APCAPS

Andhra Pradesh Children and Parents' Study

APCAPS 4ᵗʰ FOLLOW-UP CLINIC QUESTIONNAIRES (v1)

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

ICMR INDIAN COUNCIL OF MEDICAL RESEARCH / NIN NATIONAL INSTITUTE OF NUTRITION

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Please note that each questionnaire section was separate and not necessarily completed in the above order.

All questionnaires were administered using a tablet-based interface. Following completion of fieldwork, we transcribed all questions into this Word Document format to make them more easily browsable. Original XLS Forms versions of the questionnaires (as deployed in field) are available upon request. Previous versions are also available on request.

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SOURCE OF STUDY MEASURES/TOOLS

MEASURE	SOURCE OF INSTRUMENT AND PROTOCOL
Sociodemographics	APCAPS 2010-12 survey(1)
Food Insecurity	Household Food Insecurity Access Scale (9-item)(2)
Family health history	APCAPS 2010-12 survey(1)
Tobacco use	APCAPS 2010-12 survey(1)
Alcohol use	Validated APCAPS food frequency questionnaire(3)
Diet	Validated APCAPS food frequency questionnaire(3)
Physical activity	Validated APCAPS physical activity questionnaire(4)
Sleep	APCAPS 2010-12 survey(1)
Medical history	APCAPS 2010-12 survey(1), photo of medicines
CHD symptoms	WHO Rose Questionnaire(5)
PAD symptoms	WHO Rose Questionnaire(5)
Stroke	Gourie-Devy *et al* survey(6)
Cataracts	SAGE survey(7)
Chronic obstructive pulmonary disease	Lung Function Questionnaire(8)
Asthma	European Community Respiratory Health Survey (short)(9)
Arthritis	SAGE survey(7)
Depression	Patient Health Questionnaire-9(10)
Generalised Anxiety Disorder	Generalised Anxiety Disorder-7(11)
Alcohol Use Disorder	Alcohol Use Disorders Identification Test(12)
Dementia	Brief Community Screening Instrument for Dementia(13)
Tuberculosis	Developed for study (Government of India's case definition of presumptive tuberculosis plus night sweats) (14,15)
COVID-19, post-COVID-19 condition	Developed for study (WHO covid case definition and post-covid case definition)(16,17)

Hyperthyroidism	Developed for study (Zulewski case definition)(18)
Gastro-oesophageal reflux disease	Indian Society of Gastroenterology survey(19)
Oral health	LASI survey(20)
Chronic pain	UK Biobank survey(21)
Chronic stress	Perceived Stress Scale (Short Version)(22)
Disability	Washington Group Short Set on Functioning(23)
Health-related quality of life	EuroQoL 5-Dimension Health Questionnaire, 5-level(24)
Healthcare use	LASI survey(20)
Medicine costs	LASI survey(20)
Falls	Developed for study (Prevention of Falls Network Europe case definition)(25)
Cause of death	2022 WHO Verbal Autopsy Assessment (26)
Diabetes neuropathy	Sensory assessment of the foot and symptom-based questionnaire (mTCNS)(27)

Note: More information on tool use and rationale is given here, in the published protocol paper for the APCAPS fourth follow up.(28)

IDENTIFICATION (used at start of each questionnaire section to identify participant)

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VAR NAME (if applicable)
participantid	**Participant ID**	[barcode]		
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**		[Enumerator Note]	
qr	**Did ID scan correctly?**	[1] Yes [2] No		
participantid_text	**Please enter Participant ID**	[Text]	Referring to question **Did ID scan correctly?** *qr* If answered [2] **"No"**	
hhid	**Household ID**	[Text]	Referring to question **Did ID scan correctly?** *qr* If answered [2] **"No"**	
fid	**Family ID**	[Text]	Referring to question **Did ID scan correctly?** *qr* If answered [2] **"No"**	
dob	**Date of birth**	___ ___ / ___ ___ / ___ ___ [DD / MM / YY]		**5.2** **5.3**
show_age	**Participant age (Age last birthday)**	[In completed years]		**5.1**
sex	**Participant sex**	[1] Male [2] Female [99] No response		**5.5**

CONTACT DETAILS QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VAR NAME (if applicable)
note1	**Welcome to APCAPS 4th follow-up: Contact details questionnaire**			
contactid	**Background info**			
username	**Initials of interviewer**	[Text]		
participantid	**Participant ID**	[barcode/QR code]		
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**		[Enumerator Note]	
participantid_text	**Please enter Participant ID**	[Text]		
hhid	**Household ID**	[Text]		
fid	**Family ID**	[Text]		
aadhar_grp	**Aadhar card**			
aadhar_yn	**Has the participant brought their aadhar card?**	[1] Yes [2] No		
aadhar_photo_consent	**Does the participant give permission to have a photo taken of their aadhar card?**	[1] Yes [2] No	Referring to question **Has the participant brought their aadhar card?** *aadhar_yn* If answered [1] **"Yes"**	

