STOP CKDu AP

Population Survey and follow up

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

Survey Information

Location and Date	Response
Household ID	⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋
Participant ID	⌊_⌊_⌊_⌊_⌊_⌊_⌋
Interviewer ID	⌊_⌊_⌊_⌋
Aadhaar Number	
Date of completion of the instrument	⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋ dd mm year

Consent, Interview Language and Name	Response
Consent has been read and obtained	Yes 1 No 2 **If NO, END**
Time of interview (24 hour clock)	⌊_⌊_⌋ : ⌊_⌊_⌋ hrs mins

SECTION 1: SOCIO DEMOGRAPHIC DATA

1.1	Patient's name	_____ First Name	_____ Middle Name	_____ Last Name
1.2	Patient's home address (refer aadhar card or voter ID) GPS Coordinates	Altitude ⌊_⌊_⌊_⌊_⌋ Latitude ⌊_⌊_⌊_⌊_⌋		
1.3	Birth date (patient's) Write age in years if birth date not available	_____ Day _____ Month _____ Year Age in completed years: _____		
	Questions	**Coding categories**		**Responses**
1.4	Sex	Male 1 Female 2 Transgender 3		☐
1.5	Education (highest attained degree) #*Involved in decision making, laying down policies and*	Professional degree#/post graduate Graduate (B.A/B.Sc/B.Com/Diploma)	1 2	☐☐

	executing them-Doctors,senior administrative officers, senior lecturers, readers, professors, principals of colleges, advocates, engineers, bank manager ** A person who can both read and write with understanding in any language without any formal education or passed any minimum educational standard.* *** A person, who can neither read nor write or can only read but cannot write in any language.*	Secondary School / Intermediary (ITI course, class XII/X or Intermediate) High school (class V to IX) Primary School (upto Class IV) *Literate, no formal education **Illiterate Others	3 4 5 6 7 8 9	Other, specify _____
1.6	Occupation	Professional, big business, landlord, university teacher, class 1 IAS/services officer, lawyer	1	
		Trained, clerical, medium business owner, middle level farmer, teacher, maintenance (in charge), personnel manager	2	
		Skilled manual labourer, small business owner, small farmer, army jawan	3	
		Semi-skilled manual labourer, marginal landowner, rickshaw driver, carpenter, fitter	4	
		Unskilled manual labourer, landless labourer	5	
		Student	6	**Other, specify**
		Housewife	7	
		Retired	8	_____
		Unemployed	9	
		Other	10	
1.7	Income	<3000 3000-10,000 10,001-20,000 20,001-30,000 30,001-40,000 40,001-50,000 >50,000 Refused Don't know	1 2 3 4 5 6 7 8 9	**Income in INR/ month**

Step 2 Behavioural Measurements			
Tobacco, Alcohol usage			
Now I am going to ask you some questions about tobacco use.			
	Question	**Response**	
2.1	Have you ever consumed tobacco in any form (smoking, chewing, snuff, etc.)?	Yes	1
		No	2 If No, go to 2.4
2.2	In what forms have you consumed tobacco? ***[Yes=1; No=2]***	a. In a smoking form b. In a chewed form c. In any other form (snuff, toothpaste, etc.)	☐☐☐
2.4	Have you consumed any alcohol within the past 30 days?	Yes	1
		No	2 If No, go to 2.6
2.5	How often do you consume alcoholic beverages? *Occasionally means less than once a week	Consuming alcohol regularly Consuming alcohol occasionally* Used alcohol in the past (stopped more than months ago) Recently stopped alcohol (less than 6 months ago)	1 2 **3** **4**

Physical activty			
	Vigorous physical activities		
2.6	During the **last 7 days**, did you do **vigorous** physical activities like heavy lifting, digging, running, boat rowing, or fast bicycling **(Yes=1 ; No=2).**	Yes No	☐ If No skip if Q.No: 2.9
2.7	No. of days involvement in vigorous-intensity activities in a week		☐
2.8	How much time did you usually spend doing vigorous physical activities on one of those days?	Hr ☐☐ Min	☐☐
	Moderate physical activities		
2.9	During the **last 7 days**, did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or volley ball, kabbadi?	Yes No	☐ If No skip if Q.No: 2.12

