pcs
23. Desserts2 [burfi,ladoo, jalebi, gulabjamum, rasgullah, rasmalai]	con_des2	con_des2_pmo	con_des2_dy	con_des2_amt	Pcs
24. Carbonated beverages	con_carb	con_carb_pmo	con_carb_dy	con_carb_amt	Glass
25. Fresh fruit juices	con_frju	con_frju_pmo	con_frju_dy	con_frju_amt	Glass
26. Fruit juices [Frozen (tetra-packed); Sherbets, Frooti, Maza etc.]	con_fzju	con_fzju_pmo	con_fzju_dy	con_fzju_amt	Glass
27. Nuts [peanuts, almonds, cashews, walnuts etc.]	con_nuts	con_nuts_pmo	con_nuts_dy	con_nuts_amt	Bowl/Pcs
28. Tea [tea without milk and sugar and any other tea]	con_tea	con_tea_pmo	con_tea_dy	con_tea_amt	Glass/cup
29. Coffee consumption [coffee with and without milk and/sugar]	con_cof	con_cof_pmo	con_cof_dy	con_cof_amt	Glass/cup
30. Pickles & chutnies [achar, pickled vegetables, sauces and chutneys]	con_pick	con_pick_pmo	con_pick_dy	con_pick_amt	Bowl/Pcs/ Spoon
31. Miscellaneous foods [biscuit, rusk, phen]	con_misc	con_misc_pmo	con_misc_dy	con_misc_amt	Pcs
32. Others 1	con_oth1 con_oth1_sp	con_oth1_pmo	con_oth1_dy	con_oth1_amt	Bowl/Pcs/ Spoon
33. Others 2	con_oth2 con_oth2_sp	con_oth2_pmo	con_oth2_dy	con_oth2_amt	Bowl/Pcs/ Spoon

SECTION 7:- MEDICAL HISTORY (CARDIO METABOLIC DISEASES AND THEIR RISK FACTORS)

Part 7A: Fill this section if the answer for high blood pressure/ high blood sugar/high blood cholesterol is "YES" in PART section 7A, Q.7.1. *If the answer is **'YES'** to any of the choices in Q. 7.1, then go to Q.7.2. **'OTHERWISE'** skip the entire part and go to Part 7B*

**Exclude pregnancy induced Hypertension and High Blood Sugar*

Part 7A-: HYPERTENSION (High Blood Pressure)/DIABETES (High Blood Sugar)/ HYPERLIPIDEMIA (High Blood Cholesterol)

	Hypertension (High Blood Pressure)*	Diabetes (High Blood Sugar)*	Dyslipidemia (High Blood Cholesterol)
7.1Have you EVER been told by a doctor that you have any of the following diseases? *[Yes =1; No =2; Don't know=3]*	☐ hbp	☐ diab	☐ dys
7.2 **SINCE HOW MANY YEARS** have you had Hypertension/ Diabetes/ Hyperlipidemia?	Duration in Years /Month Years ☐☐ hbp_yr Months ☐☐ hbp_mon	Duration in Years /Month Years ☐☐ diab_yr Months ☐☐ diab_mon	Duration in Years /Month Years ☐☐ dys_yr Months ☐☐ dys_mon
7.3 What treatment is you taking for it currently? **[Yes=1; No=2]** 1. Prescribed dietary modification 2. Prescribed physical exercise 3. Traditional medicine/Therapy** other than yoga 4. Allopathic drugs(English/modern) 5. Yoga	☐ hbp_diet ☐ hbp_phy ☐ hbp_trad ☐ hbp_allo ☐ hbp_yog	☐ diab_diet ☐ diab_phy ☐ diab_trad ☐ diab_allo ☐ diab_yog	☐ dys_diet ☐ dys_phy ☐ dys_trad ☐ dys_allo ☐ dys_yog

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

Part 7B: HEART DISEASE

7.4 Have you **EVER** been told by a doctor that you have heart disease? hrt_dis	Yes-1 No-2 Don't Know-3	☐ **If "2" or "3" skip to Q7.14**
7.5What did the doctor say it was? **[Yes=1; No=2; Don't know/Not sure=3]**	1- Heart Attack hrt_atk 2- Angina hrt_agin 3- Heart Failure hrt_hrtfail 4-Valve disease hrt_val 5-Hole in the heart hrt_hole 6-Not informed about the nature of the problem hrt_ninfo 7-Other hrt_oth hrt_oth_sp	☐ ☐ ☐ ☐ ☐ ☐ ☐ **"If Other=1 then please specify"** _____

If "1" for heart attack then fill the following questions otherwise skip to Q7.12

