Participant ID ☐☐☐☐☐ pid

CARRS: Surveillance Study- 3rd Follow up

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

Cluster ID ☐☐☐☐☐☐☐☐☐☐ f3_clusterid	Household ID ☐☐☐☐☐☐ hhp_id
Follow-up ID ☐☐☐ fu3_id	Interviewer ID ☐☐☐☐
Date of interview: ☐☐☐☐☐☐ DD/MM/YY Interview_date	☐☐ ☐☐ start_time Start Time(Hr:min) HR MIN

Section- 1: Response and contact of the participant		
1. Did the participant respond to the study? f3_respond_study	***[Yes =1; No =2]***	☐ If '**2**', go to Q-4
2. If **YES**, what is the present address f3_present_add	Same as baseline survey/1st follow up 1 Changed 2	☐ *If '**1**' go to question-6*
3. 3. If changed, note the current address: f3_change_add		

4. If **NO**, what is the reason for non-response? f3_non_response f3_non_response_other	Shifted not traceable **1** Shifted, traceable but not interested **2** Shifted but not approachable/out of area range **3** Hard refusal **4** Soft refusal **5** Death **6** could not complete this survey and will available for next year follow-up **7** Others, Please specify **8** _____	☐

- *If the answer is 3 complete question-5.*

*If the answer is 4 for the above question skip this questionnaire and please complete **verbal autopsy** form*

5. If "**Refused",** Reasons for refusal: f3_refused1 f3_refused2 f3_refused3 f3_refused4 f3_refused5 f3_refused6	1. *Not able to give time* 2. *Interviews are lengthy* 3. *Not interested in providing blood sample* 4. *Too much blood drawn* 5. *Not satisfied with the lab report* 6. *Need more medical attention/medicines* 7. *Do not see any benefit in participating in the study* 8. *Do not feel secure* 9. *Do not want to give any reason* 10. *Others* f3_refused_othspecify *If others: Please specify in detail:* _____ _____ _____ _____ _____ _____	*Write all the options applicable* ☐ ☐ ☐ ☐ ☐ ☐

Details of contacts	
6. Name of the 1st contact f3_name_contact1	
Address of 1st contact f3_contact_add_1	
Telephone number of 1st contact f3_contact_phone_1	
7. Name of the 2nd contact f3_contact_name_2	
Address of 2nd contact f3_contact_add_2	
Telephone number of 2nd contact f3_contact_phone_2	
8. Name of the Home Town contact f3_home_town_name	
Address of Home Town contact f3_home_town_add	
Telephone number of Home Town contact f3_home_town_phone	

Participant ID pid

Cluster ID	Household ID
Follow-up ID	Interviewer ID
Date of interview: DD/MM/YY	Start Time(Hr:min) HR MIN

Section-2: Tobacco and alcohol use

1. *Do you currently consume tobacco? (within last 1 year)* f3_tobacco_use	Yes= 1 No= 2	*If 2, go to question-3*
2. *If Yes, how often? [Regularly (≥once a week)=1; Occasionally (<once a week) =2; No=3;*	Smoking form f3_howoften_smoke Chewed form f3_howoften_chew Any other form f3_howoften_other	
3. *Have you used alcoholic beverages in last one year?* *f3_use_alc*	*Yes =1* *No=2* *Do not remember=3*	*If 2& 3 go to Section-3*
4. If Yes, How often did you consume? f3_yes_howoft_alc	*Regularly(≥ once a week) 1* *Occasionally(Less than once a week) 2*	

Section – 3: Medical History

Part-A: Cardiometabolic Diseases and their risk factors

		(Yes=1, NO= 2)	If **YES**, Since How long (Months)
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)* f3_mh_hbp (f3_mh_hbp_howlong) Diabetes (High Blood Sugar)* f3_mh_diab (f3_mh_diab_howlong) Hyperlipidemia (High Cholesterol) f3_mh_hyper (f3_mh_hyper_howlong) Heart Attack f3_mh_heart (f3_mh_heart_howlong) Stroke (Paralytic Attack) f3_mh_stroke (f3_mh_stroke_howlong)		

