

**Instructions:**

1. *Separate form should be filled in for each subject*
2. *Introduce yourself and explain the purpose of your interview*
3. *Verbal consent should be obtained from the respondent before the interview*
4. *Determine stroke free status by completing Section I prior to completing the rest of the form*

S.No.	Stroke Symptom Questionnaire	Code List	Code
1.1	Were you ever told by a physician that you had a stroke?	Yes.....1 No.....2 Don't Know....0	
1.2	Were you ever told by a physician that you had a mini stroke or transient ischemic attack?	Yes.....1 No.....2 Don't Know....0	
1.3 a)	Have you ever had a sudden painless weakness on one side of your body?	Yes.....1 No.....2 Don't Know....0	
1.3 b)	If Yes, which side	Rt.....1 Lt.....0	
	Duration		
1.4 a)	Have you ever had a sudden numbness or dead feeling on one side of your body?	Yes.....1 No.....2 Don't Know....0	
1.4 b)	If Yes, which side	Rt.....1 Lt.....0	
	Duration		
1.5 a)	Have you ever had a sudden painless loss of vision in one or both of your eyes?	Yes.....1 No.....2 Don't Know....0	
1.5 b)	If Yes, which side	Rt.....1 Lt.....0	
	Duration		
1.6	Have you ever suddenly lost the ability to understand what people are saying?	Yes.....1 No.....2 Don't Know....0	
1.7	Have you ever suddenly lost the ability to express yourself verbally or in writing?	Yes.....1 No.....2 Don't Know....0	

## Questionnaire Clinical and Lifestyle Determinants of Asymptomatic Intracranial Atherosclerotic Disease in Asymptomatic Adults Undergoing MRI at Two Tertiary Care Centres in Karachi

Patient's (optional): \_\_\_\_\_ name \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

MR #/ S.No: \_\_\_\_\_ Indication \_\_\_\_\_ for \_\_\_\_\_ the \_\_\_\_\_ test: \_\_\_\_\_

Patient's address: \_\_\_\_\_

City, \_\_\_\_\_ state, \_\_\_\_\_ postal code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Res: \_\_\_\_\_

Cell: \_\_\_\_\_ Off: \_\_\_\_\_

### Section I: Stroke Free Status Assessment

### Section II: Demographics and Socioeconomic Status

S.No.		
2.1	This questionnaire is being answered by	Self: _____ Other (specify): _____
2.2	Date of Enrolment:	_____ (dd)/ _____ (m)/ _____ (yy)
2.3	Date of birth	_____ (dd) _____ (m) _____ (yy)
2.4	Age (in yrs)	
2.5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
2.6	Are you a Pakistani national?	Yes...1, No.....0
2.7	Years of residence in Pakistan	
2.8	Ethnicity	Sindhi <input type="checkbox"/> Pathan <input type="checkbox"/> Punjabi <input type="checkbox"/> Balochi <input type="checkbox"/> Other (specify) _____
2.9	Education	Illiterate <input type="checkbox"/> Madrassa <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate and above <input type="checkbox"/>
2.10	Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
2.11	Socio-economic status:	
2.11 a)	Monthly family income	<5000 <input type="checkbox"/> 5000–10,000 <input type="checkbox"/> 10,000–20,000 <input type="checkbox"/> 20,000–30,000 <input type="checkbox"/> >30,000
2.11 b)	How many house-hold members are there in the house?	≤ 4 <input type="checkbox"/> 4–5 <input type="checkbox"/> 6–7 <input type="checkbox"/> 7–8 <input type="checkbox"/> > 8 <input type="checkbox"/>
2.11 c)	Occupation:	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Labourer/farmer <input type="checkbox"/> Daily wager <input type="checkbox"/> other (specify) _____
2.11 d)	Household Assets	Washing machine <input type="checkbox"/> Colour TV <input type="checkbox"/> Cable TV <input type="checkbox"/> LCD <input type="checkbox"/> Refrigerator <input type="checkbox"/> Tape recorder <input type="checkbox"/> Microwave <input type="checkbox"/> Freezer <input type="checkbox"/> CD Player <input type="checkbox"/> Sewing machine <input type="checkbox"/> Car <input type="checkbox"/> Personal Computer <input type="checkbox"/> Bicycle <input type="checkbox"/> Motor bike <input type="checkbox"/> Mobile phone <input type="checkbox"/> Cooking ware <input type="checkbox"/> Property <input type="checkbox"/> Air conditioner/split <input type="checkbox"/>
2.11 e)	Model of vehicle (s)	Old <input type="checkbox"/> New <input type="checkbox"/>
2.11 f)	Land ownership (if any)	0 = None <input type="checkbox"/> 1 = <1 acre <input type="checkbox"/> 2 = between 1 and 10 acres <input type="checkbox"/> 3 = >10 acres <input type="checkbox"/>

