Interv

IntDate

IDNo

Interviewer Code:

Date of Assessment / /

Screening Id. No.

Village /House ID Number: -

House_num_text

UNLESS STIPULATED: YES=1
NO=2

Comments

Village Name:

Village

Comments

Adivikuntlapalle ☐	Emmevaripalle ☐	Kothagurikanivaripalle ☐	Paresupalle ☐
Adpavaripalle ☐	Enuposthulapalle ☐	Kothanayanivaripalle ☐	Peddaharijanawada ☐
Angadindlu ☐	Erraballe ☐	Kothapalle ☐	Peddakatava ☐
Badraiahgaripalle ☐	Errachenupalle ☐	Kummarakutiraparishrama ☐	Pichalavandla palle ☐
Bodimeedapalle ☐	Erramaddivaripalle ☐	Laxmipuram ☐	Poreddivaripalle ☐
Boggitivaripalle ☐	Erramaddivaripalle H.W. ☐	Maddireddigaripalle ☐	Pujarivaripalle ☐
Brahmanapalle ☐	Errappagaripalle ☐	Madigapalle ☐	Pullaguravandlapalle ☐
Bysanivaripalle ☐	Gaddethupale ☐	Malapalle ☐	Pureduvaripalle ☐
Chakalapalle ☐	Godempalle ☐	Matlivaripalle ☐	Pusavaripalle ☐
Chennamarri Mitta ☐	Gopalindlu ☐	Mekalavaripalle ☐	R.C. Kuravapalle ☐
Chinna Harijanawada ☐	Gorlavaripalle ☐	Mittapalle ☐	Rajiv Nagar ☐
Chinnapareddigaripalle ☐	Gowdasanivaripalle ☐	Molakavaripalle ☐	Ramiganipalle ☐
Chinthaiahgarikota ☐	Gownivarapalle ☐	Morameedasaheblapalle ☐	Regada(Eguva) ☐
Chinthamakulapalle ☐	Gunakuntlavaripalle ☐	Mudivedu ☐	Saddikutivaripalle ☐
Dadamvaripalle ☐	Gunthapallevanka ☐	Muttravaripalle ☐	Siddareddigaripalle ☐
Dasaribalappagaripalle ☐	Indiracolony ☐	Nadimpalle ☐	Singannagaripalle ☐
Davidpuram ☐	Indirapuram ☐	Nallaguttapalle ☐	Sreepathivaripalle ☐
Diguva Kongavaripalle ☐	Jallamallaiahgaripalle ☐	Nallaguttapalle H.W. ☐	Sreeamulavaripalle ☐
Diguvachennamarri ☐	Jallasiddappagaripalle ☐	Nallapareddigaripalle ☐	Thattivaripalle ☐
Diguvagollapalle ☐	Jarlavandlapalle ☐	Nethajinagar ☐	Thettu ☐
Dinnemeedapalle ☐	Jogindlu ☐	Ontillu ☐	Thuguvaripalle ☐
Dommannabavi ☐	Kakarlavaripalle ☐	Padamataharijanawada ☐	Thummachetlapalle ☐
Eguvaboyapalle ☐	Kamathampalle ☐	Pagadalavaripalle ☐	Upparapalle ☐
Eguvachennamarri ☐	Kammagovindapalle ☐	Pakalamanda ☐	Vanamreddigaripalle ☐
Eguvagollapalle ☐	Kamurivaripalle ☐	Pandivaripalle ☐	Vanukuvaripalle ☐
Elagalapalle ☐	Kanchepalle ☐	Papathimmaiahgaripalle ☐	Other (specify) ☐

Village Name

Villagename

Draft

Consent

Consentdone

Completed Yes ☐ No ☐

C1	Consent has been read out to respondent (or respondent has read consent form) Consentread	Respondent has read consent form ☐ Respndent had form read out to him/her ☐ Neither of the above ☐
C2	Consent has been obtained (verbal) ConsentObt	Yes (written) ☐ Yes (thumb print) ☐ **If No, END Interview** No ☐
C3	Interview Language LangOther	తెలుగు మలయాళం హిందీ
DEM1	Sex	Male ☐ Female ☐
DEM2	What is your date of birth? DOB *If Don't Know, record 77/77/7777 and Go to DEM3, otherwise go to DEM4*	☐☐ / ☐☐ / ☐☐☐☐ **Day** **Month** **Year**
DEM3	**How old** are you? Age *If Don't Know, write 00, Go to DEM3b*	☐☐ **Age (years)**
DEM3b	**Estimate participant's age based on the event calendar** Est_Age	☐☐

Anthropometry

AnthDone

Completed Yes ☐ No ☐

CLIN1a Blood pressure measurements Measurements 4 & 5 are only required if the last two readings differ by ≥10/6 mmHg

Cuff Size Cuff_size
- ☐ Small (arm circum 17-22cm)
- ☐ Med (arm circum 22-32 cm)
- ☐ Large (arm circum >32 cm)
- ☐ Xlge (arm too big for lge cuff)

Device ID: 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ BP_machine_ID

	Systolic (mmHg)	Diastolic (mmHg)	Pulse(Beats per
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 ☐ Irregular ☐

CLIN2	Weight (Kilograms)	Device ID 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ Weight_Device_ID	Weight . kg
CLIN3	Height (cms)	Device ID 51 ☐ 52 ☐ 54 ☐ 55 ☐ Device_ID_height	Height . cm
CLIN4	Waist circumference (cms)	Device ID 71 ☐ 74 ☐	Waist . cm
CLIN5	Hip circumference (cms)	72 ☐ 75 ☐ Measurement_KitID	Hip . cm
CLIN6	Mid upper arm circumference (cms)	73 ☐ 76 ☐	MUAC . cm
CLIN7	Triceps skinfold (millimetres)		Triceps . mm
CLIN8	Biceps skinfold (millimetres)		Biceps . mm
CLIN9	Sub scapula skinfold (millimetres)		Subscapular . mm
CLIN10	Suprailiac skinfold (millimetres)		Supra . mm
CLIN11	Abdomen skinfold		Abdomen . mm

CLIN12a	Bioimpedance weight	Bioimp_wt . kg
CLIN12b	Body fat %	Bioimp_percentfat . %
CLIN12c	Visceral fat %	Bioimp_visceralfat . %
CLIN12d	Resting Metabolism	Rest_metabolism kcal
CLIN12e	Body Mass Index	BMI . kg/m^2
CLIN12f	Body Age	Body_age years
CLIN12g	Subcutaneous fat (whole body) %	Bioimp_subcutfat %
CLIN12h	Subcutaneous fat (trunk) %	Bioimp_subcut_trunkfat %
CLIN12i	Subcutaneous fat (arm) %	Bioimp_subcut_armfat %
CLIN12j	Subcutaneous fat (leg) %	Bioimp_subcut_legfat %
CLIN12k	Skeletal muscle (whole body) %	Bioimp_skeletal_muscle %
CLIN12l	Skeletal muscle (trunk) %	Bioimp_skeletal_muscle_trunk %
CLIN12m	Skeletal muscle (arm) %	Bioimp_skeletal_muscle_arm %
CLIN12n	Skeletal muscle (leg) %	Bioimp_skeletal_muscle_leg %

Exhaled Breath Test (Smokerlyzer)

Date of Laboratory Assessment Date_breath_test / / **Completed** Yes ☐ No ☐ Exhaled_breath_test_done

	Test	Measurement	Assessed
CLIN13a	Carbon Monoxide	ppm	Carbon_monoxide_done Yes ☐ No ☐ Carbon_monoxide
CLIN13b	Carboxy Haemoglobin	%	Carboxy_Haemoglobin_Done Yes ☐ No ☐ Carboxy_Haemoglobin

Sample Collection Comments: Sample_collection_comments

Is Participant Pregnant? ☐ Yes ☐ No ☐ Don't know

Blood Test

Date of Laboratory Assessment Finger_prick_sample_collected / / **Completed** Yes ☐ No ☐ Blood_RV_Done_2

