Draft

The Global Alliance for Chronic Diseases Study

Participant ID No IdNo

Interv
Interviewer Code:

IntDate
Date of Assessment / /

FollowUp
FOLLOWUP ☒

Village /House ID Number: - House_num_text

Screening_Id_No
Screening Id. No.

Comments Comments

Village Name VillageName

ConsentDone

Consent

Completed Yes ☐ No ☐

C1 ConsentRead

Consent has been read out to respondent (or respondent has read consent form)

- Respondent has read consent form ☐ 1
- Respndent had form read out to him/her ☐ 2
- Neither of the above ☐ 3

C2 ConsentObt

Consent has been obtained (verbal or written)

- Yes (written) ☐ 1
- Yes (thumb print) ☐ 2

If No. END Interview

- No ☐ 0

C3 Interview Language Language

- Telugu ☐ 1
- Malayalam ☐ 3
- Hindi ☐ 4
- Other (specify) ☐ 2

LangOther

Anthropometry

AnthDone **Completed** Yes ☐ No ☐

CLIN1a Device ID BP_machine_ID

Cuff Size Cuff_size

1 ☐ Small (arm circum 17-22cm) 3 ☐ Large (arm circum >32 cm)
2 ☐ Med (arm circum 22-32 cm) 4 ☐ Xlge (arm too big for lge cuff)

Blood pressure measurements
Measurements 4 & 5 are only required if the last two readings differ by ≥10/6 mmHg

	Systolic (mmHg)	Diastolic (mmHg)	Pulse(Beats per minute)
Measurement 1	SBP1	DBP1	HR1
Measurement 2	SBP2	DBP2	HR2
Measurement 3	SBP3	DBP3	HR3
Measurement 4	SBP4	DBP4	HR4
Measurement 5	SBP5	DBP5	HR5

CLIN1b Heart beat Heart_beat Regular ☐ 1 Irregular ☐ 2

CLIN2 Weight (Kilograms) Device ID Weight_device_ID Weight . kg

CLIN3 Waist circumference (cms) Device ID Measurement_KitID Waist . cm

CLIN4 Hip circumference (cms) Hip . cm

Comments for clinical measurement collection Comm_measure_collection

Hypertension Knowledge		*Completed* HBPKnowDone Yes ☐ No ☐	
KNO1	When a person has high blood pressure (hypertension) how does it affect their health? EffectHBP	It adversely affects health ☐ It is good for health ☐ It has no effect on health ☐ I have no idea (OR I don't know) ☐	1 2 3 9
KNO2	Does control of hypertension reduce the likelihood of getting other diseases? TreatHBP **If don't know/unsure go to KNO4**	Yes ☐ No ☐ Don't know/Unsure ☐	1 2 9
KNO3	If yes, what other diseases does it prevent? ***(Cross all that apply).*** PreventHBP	PrevHrtDis ***Heart disease*** ☐ PrevStroke ***Brain Stroke*** ☐ PrevCancer ***Cancer*** ☐ PrevInfecn ***Infection*** ☐ PrevDK ***Don't know/Unsure*** ☐	

Which of the following actions may prevent a person from getting high blood pressure (Hypertension)			
KNO4a	Weight loss in those who are overweight BPreduceWeightloss	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	
KNO4b	Quitting smoking BPreduceQuitsmok	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	
KNO4c	Increase exercise BPreducePhyical	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	
KNO4d	Drink more alcohol BPreduceDrink	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	
KNO4e	Reduce fat in meals BPreduceFat	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	
KNO4f	Reduce salt in meals BPreduceSalt	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	
KNO4g	Eat less fresh fruit BPreduceFruit	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	
KNO4h	Eat more green leafy vegetables BPreduceveg	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9	

In the last 12 months have you done any of the following?			
KNO5a	Lost weight if you are overweight LostWt	Yes ☐	No ☐
KNO5b	Quit smoking QuitSmok	Yes ☐	No ☐
KNO5c	Increased exercise IncrExercise	Yes ☐	No ☐
KNO5d	Drank less alcohol LessAlcohol	Yes ☐	No ☐
KNO5e	Reduced fat in meals RedFatMeals	Yes ☐	No ☐
KNO5f	Reduced fried food RedFriedFood	Yes ☐	No ☐
KNO5g	Reduced salt in meals RedSalt	Yes ☐	No ☐

In the last 12 months have you done any of the following?

KNO5h	Eaten more fresh fruit	MoreFruit	Yes ☐ No ☐
KNO5j	Eaten more green leafy vegetables	MoreVeg	Yes ☐ No ☐

HCU1a	Have you sought medical treatment or advice as an outpatient from anyone in the last 12 weeks (3 months)?	MedAdvice12wks	Yes ☐ No ☐ If no go to TRT3a
HCU1b	If yes, how many times did you seek treatment/advice in the past 12 weeks (3 months)?	TreatAdv12wksNo	☐☐ **times**
HCU1c	If yes, how many times did you seek treatment/advice in the past 4 weeks (1 month)?	TreatAdv4weeksNo	☐☐ **times**
HCU1d	From where did you seek treatment **(cross all that apply)**	TreatSought2	TrSghtGovtHosp Government/Public Hospital ☐ TrSghtCommHC Community health centre ☐ TrSghtPrHospCl Private Hospital/Clinic ☐ TrSghtPHC Primary health centre ☐ TrSghtSubCent Sub centre ☐ TrSghtMobClin Mobile clinic ☐ TrSghtGovtDisp Government dispensary ☐ TrSghtNGO NGO/ trust hospital/ clinic ☐ TrSghtPharmShop Pharmacist/ shop ☐
HCU1e	From whom did you seek treatment/advice **(cross all that apply)**	TreatSoughtwhom	TrtSghtDocPhys Doctor/Physician ☐ TrtSghtSpecialistPhys Speicalist doctor/Physician ☐ TrtSghtCommNurs Community Nurse ☐ TrtSghtRMP RMP ☐ TrtSghtASHA ASHA ☐ TrtSghtAYUSH AYUSH ☐ TrtSghtTradPract Traditional Medicine Practioner/Faith healer ☐
HCU1f	If you sought medical treatment or advice over the last 4 weeks how did you pay for it? **(Cross all that apply)**	PayMedTreat	PayMedSav ഡെപ്പോസിറ്റ് ☐ PayMedSaleAsset Sale of assets ☐ PayMedUnsecLoan Unsecured loans ☐ PayMedMortLand Mortgage of land ☐ PayMedMortOth Mortgage of other assets ☐ PayMedGifts Assistance/ gifts ☐ PayMedNoneReq No payment required (Govt provider) ☐ PayMedOther Other (please specify) ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ PayMedTreatOther