	Do not include walking. **(Yes=1; No=2).**	
2.10	No. of days involvement in moderate-intensity activities in a week	Days ☐
2.11	How much time did you usually spend doing moderate physical activities on one of those days?	Hr ☐☐ Min ☐☐
	Mild physical activity or walking	
2.12	During the **last 7 days**, did you do **mild** physical or walking. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. **(Yes=1 ; No=2).**	Yes ☐ No If No skip if Q.No: 2.14
2.13	No. of days involvement in mild physical activities in a week	Days ☐
2.14	How much time did you usually spend doing mild physical activities on one of those days?	Hr ☐☐ Min ☐☐

Section 3: Food frequency questionnaire (The WHO STEPwise approach to non-communicable disease risk factor surveillance (STEPS)

3.1	In a typical week, on how many days do you eat fruit?	**No of Days** ☐ **If zero, skip to Q.no: 3.3**
3.2	How many servings of fruit do you eat on one of those days?	**Number of servings** ☐
3.3	In a typical week, on how many days do you eat vegetables?	**Days** ☐ **If zero, skip to Q.no:3.5**
3.4	How many servings of vegetables do you eat on one of those days?	**Number of servings** ☐
3.5	In a typical week, how often do you add salt to your food right before you eat it or as you are eating it?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never **6.** Don't known ☐
3.6	In a typical week, how often is salt, added in cooking or preparing foods in your household?	1. Always 2. Often 3. Sometimes ☐

		4. Rarely 5. Never 6. Don't known
3.7	In a typical week, how often do you eat **processed food high in salt**? Eg: such as packaged salty snacks, canned salty food including pickles and preserves, dry fishes, Papadis.	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never 6. Don't known

Section 4: Family History

4.1	Has anyone in your family suffered from any of the following diseases, **before the age of 60 years**? ***[Yes=1; No=2; Don't know= 9]***	a) High Blood Sugar b) High blood pressure c) Heart disease* d) Chronic Kidney Diseases e) Musculo skeletal f) Caner	A B C D E F

Fill in the table below: **For Kidney diseases.** The following questions are related to your grandparents, your parents and your siblings. They all would be named as first-degree relatives in the following questions.

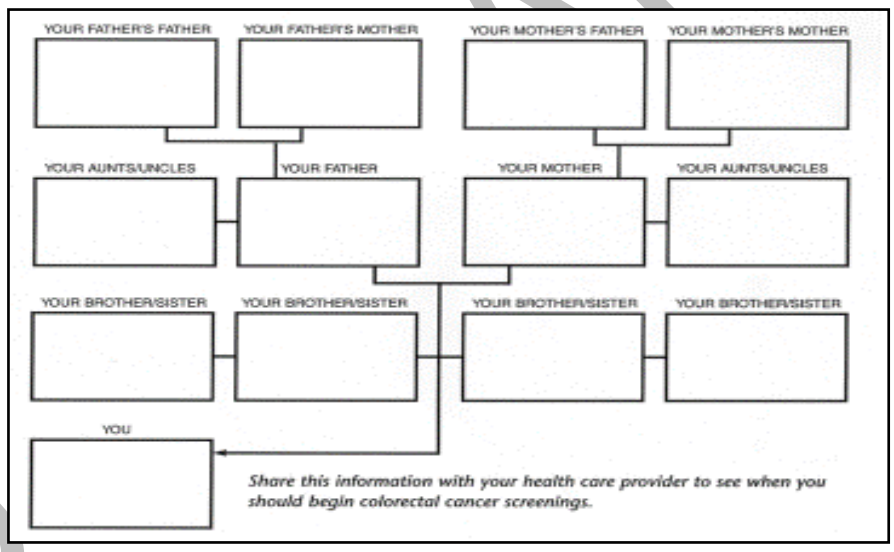
Relationship to the family member	**Yes=1, No=2**	**Age at diagnosis (in years) Don't Know button=999**	**If dead, age at which the family member died**
(1)	**(2)**	**(3)**	**(4)**
a) Father			
b) Mother			
c) Son			
d) Daughter			
e) Brother			
f) Sister			
For others, please write the relationship to the participant and provide the required details below			
g)			
h)			