aadhar_photo	**Take a photo of the participant's aadhar card, take care that the name, address, and ID number are captured.**		Referring to question **Does the participant give permission to have a photo taken of their aadhar card?** *aadhar_photo_consent* If answered [1] **"Yes"**	
aadhar_address	**Is your address correct on your aadhar card?**	[1] Yes [2] No	Referring to question **Has the participant brought their aadhar card?** *aadhar_yn* If answered [1] **"Yes"**	
address	**Current residential address**	[Text]	Referring to questions **Has the participant brought their aadhar card?** *aadhar_yn* If answered [2] **"No"** Or **Is your address correct on your aadhar card?** *aadhar_address* If answered [2] **"No"**	**4.3**
place	**Place name**	[Text]	Referring to questions **Has the participant brought their aadhar card?** *aadhar_yn* If answered [2] **"No"** Or **Is your address correct on your aadhar card?** *aadhar_address* If answered [2] **"No"**	**4.4**
pincode	**Pincode**	[Integer]	Referring to questions **Has the participant brought their aadhar card?** *aadhar_yn* If answered [2] **"No"** Or **Is your address correct on your aadhar card?** *aadhar_address* If answered [2] **"No"**	**4.5**
contact_grp	**Contact details**			
family_name	**What is your family name?**	[Text]	Referring to question **Has the participant brought their aadhar card?** *aadhar_yn* If answered [2] **"No"**	**4.1**
first_name	**What is your first name?**	[Text]	Referring to question **Has the participant brought their aadhar card?** *aadhar_yn* If answered [2] **"No"**	**4.2**
aadhar	**Aadhar number**	[Text]	Referring to question **Has the participant brought their aadhar card?** *aadhar_yn* If answered [2] **"No"**	
home_landline	**Home telephone number**	[Text]		**4.13**
mobile	**Mobile number**	[Text]		**4.14**
comment_text	**Comment by Field Investigators**			

MAIN QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VAR NAME (if applicable)
	Now I am going to ask you some questions about your occupation			
occupation2	**What is your primary occupation?**	[1] At home doing housework [2] Student/training [3] Unemployed, not seeking work: retired/ disabled [4] Unemployed, seeking work [5] Employed in agriculture/animal rearing [6] Employed in trade sector [7] Employed in office/administrative work [8] Employed in factory/manufacturing work [9] Employed in mixed unskilled manual labour (e.g. 100 days work, mixed daily wage work) [10] Employed in another sector [99] No Response	NB numbers do not exactly match the 3FU: [1] at home doing housework [2] unemployed, not seeking work: retired/disabled [3] unemployed, seeking work: [4] student/training [5] unskilled manual [6] semi-skilled manual [7] skilled manual [8] skilled non-manual [9] semi-professional [10] professional	**5.11**
occup_mixed	**What type of work have you done in the past year? (Select all that apply)**	[1] Agriculture/ forestry/animal rearing [2] Construction (buildings) [3] Construction (civil, e.g. digging canals, Cutting Trees) [4] Community sanitation/cleaning/gardening [5] Other [99] No Response	Referring to question **What is your primary occupation?** *occupation2* If chosen [9] **"Employed in mixed unskilled manual labour (e.g. 100 days work, mixed daily wage work"**	
occup_mixed_other	**Please specify**	[Text]	Referring to question **What type of work have you done in the past year? (Select all that apply)** *occup_mixed* **If chosen [5]** **"other"**	
occup_agri	**Which best describes your role?**	[1] Landless labourer [2] Own/lease marginal farm [3] Large farm owner/ Landlord TBC [4] Other [99] No Response	Referring to question **What is your primary occupation?** *occupation2* If chosen [5] **"Employed in agriculture/animal rearing"**	
occup_agri_other	**Please specify**	[Text]	Referring to question **Which best describes your role?** *occup_agri* If chosen [4] **"Other"**	
occup_pest	**Do you directly handle or come into contact with pesticides or fertilizers during your work?**	[1] Yes [2] No [99] No response	Referring to questions: **[1] What type of work have you done in the past year? (Select all that apply)** *occup_mixed* And **[5] What is your primary occupation?** *occupation2*	

			If chosen [1] or [5] respectively **"Agriculture/ forestry/animal rearing"** **"Employed in agriculture/animal rearing**	
occup_office	**Which best describes your role?**	[1] Peon [2] Clerical [3] Officer [4] Manager (or other senior role) [5] Other [99] No Response	Referring to question **What is your primary occupation?** *Occupation2* **If chosen [7]** **"Employed in office/administrative work"**	
occup_office_other	**Please specify**	[Text]	Referring to question **Which best describes your role?** *occup_office* **If chosen [5]** **"Other"**	
occup_factory	**Which best describes your role?**	[1] Manual/unskilled e.g. labelling, packing [2] Clerical [3] Machine operator, Fitter [4] Supervisor [5] Other [99] No Response	Referring to question **What is your primary occupation?** *Occupation2* **If chosen [8]** **"Employed in factory/manufacturing work"**	
occup_factory_other	**Please specify**	[Text]	Referring to question **Which best describes your role?** *occup_factory* **If chosen [5]** **"Other"**	
occup_trade	**Which best describes your role?**	[1] Skilled tradesperson e.g. Carpenter, electrician, mechanic, plumber, centering work, Mason, Painter, Welding, Milk Trader [2] Artisanal craftsperson e.g. Basket weaver, tailor, cobbler, barber, potmaker, goldsmith, butcher [3] Petty shopkeeper [4] Big storekeeper/shopkeeper [5] Street hawker/vendor [6] Other [99] No Response	Referring to question **What is your primary occupation?** *occupation2* **If chosen [6]** **"Employed in trade sector"**	
occup_trade_other	**Please specify**	[Text]	Referring to question **Which best describes your role?** *occup_trade* **If chosen [6]** **"Other"**	
occup_other	**Which best describes your role?**	[1] Real estate agent [2] Construction site worker [3] Cleaner (heavy vehicles) [4] Driver (car or bus) [5] Driver (rickshaw) [6] Servant/maid, sweeper, washer, watchman [7] Server / cook in a hotel, restaurant or big shop [8] Teacher [9] Para-medical staff e.g. ASHAs, ANMs, AAYA, ward boy [10] Medical professional e.g. RMP,	Referring to question **What is your primary occupation?** *occupation2* **If chosen [10]** **"Employed in another sector"**	