Now I am going to ask you about high blood pressure and any treatments you might be receiving or have received for it?

TRT3a	Have you been prescribed (chit) medication for high blood pressure? *Consider only drugs for high blood pressure*	BP_Meds_Ever **Yes** ☐ **No** ☐ If no go to TRT4
TRT3b	If you have been **prescribed medication** for high **blood pressure, where did you usually** get your medication from? MedicationPlace2	Public Pharmacy at clinic ☐ 1 Independent Pharmacy ☐ 2 Private Pharmacy ☐ 22 Registered Medical Practitioner (RMP) ☐ 3 ASHA ☐ 4 AYUSH ☐ 6 Mobile Health Service ☐ 7 Charitable or NGO hospital/pharmacy ☐ 77 Other (please specify) ☐ 8 Previous study ☐ 5 MedicationPlaceOther
TRT3c	ExactMedHBP Do you take your medications for high blood pressure exactly as you were told to take it?	**Yes** ☐ 1 **Sometimes** ☐ 2 **No** ☐ 0

The following statements may be beliefs/barriers about your blood pressure. For each statement,

TRT4a	HBPWorking I only have high blood pressure when I am working.	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9
TRT4b	HBPWorrying I get high blood pressure when I worry about things.	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9
TRT4c	When I have high blood pressure I don't need medication I just need to lie down HBPLieDown	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9
TRT4d	I don't take the medication because it costs too much HBPCostMed	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9
TRT4e	The doctor is too far way to see about my blood pressure HBPDocFar	Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9

Medication	MedCompleted **Completed**	Yes ☐ No ☐
MED1	Are you taking any medications? CurrentMedUse	Yes ☐ No ☐
MED2	Are you taking any AYUSH or other traditional medications daily? CurrentAyurvedUse ***If No to this question and No to MED1, go to next section***	Yes ☐ No ☐
MED3	RemMedDiff How often do you forget to take all your medications?	Never/very rarely ☐ 1 Sometimes ☐ 3 Once in a while ☐ 2 Usually ☐ 4 All the time ☐ 5

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MED4	The following questions ask you about how you are managing your high blood pressure			
MED4a	How often do you **forget to take your high blood pressure medication?** HB_forgettakeMed	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4b	How often do you **decide not to take your high blood pressure medication?** HB_decide_no_med	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4c	How often do you eat salty food? HB_salty_food	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4d	How often do you shake salt, fondor or aromat (salty seasoning) on your food **before you eat it**? HB_add_salt	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4e	How often do you eat fast food (KFC, Mc Donalds, fried street food (samosa, bhaji etc)) HB_fastfood	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4f	How often do you get the next appointment **before** you leave the doctor's offices HB_next_appt	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4g	How often do you miss scheduled appointments? HB_miss_appt	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4h	How often do you leave the pharmacy/dispensary without obtaining your prescribed medicine? (due to long line, closed pharmacy, forgetting) HB_leave_withoutmedication	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4j	How often do you **run out of your high blood pressure medication?** HB_runout_meds	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4k	How often do you **decide not to take your high blood pressure medication 1 - 3 days before your next visit to the clinic?** HB_skip_before_clinic	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4l	How often do youmiss taking your high blood pressure medication **when you feel better?** HB_miss_feel_better	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4m	How often do you miss taking your high blood pressure medication **when you feel sick**? HB_miss_feel_sick	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4n	**How often do you take someone elses high blood pressure medication?** HB_someone_elses_meds	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know
MED4p	How often do you **miss taking your high blood pressure medication when you care less?** HB_miss_care_less	1 ☐ None of the time	3 ☐ Most of the time	8 ☐ Not Applicable
		2 ☐ Some of the time	4 ☐ All of the time	9 ☐ Don't know

MED5 ***Please list any medications you are taking regularly (daily and/ or weekly) and include dose as instructed by doctor/RMP/health advisor***

Allopathic (Name & dose).