**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 -4.** 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*

Part B: *Disease specific questions*		
1. Hypertension		
a. Are you taking any Allopathic drugs (English / modern) for your blood pressure? f3_hbp_allopathic	***[Yes =1; No =2]***	☐
b. If yes, were you advised by a physician (prescribed?) f3_hbp_advise	***[Yes =1; No =2]***	☐
c. How often (number of times) do you miss the medication per week? f3_hbp_miss_med		☐☐
II. Diabetes		
a. Are you taking any Allopathic drugs (English / modern) for your blood sugar/diabetes? f3_dia_allopathic	***[Yes =1; No =2]***	☐
b. If yes, were you advised by a physician (prescribed?) f3_dia_advise	***[Yes =1; No =2]***	☐
c. How often(number of times) do you miss the medication per week? f3_dia_miss_med		☐☐
III. Hyperlipidemia		
a. Are you taking any Allopathic drugs (English / modern) for your cholesterol/hyperlipidemia? f3_hyper_allopathic	[Yes =1; No =2]	☐
b. If yes, were you advised by a physician (prescribed?) f3_hyper_advise	[Yes =1; No =2]	☐
c. If yes, how often (number of times) do you miss the medication per week? f3_dia_miss_med		☐☐

Section 4: Hospitalization: **Part A**			
1. Were you hospitalized for any illness in the **past12 months?** f3_hosp_illness	***[Yes =1; No =2;Do not remember=3]***	☐ ***[****If****2 & 3,*** *Skip to* ***Section-5]***	
2. Were you admitted for any of the following reasons?	Heart Attack/Angina f3_hosp_admit_heart f3_hosp_heart_times Stroke f3_hosp_admit_stroke f3_hosp_stroke_times Diabetes f3_hosp_admit_diab f3_hosp_diab_times Diabetic complications (infections, retinopathy, nephropathy, etc.) f3_hosp_admit_comp f3_hosp_comp_times High blood pressure f3_hosp_admit_hbp f3_hosp_hbp_times Chronic Kidney disease f3_hosp_admit_ckd f3_hosp_ckd_times	***[Yes=1; No=2]*** ☐☐☐☐☐☐	**If yes, How many times?** ☐☐☐☐☐☐
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? f3_heart_proc_attack f3_heart_proc_other	Thrombolysis (Clot dissolving drugs) 1 Coronary angioplasty (balloon or stenting) 2 CABG (By- pass surgery)3 Others4 Please mention _____	☐	
b Are you taking any Allopathic drugs (English / modern) for your heart disease? f3_heart_med_hd	***[Yes =1; No =2]***	☐	
c If yes, were you advised by a physician (prescribed?) f3_heart_presc_hd	***[Yes =1; No =2]***	☐	
II. Stroke (fill in if ticked above)			
Is there residual:	Paralysis / Weakness f3_stroke_paralysis Defect of speech f3_stroke_dspeech Urinary incontinence f3_stroke_ur_incont Other weaknesses f3_stroke_others If others specify_____ f3_stroke_others_specify	☐ ☐ ☐ ☐	
Section 5: COMPLICATIONS*[This section will be applied to all participants* *not just for diabetes]*			

I. Amputations		
a. In last one year, have you had an amputation? f3_comp_amp	***[Yes =1; No =2;]***	☐ **"2" go to Part II**
b. Level of amputation f3_com_level_amp	Toe 1 Below ankle 2 Below knee 3 Above Knee 4	☐
c. What was the cause for amputation? f3_com_cause_amp f3_com_cause_ampoth	Injury 1 Diabetes 2 Infection 3 Other s 4	☐☐ Others specify _____
d. Ask the participant to show the medical records and photograph *f3_com_med_records*		
II. Eyes		
a. Did you have deterioration with your eyesight other than your ordinary power glasses (spectacles)? f3_com_eyesight	***[Yes =1; No =2;]***	☐ **"2" go to Section-7**
b. If '**YES**', what was the diagnosis? f3_com_diag f3_com_diag_oth	Physician-diagnosed cataract 1 Physician-diagnosed retinopathy 2 Both 3 Others 4 Mention_____	☐
c. Have you undergone laser therapy (Photocoagulation) at anytime **f3_com_laser_therapy**	***[Yes =1; No =2;]***	☐

15. Time interview ended: ☐☐ HR ☐☐ MIN

16. Questionnaire Quality Check:

Reviewer 1	**Reviewer 2**
Name_____	Name_____
Signature_____	Signature_____
Date_____	Date_____