S.No.	Risk Factors	Code List	Code
3.1a)	Are you diabetic?	Yes...1, No.....2 Don't Know.....0	
3.1b)	If Yes, Duration of Diabetes?	Yes...1, No.....0	
3.1 c)	If Yes, Are you on any medications for diabetes? Compliant	Yes...1, No.....0 Yes...1, No.....0	
3.2	Are you hypertensive?	Yes.....1 No.....2 Don't Know.....0	
3.3	Have you ever had your blood pressure checked?	Yes...1, No.....0	
3.4	If Yes, What were the readings on the last visit? _____		
3.5	Are you on any blood pressure lowering medications?Compliance	Yes...1, No.....0 Yes...1, No.....0	
3.6	Do you have dyslipidemia/ raised cholesterol?	Yes.....1 No.....2 Don't Know.....0	
3.7	If yes, Are you on any medications for dyslipidemia? Compliance	Yes...1, No.....0 Yes...1, No.....0	
3.8	Have you ever had a heart attack?	Yes...1, No.....0	
3.9	Have you ever had any pain or discomfort in your chest?	Yes...1, No.....0	
3.10	Have you had CABG or angioplasty done in the past?	Yes...1, No.....0	
3.11	Have you ever had an irregular heart rhythm?	Yes...1, No.....0	
3.12	Have you ever had rheumatic fever?	Yes...1, No.....0	
3.13	Have you ever had valvular heart disease?	Yes...1, No.....0	
3.14	Have you ever had a valve replacement surgery?	Yes.....1 No.....2 Don't Know.....0	
3.15	Do you have a family history of ICAD or stroke?	Yes.....1 No.....2 Don't Know.....0	

### Section III: Risk Factor

#### Assessment:

### Section IV: Tobacco Use Assessment (WHO STEPS Questionnaire)

### Section V: Physical Activity

#### Assessment by the International Physical Activity Questionnaire (IPAQ):

READ: Now, think about all the *vigorous* activities which take *hard physical effort* that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, or floor mopping. Think only about those physical activities that you did for at least 10 minutes at a time.

S.No.	Tobacco use	Code List	Code
4.1	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?	Yes...1, No.....0 If <i>No</i> go to ques. 4.5	
4.2	Do you currently smoke tobacco products <b>daily</b> ?	Yes...1, No.....0	
4.3	How old were you when you <b>first started</b> smoking daily?	Age (years) _____	
4.4	<b>Which of</b> the following do you smoke each day?	Manufactured cigarettes - Pipes full of tobacco - Cheroots - Bhiri - others (specify)	
4.5	On average, <b>how many</b> of the following do you smoke each day?	- Manufactured cigarettes - Pipes full of tobacco - Cheroots - Bhiri - others (specify)	
4.6	In the past, did you ever smoke daily?	Yes...1, No.....0 If <i>No</i> go to ques.4.7	
4.7	How old were you when you stopped smoking daily?	Age (years) _____	
4.8	Do you <b>currently</b> use any <b>smokeless tobacco</b> such as (snuff, chewing tobacco)?	Yes...1, No.....0 If <i>No</i> go to ques. 4.10	
4.9	Do you <b>currently</b> use smokeless tobacco products <b>daily</b> ?	Yes...1, No.....0 If <i>No</i> go to ques. 4.10	
4.10	On average, how many times a day do you use?	Yes...1, No.....0	
4.11	In the <b>past</b> , did you ever use <b>smokeless tobacco</b> ?	Yes...1, No.....0	
4.12	During the past 7 days, on how many days did someone in your home smoke when you were present?	No. of days: _____ Don't know ??	
4.13	During the past 7 days, on how many days did someone smoke in your workplace (in the building, work area or specific office) when you were present?	No of days: _____ Don't know or don't work in a closed area ??	