	Medication Name	Drug Code	Dose	Do you take this medication as told to you by your doctor /RMP /health advisor?	Drug/chit Seen by interviewer
1	MedName1	MedCode1	Dose1	Yes ☐ No ☐ med_taken_as_told1 Unsure ☐ 9	Yes ☐ Med1Seen No ☐
2	MedName2	MedCode2	Dose2	Yes ☐ No ☐ med_taken_as_told2 Unsure ☐ 9	Yes ☐ Med2Seen No ☐
3	MedName3	MedCode3	Dose3	Yes ☐ No ☐ med_taken_as_told3 Unsure ☐ 9	Yes ☐ Med3Seen No ☐
4	MedName4	MedCode4	Dose4	Yes ☐ No ☐ med_taken_as_told4 Unsure ☐ 9	Yes ☐ Med4Seen No ☐
5	MedName5	MedCode5	Dose5	Yes ☐ No ☐ med_taken_as_told5 Unsure ☐ 9	Yes ☐ Med5Seen No ☐
6	MedName6	MedCode6	Dose6	Yes ☐ No ☐ med_taken_as_told6 Unsure ☐ 9	Yes ☐ Med6Seen No ☐
7	MedName6_7	MedCode7	Dose7	Yes ☐ No ☐ med_taken_as_told7 Unsure ☐ 9	Yes ☐ Med7Seen No ☐
8	MedName8	MedCode8	Dose8	Yes ☐ No ☐ med_taken_as_told8 Unsure ☐ 9	Yes ☐ Med8Seen No ☐
9	MedName9	MedCode9	Dose9	Yes ☐ No ☐ med_taken_as_told9 Unsure ☐ 9	Yes ☐ Med9Seen No ☐
10	MedName10	MedCode10	Dose10	Yes ☐ No ☐ med_taken_as_told10 Unsure ☐ 9	Yes ☐ Med10Seen No ☐
11	MedName11	MedCode11	Dose11	Yes ☐ No ☐ med_taken_as_told11 Unsure ☐ 9	Yes ☐ Med11Seen No ☐
12	MedName12	MedCode12	Dose12	Yes ☐ No ☐ med_taken_as_told12 Unsure ☐ 9	Yes ☐ Med12Seen No ☐
13	MedName13	MedCode13	Dose13	Yes ☐ No ☐ med_taken_as_told13 Unsure ☐ 9	Yes ☐ Med13Seen No ☐
14	MedName14	MedCode14	Dose14	Yes ☐ No ☐ med_taken_as_told14 Unsure ☐ 9	Yes ☐ Med14Seen No ☐
15	MedName15	MedCode15	Dose15	Yes ☐ No ☐ med_taken_as_told15 Unsure ☐ 9	Yes ☐ Med15Seen No ☐

Physical Activity

PhyscalDone **Completed** Yes ☐ No ☐

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores, harvesting food, fishing or hunting for food, seeking employment.

BEH1 **Are you physically active for more than 30 minutes 5 times a week or vigorously active 3 times per week? This includes physical activity during work, leisure or**

PhysActivemorethan30

Yes ☐ 1
No ☐ 2
Unsure ☐ 9

Travel to and from places:
The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. [Insert other examples if needed]

BEH7a In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?
"Typical week" means a week when the participant

WalkGetPlacefreg

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐
1 2 3 4 5 6 7 8

Days/week

If "0" go to BEH 8a

BEH7b How much time do you spend walking or bicycling on a typical day

Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in walking or cycling

WalkGetPlaceHrs ☐☐ **hours**

WalkGetPlaceMin ☐☐ **mins**

The following questions are about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but **do not include** time spent sleeping.

BEH8a How much time do you usually spend sitting or reclining on a typical day?

Ask the participant to consider total time spent sitting at work, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting, chatting with neighbours and friends etc. The participant

Sitting_ReclineHrs ☐☐ **hours**

Sit_ReclineMin ☐☐ **mins**

BEH8b On a typical day, how much time would you spend sitting in a car/bus/auto?

SitCarHrs ☐☐ **hours**

SitCarMin ☐☐ **mins**

BEH8c On a typical day, how much time would you spend watching television?

☐☐ **hours** TVHrs

☐☐ **mins** TVMinutes

Recreational Activity
The next questions exclude the work and transport activities that you have already me
I would like to ask you abouot sports, fitness and recreational activities (lesiure) [inse
local terms here]
This introductory statement directs that participant to think about recreational activities. This called discretionary or leisure time. It includes sports and exercise but is not limited to partici competitions. Activities reported should be done regularly and not just occasionally. It is impo on only recreational activities and not to include any activities already mentioned (This stater be omitted)

BEH9a In a typical week , on how many days do you do **vigorous-intensity** sports, fitness or recreational activities?

Rec_Physfreq_Vigorous

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐
1 2 3 4 5 6 7 8

If "0" go to BEH 10a

Days/we

BEH9b How much time do you spend doing **vigorous-intensity** sports, fitness or recreational activities on a typical day

☐☐ **hours**

☐☐ **mins**

VigorousSportsHrs

VigorousSportsMinutes

BEH10a	In a typical week , on how many days do you do **moderate -intensity** sports, fitness or recreational activities? Rec_Physfreq_moderate	0 ☐ 1 1 ☐ 2 2 ☐ 3 3 ☐ 4 4 ☐ 5 5 ☐ 6 6 ☐ 7 7 ☐ 8 **Days/week** **If "0" go to BEH 11**
BEH10b	How much time do you spend doing **moderate-intensity** sports, fitness or recreational activities on a typical day ModerateSportsHrs	☐☐ **hours** ☐☐ **mins** moderateSportsMinutes
BEH11	For how many hours do you usually sleep at night? NightSleepHrs	<6 hours ☐1 6 to <8 hours ☐2 >=8 hours ☐3

The following statements may be barriers to you being more physically active. For each statement, tell me if you think this is a barrier for you (cross all that applies)