		doctors, hospital nurse/technician [11] Police- Home Guard, Constable [12] Police- S.I/ C.I [13] Police- DSP, ACP and higher carder [14] Small business owner (<15 employees) [15] Medium business owner (15-49 employees) [16] Big business owner (50+ employees) [17] Other [18] No Response		
occup_other_other	**Please specify**	[Text]	Referring to question **Which best describes your role?** *occup_other* **If chosen [17]** **"Other"**	
occup_address	**Please describe where you work (e.g., if a factory - "Wipro, Maheshwaram, packing soaps", or e.g., if a domestic worker - "homes in Ibrahimpatnam")**	[Text]	Referring to question **What is your primary occupation?** *occupation2* **If chosen [6] or [7] or]8] or [10]** **"**Employed in trade sector or Employed in office/administrative work or Employed in factory/manufacturing work or Employed in another sector"	
highest_education_resp	**What is the highest education level you have attained?**	1] Illiterate [2] Literate, no formal education [3] Up to primary school (class IV) [4] Secondary school (up to class X) [5] Higher secondary (up to class XII, intermediate, ITI course, polytechnic) [6] Graduate (BA, BSc, Bcom, Diploma) - completed [7] Professional degree/postgraduate (MA, MSc, MBBS, MSW, Btech, PhD) [99] No response	If age is less than 45 years	**5.13**
marital_status	**What is your current marital status?**	[1] Never married [2] Married [3] Widow/widower [4] Divorced/separated [99] No response		**5.7**
age_live_with_spouse	**How old were you when you first started living with your spouse after your marriage?**	[Integer]	Referring to question **What is your current marital status?** *marital_status* **If chosen [2] or [3] or [4]** "Married Widow/widower Divorced/separated"	**5.8**
if_spouse_close_relative	**Was your spouse a close relative before marriage?**	[1] Yes [2] No [99] No response	Referring to question **What is your current marital status?** *marital_status* **If chosen [2] or [3] or [4]**	**5.6**

			"Married Widow/widower Divorced/separated"	
spouse_relation	**What is the relation?**	[1] Sibling [2] First cousin [3] Second cousin [4] Uncle [5] Niece [6] Other [99] No response	Referring to question **Was your spouse a close relative before marriage?** **If chosen [1]** **"yes"**	**5.6**
highest_education_spouse	**What is the highest education level your spouse attained?**	[1] Illiterate [2] Literate, no formal education [3] Up to primary school (class IV) [4] Secondary school (up to class X) [5] Higher secondary (up to class XII, intermediate, ITI course, polytechnic) [6] Graduate (BA, BSc, Bcom, Diploma) - completed [7] Professional degree/postgraduate (MA, MSc, MBBS, MSW, Btech, PhD) [99] No response	Referring to question **What is your current marital status?** *marital_status* And **Sex** *sex* **If chosen [2] or [3] or [4]** "Married Widow/widower Divorced/separated" And **If chosen [2]** "Female"	**5.13**
health_ins	**Are you covered by health insurance?**	[1] Yes [2] No [99] No response		
health_ins_type	**What type of insurance are you covered by?**	[1] Aarogyasri [2] Through an employer [3] Privately purchased [4] Community/cooperative scheme [99] No response	Referring to question **Are you covered by health insurance?** *health_ins* **If chosen [1]** **"yes"**	
total_sons_living	**How many (live) sons do you have?**	[Integer]	Referring to question **What is your current marital status?** *marital_status* **If chosen [2] or [3] or [4]** "Married Widow/widower Divorced/separated"	**5.9**
total_daughters_living	**How many (live) daughters do you have?**	[Integer]	Referring to question **What is your current marital status?** *marital_status* **If chosen [2] or [3] or [4]** "Married Widow/widower Divorced/separated"	**5.10**
father_still_alive	**Is your father still alive?**	[1] Yes [2] No [99] No response		**22.16**
father_age_death	**At what age did he die?**	[Integer]	Referring to question **Is your father still alive?** *father_still_alive* **If chosen [2]** **"No"**	**22.16**
father_age_death_note		[Enumerator Note]	Referring to question **At what age did he die?**	

	Please confirm the age of the participant's father when he died, as response seems unlikely (under 14)		*father_age_death* **If chosen < 14 as integer**	
note_105	**Did/does your father suffer from any of the following conditions:**			
father_db	**Diabetes**	[1] Yes [2] No [3] Don't know [99] No response		**22.18**
father_bp	**High blood pressure (hypertension)**	[1] Yes [2] No [3] Don't know [99] No response		**22.19**
father_stroke	**Stroke**	[1] Yes [2] No [3] Don't know [99] No response		**22.19a**
father_cvd	**Heart disease**	[1] Yes [2] No [3] Don't know [99] No response		**22.20**
father_ob	**Overweight/obesity**	[1] Yes [2] No [3] Don't know [99] No response		**22.21**
mother_still_alive	**Is your mother still alive?**	[1] Yes [2] No [99] No response		**22.23**
mother_age_death	**At what age did she die?**	[Integer]	Referring to question *mother_still_alive* **If chosen [2]** **"No"**	**22.23**
mother_age_death_ note	**Please confirm the age of the participant's mother when she died, as response seems unlikely (under 14)**	[Enumerator Note]	Referring to question **At what age did he die?** **If chosen < 14 as integer**	
note_106	**Did/does your mother suffer from any of the following conditions:**			
mother_db	**Diabetes**	[1] Yes [2] No [3] Don't know [99] No response		**22.25**
mother_bp	**High blood pressure (hypertension)**	[1] Yes [2] No [3] Don't know [99] No response		**22.26**
mother_stroke	**Stroke**	[1] Yes [2] No [3] Don't know [99] No response		**22.26a**
mother_cvd	**Heart disease**	[1] Yes [2] No [3] Don't know [99] No response		**22.27**
mother_ob	**Overweight/obesity**	[1] Yes [2] No		**22.28**