F1 During the past 12 hours have you had anything to eat or drink other than water? Yes ☐ No ☐ Eat12Hrs

F2 Date and time of last meal and or drink, other than water (24 hour clock) LastMealDate / / LastMealHrs hours LastMealMins mins

iSTAT

	Test	Measurement	Assessed
B1	Sodium (Na)	Sodium_Na mmol/L	Na_iSTAT_Done Yes ☐ No ☐
B2	Potassium (K)	Potassium_K . mmol/L	Potassium_iSTAT_Done Yes ☐ No ☐
B3	Chloride (Cl)	Chloride_Cl mmol/L	Chloride_Done_iSTAT Yes ☐ No ☐
B4	Ionized Calcium (iCa)	IonCA . mmol/L	Ionized_Calcium_Done_iSTAT Yes ☐ No ☐
B5	TCO2	TCO2_iSTAT mmol/L	TCO2_iSTAT_done Yes ☐ No ☐
B6	Glucose	Gluc_iSTAT mg/dL	Gluc_iSTAT_done Yes ☐ No ☐
B7	Urea Nitrogen (BUN)	BUN_iSTAT mg/dL	Urea_nitrogen_BUN_iSTAT Yes ☐ No ☐
B8	Creatinine	Creatinine_iSTAT . mg/dL	Creatinine_iSTAT_Done Yes ☐ No ☐
B9	Haematocrit	hematocrit_iSTAT % PCV	hematocrit_iSTAT_Done Yes ☐ No ☐
B10	Haemaglobin (iSTAT)	Haemoglobin_iSTAT . g/dL	Haemoglobin_iSTAT_Done Yes ☐ No ☐
B11	Anion Gap	Anion_gap_iSTAT mmol/L	Anion_Gap_Done Yes ☐ No ☐

Test	Measurement	Assessed	Test	Measurement	Assessed
B12 Total Cholesterol	TotChol_Cholestec ___ mg/dL	TotChol_Done Yes ☐ No ☐	**B17** TC/HDL ratio	Tot_Chol_HDL_Chol_ratio ___.___	TC_HDL_ratio_done Yes ☐ No ☐
B13 HDL Cholesterol	HDLChol_Cholestech ___ mg/dL	HDL_Cholesterol_Done Yes ☐ No ☐	**B18** Glucose	Glucose_Cholestec ___ mg/dL	Gluc_Cholestec_Done Yes ☐ No ☐
B14 Triglyceride	Triglyceride ___ mg/dL	TRIG_Done_2 Yes ☐ No ☐	**B19** hsCRP	hs_CRP ___.___ mg/L	hs_CRP_done Yes ☐ No ☐
B15 LDL	LDL_Estimated ___ mg/dL	LDL_estimate_done Yes ☐ No ☐	**B20** Haemoglobin (Orion)	Hb_Orion ___ g/L	Hb_Orion_Done Yes ☐ No ☐
B16 non - HDL (LDL + VLDL)	Non_HDL_cholesterol ___ mg/dL	non_HDL_cholesterol_done Yes ☐ No ☐	**B21** HbA1c	HbA1c ___.___ %	HbA1c_Done Yes ☐ No ☐

Comment: Blood_Analysis_Comments_poc

Urine Test

Date of Laboratory Assessment Date_Urine_Assess ___ / ___ / ___ **Completed** Yes ☐ No ☐ SU_Done

U1	Microalbumin ___ mg/L Urine_microalbumin	**U2**	Urine Creatinine Urine_creatinine_RVRHC ___.___ mg/L	Yes ☐ No ☐	Urinary_Microalbumin_Done

Comment Urine_Analysis_Comments

Demographic Information

Completed DemoDone Yes ☐ No ☐

DEM4a What is your marital status? Maritalstat

- Never married ☐ 1
- Married ☐ 2
- Separated ☐ 3
- Divorced ☐ 4
- Widow/er ☐ 5

DEM4b If female and married ask: Are you the first wife, second wife or only wife? wife_num

- First wife ☐ 1
- Second wife ☐ 2
- Only wife ☐ 3

DEM5a Do you have any children? Children

- Yes ☐
- No ☐

If No go to DEM7

DEM5b If yes, how many children? ___ num_child

DEM6 Age of oldest child ___ Age_oldest_Child

DEM7 What is your religion?

- Hindu ☐ 1
- Muslim ☐ 2
- Christian ☐ 3
- Sikh ☐ 4
- Buddhist ☐ 5
- Jain ☐ 6

If other, please specify Other_religion ___

DEM8	What is your **caste**?	Scheduled Caste and Scheduled Tribe (SCST) ☐ 1 CasteResp Backward Caste (BC) ☐ 2 Other Backward Caste (OBC) ☐ 3 Other Caste (OC) (Forward Caste) ☐ 4

Other Co-morbidities and Risk Factors		***Completed*** OthComorbiditiesDone Yes ☐ No ☐
RF1a	Have you ever had a heart attack?	HRTAttack **Yes** ☐ **No** ☐ **Don't know/Unsure** ☐ 9
RF1b	Have you ever had coronary bypass surgery	HRTBypass **Yes** ☐ **No** ☐ **Don't know/Unsure** ☐ 9
RF1c	Have you ever had a coronary angioplasty or stent inserted	Angio_stent **Yes** ☐ **No** ☐ **Don't know/Unsure** ☐ 9
RF1d	Have you ever been told by a doctor or other health worker that you have heart problems?	HeartProb **Yes** ☐ **No** ☐ **Don't know/Unsure** ☐ 9 **If don't know/unsure go to RF2**
RF1e	If YES, did you have chest pain?	ChestPain **Yes** ☐ **No** ☐
RF1f	If YES, did you have breathlessness?	SOB **Yes** ☐ **No** ☐
RF1g	If YES, did you have palpitations?	AF **Yes** ☐ **No** ☐
RF1h	If yes, About how long ago were you first told by a doctor that you had a heart problem?	HeartProbYrs ☐☐ years HeartProbMonths ☐☐ months ago
RF2	Have you ever been told by a doctor or other health worker that you have symptoms suggestive of a stroke? (eg weakness on one side of the body, visual disturbance, difficulty speaking or being understood)	Stroke Yes ☐ No ☐ Don't know/unsure ☐ 9
RF3a	Have you ever been told by a doctor or other health worker that you have diabetes (a high blood sugar)?	Diab Yes ☐ No ☐ Don't know/ unsure ☐ 9
RF3b	If yes, about how long ago were you first told by a doctor that you had diabetes (a high blood sugar)?	DiabYrs ☐☐ **years** **OR** DiabMonths ☐☐ months ago
RF4	Have you ever been told by a doctor or other health worker that you havechronic kidney disease?	chr_kidney_dis Yes ☐ No ☐ Don't know/Unsure ☐ 7
RF5a	Have you ever been told by a doctor or other health worker that you had high blood fat/cholesterol?	HighCholesterol Yes ☐ No ☐ Don't know/unsure ☐ 7
RF5b	If yes, about how long ago were you first told by a doctor that you had high blood fat?	HiCholYrs ☐☐ years HighCholMonths ☐☐ months ago

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 ☐ 1 It is good for health ☐ 2 It has no effect on health ☐ 3 I have no idea (OR I don't know) ☐ 9