BEH12a	I do not have time to do any additional physical TimeBarrier	Yes ☐ No ☐
BEH12b	I have other more important prioities in my life such as my family Family_Prioritiy_barrier	Yes ☐ No ☐
BEH12c	I already do enough other physical activity each day Enough_already_Barrier	Yes ☐ No ☐
BEH12d	I have a disability or injury which prevents me doing any more physical activity DisabilityBarrier2	Yes ☐ No ☐
BEH12e	The weather and other factors in the environment prevent me being more physically active EnvironmentBarrier2	Yes ☐ No ☐
BEH12f	Due to the roads and stray dogs it is not safe to be more physically active SafetyBarrier2	Yes ☐ No ☐
BEH12g	People in my community and around me do not think is is acceptable to be more physically active CommAttitudeBarrier2	Yes ☐ No ☐
BEH12h	I do not feel it is important to do exercise NotimportantBarrier	Yes ☐ No ☐
BEH12j	I do not have the opportunity or possibility to be more physically act i ve (l ack space/ NoOpportunityBarrier	Yes ☐ No ☐

Diet

DietDone **Completed** Yes ☐ No ☐

Diet1	Do you prepare food for the household? Preparefood	Yes ☐ No ☐ ***If No go to Diet 3a***
Diet2a	If yes, do you add salt to the meals during cooking/preparation? SaltCooking **Include all meals for the household**	Never ☐ 1 Often ☐ 4 Rarely ☐ 2 Always ☐ 5 Sometimes ☐ 3 Refused ☐ 88 **If "never" or "refused" go to DIET3a**
Diet2b	If yes, how much salt would you **add** in general to **each meal when cooking?** AmountSaltCooking	1 <1 teaspoon ☐ 7 >6 teaspoons ☐ 2 >1 teaspoon ☐ 8 >7 teaspoons ☐ 3 >2 teaspoons ☐ 9 >8 teaspoons ☐ 4 >3 teaspoons ☐ 10 >9 teaspoons ☐ 5 >4 teaspoons ☐ 11 >10 teaspoons ☐ 6 >5 teaspoons ☐ 12 Don't know ☐
Diet3a	Do you **add** salt to your food/drinks at the table **before eating/ drinking** SaltAddEatFreq2 **Include all meals for the household (incl breakfast lunch dinner and snacks)**	Never ☐ 1 Always ☐ 5 Rarely ☐ 2 Refused ☐ 8 Sometimes ☐ 3 Don't Know ☐ 9 often ☐ 4 **If "never" or "refused" go to DIET4**

Diet3b Each day how many teaspoons of salt altogether do you **add to your food or drink when you eat or drink?** SaltAddEatSpoon ☐☐.☐☐ **Teaspoons**

Include all meals for the household (incl breakfast lunch dinner and snacks)

Diet4 Do you add sugar to your food or drink including tea or coffee after it is prepared? SugarAddEat Yes ☐ No ☐

Diet5a In a typical week, on how many days do you eat fruit? For example: Banana, pineapple, water apple, Guava, watermelon, Papaya, Mango, jackfruit, apple, grapes, fruit juice FruitEatfreq

0 ☐ 1 3 ☐ 4 6 ☐ 7
1 ☐ 2 4 ☐ 5 7 ☐ 8
2 ☐ 3 5 ☐ 6

If "0" go to Diet6a **Days/week**

Diet5b How much fruit do you usually eat on one of those days? ServFruit ☐☐.☐

1 serving size fruit = 1 apple, banana, orange, mango, or peach OR
2 plums or figs OR
One handful of grapes OR
½ cup chopped, cooked, or canned fruit, OR
½ cup fruit juice

Servings/day

Diet6a In a typical week, on how many days do you eat vegetables? VegFreq

Tubers such as potato and cassava should not be included.
By vegetables I mean green leafy vegetables

0 ☐ 0 3 ☐ 3 6 ☐ 6
1 ☐ 1 4 ☐ 4 7 ☐ 7
2 ☐ 2 5 ☐ 5

Days/week

If "0" , go to

Diet6b How much, in total, raw and cooked vegetables do you usually eat on one of those days, including vegetables in your breakfast, lunch, dinner and any other meals that you eat in a day?

For cooked vegetables, please include all vegetables that you use to prepare

1 serving size vegetable = 1 cup raw vegetables OR
½ cup cooked vegetables OR
½ cup vegetable juice

VegServ ☐☐.☐☐ **Total Servings/day**

Diet7a How many meals per week contained fried vegetables? FriedVegServWk ☐☐☐ **Total Meals/Week**

Diet7b How many meals per week do you eat meat and/ or poultry (include organ meat , flesh meat)? MeatPoultryServWk ☐☐☐ **Total Meals/Week**

Diet7c How many meals per week include fish (fresh or dried or shell fish)? FishServWk ☐☐☐ **Total Meals/Week**

Diet7d How many meals per week include nuts or legumes or seeds? OthProteinServWk ☐☐☐ **Total Meals/Week**

Diet7e How many times per week do you eat dairy products (milk or cheese or yoghurt or other milk products) DairytimesWk ☐☐☐ **Total Times/Week**

Diet7f How many times per week do you eat deep fried foods, snacks or fast foods? FriedfoodtimesWk ☐☐☐ **Total Times/Week**

Diet 8 What type of oil or fat is most often used for meal preparation in your household?

(Cross only one option), OilCookUsually2

Vegetable Oil ☐ 6
Lard/Suet ☐ 7
Butter or Ghee ☐ 2
Margarine ☐ 8
Coconut oil ☐ 1
Palm oil ☐ 4
Other (peanut, mustard, sunflower) ☐ 5
None in particular ☐ 10
None used ☐ 11
Don't know ☐ 99
Dalda ☐ 3

specify if other other_oilSpec ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

In a typical week, on how many days do you eat the foods below?