Section 5: Cultural Habits

5.1	Do marriages take place with someone from within the village?	1. Yes 2. No 3. Sometimes	☐
5.2	Is gotra a consideration while fixing up marriages?	1. Yes 2. No 3. Sometimes	☐
5.3	Do marriages take place within the same family?	1. Yes 2. No 3. Sometimes	☐

Schema for understanding the family history of an individual

Family History: Affected box needs to be shaded ■



Section 6: Knowledge Attitude and Practice assessment [Comprehensive Kidney Disease Assessment for risk factors, epidemiology, Knowledge, and Attitudes (CKD AFRiKA) Study]

Knowledge of Kidney Disease: (answer yes, no, do not know, or unsure)				
6.1	Do you think high blood pressure can cause kidney disease?	Yes No Do not known Unsure	1 2 3 4	☐
6.2	Do you think that high blood sugar (diabetes mellitus) can cause kidney disease?	Yes No Do not known Unsure	1 2 3 4	☐
6.3	Do you think that drinking alcohol and or smoking or chewing tobacco can cause kidney disease?	Yes No Do not known	1 2 3	☐

		Unsure	4	
6.4	Can a person can tell if he/she has kidney disease just by the colour, quality, or smell of his/her urine.	Yes No Do not known Unsure	1 2 3 4	☐
6.5	Do you think that kidney disease can only be diagnosed by a test at the hospital?	Yes No Do not known Unsure	1 2 3 4	☐
6.6	Do you think that kidney disease can be prevented if you follow the advice of a Medical Doctor?	Yes No Do not known Unsure	1 2 3 4	☐
6.7	Do you think using high amount painkillers can damage kidney?	Yes No Do not known Unsure	1 2 3 4	☐
6.8	The kidneys filter waste products from the blood?	Yes No Do not known Unsure	1 2 3 4	☐
6.9	Dialysis is a form of treatment for kidney disease.	Yes No Do not known Unsure	1 2 3 4	☐
6.10	Antibiotics are a form of treatment for kidney disease?	Yes No Do not known Unsure	1 2 3 4	☐
Attitudes about Kidney Disease: (answer yes or no)				
6.11	Have you thought that you may have kidney problems? ***[Yes=1; No=2]***			☐
6.12	Will you go to rural medical practitioner for kidney problem and follow up ***[Yes=1; No=2]***			☐
6.13	If you found out that you have kidney problems, would you be worried about your future? ***[Yes=1; No=2]***			☐
6.14	Would you be worried about your reputation in the community if you found out that you have kidney disease? ***[Yes=1; No=2]***			☐
6.15	Would you be worried about your ability to work if you found out that you have kidney problems? ***[Yes=1; No=2]***			☐
6.16	Would you be worried about your chances of survival if you found out that you have kidney problems? ***[Yes=1; No=2]***			☐
6.17	Do you think that kidney disease is a problem in Uddanam area? ***[Yes=1; No=2]***			☐

6.18	Do you think that the cost of kidney disease would be a problem for you? ***[Yes=1; No=2]***		☐
Practices of Kidney Disease: (answer very unlikely, unlikely, likely, or very likely)			
If you found out that you have kidney problems…			
6.19	How likely would you be to seek care from a traditional healer/ RMP?	very unlikely unlikely likely very likely	1 2 3 4 ☐
6.20	How likely would you be to seek self-treatment at home?	very unlikely unlikely likely very likely	1 2 3 4
6.21	How likely would you be to seek care at a hospital or health clinic?	very unlikely unlikely likely very likely	1 2 3 4 ☐
6.22	Would you be willing to be contacted by Govt. health worker regarding care of your kidneys?	very unlikely unlikely likely very likely	1 2 3 4 ☐
6.23	Would you be willing to be contacted by non-registered medical practitioner regarding care of your kidneys?	very unlikely unlikely likely very likely	1 2 3 4 ☐
Herbal or natural medications are commonly used to treat health problems. Herbal or natural medications may include herbs, teas, foods, creams, lotions, potions, and soups that are used to treat health problems.			
6.24	How likely would you be to use herbal or natural medications if you found out that you have kidney disease?	very unlikely unlikely likely very likely	1 2 3 4 ☐
6.25	How likely would you be willing to see a Medical Doctor if you found out that you have kidney problems?	very unlikely unlikely likely very likely	1 2 3 4