7.6 If "yes" for heart attack, date of **MOST RECENT** heart attack. hrt_atk_yr hrt_atk_mon		☐☐ ☐☐ *YY* *MM*
7.7 What symptoms did you have during this event?	1- Chest pain/ discomfort >20 minutes hrt_atk_sy1 2- Pain radiating to arm, shoulder or neck hrt_atk_sy2 3- Sweating or vomiting hrt_atk_sy3 4-Other hrt_atk_sy4 hrt_atk_sysp	[Yes=1; No=2; Not sure=3] ☐ ☐ ☐ ☐ "If Other=1 then please specify" _____
7.8 How long these symptoms were present before you met doctor? syppre_wk syppre_dys syppre_hr		☐☐ ☐☐ ☐☐ *Weeks* *Days* *Hours*
7.9 Were you hospitalized for this event? hosp	Yes-1 No-2	☐
If "1" in Q7.9 , go to Q7.10 otherwise skip to Q7.11		
7.10 If hospitalized for this event, what procedure did they do in the hospital?	1- Angioplasty (Stent) hosp_proc1 2- Coronary Artery bypass surgery (Bypass) hosp_proc2 3- Thrombolytic therapy hosp_proc3 4- Only medicines hosp_proc4 5- Other hosp_proc5 hosp_proc_sp	[Yes=1; No=2] ☐ ☐ ☐ ☐ ☐ "If Other=1 then please specify" _____
7.11 If **not** hospitalized for this event, where did you take treatment?	1- Visited allopathic doctor and took treatment as outpatient hosp_no1 2- Visited Ayurveda/homeopathic/other traditional healers hosp_no2 3-Others hosp_no3 hosp_nosp	[Yes=1; No=2] ☐ ☐ ☐ "If Other=1 then please specify" _____

7.12 Ask the participant whether they have medical records related to the events and current medication and treatment. If so, please take pictures of every page of the record	1- Discharge reports med_rec1 2- Consultant notes med_rec2 3- Prescription notes med_rec3 4- ECG med_rec4 5- Lab reports med_rec5 6- Other med_rec6 med_rec_sp	[Yes=1; No=2] ☐ ☐ ☐ ☐ ☐ ☐ "If Other=1 then please specify" _____
7.13 Are you taking any treatment for heart disease currently?	1- Allopathic drugs (English /modern) hrt_trt1 2- Traditional medicine (other than Yoga) hrt_trt2 3-Yoga hrt_trt3 4-Others hrt_trt4 hrt_trt_sp	[Yes=1; No=2] ☐ ☐ ☐ ☐ "If Other=1 then please specify" _____
7.14 **For all participants:** Have you ever undergone coronary angioplasty or stent? (This is a procedure to put stent in the heart blood vessels to destroy clots) ever_snt	Yes-1 No-2	☐ If "2" skip to Section 7C
7.15 If yes, when did you have latest procedure?	☐☐ *Years* ever_snt_yr ☐☐ *Months* ever_snt_mon	

Part 7C: STROKE (Paralytic attack)		
7.16 Have you **EVER** been told by a doctor that you have stroke (Paralytic attack)? stk	Yes-1 No-2 Don't Know-3	☐ If "2" or "3" go to 7.28
7.17 If yes, date of **MOST RECENT** of stroke (Paralytic attack). stk_yr stk_mon	☐☐ *Years*	☐☐ *Months*
7.18 What symptoms did you experience?		[Yes=1; No=2; Not sure/ Don't remember=3]
	1- Did you become unconscious or drowsy? stk_sy1	☐
	2- Was there loss of vision? stk_sy2	☐
	3- Was there weakness in face or limbs? stk_sy3	☐
	4- Was there weakness in on limb/half of the body? stk_sy4	☐
	5- Was there difficulty in speaking? stk_sy5	☐
	6- Were there disturbances of balance or walking? stk_sy6	☐
	7- Was there trauma to the head or neck? stk_sy7	☐
If "2" or "3" in all the boxes skip to Q7.20		
7.19 Was duration of any symptoms > 24 hours? stk_24hr	Yes -1 No -2 Not sure/ Don't remember -3	☐
7.20 Who diagnosed the stroke? *"If Other=1 then please specify"* _____		[Yes=1; No=2]
	1- MBBS doctor stk_diammbs	☐
	2- Ayurveda/homeopathic/ traditional healer stk_diayda	☐
	3-Others stk_diaoth stk_diaoth_sp	☐
	4- Not sure/ Don't remember stk_dianot	☐
7.21 Were you hospitalized for this stroke? stk_hosp	Yes -1 No -2 Not sure/ Don't remember -3	☐
If "2" skip to Q7.23 and if "3" skip to Q7.24		

7.22 If hospitalized for this stroke, was CT scan or MRI done? stk_mri	Yes -1 No -2 Not sure/ Don't remember -3	☐
7.23 If not hospitalized, why? stk_nohop stk_nohop_sp	1-Visited allopathic doctor and took treatment as outpatient 2-Visited Ayurveda/homeopathic /other traditional healers 3-Others 4- Not sure/ Don't remember	☐ *"If Other=1 then please specify"* _____
7.24 Ask the participant whether they have medical records related to the events and current medication & treatment. If so, please take pictures of every page of the record.		[Yes=1; No=2]
	1- Discharge reports stk_rec1 2- Consultant notes stk_rec2 3- Prescription notes stk_rec3 4- ECG stk_rec4 5- CT scan reports stk_rec5 6- MRI reports stk_rec6 7- Lab reports stk_rec7 8- Other stk_rec8 stk_rec_sp	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ "If Other=1 then please specify" _____
7.25 Do you have a residual disability in any part of the body stk_disab	Yes -1 No -2	☐ If "2" skip to Q.7.27
7.26 If **'YES'**, does it involve the following?		[Yes=1; No=2]
	1-Paralysis of leg/foot stk_disab1 2-Paralysis of arm/hand stk_disab2 3-Weakness of leg/foot stk_disab3 4-Weakness of arm/hand stk_disab4 5-Defect of speech stk_disab5 6-Defect of vision stk_disab6 7-Urinary incontinence stk_disab7 8-Any other weakness stk_disab8 stk_disab_sp	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ "If other=1 then please specify" _____