			0	1	2	3	4	5	6	7
Diet9a	Eggs	EggsFreq	1	2	3	4	5	6	7	8
Diet9b	Chicken	ChickenFreq	1	2	3	4	5	6	7	8
Diet9c	Fish (including dried fish)	Fishfreq	1	2	3	4	5	6	7	8
Diet9d	Other seafood (including crabs, prawns other shellfish)	otherseafoodfreq	1	2	3	4	5	6	7	8
Diet9e	Mutton	MuttonFreq	1	2	3	4	5	6	7	8
Diet9f	Beef	Beeffreq	1	2	3	4	5	6	7	8
Diet9g	Pork	PorkFreq	1	2	3	4	5	6	7	8
Diet9h	Rice (incl Idly, Dosa, Puttu, Appam, Idiyappam)	RiceFreq	1	2	3	4	5	6	7	8
Diet9j	Pulses (incl Dahl, kidney beans, Bengal	PulsesFreq	1	2	3	4	5	6	7	8
Diet9k	Other cereals (eg.Chapathi, Puris, Roti, chick peas,green peas, horse gram, wheat puttu)	OtherCerealsFreq	1	2	3	4	5	6	7	8

The following statements may be barriers to you eating a diet low in sugar, salt and fried foods, and high in fruit and vegetables. For each statement, please tell me if you agree:

			Yes	No	Unsure
Diet 10a	Fruits are not very readily available	FruitNotAvailable	1	2	9
Diet 10b	Vegetables are not very readily available	VegNotAvailable	1	2	9
Diet 10c	Fruits do not taste as good as foods high in	FruitNotTasteGood	1	2	9
Diet 10d	Vegetables do not taste as good as foods high in sugar, high in fat or fried	VegNotTasteGood	1	2	9
Diet 10e	Vegetables take longer to prepare than fried foods	VegLongerPrepare	1	2	9
Diet 10f	Fruit and vegetables are more expensive than other foods	FVExpensive	1	2	9
Diet 10g	People in my household would not want me to make or eat food with lots of fruit and vegetables	FVStoppedFamily	1	2	9
Diet 10h	Cooking is not my responsibility, so I cannot change the way it is prepared	FVCookingNotResponsibility	1	2	9
Diet 10j	Adding salt to food **DURING** cooking makes it taste better	FVSaltTasteBetter	1	2	9
Diet 10k	Adding salt to food **BEFORE** I eat it makes it taste better	FVSaltBeforeEat	1	2	9
Diet 10l	Fried snacks are good to eat when I am hungry	FVSnacksGoodHungry	1	2	9
Diet 10m	Sweet drinks (tea, carbonated, coffee) taste better than bottled water or low sugar drinks	FVSweetDrinksCheap	1	2	9

Tobacco Use

TobaccoUseDone_2 **Completed** Yes ☐ No ☐

SMK1 Have you smoked 100 or more cigarettes or used smokeless tobacco (such as bidis, cigarettes, cheroot or chewing tobacco) 100 times or more over your lifetime?

EverSmoke2_2 Yes ☐ 1 Refused ☐ 8 No ☐ 2 Don't know ☐ 9

If 'No' or refused , go to ALC1a

SMK2 How old were you when you **first started smoking regularly?**

FirstSmokeAge2_2 ☐☐ **years**

SMK3a Do you currently smoke cigarettes (filtered manufactured)/ hand rolled tobacco/ bidis (or local alternative eg cheroots, gurkha) ?

Yes ☐ 1 No ☐ 2 Refused ☐ 88

CurrentSmoker_2

If 'No' or "refused" , go to SMK4a

SMK3b On average, **how many** of the following **do you smoke each day?**

READ OPTIONS
RECORD FOR EACH TYPE
CODE 00 IF NOT APPLICABLE

CurrentCigarreteNo_2 Manufactured cigarettes ☐☐ **number**
CurrentBidisNo_2 Bidis ☐☐ **number**
CurrentCherootNo_2 Cheroot ☐☐ **number**
CurrenCigarNo_2 Cigars ☐☐ **number**
CurrentOtherSmokNo_2 Others (specify type of product) ☐☐ **number**

CurrentOtherSmokType_2 ☐☐☐

SMK4a Do you currently use smokeless tobacco / chewing tobacco/ snuff

Yes ☐ 1 No ☐ 2 Refused ☐ 88

CurrentSmoker_smokeless

If 'No' or "refused to 3a and 4a, go to SMK 6

SMK4b On average, how many times each day do you use...:

READ OPTIONS
RECORD FOR EACH TYPE
CODE 00 IF NOT APPLICABLE
CODE 99 IF DON'T REMEMBER

CurrentSnuffMouth_2 Snuff by mouth ☐☐ **times**
CurrentSnuffNose_2 Snuff by nose ☐☐ **times**
CurrentChewtobac_2 Chewing tobacco ☐☐ **times**
CurrentBetel_2 Betel, quid ☐☐ **times**
CurrentOtherSmokeless_2 Other (specify type) ☐☐ **times**

CurrentOtherSmoklessType_2 ☐☐

SMK5 On average how often do you use tobacco (smoking or smokeless)

Smoke_less_freq

less than once per week ☐ 1
Once a week ☐ 2
twice a week ☐ 3
3-5 times per week ☐ 4
Everyday or almost everyday ☐ 5
more than once per day ☐ 6
Refused ☐ 8
Don't know ☐ 9

SMK 6 How **long ago** did you stop smoking?