Section 7: Nature of work

7.1	If you are working what do you perform? In addition, specifically ask if	1. Land/farm owner (do not work) 2. Agricultural worker 3. Cashew harvesting 4. Cashew processing worker 5. Coconut harvesting	☐ Others please specify:

		6. Coconut processing worker 7. Fishing 8. Construction worker 9. Household work 10. Teaching 11. Office work 12. Others 13. Not working/ retired	If Q.7.1 is 10, skip to Q: 7.5
7.2	How long have you been working in the current occupation?	☐☐ MM ☐☐ Years	
7.3	How many months in a year do you work?	☐☐ MM	
7.4	How many hours do you work daily? Please record start time / end time	Start time: End time:	
7.5	Have you undertaken migrant work in the last 12 months? (travelled out of your district for work) ***[Yes=1; No=2]***	Yes No ☐ If No skip if Q.No: 8.1	
7.6	How many months of the year are involved in migrant work?	MM ☐☐ ☐☐ Years	
7.7	Describe what kind of work you undertook as a migrant worker.	Please specify:	

Section 8: Intake of medication

8.1	During the last 12 months, have you taken regular prescribed medications? **(Yes=1, No=2)**	Yes No	☐
8.2	Have you taken pain killer medicines within the past 30 days? (i.e. Combiflam, naproxen, ibuprofen, voveran)? **(Yes=1, No=2)**	Yes No	☐
8.3	During the last 30 days, have you taken Furosemide (Lasix)? **(Yes=1, No=2)**	Yes No	☐
8.4	During the last 12 months, have you received antibiotics for injection more than a week?	Yes No	☐
8.5	During the last 12 months, have or do you take herbal or traditional remedies? **(Yes=1, No=2)**	Yes No	☐

Section 9: Usage of Fertilizers

(Reducing the use of hazardous chemicals in developing countries: potential of implementing safer chemicals including non-chemical alternatives - tools for Georgia and the EECCA region)

9.1	Do you do farming or work in farm fields **(Yes=1, No=2)**	Yes No	☐
9.2	Do you handle pesticides /biocides in farm	Yes No	☐ If No skip to Q: 10.1
9.3	What type of fertilizer do you handle most?	1. Organic 2. Chemical or synthetic 3. Both	☐
9.4	For how many years have you been handling this fertilizers	1. Less than one year 2. One to five years 3. Moret than five years	☐
9.5	Tick the following inorganic fertilizers applying for your crop. (Multiple tick possible) **(Yes=1 No=2)**	1. Straight Nitrogen Fertilizers (Urea, Ammonium sulphate, Ammonium chloride, Calcium ammonium nitrate, etc.,) 2. Straight Phosphorous Fertilizers (Single super phosphate, double super phosphate, triple super phosphate, etc.,) 3. Straight Potash Fertilizers (Muriate of potash, potassium sulphate, etc) 4. N.P. Complex Fertilizers (DAP – 18:46:0) 5. N.P.K. Complex fertilizers 6. Mixture (19:9:9, 20:10:10, etc.)	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
9.6	If there is pesticide left over, where is it disposed? **(Yes=1 No=2)**	1. Yard/farm 2. Cannals 3. Soild waste disposal 4. Others, specify	1 ☐ 2 ☐ Specify 3 ☐ 4 ☐
9.7	Where is the equipment washed **(Yes=1 No=2)**	1. Outside yard/farm 2. Wells at houses 3. Bathrooms 4. Near by lake or river 5. Others, specify	1 ☐ 2 ☐ Specify: 3 ☐ 4 ☐ 5 ☐