		[3] Don't know [99] No response		
total_brothers_alive	**How many (live) brothers do you have?**	[Integer]		
note_107	**Did/do any of your brothers or sisters suffer from any of the following conditions:**			
sib_db	**Diabetes**	[1] Yes [2] No [3] Don't know [4] No siblings [99] No response		**22.30**
sib_bp	**High blood pressure (hypertension)**	[1] Yes [2] No [3] Don't know [4] No siblings [99] No response		**22.31**
sib_stroke	**Stroke**	[1] Yes [2] No [3] Don't know [4] No siblings [99] No response		**22.31a**
sib_cvd	**Heart disease**	[1] Yes [2] No [3] Don't know [4] No siblings [99] No response		**22.32**
sib_ob	**Overweight/obesity**	[1] Yes [2] No [3] Don't know [4] No siblings [99] No response		**22.33**
note_lifestyle	**I'm now going to ask you about some behaviours that might affect your health, starting with tobacco use**			
tobacco_ever	**Have you EVER used tobacco on a REGULAR basis (at least weekly)? This includes smoking cigarettes or beedis, and chewing tobacco.**	[1] Yes [2] No [99] No response		
tobacco_type	**Which type? Select all that apply.**	[1] Cigarettes [2] Beedies [3] Chewing tobacco [99] No response	Referring to question **Have you EVER used tobacco on a REGULAR basis (at least weekly)? This includes smoking cigarettes or beedis, and chewing tobacco.** *tobacco_ever* **If chosen [1]** **"yes"**	**8.1**
smoke_age_starting	**Age when you started smoking cigarettes**	[Integer]	Referring to question **Which type? Select all that apply.** *tobacco_type* **If chosen [1]** **"yes"**	**8.1**
smoke_current	**Do you still smoke cigarettes?**	[1] Yes [2] No [99] No response	Referring to question **Which type? Select all that apply.** *tobacco_type* **If chosen [1]**	**8.1**

			"yes"	
smoke_number_use _perday	**Number of cigarettes smoked per day**	[Integer]	Referring to question **Which type? Select all that apply.** *tobacco_type* And **Do you still smoke cigarettes?** *smoke_current* **If chosen [1] and [1]** "Cigarettes" **And** "Yes"	8.1
beedi_age_starting	**Age when you started smoking beedis**	[Integer]	Referring to question **Which type? Select all that apply.** *tobacco_type* **If chosen [2]** "Beedis"	8.1
beedi_current	**Do you still smoke beedis?**	[1] Yes [2] No [99] No response	Referring to question **Which type? Select all that apply.** *tobacco_type* **If chosen [2]** "Beedis"	8.1
beedi_number_use_ perday	**Number of beedis smoked per day**	[Integer]	Referring to question **Which type? Select all that apply.** *tobacco_type* And **Do you still smoke beedis?** *beedi_current* **If chosen [2] and [1]** "Beedis" **And** [1] "Yes"	8.1
chew_age_starting	**Age when you started chewing tobacco**	[Integer]	Referring to question **Which type? Select all that apply.** *tobacco_type* **If chosen [3]** "Chewing tobacco"	8.1
chew_current	**Do you still chew tobacco?**	[1] Yes [2] No [99] No response	Referring to question **Which type? Select all that apply.** *tobacco_type* **If chosen [3]** "Chewing tobacco"	8.1
chew_number_use_ perday	**Number of times chewing tobacco per day**	[Integer]	Referring to question **Which type? Select all that apply.** *tobacco_type* And **Do you still chew tobacco?** *chew_current* **If chosen [3] and [1]** "Chewing tobacco" **And** [1] "Yes"	8.1

house_member_smokes	**Is there someone in your household who smokes tobacco at home?**	[1] Yes [2] No [99] No response		**8.2**
indoor_open_fire	**Has an indoor open fire with wood, crop residues or dung been used in your home as a primary means of cooking for more than 6 months in your life?**	[1] Yes, still used as primary source for cooking [2] Yes, still used but not as primary source for cooking [3] Yes, but not currently used [4] Never used [99] No response		**8.3**
hours_spent_cooking	**On an average for how many hours in a day do you personally spend cooking using wood, crop residues or dung?**	[Decimal]	Referring to question **Has an indoor open fire with wood, crop residues or dung been used in your home as a primary means of cooking for more than 6 months in your life?** *indoor_open_fire* **If chosen [1]** "Yes, still used as primary source for cooking"	**8.3**
fire_vented_outside	**Is your stove or fire vented to the outside?**	[1] Yes [2] No [99] No response	Referring to question **Has an indoor open fire with wood, crop residues or dung been used in your home as a primary means of cooking for more than 6 months in your life?** *indoor_open_fire* **If chosen [1]** "Yes, still used as primary source for cooking"	**8.3**
alc_intro	**Now I am going to ask you some questions about your alcohol use. Because alcohol use can affect many areas of health, it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as honest and as accurate as you can be.**			
alc_any_life	**Have you ever consumed at least one alcoholic drink of any kind?**	[1] Yes [2] No [99] No response		
note3	**Now I am going to ask you some questions about your alcohol use during this past year.**		Referring to question **Have you ever consumed at least one alcoholic drink of any kind?** *alc_any_life* **If chosen [1]** "Yes"	
alc_any_freq_audit	**How often do you have a drink containing alcohol?**	[0] Never [1] Monthly or less [2] 2-4 times per month [3] 2-3 times per week [4] 4 or more times per week [99] No response	Referring to question **Have you ever consumed at least one alcoholic drink of any kind?** *alc_any_life* **If chosen [1]** "Yes"	**8.4**
alc_typical_quant_audit	**How many drinks containing alcohol do you have on a typical day when you are drinking?**	[0] 1 or 2 [1] 3 or 4 [2] 5 or 6 [3] 7, 8 or 9 [4] 10 or more [99] No response	Referring to question **How often do you have a drink containing alcohol?** *alc_any_freq_audit* **If chosen** [1], [2], [3], [4] "Monthly or less" "2-4 times per month" "2-3 times per week" "4 or more times per week"	**8.4a**