Code 99 if don't remember

StopSmokYr_2 ☐☐ **years**
StopSmokWk_2 ☐☐ **weeks**
OR
OR ☐☐ **days**
StopSmokDay_2

SMK8	***If the participant is a current smoker, ask the following questions:*** **The following statements may be beliefs/barriers for you to give up tobacco use. For each statement, please tell me if you agree**			
SMK8a	Using tobacco helps me stay awake TobaccoStayAwake	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8b	Using tobacco stops me feeling hungry TobaccoStopHunger	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8c	All my friends use tobacco (smoke or smokeless) TobaccoFriendsUse	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8d	Using tobacco helps me feel calm when I am stressed TobaccoCalmStress	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8e	People who use tobacco are important members in my community TobaccoImportantMembers	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8f	Using tobacco is not harmful to my health TobaccoNotHarmful	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8g	I will benefit if I stop using tobacco products StopTobaccoBenefits	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8h	Stopping tobacco use is difficult StopTobaccoDifficult	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8j	I can stop using tobacco whenever I want StopTobaccoWhenever	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8k	I started using tobacco because my friends were using it StartedTobaccoFriends	Yes ☐ 1	No ☐ 2	Don't know ☐ 9
SMK8l	I would need help to stop using tobacco products StopTobaccoHelp	Yes ☐ 1	No ☐ 2	Don't know ☐ 9

Alcohol Use

AlcoholUseDone **Completed** Yes ☐ No ☐

ALC1a	Have you ever consumed any alcohol such as Indian made foreign liquor/spirits, country liquor, home grown EverTakenAlcohol	***If Yes continue, if other response go to QOL1***	Yes ☐ 1 Refused ☐ 8 No ☐ 2 Don't know ☐ 9
ALC1b	Have you consumed alcohol in the **past 30 days**? Alc30days		**Yes** ☐1 **No** ☐2 **Refused** ☐88 **If no or refused, go to ALC5**
ALC2	In the **past 30 days (4 weeks) how frequently** have you had at **least one dr i nk cont ai ni ng any alcohol ?** AlcFreq30days *(READ RESPONSES)*		5 - 7 days each week ☐1 1 to 4 days each week ☐2 1 to 3 days in the past 30 days ☐3
ALC3	How long have you been drinking in this way? *Code 99 if don't remember*		☐☐ DrinkWayYr **years** OR ☐☐ DrinkWayWk **weeks**
ALC4	Was your pattern of drinking in the last 30 days typical of the last 12 months? DrinkingPattern		Yes, it was the same pattern ☐1 I drank more regularly than in the last 12 months ☐2 I drank less regularly than in the last 12 months ☐3

ALC5 Have you consumed any alcohol such as Indian made foreign liquor/spirits, country liquor, home grown liquor, beer, wine within the past 12 months

TakenAlcohol_12_months

Yes ☐ 1 No ☐ 2 Refused ☐ 88 Don't know ☐ 99

If Yes continue, if other response go to ALC8

ALC6 During the past 12 months how frequently have you had at least one standard alcoholic drink?

ALCOHfreq12mth

Daily ☐ 1
5 -6 days / week ☐ 2
3 - 4 days / week ☐ 3
1- 2 days / week ☐ 4
1- 3 days / month ☐ 5
Less than once/month ☐ 6

ALC7 When you drink alcohol, on average, how much do you drink during one day?

READ RESPONSES
RECORD FOR EACH TYPE
CODE 00 FOR IF NOT APPLICABLE
CODE 99 IF DON'T KNOW

ForeignLiquor Foreign liquor/Rum/ Whisky/Spirit ___.___ ml

CountryLiquor Country ___.___ ml

HomeGrownLiquor Homegrown liquor ___.___ ml

Beer Beer ___.___ ml

Wine Wine ___.___ ml

AlcOther Other (specify) ___.___ ml

AlcOtherName _____

ALC8 Have you stopped drinking due to health resons such as negative impact on your health or the advice of your doctor or other health worker

Alcohol_stop_for_Health

Yes ☐ 1 No ☐ 2 Refused ☐ 88 Don't know ☐ 99

ALC11	**The following statements may be barriers to drinking less alcohol or ceasing alcohol use. For each statement please tell me if you agree**	
ALC11a	Drinking alcohol helps me sleep AlcHelpSleep	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11b	I drink to be social with my friends AlcSocialFriends	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11c	Drinking alcohol helps me feel calm when I am stressed AlcCalmStress	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11d	Drinking alcohol is not harmful to my health AlcNotHarmful	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11e	Stopping drinking alcohol is difficult AlcStopDifficult	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11f	I can stop drinking alcohol whenever I want AlcStopWhenever	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11g	Drinking helps me forget my family/financial problems AlcForgetFinancialProbs	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11h	Drinking alcohol gives me pain relief AlcPainRelief	Yes ☐ 1 No ☐ 2 Don't know ☐ 9
ALC11j	Drinking alcohol is a habit for me AlcHabit	Yes ☐ 1 No ☐ 2 Don't know ☐ 9

Quality of Life

QualityLifeDone

Completed Yes ☐ No ☐

QOL1	At this point of time in your life, in relation to your home situation, relationships, finances, work situation and other aspects of your life how would you describe it ? QOLStatus	1 Excellent ☐ Fair ☐ 4 2 Very Good ☐ Poor ☐ 5 3 Good ☐ Don't know/Unsure ☐ 9
QOL2	Which of these best describes your health? HealthStatus	1 Excellent ☐ Fair ☐ 4 2 Very Good ☐ Poor ☐ 5 3 Good ☐ Don't know/Unsure ☐ 9

Many people experience on-going problems in their everyday lives.
Please tell us whether any of the following has been a problem for you.

