Participant ID pid

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 cluster_id	Household ID hhp_id
Follow-up ID fu2_id	Interviwer Id
Date of interview: DD/MM/YY interview_date	Start Time(Hr:min) HR MIN start_time

Section- 1: Response and contact of the participant		
1. Did the participant respond to the study? f2_respond_study	***[Yes =1; No =2]***	If '**2**', go to Q-4
2. If **YES**, what is the present address f2_present_add	Same as baseline survey/1st follow up 1 Changed 2	*If '**1**' go to question-6*
3. If changed, note the current address: f2_change_add		
4. If **NO**, what is the reason for non-response? f2_non_response f2_non_response_other	Participant has relocated- non reachable/traceable 1 Not available after 3 subsequent visits 2 Refused to participate 3 Not Alive 4 Others Please specify	
➢ *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: f2_refused1 f2_refused2 f2_refused3 f2_refused4 f2_refused5 f2_refused6 f2_refused_othspecify	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* *If others: Please specify in detail:* _____ _____ _____ _____ _____ _____	*Write all the options applicable* ☐ ☐ ☐ ☐ ☐ ☐

Details of contacts	
6. Name of the 1st contact f2_contact_name_1	
Address of 1st contact f2_contact_add_1	
Telephone number of 1st contact	f2_contact_phone_1
7. Name of the 2nd contact f2_contact_name_2	
Address of 2nd contact f2_contact_add_2	
Telephone number of 2nd contact	f2_contact_phone_2
8. Name of the Home Town contact	f2_home_town_name
Address of Home Town contact f2_home_town_add	
Telephone number of Home Town contact	f2_home_town_phone

Participant ID

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)* 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 howoften_smoke Chewed form howoften_chew Any other form howoften_other	
2. *Have you used alcoholic beverages in last one year?* 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? 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)* mh_hbp Diabetes (High Blood Sugar)* mh_diab Hyperlipidemia (High Cholesterol) mh_hyper Heart Attack mh_heart Stroke (Paralytic Attack) mh_stroke		mh_hbp_howlong mh_diab_howlong mh_hyper_howlong mh_heart_howlong 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?	***hbp_allopathic*** ***[Yes =1; No =2]***	☐
b. If yes, were you advised by a physician (prescribed?)	***hbp_advise*** ***[Yes =1; No =2]***	☐
c. How often (number of times) do you miss the medication per week?	hbp_miss_med	☐☐
II. Diabetes		
a. Are you taking any Allopathic drugs (English / modern) for your blood sugar/diabetes?	***dia_allopathic*** ***[Yes =1; No =2]***	☐
b. If yes, were you advised by a physician (prescribed?)	***dia_advise*** ***[Yes =1; No =2]***	☐
c. How often(number of times) do you miss the medication per week?	dia_miss_med	☐☐
III. Hyperlipidemia		
a. Are you taking any Allopathic drugs (English / modern) for your cholesterol/hyperlipidemia?	***hyper_allopathic*** [Yes =1; No =2]	☐
b. If yes, were you advised by a physician (prescribed?)	***hyper_advise*** [Yes =1; No =2]	☐
c. If yes, how often (number of times) do you miss the medication per week?	hyper_miss_med	☐☐
Section 4: Hospitalization: **Part A**		
1. Were you hospitalized for any illness in the **Past 12 months?** hosp_illness	***[Yes =1; No =2;Do not remember=3]***	☐ ***[****If****2 & 3,*** *Skip to* ***Section-5]***

3. Were you admitted for any of the following reasons? hosp_admit_heart hosp_admit_stroke hosp_admit_diab hosp_admit_comp hosp_admit_hbp hosp_admit_ckd	Heart Attack/Angina hosp_heart_times Stroke hosp_stroke_times Diabetes hosp_diab_times Diabetic complications (infections, retinopathy, nephropathy, etc.) hosp_comp_times High blood pressure hosp_hbp_times Chronic Kidney disease 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? heart_proc_attack	Thrombolysis (Clot dissolving drugs) 1 Coronary angioplasty (balloon or stenting) 2 CABG (By- pass surgery) 3 Others 4 Please mention heart_proc_other	☐
a. Are you taking any Allopathic drugs (English / modern) for your heart disease? heart_med_hd	***[Yes =1; No =2]***	☐
c. If yes, were you advised by a physician (prescribed?) heart_presc_hd	***[Yes =1; No =2]***	☐

II. Stroke (fill in if ticked above)

Is there residual: **stroke_paralysis** **stroke_dspeech** **stroke_ur_incont** **stroke_others** **stroke_others_specify**	Paralysis / Weakness Defect of speech Urinary incontinence Other weaknesses If others specify_____	☐ ☐ ☐ ☐

Section 5: Drug information

1. In the past one week, have you taken any Allopathic drugs (English / modern) for any disease? drug_pastweek	***[Yes =1; No =2]***	☐ [If **NO**, go to section 6]