9.8	Do you wear protective clothing when applying pesticides? **(Yes=1, No=2)**	Yes No	☐ If No skip to Qno: 9.10
9.9	If yes for above question, check one or more of the following	1. Gloves 2. Eye glasses 3. Face masks 4. Respiratory/nose masks 5. Boots/shoes 6. Long sleeves pants 7. Long sleeves shirts 8. Others, specify	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐
9.10	Are there washing facilities (for your hands and body) where you apply the pesticides?	Yes No	☐

Section 10: Exposure to heat stress at workplace

10.1	During the last 12 months, your current work was carried out mostly at?	1. Indoors 2. Mostly indoors 3. Outdoors 4. Mostly outdoors 5. Not working or bed ridden	☐ If Q10.1 is 5, Skip to Q. no 11.1
10.2	During the last 12 months, how often did you experience high temperatures that made you uncomfortable at work?	1. Often 2. Sometimes 3. Rarely 4. Never	☐
10.3	During the last 12 months, was there shade available during breaks in your workplace? **(Yes=1; No=2)**	Yes No	☐

Section 11: Drinking water source and consumption (The water balance questionnaire)

Fluid Consumption
Mark the quantity of water you consumed per day during the last month

11.1	What is the source for your water consumption and cooking? Any other, please specify **(Yes=1; No=2)**	1. Bore Well/ Tube Well 2. Village pond 3. Well 4. Piped water supply Govt. 5. Municipality water supply-tankers 6. RO water Govt supply 7. RO water private supply 8. Others	**1** ☐ **2** ☐ **3** ☐ **4** ☐ **Specify:** **5** ☐ **6** ☐ **7** ☐ **8** ☐
11.2	Do you use glass to drink water? **(Yes=1; No=2)**	Yes No	If No skip to Q 11.4 ☐
11.3	If yes, mark how many glasses of water you consumed per day	1. One glass 2. Two to four 3. Five to seven 4. More than seven	☐
11.4	Do you use bottle to drink water? **(Yes=1; No=2)**	Yes No	If No skip to Q 11.6 ☐
11.5	If yes, mark how many bottles of litres you consumed per day	1. One litres 2. Two to three litres 3. Three to Four litres 4. More than Four litres	☐
11.6	The expulsion of urine from your body/day corresponds to:	1. 1t/day 2. 2 to 4 t/day 3. 5 to 7 t/day 4. 8 to 10t/day 5. More than 10 t/day	☐

Mark HOW OFTEN you consumed the following fluids during the last month (Please tick mark)

	Items	Never/Rare	1-2t/week	3-6 t/ week	1-2 t/day	3-4 t/day	>5 t/day
11.7a	Coconut water (1 glass /300ml)						
11.7b	Drinks (soda, cool drinks eg: 1glass /300ml,500ml bottel)						
11.7c	Coffee (one cup)						
11.7d	Tea or herbal tea (one cup)						

11.7e	Alcoholic drinks (wine, beer, whisky, vodka) one glass						
	Trends in fluid consumption						
11.8	Do you usually carry water with you when you are out of home: **(Yes=1; No=2)**			Yes No	☐		

Section 12: QUALITY OF LIFE (EQ-5D) © 1990 EuroQol Group. EQ-5D™ is a trademark of the EuroQol Group.			
By writing a code from the options in the box, please indicate which statements best describe your own state of **health today.**			
12.1	Mobility	I have no problems in walking about 1 I have some problems in walking about 2 I am confined to bed 3	☐
12.2	Self-Care	I have no problems with self-care 1 I have some problems washing or dressing myself 2 I am unable to wash or dress myself 3	☐
12.3	Usual Activities *(e.g. work, study, housework, family or leisure activities)*	I have no problems with performing my usual activities 1 I have some problems with performing my usual activities 2 I am unable to perform my usual activities 3	☐
12.4	Pain/ Discomfort	I have no pain or discomfort 1 I have moderate pain or discomfort 2 I have extreme pain or discomfort 3	☐
12.5	Anxiety/ Depression	I am not anxious or depressed 1 I am moderately anxious or depressed 2 I am extremely anxious or depressed 3	☐