QOL3a	Serious on-going problem (yourself) SeriousOngoingProb	If No, go to QOL4a — Yes ☐ No ☐
QOL3b	If yes has this been a problem for 12 months or more? OngoingProb12Months	Yes ☐ No ☐
QOL4a	Serious on-going problem for someone close to you that is also a problem for you OngoingProbSomeone	If No, go to QOL5a — Yes ☐ No ☐
QOL4b	If yes has this been a problem for 12 months or more? SomeoneOngoingProb12Months	Yes ☐ No ☐
QOL5a	On-going difficulties with your job or ability to work JobDifficulties	If No, go to QOL6a — Yes ☐ 1 No ☐ 2 N/A ☐ 3
QOL5b	If yes has this been a problem for 12 months or more? JobDifficulties12Months	Yes ☐ No ☐
QOL6a	On-going financial strain/stress or difficulties FinancialStrain	If No, go to QOL7a — **Yes** ☐ **No** ☐
QOL6b	If yes has this been a problem for 12 months or more? FinancialStrain12Months	Yes ☐ No ☐
QOL7a	On-going difficulties in a relationship with someone close to you DifficultRelationship	If No, go to QOL8a — Yes ☐ No ☐
QOL7b	If yes has this been a problem for 12 months or more? DifficultRelationship12Months	Yes ☐ No ☐
QOL8a	If the participant has identified any problems above, ask... Would you say this problem has been..... StatusDifficultRelationship	Not very stressful ☐ 1 Moderately stressful ☐ 2 Very stressful ☐ 3
QOL8b	Do any of the following cause stress in your life? CauseStress Cross all that apply	StressSocIsol Social isolation ☐ StressLackEduc Lack of education ☐ StressUnempl Unemployment ☐ StressFamProb Family problems ☐ StressMarriage Marriage/relationships ☐ NoneAboveStress None of the above ☐

QOL11	Over the last 2 weeks have you been bothered by the following problems?	
QOL11a	Feeling nervous, anxious or on edge ProbNervous2	No ☐ 1 Yes (1-3d/week) ☐ 2 Yes (4-5d/week) ☐ 3 Yes (6-7d/week) ☐ 4
QOL11b	Not being able to stop or control worrying ProbContWorry2	No ☐ 1 Yes (1-3d/week) ☐ 2 Yes (4-5d/week) ☐ 3 Yes (6-7d/week) ☐ 4
QOL11c	Worrying too much about different things Probworry2	No ☐ 1 Yes (1-3d/week) ☐ 2 Yes (4-5d/week) ☐ 3 Yes (6-7d/week) ☐ 4
QOL11d	Trouble relaxing ProbRelax2	No ☐ 1 Yes (1-3d/week) ☐ 2 Yes (4-5d/week) ☐ 3 Yes (6-7d/week) ☐ 4
QOL11e	Being so restless that it is hard to sit still ProbRestless2	No ☐ 1 Yes (1-3d/week) ☐ 2 Yes (4-5d/week) ☐ 3 Yes (6-7d/week) ☐ 4
QOL11f	Becoming easily annoyed or irritable ProbAnnoyed2	No ☐ 1 Yes (1-3d/week) ☐ 2 Yes (4-5d/week) ☐ 3 Yes (6-7d/week) ☐ 4
QOL11g	Feeling afraid as if something awful might happen ProbAfraid2	No ☐ 1 Yes (1-3d/week) ☐ 2 Yes (4-5d/week) ☐ 3 Yes (6-7d/week) ☐ 4
QOL11h	If participant has answered yes in any of QOL 11a - QOL11g , how difficult was it for them to do work, take care of things at home, or get along with other people ProbDifficulties	Not at all difficult ☐ 1 Somewhat difficult ☐ 2 Very difficult ☐ 3 Extremely difficult ☐ 4

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Following pages to be completed only by participants randomised to the intervention (even if they did not attend the intervention meetings)

To help us improve and allow us to expand this program to other rural villages we would like to know your thoughts about the group meetings and the ASHA in helping you manage your high blood pressure.

ATT1a Did you attend all the community group meetings? Attend_all_meetings Yes ☐ No ☐

if **YES** go to **ATT2a**

ATT1b If you did not attend all the community group meetings

How many meetings did you attend? Number_meetings_attended if "0" answer **ATT1c, PEV4**

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

ATT1c Please indicate which factors may have limited your attendance at the group meetings NonAtt_reasons

Cross all that apply

- Health Issues ☐ NonAtt_Health
- Lack of time ☐ NonAtt_time
- Meeting time inconvenient ☐ NonAtt_inconvenient
- Difficult getting to venue ☐ NonAtt_Diff_venue
- Health Care Provider not supportive ☐ NonAtt_HCPunsupportive
- Meeting not interesting ☐ NonAtt_uninteresting
- Meeting too long ☐ NonAtt_toolong
- Meeting too short ☐ NonAtt_tooshort
- Meeting not well organised ☐ NonAtt_disorganised
- Meeting too frequent ☐ NonAtt_toofrequent
- Meeting not helpful ☐ NonAtt_nothelpful
- Other participants ☐ NonAtt_others
- Other (please specify below) ☐ NonAtt_otherreason

NonAtt_other

ATT2a Did any members of your family or other support person attend any meetings with you? Support_person_attend Yes ☐ No ☐

if NO go to **ATT3**

ATT2b How often did your family or support person help you and support you at home or work to use information from the meetings to improve your blood pressure (eg by helping you reduce your salt , increase your vegetables and fruit, be active every day)? Support_person_help

Not often ☐ 1

Sometimes ☐ 2

Very Often ☐ 3

ATT3 How often did your family or friends **who did not attend the meetings** help you and support you at home or work to **use information you learned from the meetings to improve your blood pressure** (eg by helping you reduce your salt , by supporting you to eat more vegetables and fruit, by supporting your effort to be more active every day)? Support_person_help_2

Not often ☐ 1

Sometimes ☐ 2

Very Often ☐ 3

ATT4a Has your relationship/the way you communicate with your health care provider changed since you've been attending the group meetings (e.g. do you ask more questions, ask for explanations about your medications, ask about your test results, discuss your difficulties etc)? Support_person_attend_2 Yes ☐ No ☐

if Yes go to **ATT4b**

ATT4b **You answered YES to the question above**

How has your experience with your health care provider changed?