KNO2	Does control of hypertension reduce the likelihood of getting other diseases?	TreatHBP	Yes ☐ 1 No ☐ 2 Don't know/Unsure ☐ 9 **If don't know/unsure go to KNO4**
KNO3	If yes, what other diseases does it prevent? ***(Cross all that apply).***	Values: PreventHBP PrevHrtDis PrevStroke PrevCancer PrevInfectn PrevDK	***Heart disease*** ☐ ***Brain Stroke*** ☐ ***Cancer*** ☐ ***Infection*** ☐ ***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 ☐	No ☐	Don't know/unsure ☐ 9
KNO4b	Quitting smoking	BPreduceQuitsmok	Yes ☐	No ☐	Don't know/unsure ☐ 9
KNO4c	Increase exercise	BPreducePhyical	Yes ☐	No ☐	Don't know/unsure ☐ 9
KNO4d	Drink more alcohol	BPreduceDrink	Yes ☐	No ☐	Don't know/unsure ☐ 9
KNO4e	Reduce fat in meals	BPreduceFat	Yes ☐	No ☐	Don't know/unsure ☐ 9
KNO4f	Reduce salt in meals	BPreduceSalt	Yes ☐	No ☐	Don't know/unsure ☐ 9
KNO4g	Eat less fresh fruit	BPreduceFruit	Yes ☐	No ☐	Don't know/unsure ☐ 9
KNO4h	Eat more green leafy vegetables	BPreduceveg	Yes ☐	No ☐	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** ☐
KNO5h	Eaten more fresh fruit	MoreFruit	**Yes** ☐	**No** ☐
KNO5j	Eaten more green leafy vegetables	MoreVeg	**Yes** ☐	**No** ☐

Family History		Completed FamHistoryDone Yes ☐ No ☐
FH1	Have any of your close relatives (mother, father, brothers, sisters, grandparents) had a heart attack before the age of 60 years	HistHeartAttack Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9
FH2	Have any of your close relatives (mother, father, brothers, sisters, grandparents) had a stroke before the age of 60 years	HistStroke Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9
FH3	Have any of your close relatives (mother, father, brothers, sisters, grandparents) been told they had high blood sugar (diabetes)?	HistDiabetes Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9
FH4	Have any of your close relatives (mother, father, brothers, sisters, grandparents) been told they had blood pressure (hypertension)?	HistHBP Yes ☐ 1 No ☐ 2 Don't know/unsure ☐ 9

The following questions are about your use of Health care services		HealthServUseDone Completed Yes ☐ No ☐
HCU1a	Have you sought medical treatment or advice from anyone in the last 12 weeks (3 months)?	MedAdvice12wks Yes ☐ No ☐ If no go to HCU2
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 Government/Public Hospital ☐ Community health centre ☐ Private Hospital/Clinic ☐ Primary health centre ☐ Sub centre ☐ Mobile clinic ☐ Government dispensary ☐ NGO/ trust hospital/ clinic ☐ Pharmacist/ shop ☐
HCU1e	From whom did you seek treatment **(cross all that apply)**	TreatSoughtwhom Doctor/Physician ☐ Speicalist doctor/Physician ☐ Community Nurse ☐ RMP ☐ ASHA ☐ AYUSH ☐ 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 Savings ☐ Sale of assets ☐ Unsecured loans ☐ Mortgage of land ☐ Mortgage of other assets ☐ Assistance/ gifts ☐ No payment required (Govt provider) ☐ Other (please specify) ☐ PayMedTreatOther
HCU2a	Is your use of medical services over the last 4 weeks similar to its use for the last 12 months	MedServUse12Mon Yes ☐ If yes go to HCU 3a No ☐ If No, go to HCU2b
HCU2b	If no, did you seek care: MedServUseNot	More regularly in the past 4 weeks than the past 12 months ☐ 1 Less regularly in the past 4 weeks than the past 12 months ☐ 2
HCU3a	Have you been admitted or stayed as an inpatient to any facility over the past 12 months	HospAdmt12mon Yes ☐ if No, go to HCU4a No ☐
HCU3b	If yes, what kind of facility did you stay in? **(Cross all that apply)** FacilityAdmt12Mon Values->	AdmitPrivHosp Private Hospital ☐ AdmitPrivNH Private Nursing home ☐ AdmitPrivMedColl Private Medical College ☐ AdmitGovtHosp Govt/District/Tertiary health (Taluk) Hospital ☐ AdmitTrustHosp Trust Hospital ☐ AdmitCommHC Community health/ rural Centre ☐ AdmitPHC Primary health Centre ☐ AdmitRMP RMP ☐ AdmitOther Other (please specify) ☐ FacilityAdmitOther
HCU3c	If yes, how long did you stay for?	overnightAdmitted **overnights**
HCU3d	If yes, how did you pay for staying in the facility? ***(Cross all that apply for stays over the last 12 months)*** PayAdmittedFee	PayAdmitSav Savings ☐ PayAdmitAssets Sale of assets ☐ PayAdmitUnsecLoan Unsecured loans ☐ PayAdmitMortLand Mortgage of land ☐ PayAdmitMortOth Mortgage of other assets ☐ Assistance/ gifts ☐ PayAdmitAssistGift No payment required (Govt provider) ☐ PayAdmitNoneGovt No payment required (non-Govt provider) ☐ PayAdmitNoneNGO Other (please specify) ☐ PayAdmitOther PayAdmittedOther

HCU4a	About how long has it been since you visited a doctor for a routine checkup for diseases such as hypertension, heart disease, diabetes, etc?	LastRoutineCheckup Regular visits (go to HCU5) ☐ 1 Within past 12 months ☐ 2 From 1 to< 2 years ago ☐ 3 From 2 to <5 years ago ☐ 4 more than 5 years ago: go to HCU4b ☐ 5 Don't know/Not sure ☐ 9 Never: go to HCU4b ☐ 7
HCU4b	In the past 5 years or longer why have you not had a routine medical examination?	ReasonNocheckup Cost ☐ 1 Distance to healthcare ☐ 2 Not necessary ☐ 3 Don't have time ☐ 4 Other (specify) ☐ 5 OtherReasonNoCheckup
HCU5	When you need to see a doctor about your health, how easy/difficult is it for you to get there?	HealthAccess Very easy ☐ 1 Fairly easy ☐ 2 Neither easy nor difficult ☐ 3 Fairly difficult ☐ 4 Very difficult ☐ 5
HCU6	What means of transportation do you normally use to access healthcare centre? Cross all that apply AccessMeans	AccessWalk — **Walk** ☐ AccessBike — **Bicycle** ☐ AccessPersVeh — **Personal vehicle** ☐ AccessBus — **Public bus** ☐ AccessMotorBike — **Motor cycle** ☐ AccessAutoRick — **Auto rickshaw** ☐ Other — **Other** ☐
HCU7	On average, how long does it take you to get to the healthcare centre?	TimeToCareHrs ☐☐ **hours** TimeToCareMins ☐☐ **minutes**
HCU8a	Do you have any kind of health care coverage such as health insurance?	HealthInsurance Yes (go to HCU8b) ☐ 1 No ☐ 2 Don't know/Not sure ☐ 9 If NO or DON'TKNOW go to next section
HCU8b	If yes, what type of health insurance do you have? Cross all that apply HealthInsuranceType	Government_insurance — Government ☐ Employer_insurance — Employer scheme ☐ Private_insurance — Private ☐ NGO_Charity_insurance — NGO/ Charity ☐
HCU8c	If yes, who pays for your health insurance? Cross all that apply HealthInsurancePay	Govt_insur_pays — Government ☐ Employer_insur_pays — Employer ☐ Salf_insur_pay — Self ☐ NGO_charity_insur_pays — NGO/ Charity ☐