S.No	Physical activity	Code List	Code
5.1	During the last 7 days, on how many days did you do vigorous physical activities?	_____ Days/week (0-7 = 1, 8-9 = 0) Don't Know/Not Sure 8 Refused 9	
<i>If the respondent answers zero, refuses or does not know go to ques. 5.3</i>			
5.2	How much time did you usually spend doing <b>vigorous</b> physical activities on one of those days?	_____ Hours/Day (0-5 = 0, 6-10 = 1, 11-15 = 2, >15 = 3) Don't Know/Not Sure 998 Refused 999	
Now think about activities which take <b>moderate physical effort</b> that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, washing clothes with hands or climbing stairs. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.			
5.3	During the <b>last 7 days</b> , on how many days did you do <b>moderate</b> physical activities?	_____ Days per week (0-7 = 1, 8-9 = 0) Don't Know/Not Sure 8 Refused 9	
<i>If the respondent answers zero, refuses or does not know go to ques. 5.5</i>			
5.4	How much time did you usually spend doing moderate physical activities on one of those days?	_____ Hours/Day (0-5 = 0, 6-10 = 1, 11-15 = 2, >15 = 3) Don't Know/Not Sure 998 Refused 999	
Now think about the time you spent <b>walking</b> in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.			
5.5	During the <b>last 7 days</b> , on how many days did you <b>walk</b> for at least 10 minutes at a time?	_____ Days/week (0-7 = 1, 8-9 = 0) Don't Know/Not Sure 8 Refused 9	
<i>If respondent answers zero, refuses or does not know, skip to Question 5.7</i>			
5.6	How much time did you usually spend <b>walking</b> on one of those days?	_____ Hours/Day (0-5 = 0, 6-10 = 1, 11-15 = 2, >15 = 3) Don't Know/Not Sure 998 Refused 999	
Now think about the time you spent <b>sitting</b> on week days during the last 7 days. Include time spent at work, at home, while doing course work, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television			
5.7	? (Include time spent lying down (awake) as well as sitting]	_____ Hours/Day (0-5 = 0, 6-10 = 1, 11-15 = 2, >15 = 3) Don't Know/Not Sure 998 Refused 999	

Staples	Medium Serving	How often?			
		No. of times per: D = Day, W = week, M = Month, N = Rarely/Never			
<b>BREADS</b>		D	W	M	N
Chappati/roti with fat*	1 chappati				
Chappati /roti without fat	1 chappati				
White bread	1 slice				
Wholemeal bread	1 slice				
Naan	1 naan				
Paratha	1 paratha				
Puri	1 puri				
Bajrarotla	1 rotla				
<b>CEREALS</b>		D	W	M	N
Low fiber/sugared cereals e.g. cornflakes	1 bowl				
High fiber cereals e.g. weatabix	1 bowl				
Dhuri (porridge) / Dariya	1 bowl				
Sweetbreads e.g. pancakes, muffins	1 sweetbread				
<b>DAIRY PRODUCTS</b>					
Butter/Makkhan/Margarine	1 tsp				
Whole Milk	1 glass				
Skimmed milk	1 glass				
Cream	1 tsp				
Cheese	1 slice/ cube				
Eggs (as white or whole )	1				
Lassi	1 glass				
Curd	½ cup				
<b>RICE</b>		D	W	M	N
Rice-white boiled only	1 serv				
Rice-white cooked with oil	1 serv				
Vegetable Pulao/Tehri	1 serv				
Meat Pulao/ Ukni	1 serv				
Meat Biryani	1 serv				
Khicheri (rice& lentils)	1 serv				
Dossa	1 serv				
Noodles(Chinese)	1 serv				

LENTILS, PULSES, DaaLS	Medium Serving	How often?			
		No. of times per: D = Day, W = week, M = Month, N = Rarely / Never			
		D	W	M	N
Masoor dhal (red lentil)	1 serv				
Channa dhal (split peas)	1 serv				
Mung dhal (green lentil)	1 serv				
Pakoray, other basenproducts	1 serv				

## Section VI: Dietary Assessment through Food Frequency Questionnaire (FFQ)

I am going to ask you what you normally eat. Please estimate the no. of times you have eaten the following foods on average in the last year.