(eg do you ask more questions, ask for explanations about your medications, ask about your test results, discuss your difficulties etc)?

changeswith_HCP_1

changeswith_HCP_2

The following section asks about your experience of the community group meetings. If your community was offered group meetings please answer the following questions even if you did not attend all of the meetings.

Your answers are anonymous and will not be seen by the ASHA or other community members

PEV 1 How well you think **the ASHA** helped you manage your high blood pressure on a day to day basis?

PEV 1a	To what extent did the ASHA help you remember to **take your medication** as your health care provider instructed? (give you some ways to remember to take your medication, help remind you) ASHA_takeMeds	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1b	To what extent has the ASHA help you **to get your medications** (by telling you where to go to get them, advising you when the 104 service was coming) ? ASHA_get_Meds	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1c	To what extent has the ASHA asked **you about any problems with your medicines or their effects**? ASHA_probMeds	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1d	To what extent did the ASHA help you with **monitoring your blood pressure** (by reminding you to get your blood pressure measured, advising you when the 104 service was coming, asking you about your blood pressure and when you last measured it) ? ASHA_monitorBP	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1e	To what extent did the ASHA **remind you to see your health care provider regularly even when you are not sick?** ASHA_HCPvisit	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1f	To what extent did the ASHA helped you build **better communication skills** to use during your health care visits? ASHA_CommSkills	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1g	To what extent did the ASHA remind and help you to **put your needs first** when thinking about managing your blood pressure on a daily basis? ASHA_Self_needs_first	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1h	To what extent didt he ASHA remind and help you to **eat more fresh fruits and vegetables?** (take you shopping, give you recipes, fruit or vegetables from gardens) ASHA_diet_behav	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1j	To what extent didthe ASHA **remind and help you to reduce the portions of food** you were eating? ASHA_diet_portions	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1k	To what extent did the ASHA or other members of your community group **remind and help you to do 30 minutes of activity each day** (ask you about your exercise, offer to exercise with you, accompany you to group exercise) ASHA_PhysActivity	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 1L	To what extent did the ASHA remind and help you to **reduce oily foods or salt and sugar in your diet** ASHA_reduce_oilsalt	Not at all ☐1 Some of the time ☐2 All of the time ☐3
PEV 2	How much do you think the group meetings in your community have helped you manage your high blood pressure on a day to day basis? group_meeting_help	Not at all ☐ 1 A little bit ☐ 2 A great deal ☐ 3

PEV3 a Were there other factors/activities (other than the group meetings) that may have helped you to manage your high blood pressure on a day to day basis? 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

If No go to **PEV4**

Other_factors_helpful

PEV3 b Please indicate which factors/activities other than the group meetings may have helped you manage your blood pressure on a daily basis

Cross all that apply

Other_helpful_factors

Health Care Provider support ☐ Othfactors_HCP_support
Information from data collector ☐ Othfactors_CHIRI_dta_collector
More frequent BP monitoring ☐ Othfactors_freq_monitoring
Family support ☐ Othfactors_familysupport
Taking medicine as told ☐ Othfactors_med_as_directed
Other (please specify below) ☐ Othfactors_specify

Other community members ☐ Othfactors_community
Reducing Salt in diet ☐ Othfactors_saltreduction
Increasing green vegetables ☐ Othfactors_increase_greenveg
Regular exercise ☐ Othfactors_reg_exercise
Attend Mobile 104 ☐ Othfactors_Mobile_104

NonAtt_other_2

PEV 4 Please select those people from whom you get help and advice to manage your blood pressure on a daily basis and for each person you select indicate how useful they have been

People_with_help_advice

	A little Useful			Useful			Extremely useful
Helpadvice_ASHA ASHA ☐	☐1 ASHA_useful	☐2	☐3	☐4	☐5	☐6	☐7
Helpadvice_GRPMEMB Group Members ☐	☐1 GrpMembers_useful	☐2	☐3	☐4	☐5	☐6	☐7
Helpadvice_Fam_Friends Family/Friends ☐	☐1 Fam_Friends_useful	☐2	☐3	☐4	☐5	☐6	☐7
Helpadvice_HCP Health Care Provider ☐	☐1 HCP_useful	☐2	☐3	☐4	☐5	☐6	☐7
Helpadvice_Pharmacist Pharmacist ☐	☐1 Pharmacist_useful	☐2	☐3	☐4	☐5	☐6	☐7
Helpadvice_OthCommMembers Other Community Members ☐	☐1 CommMembers_useful	☐2	☐3	☐4	☐5	☐6	☐7

Helpadvice_Noone No one useful ☐

PEV 5 How much support or encouragement did the following meeting activities give you tomanage your blood pressure on a daily basis (choose N/A if you did not receive or participate in this activity)

		No Support	Little Support	Moderate Support	A lot of Support	Not Applicable
PEV 5a	Supp_Attend_meeting Attending group meetings	☐1	☐2	☐3	☐4	☐5
PEV 5b	Supp_goal_setting Goal setting in the group meetings	☐1	☐2	☐3	☐4	☐5
PEV 5c	Supp_ProbSolve Problem Solving in the group meetings	☐1	☐2	☐3	☐4	☐5
PEV 5d	Supp_CommActivity Community activity (eg walking group)	☐1	☐2	☐3	☐4	☐5
PEV 5e	Supp_Group_Activity Group activities (eg activity class in group)	☐1	☐2	☐3	☐4	☐5
PEV 5f	Supp_HCexpert_attend Visit from health expert to group meeting	☐1	☐2	☐3	☐4	☐5