alc_binge_freq_audit	How often do you have six or more drinks on one occasion?	[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily [99] No response	Referring to question **How often do you have a drink containing alcohol?** *alc_any_freq_audit* **If chosen** [1], [2], [3], [4] "Monthly or less" "2-4 times per month" "2-3 times per week" "4 or more times per week"	
alc_stop_audit	How often during the last year have you found that you were not able to stop drinking once you had started?	[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily [99] No response	Referring to question **How many drinks containing alcohol do you have on a typical day when you are drinking?** *alc_typical_quant_audit* **And** **How often do you have six or more drinks on one occasion?** *alc_binge_freq_audit* **If chosen [1], [2], [3], or [4]** [1] 3 or 4 [2] 5 or 6 [3] 7, 8 or 9 [4] 10 or more **And** **If chosen [1], [2], [3], or [4]** [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily	
alc_fail_audit	How often during the last year have you failed to do what was normally expected from you because of drinking?	[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily [99] No response	Referring to question **How many drinks containing alcohol do you have on a typical day when you are drinking?** *alc_typical_quant_audit* **And** **How often do you have six or more drinks on one occasion?** *alc_binge_freq_audit* **If chosen [1], [2], [3], or [4]** [1] 3 or 4 [2] 5 or 6 [3] 7, 8 or 9 [4] 10 or more **And** **If chosen [1], [2], [3], or [4]** [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily	
alc_morning_audit	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily [99] No response	Referring to question **How many drinks containing alcohol do you have on a typical day when you are drinking?** *alc_typical_quant_audit* **And** **How often do you have six or more drinks on one occasion?** *alc_binge_freq_audit* **If chosen [1], [2], [3], or [4]** [1] 3 or 4 [2] 5 or 6	

			[3] 7, 8 or 9 [4] 10 or more **And** **If chosen [1], [2], [3], or [4]** [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily	
alc_guilt_audit	**How often during the last year have you had a feeling of guilt or remorse after drinking?**	[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily [99] No response	Referring to question **How many drinks containing alcohol do you have on a typical day when you are drinking?** *alc_typical_quant_audit* **And** **How often do you have six or more drinks on one occasion?** *alc_binge_freq_audit* **If chosen [1], [2], [3], or [4]** [1] 3 or 4 [2] 5 or 6 [3] 7, 8 or 9 [4] 10 or more **And** **If chosen [1], [2], [3], or [4]** [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily	
alc_memory_audit	**How often during the last year have you been unable to remember what happened the night before because you had been drinking?**	[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily [99] No response	Referring to question **How many drinks containing alcohol do you have on a typical day when you are drinking?** *alc_typical_quant_audit* **And** **How often do you have six or more drinks on one occasion?** *alc_binge_freq_audit* **If chosen [1], [2], [3], or [4]** [1] 3 or 4 [2] 5 or 6 [3] 7, 8 or 9 [4] 10 or more **And** **If chosen [1], [2], [3], or [4]** [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily	
alc_injure_audit	**Have you or someone else been injured as a result of your drinking?**	[0] No [2] Yes, but not in the last year [4] Yes, during the last year [99] No response	Referring to question **How often do you have a drink containing alcohol?** **And** **How many drinks containing alcohol do you have on a typical day when you are drinking?** *alc_typical_quant_audit* **And** **How often do you have six or more drinks on one occasion?** *alc_binge_freq_audit* **If chosen**	