7.27 Are you **advised** to continue any medication after your paralytic attack? stk_med	Yes -1 No -2	☐

Part 7D :- Stroke free status (All stroke free participants) {Fill only if the answer to Q7.16 is 2 or 3}.

Questionnaire for Verifying Stroke-Free Status (QVSFS – Jones et al)

Codes: Yes=1 No=2 Not sure/Don't know=3

7.28 Were you ever told by a physician that you had a TIA, ministroke, or transient ischemic attack? tia	☐
7.29 Have you ever had sudden painless weakness on one side of your body? bdy_wkness	☐
7.30 Have you ever had sudden numbness or a dead feeling on one side of your body? bdy_numbn	☐
7.31 Have you ever had sudden painless loss of vision in one or both eyes? loss_vision	☐
7.32 Have you ever suddenly lost one half of your vision? half_vision	☐
7.33 Have you ever suddenly lost the ability to understand what people are saying? lost_unstd	☐
7.34 Have you ever suddenly lost the ability to express yourself verbally or in writing? lost_exps	☐

Part 7E:- CANCER

7.35 Have you **EVER** been told by a doctor that you have cancer? cancer	Yes -1 No -2 Don't Know -3	☐ If 2 or 3, skip to Section 8

	7.36A If yes, which site	7.36B How was it detected	7.36C At what stage it was diagnosed?	7.36D When were you diagnosed with it
		can_st1_detc	can_st1_stg	Year of diagnosis can_st1_yr
A. Site 1 can_st1	☐	☐	☐	☐☐☐☐
B. Site 2 can_st2	☐	can_st2_detc ☐	can_st2_stg ☐	can_st2_yr ☐☐☐☐
C. Site 3 can_st3	☐	can_st3_detc ☐	can_st3_stg ☐	can_st3_yr ☐☐☐☐
D. Site 4 can_st4	☐	can_st4_detc ☐	can_st4_stg ☐	can_st4_yr ☐☐☐☐
E. Site 5 can_st5 can_sp	☐ If "14", then specify _____	can_st5_detc ☐	can_st5_stg ☐	can_st5_yr ☐☐☐☐

CODES :-

	Oral =1 ; Esophagus (Food pipe) =2; Stomach=3 ; Other pharynx= 4 ; Colo-rectum = 5; Larynx= 6; Liver =7 ; Lung = 8 ;Breast = 9; Cervix = 10;Ovary = 11; Prostate = 12 ;	Participant had symptoms=**1** At routine checkup or screening=**2** Not sure/Don't know=**3**	Stage0/in situ stage=**1**; Stage I= **2**; Stage II=**3**; Stage III=**4**; Stage IV=**5**; Don't know=**6**	

	Gall bladder= 13; Others = 14; Unknown =15			
7.37 What was the primary treatment?		1-Surgery can_trat1 2-Hormone therapy can_trat2 3- Radiology (X-ray for treatment) can_trat3 4-Chemotherapy (cancer cell killing drugs) can_trat4 5- Palliative treatment (treatment to relieve pain) can_trat5 6- Non-allopathic (Ayurvedic/ Homeopathic/ traditional) can_trat6 7- Others can_trat7 8-Don't Know can_trat8		Yes=1 ; No=2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ "If other=1 then please specify" can_trat_sp _____
SECTION 8: 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				
8.1 Are you currently having menstrual cycles? mens_cyl		Yes -1 No -2		☐ **If "1" skip to Q8.4**
8.2 If 'No' what is the reason? no_res no_res_sp		1- Pregnancy 2-Lactation 3-Natural menopause 4-Surgical menopause 5-Others		☐ "If other=1 then please specify _____
8.3 If menopausal, since how long? **[Ask if Q8.2 is filled with option 3 or 4]** menop_yr menop_mon		☐☐ YY ☐☐ MM		

8.4 When was your last menstrual period (LMP)? lmp **If the participant is able to recall skip to Q8.5 otherwise fill Q8.4a**	☐☐ ☐☐ ☐☐ DD MM YY
8.4a If the participant cannot recall the date of her LMP recl_lmp_dy recl_lmp_mo recl_lmp_yr	☐☐ ☐☐ ☐☐ DD MM YY
8.5 What is the date of birth of your youngest biological child? **If the participant is able to recall end the questionnaire otherwise fill 8.5a**	☐☐ ☐☐ ☐☐ DD MM YY child_age
8.5a What is the age of your youngest biological child?	☐☐ ☐☐ YY MM child_age_yr child_age_mo

END TIME: - ☐☐ HOURS : ☐☐ MINUTES

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