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

TRT1a	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	HypAware Yes ☐ No ☐ Don't know/unsure ☐ 9
TRT1b	Have you **ever** had your blood pressure checked?	BPEverChecked Yes ☐ No ☐ Don't know/unsure ☐ 9 If no or don't know/unsure go to TRT2
TRT1c	If yes was it in the last 12 months?	BPChecked12mth Yes ☐ No ☐ Don't know/unsure ☐ 9
TRT1d	If yes, who checked your blood pressure? ***(Cross all that apply)*** CheckedBP	ChkBPPrivDoc Private Doctor/physician ☐ ChkBPNurseClin nurse at clinic ☐ ChkBPRMP RMP ☐ ChkBPASHA ASHA ☐ ChkBPPrevStudy Previous study ☐ ChkBPAryuved Aryuvedic healer ☐ ChkBPMobile Mobile health service ☐ Other (please specify) ☐ ChkBPother BPCheckedOther
TRT2	From whom do you usually seek your health care	Usual_Care_Provider Public ☐ 1 Private ☐ 2 Other (specify) ☐ 3 Usual_Care_spec
TRT3a	Have you been prescribed (chit) medication for high blood pressure? *Consider only drugs for high blood pressure*	BP_Meds_Ever **Yes** ☐ 1 **No** ☐ 2 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 ☐ 3 Registered Medical Practitioner (RMP) ☐ 4 ASHA ☐ 5 AYUSH ☐ 6 Mobile Health Service ☐ 7 Charitable or NGO hospital/pharmacy ☐ 8 Other (please specify) ☐ 9 MedicationPlaceOther
TRT3c	Do you take your medications for high blood pressure exactly as you were told to take it?	ExactMedHBP **Yes** ☐ 1 **Sometimes** ☐ 2 **No** ☐ 0

If the person is not hypertensive, or has not been told they have hypertension, skip to question MED1a

The following statements may be beliefs/barriers about your blood pressure. For each statement, please tell if you agree:

TRT4a	I only have high blood pressure when I am working.	HBPWorking	Yes ☐ No ☐ Don't know/unsure ☐ 9
TRT4b	I get high blood pressure when I worry about things.	HBPWorrying	Yes ☐ No ☐ 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 ☐ No ☐ Don't know/unsure ☐ 9
TRT4d	I don't take the medication because it costs too much	HBPCostMed	Yes ☐ No ☐ Don't know/unsure ☐ 9
TRT4e	The doctor is too far way to see about my blood pressure.	HBPDocFar	Yes ☐ No ☐ 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? ***If No to this question and No to MED1, go to next section***	CurrentAyurvedUse	Yes ☐ No ☐
MED3	How often do you forget to take all your medications?	RemMedDiff	Never/very rarely ☐ 1 Once in a while ☐ 2 Sometimes ☐ 3 Usually ☐ 4 All the time ☐ 5

MED4 ***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 ☐ Unsure ☐ Med_Taken_as_told1	Yes ☐ No ☐ Med1Seen
2	MedName2	MedCode2	Dose2	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told2	Yes ☐ No ☐ Med2Seen
3	MedName3	MedCode3	Dose3	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told3	Yes ☐ No ☐ Med3Seen
4	MedName4	MedCode4	Dose4	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told4	Yes ☐ No ☐ Med4Seen
5	MedName5	MedCode5	Dose5	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told5	Yes ☐ No ☐ Med5Seen
6	MedName6	MedCode6	Dose6	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told6	Yes ☐ No ☐ Med6Seen
7	MedName7	MedCode7	Dose7	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told7	Yes ☐ No ☐ Med7Seen
8	MedName8	MedCode8	Dose8	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told8	Yes ☐ No ☐ Med8Seen
9	MedName9	MedCode9	Dose9	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told9	Yes ☐ No ☐ Med9Seen
10	MedName10	MedCode10	Dose10	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told10	Yes ☐ No ☐ Med10Seen
11	MedName11	MedCode11	Dose11	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told11	Yes ☐ No ☐ Med11Seen
12	MedName12	MedCode12	Dose12	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told12	Yes ☐ No ☐ Med12Seen
13	MedName13	MedCode13	Dose13	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told13	Yes ☐ No ☐ Med13Seen
14	MedName14	MedCode14	Dose14	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told14	Yes ☐ No ☐ Med14Seen
15	MedName15	MedCode15	Dose15	Yes ☐ No ☐ Unsure ☐ Med_Taken_as_told15	Yes ☐ No ☐ Med15Seen

Socioeconomic

Completed SESDone Yes ☐ No ☐

Now, I am going to ask you some questions about the type of education you had and the type of work that you do.

SES1	In total, howmany years have you spent at school (Exclude year before Class 1, and include technical school and university)?	Schooling ☐☐	**years**
SES2	Are you able to read?	read	Yes ☐ No ☐
SES3	Are you able to write?	write	Yes ☐ No ☐
SES4a	What is the highest level of educat i on you have compl et ed?	HighestSchooling2	No formal schooling ☐ 1 < or equal to Class 6 completed ☐ 2 Class 7 -10 completed ☐ 3 Class 12 completed ☐ 6 Completed technical college ☐ 7 Completed university bachelors ☐ 8 Completed university masters ☐ 9 Completed university PhD ☐ 10
SES4b	What is the level of education would you have liked to have completed?	Ideal_educ	No formal schooling ☐ 1 < or equal to Class 6 completed ☐ 2 Class 7-10 completed ☐ 3 Class 12 completed ☐ 6 Completed technical college ☐ 7 Completed university bachelors ☐ 8 Completed university masters ☐ 9 Completed university PhD ☐ 10" It doesn't matter for me/ I am ok with my present education ☐ 11
SES4c	***If no children at DEM5a, go to SES4d.*** What level of education would you like (have liked) your children to (have) complete?		No formal schooling ☐ 1 < or equal to Class 6 completed ☐ 2 Class 7 -10 completed ☐ 3 Class 12 completed ☐ 6 Completed technical college ☐ 7 Completed university bachelors ☐ 8 Completed university masters ☐ 9 Completed university PhD ☐ 10 It doesn't matter for me/ I am ok with my children's education ☐ 11

SES4d What level of education did your father complete? Fathers_educ

- No formal schooling ☐ 1
- < or equal to Class 6 completed ☐ 2
- Class 7 - 10 completed ☐ 3
- Class 12 completed ☐ 6
- Completed technical college ☐ 7
- Completed university bachelors ☐ 8
- Completed university masters ☐ 9
- Completed university PhD ☐ 10
- Don't know ☐ 11

SES 5 **Taking the past year, Can you tell me what the average earnings of the household have been?**

Hsehold_earn_week

week ☐☐☐☐☐☐

RECORD ONLY ONE (*not all three)*
Enter the average earnings of the house hold by week ***OR*** *month* ***OR*** *year*
If refused to answer code 88888888 in year boxes

month Hsehold_earn_month

year Hsehold_earn_year

SES6a Did your household receive any other income over the last 12 months (cross all that apply)

Other_income_type2

- No ☐ Oth_No
- Remittance ☐ Oth_Remittance
- Inheritance ☐ Oth_Inheritence
- Rent from land/house ☐ Oth_Rent_Land_House
- Rent from equipment ☐ Oth_Rent_equip
- Interest from investment ☐ Oth_Interest
- Gift from family or sponsor ☐ Oth_gift

SES 6b Did your household receive any other income over the last 12 months (detail total amount received in each category)

	Amount in last 12 months (Rs)	I do not wish to disclose amount
Remittance	Remittance	Non_disc_remittance ☐
Inheritance	Inheritance	Non_disc_inheritance ☐
Rent from house/Land	Rent_land	non_disc_rent_hse_land ☐
Rent from Equipment	rent_equip	Non_disc_rent_equip ☐
Interest from Investment	int_frm_invest	Non_disc_interest ☐
Gift from family or sponsor	gift_frm_fam	non_disc_gift_fam ☐

SES7 **How many people in the household, including you, earn money?** hh_ppl_earn_money ☐☐ Total number of people

SES8 **Please state your occupation and tell me the main tasks that you do in this job?**

Occ_type

Occ_type2

SES9a **Do you have a(household) rationing card?** ration

- Yes ☐
- No ☐

If No, go to question SES10

SES9b **If yes, which type of card do you have?** ration_type

- Above Poverty Line (APL) ☐ 1
- Below Poverty Line (BPL) ☐ 2
- Poorest of the poor ☐ 3

SES10 I would like to ask you some questions about the type of work that you do. This may involve several jobs.