			[0] "Never" And [0] "1 or 2", [1] "3 or 4" [2] "5 or 6" [3] "7,8 or 9" or [4] "10 or more" And [0] "never" [1] "less than monthly" [2] "monthly" [3] "weekly" [4] "daily or almost daily"	
alc_concern_audit	**Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?**	[0] No [2] Yes, but not in the last year [4] Yes, during the last year [99] No response	Referring to question **How often do you have a drink containing alcohol?** *alc_any_freq_audit* And **How many drinks containing alcohol do you have on a typical day when you are drinking?** *alc_typical_quant_audit* And **How often do you have six or more drinks on one occasion?** *alc_binge_freq_audit* **If chosen** [0] "Never" And [0] "1 or 2", [1] "3 or 4" [2] "5 or 6" [3] "7,8 or 9" or [4] "10 or more" And [0] "never" [1] "less than monthly" [2] "monthly" [3] "weekly" [4] "daily or almost daily"	
alc_audit_calc_total	**Total AUDIT score (relevant for hazardous and harmful drinking, and alcohol dependence)**	[Hidden]		
alc_audit_calc_harm	**Score on AUDIT Qs 4-6 (relevant for harmful drinking)**	[Hidden]		
alc_audit_calc_dep	**Score on AUDIT Qs 7-10 (relevant for alcohol dependence)**	[Hidden]		
alcohol_haz_advice	**Your alcohol intake is at a risky level and it would be good for your health if you reduced your drinking. Alcohol can lead to cancers, liver damage, hypertension, diabetes, heart disease, stroke, injuries, and other health issues. Potential ways of reducing your intake include: counting your drinks and keeping it to less than 2 drinks (e.g., pegs, small bottles of beer) per day, drinking slowly and on a full stomach, never drinking many drinks at one sitting, or stopping drinking entirely by avoiding places that trigger your impulse to drink, and getting support from family or**	Referring to question **Total AUDIT score** *alc_audit_calc_total* And **Total AUDIT score** *alc_audit_calc_total* And **Score on AUDIT Qs 4-6** *alc_audit_calc_harm* And	

	friends. I can provide you a free phone number for a government helpline if you want more advice on this? It is... 1800-11-0031	Score on AUDIT Qs 7-10 *alc_audit_calc_dep* If chosen >7 as integer And < 14 as integer And 0 as integer And 0 as integer	
alcohol_harm_advice	Your alcohol intake is at a potentially harmful level and it would be very good for your health if you reduced your drinking. Alcohol can lead to cancers, liver damage, hypertension, diabetes, heart disease, stroke, injuries, and other health issues. Potential ways of reducing your intake include: counting your drinks and keeping it to less than 2 drinks (e.g., pegs, small bottles of beer) per day, drinking slowly and on a full stomach, never drinking many drinks at one sitting, or stopping drinking entirely by avoiding places that trigger your impulse to drink, and getting support from family or friends. I can provide you a free phone number for a government helpline if you want more advice on this? It is... 1800-11-0031	Referring to question Score on AUDIT Qs 7-10 *alc_audit_calc_dep* And Total AUDIT score *alc_audit_calc_total* Or Total AUDIT score *alc_audit_calc_total* And Total AUDIT score *alc_audit_calc_total* And Score on AUDIT Qs 4-6 *alc_audit_calc_harm* If chosen. 0 as integer And >13 as integer <20 as integer Or >7 as integer And <20 as integer And >0 as integer	
alcohol_dep_advice	Your alcohol intake is at a likely harmful level for your health. Alcohol can lead to cancers, liver damage, hypertension, diabetes, heart disease, stroke, injuries, and other health issues. I strongly recommend that you visit your local PHC for help with your alcohol intake. I can also provide you a free phone number for a government helpline if you want more advice on this. It is... 1800-11-0031	Referring to question Total AUDIT score *alc_audit_calc_total* Or Total AUDIT score *alc_audit_calc_total* And Score on AUDIT Qs 7-10 *alc_audit_calc_dep* If chosen. >19 as integer Or >7 as integer And >0 as integer	
sleep_hrs_work	How many hours do you usually sleep per day on a typical day when you have school or work the next day?	[Decimal]		10.1
sleep_falling_freq	In the past month, how often have you experienced difficulties in getting to sleep?	[1] Daily [2] 5-6 times a week [3] 2-4 times a week [4] Once a week [5] 2-3 times a month [6] Once a month [7] Never [99] No response		10.4

sleep_falling_time	**In the past month, how long did it usually take you to fall asleep (minutes)?**	[Integer]		
sleep_falling_time_check	**The stated time to fall asleep (in minutes) seems low, please ask the participant to confirm their answer.**	[Enumerator Note]	Referring to question **In the past month, how long did it usually take you to fall asleep (minutes)?** *sleep_falling_time* **If chosen <2 as integer**	
sleep_awake_freq	**In the past month, how often have you been bothered by awakening during night?**	[1] Daily [2] 5-6 times a week [3] 2-4 times a week [4] Once a week [5] 2-3 times a month [6] Once a month [7] Never [99] No response		**10.5**
internet	**We would now like to ask you some questions about your use of the internet.** **In the past 12 months, how often have you used the internet on average?**	[1] Every hour/Almost every hour [3] At least daily [4] At least weekly [6] At least monthly [7] Less than once a month [8] Never [99] No response		
phone	**Do you personally have a phone?**	[1] Yes, basic phone [2] Yes, touch phone (smart phone) [3] No [99] No response		
note_13	**Now I am going to ask you few questions about your medical history (e.g., previous diagnoses).**			
hypertension	**Hypertension**			
diagnosed_high_bp	**Have you EVER been diagnosed with high blood pressure (hypertension)?**	[1] Yes [2] No [99] No response		
diagnosed_bp_age	**What age were you diagnosed?**	[Integer]	Referring to question **Have you EVER been diagnosed with high blood pressure (hypertension)?** *diagnosed_high_bp* **If chosen [1] "yes"**	
note_140	**Please double-check the age**	[Enumerator Note]	Referring to question **What age were you diagnosed?** *diagnosed_bp_age* **If chosen ≤25 as integer**	
bp_meds_any	**Are you on regular medication for your high blood pressure?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with high blood pressure (hypertension)?** *diagnosed_high_bp* **If chosen [1] "yes"**	
bp_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your high blood pressure?** *bp_meds_any* **If chosen [1] "yes"**	