### Section 1: Staples

### Section 2: Lentils, pulses, daals

### Section 3: Meat and Fish

## Section 4: Fruits & Salads

## Section 5: Confectionaries/Bakery Items

## Section VII: SRQ Scale for Anxiety and Depression

In the past four weeks:

## Section VIII: GENERAL PHYSICAL EXAMINATION

Tables

MEAT AND FISH	Medium Serving	How often? No. of times per:			
		D	W	M	N
<b>SNACKS</b>					
Burger / McDonalds	1 burger				
(Kentucky) Fried Chicken	1 serv				
Kebab	1 kebab				
Meat Samosa	1 samosa				
Lasagne	1 serv				
Pizza	1 piece				
<b>ROAST/ GRILLED / BBQ</b>					
Chicken/ Tikka	1 serv				
Lamb / Chops	1 serv				
Beaf/ Steak	1 serv				
<b>CURRIES</b>					
Chicken & potato or other veg	1 serv				
Chicken alone/Karai/Bhunna	1 serv				
Meat & potato/Aloo Ghost	1 serv				
Meat alone-lamb,mutton, beaf,chops/Karai/Bhunna	1 serv				
Ghost palak/meat & other veg	1 serv				
Kofta	1 serv				
Keema	1 serv				
AlooKeema	1 serv				
Keemamatar	1 serv				
<b>FISH DISHES</b>					
Masala fried fish	1 serv				
Fried fish with batter, as in fish and chips	1 serv				
Fish fingers	1 serv				
Other white fish—fresh or frozen	1 serv				
Shell fish, e.g., crab, prawns	1 serv				

		D	W	M	N
Fresh fruit/s	Y / N				
<b>If yes, What kind of fruit? How much?</b>	<b>Medium serving</b>	<b>D</b>	<b>W</b>	<b>M</b>	<b>N</b>
<i>Write 1 if you ate one apple, h/2 if you ate a half</i>					
Apple	_____ piece				
Banana	_____ piece				
Orange	_____ piece				
Melon	_____ slice				
Fruit salad	_____ serv				
Other fruit ( specify)	_____ piece/portion				
Fruit Juices	_____ glass				
Vegetable/Green salad	_____ serv				
Coleslaw	_____ serv				

	Medium serving	D	W	M	N
Regular biscuits					
Low sugar biscuits					
Cake/Brownie/Pastry/Doughnuts	1 slice				
Chocolates	1 bar				
Ice-cream	1 cup				
Crisps/Chips	1 serv				
French fries	1 serv				

S.No.	SRQ Scale	Code List	Code
7.1	Do you often have headaches?	Yes...1, No.....0	
7.2	Is your appetite poor?	Yes...1, No.....0	
7.3	Do you sleep badly?	Yes...1, No.....0	
7.4	Are you easily frightened?	Yes...1, No.....0	
7.5	Do your hands shake?	Yes...1, No.....0	
7.6	Do you feel nervous, tense or worried?	Yes...1, No.....0	
7.7.8	Is your digestion poor?Do you have trouble thinking clearly?	Yes...1, No.....0	
7.9	Do you feel unhappy?	Yes...1, No.....0	
7.10	Do you cry more than usual?	Yes...1, No.....0	
7.11	Do you find it difficult to enjoy your daily activities?	Yes...1, No.....0	
7.12	Do you find it difficult to make decisions?	Yes...1, No.....0	
7.13	Is your daily work suffering?	Yes...1, No.....0	
7.14	Are you unable to play a useful part in life?	Yes...1, No.....0	
7.15	Have you lost interest in things?	Yes...1, No.....0	
7.16	Do you feel that you are a worthless person?	Yes...1, No.....0	
7.17	Has the thought of ending your life been on your mind?	Yes...1, No.....0	
7.18	Do you feel tired all the time?	Yes...1, No.....0	
7.19	Do you have uncomfortable feelings in your stomach?	Yes...1, No.....0	
7.20	Are you easily tired?	Yes...1, No.....0	

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Weight (kg):  
Height (cm)  
Waist (cm)  
BMI

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