SECTION 13 : PHQ-12 (Modified from the PHQ-9 by CURES study, and validated in an Indian population)						
In the **last two weeks**, have you been bothered by any of the following problems?						
13.1	Feeling sad, blue or depressed.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐

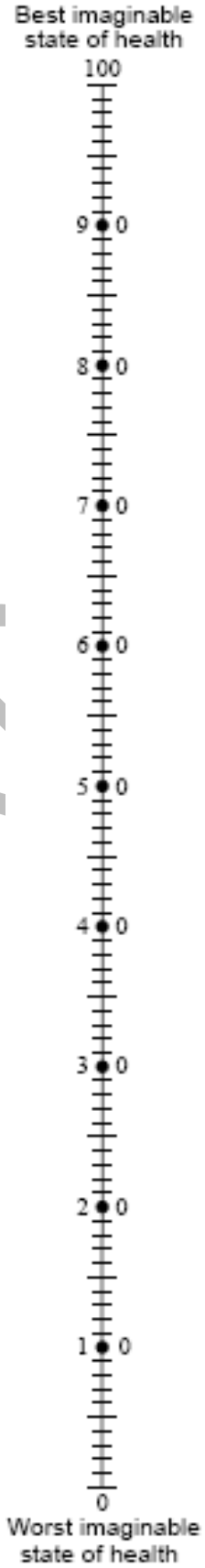
13.2	Loss of interest or pleasure in most things.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.3	Feeling tired or low on energy most of the time.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.4	Loss of appetite or weight loss.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.5	Overeating or weight gain.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.6	Trouble falling asleep or staying asleep.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.7	Sleeping too much.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.8	More trouble than usual concentrating on things.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐

13.9	Feeling down on your-self no good, or worthless.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.10	Being fidgety or restless that you move around more than usual.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.11	Moved or spoke so slowly that other people could have noticed.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐
13.12	Thought about death more than usual, either your own, or someone else's, or death in general.	Yes 1 No 2	☐	If yes, how often?	Several days 1 More than half the days 2 Nearly every day 3	☐

To help people say how good or bad their state of health is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

I would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your state of health is today.

Your own state of health today



Section 14: Morbidity History

14.1	Have you ever been told by a doctor that you have any of the following diseases? ***[Yes =1; No =2; Don't know=9]***	a) Hypertension (High blood pressure) b) Diabetes (High Blood Sugar) c) Heart disease d) Urinary Tract Infection e) Kidney Stones f) Chronic Kidney Disease g) Musculoskeletal Diseases h) Any other :	☐ ☐ ☐ ☐
14.2	During the last 12 months, have you been medically diagnosed with urinary tract infection?	Yes No	

Disease specific Questions (Hypertension) only if 14.1 Q , hypertension is yes

14.3	Since how long have you had high blood pressure? Please state duration in years and months			☐☐ Yrs ☐☐ mn
14.4	Where do you obtain your medication?	Pharmacy in government hospital Pharmacy in private hospital Local pharmacy in market Other, specify	01 02 03 98	☐ Other, specify: _____
14.5	What treatment are you taking for it currently? ***[Yes=1; No=2]*** ****Traditional medicine / therapy include Yoga, Ayurveda, Unani, Homeopathy, Tibetan, Naturopathy, Meditation***	a) Prescribed dietary modifications b) Prescribed physical exercise c) Traditional medicine / therapy* d) Allopathic drugs (English / modern) e) None		☐ ☐ ☐ ☐ ☐

Measure of Medication Taking Behaviors (MMS-4)