bp_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *bp_meds_total* **If chosen >0 as integer**	
bp_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *bp_meds_total* **If chosen >1 as integer**	
bp_meds_name3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *bp_meds_total* **If chosen >2 as integer**	
diabetes	**Diabetes**			
diagnosed_diabetes	**Have you EVER been diagnosed with diabetes?**	[1] Yes [2] No [99] No response		
diagnosed_diabetes_check	**As the participant has been previously diagnosed with diabetes, they are eligible to participate in the diabetic neuropathy examination. Please check the relevant box on the sheet.**	[Enumerator Note]	Referring to question **Have you EVER been diagnosed with diabetes?** *diagnosed_diabetes* If chosen [1] "yes"	
diagnosed_diabetes_check_done	**Checklist ticked?**	[1] Yes [2] No	Referring to question **Have you EVER been diagnosed with diabetes?** *diagnosed_diabetes* If chosen [1] "yes"	
diagnosed_diabetes_age	**What age were you diagnosed?**	[Integer]	Referring to question **Have you EVER been diagnosed with diabetes?** *diagnosed_diabetes* If chosen [1] "yes"	
note_141	**Please double-check the age**	[Enumerator Note]	Referring to question **What age were you diagnosed?** *diagnosed_diabetes_age* If chosen ≤ 25 as integer	
diagnosed_comp	**Have you been diagnosed with any of these side-effects of diabetes?**	[1] Nerve damage (nerve problems due to diabetes) [2] Kidney damage (kidneys not working properly due to diabetes) [3] Vision loss (eye problems due to diabetes) [4] Peripheral arterial disease (sores or pain in legs due to diabetes) [5] None of the above [6] Other [99] No response	Referring to question **Have you EVER been diagnosed with diabetes?** *diagnosed_diabetes* If chosen [1] "yes"	

diabetes_meds_any	**Are you on regular medication for your diabetes, including insulin injections?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with diabetes?** *diagnosed_diabetes* If chosen [1] "yes"	
diabetes_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your diabetes, including insulin injections?** *diabetes_meds_any* If chosen 1	
diabetes_meds_name	**Medicine name**	[Text]	Referring to question **Are you on regular medication for your diabetes, including insulin injections?** *diabetes_meds_any* If chosen >0	
diabetes_meds_name2	**Medicine name**	[Text]	Referring to question **Are you on regular medication for your diabetes, including insulin injections?** *diabetes_meds_any* If chosen >1	
diabetes_meds_name3	**Medicine name**	[Text]	Referring to question **Are you on regular medication for your diabetes, including insulin injections?** *diabetes_meds_any* If chosen 2	
diagnosed_comp_other	**Please specify**	[Text]	Referring to question *diagnosed_comp* If chosen [6] "Other"	
diagnosed_heart	**Have you EVER been diagnosed with heart disease?**	[1] Yes [2] No [99] No response		
diagnosed_heart_age	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with heart disease?** *diagnosed_heart* **If chosen [1]** **"yes"**	
note_142	**Please double-check the age**	[Enumerator Note]	Referring to question **Age when diagnosed** *diagnosed_heart_age* **If chosen ≤25 as integer**	
heart_meds_any	**Are you on regular medication for your heart condition?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with heart disease?** *diagnosed_heart* **If chosen [1]** **"yes"**	
heart_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your heart condition?** *heart_meds_any* If chosen [1] "Yes"	
heart_meds_name	**Medicine name**	[Text]	Referring to question	

			In total, how many medicines are you currently taking for this condition? *heart_meds_total* If chosen >0 as integer	
heart_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *heart_meds_total* If chosen >1 as integer	
heart_meds_name3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *heart_meds_total* If chosen >2 as integer	
heart_meds_name4	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *heart_meds_total* If chosen >3 as integer	
heart_meds_name5	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *heart_meds_total* If chosen >4 as integer	
heart_meds_name6	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *heart_meds_total* If chosen >5 as integer	
heart_meds_name7	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *heart_meds_total* If chosen >6 as integer	
heart_meds_name8	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *heart_meds_total* If chosen >7 as integer	
stroke	**Stroke**			
diagnosed_stroke	**Have you EVER been diagnosed with stroke (paralytic attack)?**	[1] Yes [2] No [99] No response	Referring to question **Participant age** **(Age last birthday)** *show_age* **If chosen ≥45 as integer**	
diagnosed_age_stroke	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with stroke (paralytic attack)?** If chosen [1] "yes"	
note_131	**Please double-check the age**	[Enumerator Note]	Referring to question **Age when diagnosed**	

			diagnosed_age_stroke If chosen ≤25 as integer	
stroke_meds_any	**Are you on regular medication for your stroke?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with stroke (paralytic attack)?** If chosen [1] "yes"	
stroke_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your stroke?** *stroke_meds_any* If chosen [1] "yes"	
stroke_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *stroke_meds_total* If chosen >0 as integer	
stroke_meds_name 2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *stroke_meds_total* If chosen >1 as integer	
stroke_meds_name 3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *stroke_meds_total* If chosen >2 as integer	
asthma	**Asthma**			
diagnosed_asthma	**Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult**	[1] Yes [2] No [99] No response		
diagnosed_age_asthma	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* **If chosen [1]** **"yes"**	
asthma_still	**Do you still have asthma?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* **If chosen [1]** **"yes"**	
asthma_hosp	**Have you been hospitalised because of asthma?**	[1] Yes [2] No	Referring to question **Have you EVER been diagnosed with asthma, asthmatic**	