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/tick the appropriate time measure)***
1. drug1_name	**drug1** ☐☐ **years/Months/weeks/days** **timespecify_1**

2. drug2_name	**drug2**	☐☐ **years/Months/weeks/days** **timespecify_2**
3. drug3_name	**drug3**	☐☐ **years/Months/weeks/days** **timespecify_3**
4. drug4_name	**drug4**	☐☐ **years/Months/weeks/days** **timespecify_4**
5. drug5_name	**drug5**	☐☐ **years/Months/weeks/days** **timespecify_5**
6. drug6_name	**drug6**	☐☐ **years/Months/weeks/days** **timespecify_6**
7. drug7_name	**drug7**	☐☐ **years/Months/weeks/days** **timespecify_7**
8. drug8_name	**drug8**	☐☐ **years/Months/weeks/days** **timespecify_8**
9. drug9_name	**drug9**	☐☐ **years/Months/weeks/days** **timespecify_9**
10. drug10_name	**drug10**	☐☐ **years/Months/weeks/days** **timespecify_10**

Section 6: 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? comp_amp	***[Yes =1; No =2;]***	☐ **"2" go to Part II**
b. Level of amputation com_level_amp	Toe 1 Below ankle 2 Below knee 3 Above Knee 4	☐
c. What was the cause for amputation? com_cause_amp 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 com_med_records		

II. Eyes

a. Did you have deterioration with your eyesight other than your ordinary power glasses (spectacles)? com_eyesight	***[Yes =1; No =2;]***	☐ **"2" go to Section-7**
b. If '**YES'**, what was the diagnosis? com_diag 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 com_laser_therapy	***[Yes =1; No =2;]***	☐

Section7: Kidney Disease

		(Yes =1. No =2.)	If YES, since how long? (**For Kidney stones: most recent**)
a. Have you **EVER** been told by a doctor that you have developed or suffered from	1. Kidney stone kd_stone 2. Kidney disease kd_disease 3. Kidney failure kd_fail		*Yrs* *mths* kd_stone_yy kd_stone_mm kd_disease_yy kd_disease_mm kd_fail_yy kd_fail_mm
b. If **YES**, for Kidney stones, what treatment was received kd_stone_treat	Only medication - 1 Surgery - 2 No treatment – 3 Others - 4 If others Specify _____ kd_stone_oth		
c. If **YES**, for Kidney disease or kidney failure	Have you ever undergone Dialysis? Have you ever undergone kidney transplant? (Yes =1; No =2)	kd_dis_dial kd_fail_trans	

Section 8: Female Reproductive History

Please complete this section for all the **wom an** participants

1. Are you having menstrual cycles? frh_menstrual	Yes 1 No 2	If "1" go to question 3.
2. If '**No**' what is the reason? frh_no_reason frh_no_resspecify	Pregnancy 1 Lactation 2 Natural menopause 3 Surgical menopause 4 Other reasons(specify) 5 ***Others, specify***_____	
3. When was your last menstrual period? frh_last_menstr	DD/MM/YY	

3a. If the participant cannot recall the date	frh_norecall_yy Years frh_norecall_mm Months frh_norecall_day Days Ago
4. What is the date of birth of your youngest biological child? *(If don't remember please go to "4a")*	frh_young_child DD/MM/YY
4a. What is the age of your youngest biological child?	frh_childage_yy Years frh_childage_mm Months

Participant ID

FORM - A

CARRS: SURVEILLANCE STUDY

BLOOD PRESSURE AND ANTHROPOMETRY

Participant ID
pid

Interviewer ID
int_id

Date Completed:
DD/ MM/ YY
date_comp

Follow up ID
fu2_id

I. BLOOD PRESSURE AND PULSE RATE

Instrument ID **inst_id**

Type of Measurement	1st Reading	2nd Reading	Difference between 1st and 2nd	Tolerance	3rd Reading (if necessary)
Systolic BP	sbp_fu2_1	sbp_fu2_2		10 mm Hg	sbp_fu2_3
Diastolic BP	dbp_f2_1	dbp_f2_2		6 mm Hg	dbp_f2_3
Pulse rate	pulse_fu2_1	pulse_fu2_2			

II. ANTHROPOMETRIC MEASUREMENTS

1. Weight (Kgs)		Instrument ID
Weight weight_fu2	|__|__|__|.|__|	Comments: wt_fu2_comment

2. Body circumferences (cm)		Instrument ID	
Waist waist_fu2	Clothing(√) waist_fu2_cloth	Hip hip_fu2	Clothing(√) hip_fu2_cloth
|__|__|__|.|__|	None Light Heavy	|__|__|__|.|__|	None Light Heavy

Attach the print-out of body composition / bio-impedance measurement of the participant along with this form. Note any specific comments on the back of this form.

15. Time interview ended: :

HR MIN

16. Questionnaire Quality Check:

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