Type of work Code =
1. Salaried
2. Daily wage earner
3. Self -employed (business owner)
4. Piece rate worker
5. Trainee
6. Helper without income
7. Works own land holding & sells own farm products
8. Retired / Pensioner
9. NREGS (employ for 100 d)
10. Others

Place of work Code =
1. One ¸ s own / land (or livestock)
2. Out of home (eg shop, factory, door to door)
3. Labour on someone elses land

Days_work_per_mnth1 to 6
Months_work_per_year1-6
Place_work1-6

	Type of work	Number of working Days/mth (1 month = 30 days)	Months/ year	Place of work	Income from work (Rs)	
type_work1		1	1	1	Work_income1	Income_duration1 Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐
type_work2		2	2	2	Work_income2	Income_duration2 Daily ☐ 1 Weekly ☐ 2 Monthly ☐ 3 Yearly ☐ 4
type_work3		3	3	3	Work_income3	Income_duration3 Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐
type_work4		4	4	4	Work_income4	Income_duration4 Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐
type_work5		5	5	5	Work_income5	Income_duration5 Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐
type_work6		6	6	6	Work_income6	Income_duration6 Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐

SES11 Whereabouts is the cooking conducted for the household?

cooking_loc

Inside separated from the sleeping area ☐ 1
Inside NOT separated from the sleeping area ☐ 2
Outside the house ☐ 3

SES12 What type of fuel do you use for cooking?

fuel

Cross all that apply

fuelelec Electricity ☐
fuelgas Gas ☐
fuelkero Kerosene ☐
fuelorganic Organic/ natural fuel (incl wood, dung paddy husks etc) ☐
fuelother Other (GoGas) ☐

SES13 How much smoke is there when someone is cooking?

smoke_kitchen

Very smoky ☐ 1
little smoky ☐ 2
not smoky ☐ 3

SES14 **Are you the person who knows most about the household expenditure?** Yes ☐ No ☐

most_knowlegeHHexpend

SES15

Please consider HOUSEHOLD EXPENDITURE in the past 12 months and provide approximate expenditure. Specify ifweekly/monthly or yearly amount

Kind of Expenditure	Fill boxes with 9s if unknown	
Food (purchased oil, vegetables, grocery etc)	Food_exp	Food_expen_often W☐ M☐ Y☐
Food (value of home grown produce consumed by household)	Food_homegrown_exp	Food_Homegrown_expend_often W☐ M☐ Y☐
Smoking (Gutkha, bidis, cigarette, snuff etc)	smoke_exp	Smoking_expend_often W☐ M☐ Y☐
Alcoholic drinks (country liquor, spirits, beer, wine etc)	alc_exp	Alcohol_expend_often W☐ M☐ Y☐
Clothing	clothing_exp	clothing_expend_often W☐ M☐ Y☐
Education (uniform, Books, school fees etc)	educ_exp	Educ_expend_often W☐ M☐ Y☐
Transport (routine/regular)	transport_exp	Transport_expend_often W☐ M☐ Y☐
Rent (house rent)	rent_exp	Rent_expend_often W☐ M☐ Y☐
House Tax and other municipal levies	housetax_exp	Housetax_expend_often W☐ M☐ Y☐
Fuel (wood, oil, kerosene, cooking gas etc)	fuel_exp	Fuel_expend_often W☐ M☐ Y☐
Electricity bill	elecbill_exp	Electricity_expend_often W☐ M☐ Y☐
Telephone expenses (line rental, call cost, mobile phone cost)	telep_exp	Telephone_expend_often W☐ M☐ Y☐
Medical expenses (doctors' visits, medications, hospital stay, ayurvedic/ traditional visits and/or medications)	medexpenses_exp	Medical_expend_often W☐ M☐ Y☐
Medical/Health insurance	medinsurance_exp	Medical_insur_expend_often W☐ M☐ Y☐
Other insurance (life, property)	other_exp	Other_insurance_expend_often W☐ M☐ Y☐
Vehicle costs (include insurance)	veh_exp	Vehicle_expend_often W☐ M☐ Y☐
Social expenses (marriage, births, funerals, festivals)	soc_exp	Social_expend_often W☐ M☐ Y☐
Expenses for hobbies/Leisure (eg holidays)	hobbies_exp	Hobbies_expend_often W☐ M☐ Y☐
Other expenditure (specify)	other_exp_amt	Other_expend_often W☐ M☐ Y☐

other_exp_spec

SES16

How many people including babies, elderly relatives, and yourself, usually live in your household (ie. for the last 6 months)?

Record total number of people living in the household (or sharing the same kitchen)

☐☐ **Total number of people**

people_in_hh

SES17 How many people older than 18 years, including yourself live in your household [share the same kitchen]

Record total number of people living in the household (or sharing the same kitchen) who are 18 years of age or older

☐☐ **Adults ≥ 18 years of age**

adults_in_hh

Interviewer should complete this section based on observations after a short walk through the household, if participant agrees otherwise ask participant

SES18a **What type of floor does the house have mostly?**

house_type_2

- ☐ Mud 1
- ☐ Wood /Bamboo 2
- ☐ Burnt brick 3
- ☐ Stone 4
- ☐ Cement 5
- ☐ Mosaic/Floor tiles 6
- ☐ any other 7

SES18b **What type of walls is the house made of mostly?**

Wall_type

- ☐ Grass/Thatch/Bamboo 1
- ☐ Plastic /Polythene 2
- ☐ Mud/unburnt brick 3
- ☐ Wood 4
- ☐ Stone 5
- ☐ G.I./metal/asbestos sheets 6
- ☐ Burnt Brick 7
- ☐ Concrete 8
- ☐ any other 9

SES18c **What type of roof does the house have mostly?**

roof_type

- ☐ Grass/Thatch/Bamboo 1
- ☐ Plastic /Polythene 2
- ☐ Mud/unburnt brick 3
- ☐ Wood 4
- ☐ Stone 5
- ☐ G.I./metal/asbestos sheets 6
- ☐ Burnt Brick 7
- ☐ Concrete 8
- ☐ any other 9

SES19 **What are the main sources of drinking water for the household?**

Water_source

cross all that apply

- ☐ WaterBottled — Bottled water
- ☐ WaterFilter — Filtered water
- ☐ WaterPipedHouse — Piped water (Household)
- ☐ WaterPipePubTap — Piped water (Public tap)
- ☐ WaterGroundMotPump — Ground water (motor pump)
- ☐ WaterGrndHndPmpHse — Ground water (hand pump in household)
- ☐ WaterGrndHsePmpPbl — Ground water (public handpump)
- ☐ WaterHseWellCov — Household well - covered
- ☐ WaterHseWellOpen — Household well - open
- ☐ WaterSharedWellCov — Public/shared well - covered
- ☐ WaterSharedWellCov — Public/shared well - open
- ☐ WaterSurfaceSpring — Surface water (spring)
- ☐ WaterSurfaceRiver — Surface water (river/stream)
- ☐ WaterSurfacePond — Surface water (pond/lake)
- ☐ WaterSurfaceDam — Surface water (dam)
- ☐ WaterTruck — Surface water (tanker/truck)
- ☐ WaterOther — Other (specify)

Water_source_other

SES20 **What kind of toilet facility do you have at home?**

Cross all that apply

Toilet

- ☐ toiletflushHse — Flush Toilet Household
- ☐ ToiletFlushShared — Flush Toilet shared
- ☐ ToiletIndianHse — Indian Toilet Household
- ☐ ToiletIndianShared — Indian Toilet shared
- ☐ ToiletIndianFlush — Indian Toilet Flush
- ☐ ToiletPitHse — Pit Toilet household
- ☐ ToiletPitShared — Pit Toilet shared
- ☐ ToiletNoneBush — No toilet at home _bush
- ☐ ToiletNoneField — No toilet at home _field
- ☐ ToiletOther — other (specify)

SES21 **Do you USE wash facilities after toilet (wash your hands etc)**

Wash_after_toilet

☐ Yes 1 ☐ No 2 ☐ Sometimes 3

Behavioural Domain

BehavDone Yes ☐ No ☐

Physical Activity

PhysicalDone 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 regular daily routine.