14.6	Do you ever forget to take your hypertension medication?	Yes 1 No 2	☐
14.7	Do you ever have problems remembering to take your hypertension medication?	Yes 1 No 2	☐
14.8	When you feel better, do you sometimes stop taking your hypertension medication?	Yes 1 No 2	☐
14.9	Sometimes if you feel worse when you take your hypertension medication, do you stop taking it?	Yes 1 No 2	☐

Disease specific Questions (Kidney disease) only if 14.1 Q , Kidney disease question is yes

14.10	Since how long have you had kidney disease? Please state duration in years and months		☐☐ Yrs ☐☐ mn
14.11	What treatment are you taking for it currently? ***[Yes=1; No=2]*** ****Traditional medicine / therapy include Yoga, Ayurveda, Unani, Homeopathy, Tibetan, Naturopathy, Meditation***	a) Prescribed dietary modifications b) Prescribed physical exercise c) Traditional medicine / therapy* d) Allopathic drugs (English / modern) e) On Dialysis f) None	☐ ☐ ☐ ☐ ☐
14.12	Where do you obtain your medication?	Pharmacy in government 01 hospital 02 Pharmacy in private hospital 03 Local pharmacy in market 98 Other, specify	☐ Other, specify: _____

Measure of Medication Taking Behaviours (MMS-4)

14.13	Do you ever forget to take your kidney medication?	Yes 1 No 2	☐
14.14	Do you ever have problems remembering to take your kidney medication?	Yes 1 No 2	☐
14.15	When you feel better, do you sometimes stop taking your kidney medication?	Yes 1 No 2	☐
14.16	Sometimes if you feel worse when you take your kidney medication, do you stop taking it	Yes 1 No 2	☐

Disease specific Questions (Diabetes disease) only if 14.1 Q , diabetes disease question is yes				
14.17	Since how long have you had high blood pressure? Please state duration in years and months			☐☐ Yrs ☐☐ mn
14.18	Where do you obtain your medication?	Pharmacy in government hospital Pharmacy in private hospital Local pharmacy in market Other, specify	01 02 03 98	☐ Other, specify: _____
14.19	What treatment are you taking for it currently? ***[Yes=1; No=2]*** ****Traditional medicine / therapy include Yoga, Ayurveda, Unani, Homeopathy, Tibetan, Naturopathy, Meditation***	f) Prescribed dietary modifications g) Prescribed physical exercise h) Traditional medicine / therapy* i) Allopathic drugs (English / modern) j) None		☐ ☐ ☐ ☐ ☐

Physical measurements

Blood Pressure		
Question	Response	
Interviewer ID		⌊__⌋⌊__⌋⌊__⌋
Device ID for blood pressure		⌊__⌋⌊__⌋⌊__⌋
Cuff size used	Small	1
	Medium	2
	Large	3
Reading 1	Systolic (mmHg)	⌊__⌋⌊__⌋⌊__⌋
	Diastolic (mmHg)	⌊__⌋⌊__⌋⌊__⌋
Reading 2	Systolic (mmHg)	⌊__⌋⌊__⌋⌊__⌋
	Diastolic (mmHg)	⌊__⌋⌊__⌋⌊__⌋
Reading 3	Systolic (mmHg)	⌊__⌋⌊__⌋⌊__⌋
	Diastolic (mmHg)	⌊__⌋⌊__⌋⌊__⌋
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes	1
	No	2
Height, Weight		
Height	in Centimetres (cm)	⌊__⌋⌊__⌋⌊__⌋
Weight *If too large for scale 666.6*	in Kilograms (kg)	⌊__⌋⌊__⌋⌊__⌋

Lab measurements

Question	Response	
Blood sampling Investigator ID		⌊_⌊_⌊_⌋
Time of day blood specimen taken (24 hour clock)	Hours: minutes	⌊_⌊_⌋ : ⌊_⌊_⌋ hrs mins
Serum Creatinine (mg/dl)	*to first decimal place*	⌊_⌊_⌊_⌋
Urine Protein (g/dl)	*to two decimal places*	⌊_⌊_⌊_⌋
Urine Creatinine (mg/dL)	mg/dL	⌊_⌊_⌊_⌋
HbA1c		⌊_⌊_⌊_⌋