PhysActivemorethan30

Yes ☐ 1
No ☐ 2
Unsure ☐ 9

BEH2 How long is your typical work day?

typicalHrs

record number of hours worked per day in MAIN employment

☐☐ **hours**

BEH3 Does your work involve mostly (Read the options):

Workactivity

1. Sitting or standing? (Please clarify any walking must be no more than 10 minutes). ☐ 1

2. Moderate-intensity activities such as brisk walking, cleaning, climbing stairs or carrying light loads, i.e. <10 kg for at least 10 minutes at a time? These activities require moderate physical effort and cause small increases in breathing or heart rate. ☐ 2

3. Vigorous activities such as heavy lifting, ploughing, digging or construction work for at least 10 minutes at a time? These activities require hard physical effort and cause large increases in breathing or heart rate ☐ 3

BEH4 How many months in each year would your work involve:

Intensity of work activity	No. of months/year
Sitting or standing	month_sit_stand ☐☐
Moderate Intensity (if >0, ask BEH5)	month_moderate ☐☐
Vigorous Intensity (if >0, ask BEH7)	month_vig_intens ☐☐

BEH5 In a typical week, on how many days do you do **moderate-intensity** activities as part of your work?

1 2 3 4 5 6 7

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Moderatefreq **Days/week**

BEH6 How much time do you spend doing **moderate-intensity** activities at work on a typical day

ModerateHrs ☐☐ **hours** ModerateMin ☐☐ **mins**

BEH7 In a typical week, on how many days do you do **vigorous intensity** activities as part of your work?

Vigorousfreq

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Days/week

BEH8 How much time do you spend doing **vigorous-intensity** activities at work on a typical day?

VigorousHrs ☐☐ **hours** VigorousMin ☐☐ **mins**

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]
The introductory statement to the following questions on transport-related physical activity is very important. It asks and helps the participant to now think about how they travel around getting from place-to-place. This statement should not be omitted.

BEH9a	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get from place to place?	WalkGetPlace Yes ☐ *If No go to BEH10a* No ☐
BEH9b	In a typical week, on how many days do you walk or bicycle for at least 10 minutesto get to and from places? *"Typical week" means a week when the participant is engaged in his/her usual activities.*	WalkGetPlaceFreq 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 1 8 **Days/week** **If "0" go to BEH10a**
BEH9c	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 ☐☐ mins WalkGetPlaceMin
	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.	
BEH10a	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 **should not include time spent sleeping.***	Sit_ReclineHrs ☐☐ **hours** Sit_ReclineMin ☐☐ **mins**
BEH10b	On a typical day, how much time would you spend sitting in a car/bus/auto?	SitCarHrs ☐☐ **hours** SitCarMin ☐☐ **mins**
BEH10c	How many hours do you spend sitting/chatting with your friends/relatives/neighbour every day? **(do not include time spent watching TV)**	ChattingHrs <1 hours ☐ 1 1 to <3 hours ☐ 2 3 to <5 hours ☐ 3 5 hours ☐ 4
BEH10d	On a typical day, how much time would you spend watching television?	TVHrs ☐☐ **hours** TVMinutes ☐☐ **mins**

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

BEH11a	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 8 **Days/week** **If "0" go to BEH 12a**
BEH11b	How much time do you spend doing **vigorous-intensity** sports, fitness or recreational activities on a typical day	VigorousSportsHrs ☐☐ **hours** ☐☐ **mins** VigorousSportsMinutes
BEH12a	In a typical week , on how many days do you do **moderate -intensity** sports, fitness or recreational activities?	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 1 **Days/week** 8 **If "0" go to BEH 13**
BEH12b	How much time do you spend doing **moderate-intensity** sports, fitness or recreational activities on a typical day	moderateSportsMinutes ☐☐ **hours** ☐☐ **mins** ModerateSportsHrs

BEH13a	For how many hours do you usually sleep at night? NightSleepHrs		<6 hours ☐ 6 to <8 hours ☐ 8 hours ☐
BEH13b	**Do you usually have uninterrupted sleep during the night?** UninterruptedSleep		Yes ☐ No ☐
BEH13c	For how many hours do you usually sleep during the day? DaySleepHrs		I do not sleep during the day ☐ <1 hour ☐ ≥1 hour ☐

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)

BEH14a	I do not have time to do any additional physical activity each day	TimeBarrier	Yes ☐	No ☐
BEH14b	I have other more important prioities in my life such as my family	Family_priority_barrier	Yes ☐	No ☐
BEH14c	I already do enough other physical activity each day	Enough_already_barrier	Yes ☐	No ☐
BEH14d	I have a disability or injury which prevents me doing any more physical activity	DisabilityBarrier2	Yes ☐	No ☐
BEH14e	The weather and other factors in the environment prevent me being more physically active	EnvironmentBarrier2	Yes ☐	No ☐
BEH14f	Due to the roads and stray dogs it is not safe to be more physically active	SafetyBarrier2	Yes ☐	No ☐
BEH14g	People in my community and around me do not think is is acceptable to be more physically active	CommAttitudeBarrier2	Yes ☐	No ☐
BEH14h	I do not feel it is important to do exercise	NotimportantBarrier	Yes ☐	No ☐
BEH14j	I do not have the opportunity or possibility to be more physically active (lack space/ equipment/companionship)	NoOpportunityBarrier	Yes ☐	No ☐

Diet

DietDone — Yes ☐ No ☐

Diet1a	Do you prepare food for the household? Preparefood		Yes ☐ No ☐ ***If No go to Diet3a***
Diet2a	If yes, do you add salt to the meals during cooking/preparation? SaltCooking **Include all meals for the household (incl breakfast, lunch, dinner and snacks)**	Never ☐ Often ☐ Rarely ☐ Always ☐ Sometimes ☐ Refused ☐ **If "never" or "refused" go to DIET2c**	
Diet2b	AmountSaltCooking2 If yes, how much salt would you **add** in general to **each meal when cooking?**	<1 teaspoon ☐ 1 >1 teaspoon ☐ 2 >2 teaspoons ☐ 3 >3 teaspoons ☐ 4 >4 teaspoons ☐ 5 >5 teaspoons ☐ 6	>6 teaspoons ☐ 7 >7 teaspoons ☐ 8 >8 teaspoons ☐ 9 >9 teaspoons ☐ 10 >10 teaspoons ☐ 11 Don't know ☐ 12
Diet2c	Which of the following types of salt do you mainly use? SaltType2	Powder Salt ☐ 5 Unknown ☐ 4 About equal quantities of large and small crystal salt ☐ 3	Large crystal salt ☐ 1 Small crystal salt ☐ 2

Diet2d	Do you usually use iodised salt? SaltIodised	Yes ☐ 1 No ☐ 2 Unknown ☐ 3
Diet3a	Do you **add** salt to your food/drinks at the table **before eating/ drinking** SaltAddEatFreq **Include all meals for the household (incl breakfast, lunch, dinner and snacks)** **If "never" or "refused" go to DIET4**	Never ☐ 1 Rarely ☐ 2 Sometimes ☐ 3 often ☐ 4 Always ☐ 5 Refused ☐ 8 Don't Know ☐ 9
Diet3b	Each day how many teaspoons of salt altogether do you **add to your food or drink when you eat or drink?** SaltAddEatSpoon **Include all meals for the household (incl breakfast, lunch, dinner and snacks)**	☐☐.☐☐ **Teaspoons**
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 **If "0" go to Diet6a**	0 ☐ 1 1 ☐ 2 2 ☐ 3 3 ☐ 4 4 ☐ 5 5 ☐ 6 6 ☐ 7 7 ☐ 8 **Days/week**
Diet5b	How much fruit do you usually eat on one of those days? **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**	ServFruit ☐☐.☐ **Servings/day**
Diet6a	In a typical week, on how many days do you eat vegetables? **Tubers such as potato and cassava should not be included.** **By vegetables I mean green leafy vegetables such as spinach, as well as other vegetables such as tomatoes, onion, potato, carrots, pumpkin, okra, corn, cabbage, fresh beans, green beans, and so forth.** VegFreq **If "0" , go to Diet 7a**	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ **Days/week**
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 a non-vegetable meal as well, for example a chicken curry which includes onion and tomato as well.** VegServ **1 serving size vegetable = 1 cup raw vegetables OR** **½ cup cooked vegetables OR** **½ cup vegetable juice**	☐☐.☐☐ **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 specify if other other_oilSpec	Vegetable Oil ☐ 6 Lard/Suet ☐ 7 Butter or Ghee ☐ 2 Margarine ☐ 8 Coconut oil ☐ 1 Palm oil ☐ 3 Other (peanut, mustard, sunflower) ☐ 5 None in particular ☐ 10 None used ☐ 11 Don't know ☐ 99 Dalda ☐ 3

Diet9	On a typical day, how many of the listed sweet items do you eat/drink per week?		Number per week
Diet9a	Non-carbonated drink (tea coffee, sweet lassi)	Noncarb_number	☐☐
Diet9b	Carbonated drinks (soft drink pepsi, coke 7- up sprite, Fanta)	carb_number	☐☐
Diet9c	Cakes pastries, sweet puff	Cakepastries_number	☐☐
Diet9d	Biscuits	bisc_number	☐☐
Diet9e	Mithai	mithai_number	☐☐
Diet9f	Sweet parotta	sweetparotta_number	☐☐
Diet9g	Other (specify)	otherfooddrinkitem1	☐☐
Diet9h	Other (specify)	otherfooddrinkitem2	☐☐

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

Diet10a	Eggs	eggsfreq	1 0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐ 8
Diet10b	Chicken	chickenfreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10c	Fish (including dried fish)	fishfreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10d	Other seafood (including crabs, prawns other shellfish)	otherseafoodfreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10e	Mutton	muttonfreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10f	Beef	beeffreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10g	Pork	porkfreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10h	Rice (incl Idly, Dosa, Puttu, Appam, Idiyappam)	ricefreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10j	Pulses (incl Dahl, kidney beans, Bengal gram)	pulsesfreq	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Diet10k	Other cereals (eg.Chapathi, Puris, Roti, chick peas,green peas, horse gram, wheat puttu)	othercerealsfreq	1 0 ☐	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:

Diet 11a	Fruits are not very readily available fruitnotavailable	Yes ☐ 1	No ☐ 2	Unsure ☐ 9
Diet 11b	Vegetables are not very readily available vegnotavailable	Yes ☐	No ☐	Unsure ☐
Diet 11c	Fruits do not taste as good as foods high in sugar, high in fat or fried fruitnottastegood	Yes ☐	No ☐	Unsure ☐
Diet 11d	vegnottastegood Vegetables do not taste as good as foods high in sugar, high in fat or fried	Yes ☐	No ☐	Unsure ☐
Diet 11e	Vegetables take longer to prepare than fried foods veglongerprepare	Yes ☐	No ☐	Unsure ☐
Diet 11f	Fruit and vegetables are more expensive than other foods FVexpensive	Yes ☐	No ☐	Unsure ☐
Diet 11g	People in my household would not want me to make or eat food with lots of fruit and vegetables FVStoppedFamily	Yes ☐	No ☐	Unsure ☐
Diet 11h	Cooking is not my responsibility, so I cannot change the way it is prepared FVCookingNotResponsibility	Yes ☐	No ☐	Unsure ☐
Diet 11j	Adding salt to food **DURING** cooking makes it taste better FVsaltTasteBetter	Yes ☐	No ☐	Unsure ☐
Diet 11k	Adding salt to food **BEFORE** I eat it makes it taste better FVsaltBeforeEat	Yes ☐	No ☐	Unsure ☐
Diet 11l	Fried snacks are good to eat when I am hungry FVsnacksgoodhungry	Yes ☐	No ☐	Unsure ☐
Diet 11m	Sweet drinks (tea, carbonated, coffee) taste better than bottled water or low sugar drinks FVsweetdrinkscheap	Yes ☐	No ☐	Unsure ☐

Tobacco Use

TobaccoUseDone **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

Yes ☐ 1 Refused ☐ 8

No ☐ 2 Don't know ☐ 9

If 'No' or refused , go to SMK 7

SMK2 How old were you when you **first started smoking regularly?** FirstSmokeAge2 ☐☐ **years**

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

Yes ☐ 1 No ☐ 2 Refused ☐ 8

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	Manufactured cigarettes	☐☐ **number**
CurrentbidisNo	Bidis	☐☐ **number**
CurrentCherootNo	Cheroot	☐☐ **number**
CurrentCigarNo	Cigars	☐☐ **number**
CurrentOtherSmokNo	Others (specify type of product)	☐☐ **number**

CurrentOtherSmokType ☐☐☐☐

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

Yes ☐ 1 **No** ☐ 2 **Refused** ☐ 8

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

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

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

CurrentSnuffMouth	Snuff by mouth	times
CurrentSnuffNose	Snuff by nose	times
CurrentChewtobac	Chewing tobacco	times
CurrentBetel	Betel, quid	times
CurrentOtherSmokeless	Other (specify type)	times

CurrentOtherSmokelessType

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

SMK6 How **long ago** did you stop smoking?

Code 99 if don't remember

StopSmokYr — years
OR
StopSmokWk — weeks
OR
StopSmokDay — days

SMK7 Is there anyone else living at home with you who smokes

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

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

		1	2	3
SMK8a	Using tobacco helps me stay awake (TobaccoStayAwake)	Yes ☐	No ☐	Don't know ☐
SMK8b	Using tobacco stops me feeling hungry (TobaccoStopHunger)	Yes ☐	No ☐	Don't know ☐
SMK8c	All my friends use tobacco (smoke or smokeless) (TobaccoFriendsUse)	Yes ☐	No ☐	Don't know ☐
SMK8d	Using tobacco helps me feel calm when I am stressed (TobaccoCalmStress)	Yes ☐	No ☐	Don't know ☐
SMK8e	People who use tobacco are important members in my community (TobaccoImportantMembers)	Yes ☐	No ☐	Don't know ☐
SMK8f	Using tobacco is not harmful to my health (TobaccoNotHarmful)	Yes ☐	No ☐	Don't know ☐
SMK8g	I will benefit if I stop using tobacco products (StopTobaccoBenefits)	Yes ☐	No ☐	Don't know ☐
SMK8h	Stopping tobacco use is difficult (StopTobaccoDifficult)	Yes ☐	No ☐	Don't know ☐
SMK8i	I can stop using tobacco whenever I want (StopTobaccoWhenever)	Yes ☐	No ☐	Don't know ☐
SMK8j	I started using tobacco because my friends were using it (StartedTobaccoFriends)	Yes ☐	No ☐	Don't know ☐
SMK8k	I would need help to stop using tobacco products (StopTobaccoHealth)	Yes ☐	No ☐	Don't know ☐

Alcohol Use — Completed — AlcoholUseDone Yes ☐ No ☐

ALC1a Have you ever consumed a drink that contains alcohol such as Indian made foreign liquor/spirits, country liquor, home grown liquor — EverTakenAlcohol Yes ☐ 1 Refused ☐ 8 No ☐ 2 Don't know ☐ 9

If Yes continue, if other response go to QOL1

ALC1b Have you consumed alcohol in the **past 30 days**? — Alc30Days **Yes** ☐ 1 **No** ☐ 2 **Refused** ☐ 8

If no or refused, go to ALC5

ALC2 In the **past 30 days how frequently** have you had at **least one alcohol containing drink?** — AlcFreq30Days

(READ RESPONSES)

5 - 7 days each week ☐1
1 to 4 days each week ☐2
1 to 3 times in the past 30 days ☐3

ALC3 How long have you been drinking in this way? — DrinkWayYr / DrinkWayWk OR ☐☐ **years** / ☐☐ **weeks**

Code 99 if don't remember

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 ☐ 8
Don't know ☐ 9

If No, refused or don't know go to ALC 8 & ALC 9

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

Foreign liquor Rum/ Whisky/Spirit	ForeignLiquor	ml
Country liquor	CountryLiquor	ml
Homegrown liquor	HomeGrownLiquor	ml
Beer	Beer	ml
Wine	wine	ml
Other (specify)	AlcOther	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** ☐ 8 **Don't know** ☐ 9
ALC9	How old were you when you started drinking alcohol regularly AgeStartedDrinking	☐☐ **years**
ALC10a	Have you ever felt you should cut down on your drinking? CutDrinking	Yes ☐ 1 No ☐ 2 Refused ☐ 8
ALC10b	Have people annoyed you by criticizing your drinking? CriticizedDrinking	Yes ☐ 1 No ☐ 2 Refused ☐ 8
ALC10c	Have you ever felt bad or guilty about your drinking? BadGuiltyDrinking	Yes ☐ 1 No ☐ 2 Refused ☐ 8
ALC10d	Have you ever had an alcoholic drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? DrinkMorning	Yes ☐ 1 No ☐ 2 Refused ☐ 8
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
ALC11i	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	Excellent ☐ 1 Very Good ☐ 2 Good ☐ 3 Fair ☐ 4 Poor ☐ 5 Don't know/Unsure ☐ 6
QOL2	Which of these best describes your health? HealthStatus	Excellent ☐ 1 Very Good ☐ 2 Good ☐ 3 Fair ☐ 4 Poor ☐ 5 Don't know/Unsure ☐ 6
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	Yes ☐ No ☐ If No, go to QOL6a JobDifficulties
QOL5b	If yes has this been a problem for 12 months or more?	Yes ☐ No ☐ JobDifficulties12Months
QOL6a	On-going financial strain/stress or difficulties	Yes ☐ No ☐ If No, go to QOL7a FinancialStrain
QOL6b	If yes has this been a problem for 12 months or more?	Yes ☐ No ☐ Financialstrain12months
QOL7a	On-going difficulties in a relationship with someone close to you	Yes ☐ No ☐ If No, go to QOL8 DifficultRelationship
QOL7b	If yes has this been a problem for 12 months or more?	Yes ☐ No ☐ DifficultRelationship12Months
QOL8	If the participant has identified any problems above, ask... Would you say this problem has been.....	Not very stressful ☐ 1 Moderately stressful ☐ 2 Very stressful ☐ 3 StatusDifficultRelationship
QOL8b	Do any of the following cause stress in your life? CauseStress Cross all that apply	StressSocIsol Social isolation ☐ StressLacEduc Lack of education ☐ StressUnempl Unemployment ☐ StressFamProb Family problems ☐ StressMarriage Marriage/relationships ☐ NoneAboveStress None of the above ☐

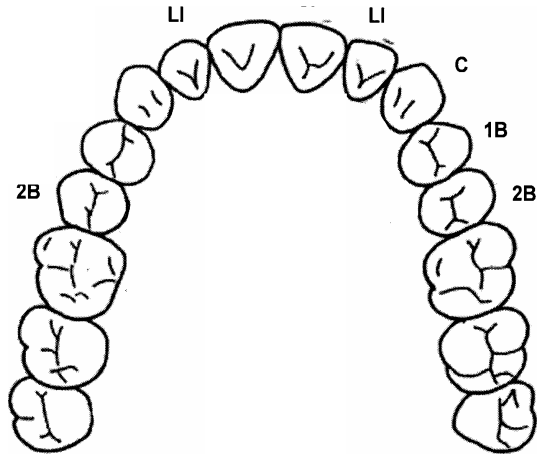
QOL9	**Think about the people you go to talk about a personal problem, how HELPFUL is each of the following people?**	1	2	3	4
QOL9a	Group of close friends GroupFriends	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL9b	Your Husband/wife HusbandWife	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL9c	Your father/mother FatherMother	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL9d	Your brothers/sisters BrotherSister	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL9e	YourRelatives Your relatives (including sons and daughters)	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL10	**When you need money and other things, how HELPFUL is each of the following people?**				
QOL10a	MoneyGroupFriends Group of close friends	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL10b	Your Husband/wife MoneyHusbandWife	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL10c	Your father/mother MoneyFatherMother	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL10d	Your brothers/sisters MoneyBrotherSister	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐
QOL10e	Your relatives (including sons and daughters) MoneyYourRelatives	Not at all ☐	Somewhat ☐	A great deal ☐	N/A ☐

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

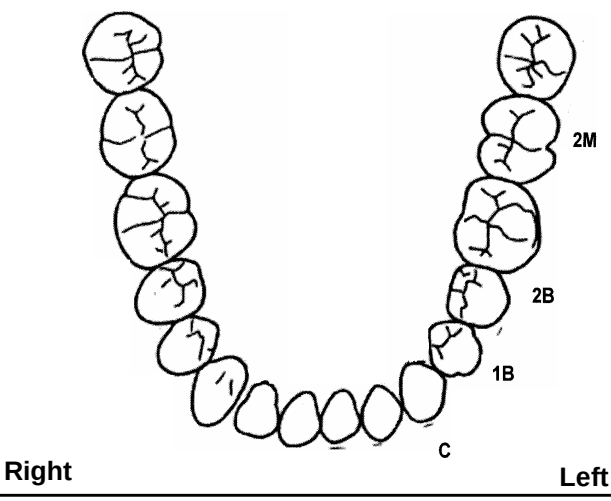
Yes ☐ No ☐

Now I am going to examine your teeth and ask few questions about them.
Please ask the participant to open her mouth, examine her teeth, and circle the missing ones in the following

UPPER



LOWER



Question for interviewer:
L1 **How many teeth are missing in his/her upper jaw?** LostteethUperInterv ☐☐ **teeth**

Question for interviewer:
L2 **How many teeth are missing in his/her lower jaw?** LostteethLowerInterv ☐☐ **teeth**

L3 **Have you ever lost any of your teeth?** EverLostTeeth Yes ☐ No ☐
If 'No', go L6

L4 **How many teeth have you lost because of an accident or injury?** LostTeethAccident ☐☐ **teeth**

L5 **How many teeth have you lost for other reasons (e.g. it fell out or was pulled out by a dentist, doctor, or someone else)?** LostTeethOther ☐☐ **teeth**

L6 **Do you have any pain in your teeth?** TeethPain Yes ☐ No ☐
If 'No', go to L8

L7 **If yes, have you been experiencing this pain for more than three months?** TeethPain_3Months Yes ☐ No ☐

Question for interviewer:
L8 **On examination of the teeth the interviewer has observed the following (more than one can be marked):**

		1	2	3	
a	**The gums show a pink knife edge next to the teeth**	Yes ☐	No ☐	No teeth ☐	PinkGum
b	**Detached gums close to the teeth**	Yes ☐	No ☐	No teeth ☐	DetatchedGum
c	**Detached gums more than 2mm away from the teet**	Yes ☐	No ☐	No teeth ☐	Detached2mm_gum
d	**Inflammation (red and swollen gums)**	Yes ☐	No ☐		Inflamation_gum
e	**Bleeding of gums**	Yes ☐	No ☐		Bleeding_Gum

Question for interviewer:
L9 **If either 'c' or 'd' is observed, is this observed in 6 or more teeth?** Morethan6teeth Yes ☐ No ☐
In participants with no teeth choose 'YES' option, if inflammation is in more than 1/4 of the gum (i.e. half or more of the lower jaw and/or half or more of the upper jaw).

L10 **If 'e' is observed, ask the participant:**
I have noticed some bleeding of your gums. How long has this bleeding been occurring? Bleeeding_Gum_time
Less than three month ☐ 1
More than three months ☐ 2
Don't know ☐ 3