		[3] Don't know [99] No response	**bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* **If chosen [1] "yes"**	
asthma_attack_last year	**Have you had an attack of asthma in the last year?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* **If chosen [1] "yes"**	
asthma_meds_any	**Are you on regular medication for your asthma, including inhalers, aerosols, or tablets?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* **If chosen [1] "yes"**	
asthma_meds_total	**In total, how many medicines are you currently taking for this condition? Including inhalers and aerosols**	[Integer]	Referring to question **Are you on regular medication for your asthma, including inhalers, aerosols, or tablets?** *asthma_meds_any* **If chosen [1] "yes"**	
asthma_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition? Including inhalers and aerosols** *asthma_meds_total* **If chosen >0**	
asthma_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition? Including inhalers and aerosols** *asthma_meds_total* **If chosen >1**	
asthma_meds_name3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition? Including inhalers and aerosols** *asthma_meds_total* **If chosen >2**	
tuberculosis_tb	**Tuberculosis**			
diagnosed_tb	**Have you EVER been diagnosed with tuberculosis? Including as a child or young adult**	[1] Yes [2] No [99] No response		
diagnosed_age_tb	**Age when diagnosed**	[Integer]	Referring to question	

			Have you EVER been diagnosed with tuberculosis? Including as a child or young adult *diagnosed_tb* If chosen [1] "yes"	
tb_meds_any	Are you on regular medication for your tuberculosis?	[1] Yes [2] No [99] No response	Referring to question Have you EVER been diagnosed with tuberculosis? Including as a child or young adult *diagnosed_tb* If chosen [1] "yes"	
tb_meds_total	In total, how many medicines are you currently taking for this condition?	[Integer]	Referring to question Are you on regular medication for your tuberculosis? *tb_meds_any* If chosen [1] "yes"	
tb_meds_name	Medicine name	[Text]	Referring to question In total, how many medicines are you currently taking for this condition? *tb_meds_total* If chosen >0 as integer	
tb_meds_name2	Medicine name	[Text]	Referring to question In total, how many medicines are you currently taking for this condition? *tb_meds_total* If chosen >1 as integer	
tb_meds_name3	Medicine name	[Text]	Referring to question In total, how many medicines are you currently taking for this condition? *tb_meds_total* If chosen >2 as integer	
chronic_liver_disease	Chronic Liver Disease			
diagnosed_liver	Have you EVER been diagnosed with liver disease?	[1] Yes [2] No [99] No response		
diagnosed_age_liver	Age when diagnosed	[Integer]	Referring to question Have you EVER been diagnosed with liver disease? *diagnosed_liver* If chosen [1] "yes"	
note_133	Please double-check the age	[Enumerator Note]	Referring to question Age when diagnosed *diagnosed_age_liver* If chosen ≤25 as integer	
liver_meds_any	Are you on regular medication for your liver condition?	[1] Yes [2] No [99] No response	Referring to question Have you EVER been diagnosed with liver disease? *diagnosed_liver* If chosen [1] "yes"	
liver_meds_total	In total, how many medicines are you	[Integer]	Referring to question	

	currently taking for this condition?		Have you EVER been diagnosed with liver disease? *diagnosed_liver* If chosen [1] "yes"	
liver_meds_name	Medicine name	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *liver_meds_total* **If chosen >0 as integer**	
liver_meds_name2	Medicine name	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *liver_meds_total* **If chosen >1 as integer**	
liver_meds_name3	Medicine name	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *liver_meds_total* **If chosen >2 as integer**	
chronic_kidney_disease	**Chronic Kidney Disease**			
diagnosed_kidney	**Have you EVER been diagnosed with kidney disease?**	[1] Yes [2] No [99] No response		
diagnosed_age_kidney	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with kidney disease?** *diagnosed_kidney* **If chosen [1] "yes"**	
note_134	**Please double-check the age**	[Enumerator Note]	Referring to question **Age when diagnosed** *diagnosed_age_kidney* If chosen ≤25 as integer	
kidney_meds_any	**Are you on regular medication for your kidney condition?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with kidney disease?** *diagnosed_kidney* **If chosen [1] "yes"**	
kidney_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your kidney condition?** *kidney_meds_any* **If chosen [1] "yes"**	
kidney_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *kidney_meds_total* If chosen >0 as integer	
kidney_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?**	

			kidney_meds_total If chosen >1 as integer	
kidney_meds_name 3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *kidney_meds_total* If chosen >2 as integer	
thyroid_problem	**Thyroid Problem**			
diagnosed_thyroid	**Have you EVER been diagnosed with a thyroid problem?**	[1] Yes [2] No [99] No response		**30.7**
diagnosed_age_thyroid	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with a thyroid problem?** *diagnosed_thyroid* If chosen [1] "yes"	**30.7**
thyroid_meds_any	**Are you on regular medication for your thyroid condition?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with a thyroid problem?** *diagnosed_thyroid* If chosen [1] "yes"	
thyroid_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your thyroid condition?** *thyroid_meds_any* If chosen [1] "yes"	
thyroid_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *thyroid_meds_total* If chosen >0 as integer	
thyroid_meds_name 2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *thyroid_meds_total* If chosen >1 as integer	
thyroid_meds_name 3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *thyroid_meds_total* If chosen >2 as integer	
peptic_ulcer	**Peptic Ulcer**			
diagnosed_pepticulcer	**Have you EVER been diagnosed with a peptic ulcer?**			
diagnosed_age_pepticulcer	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with a peptic ulcer?** *diagnosed_pepticulcer* If chosen [1] "yes"	

pepticulcer_meds_any	**Are you on regular medication for your peptic ulcer?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with a peptic ulcer?** *diagnosed_pepticulcer* If chosen [1] "yes"	
pepticulcer_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your peptic ulcer?** *pepticulcer_meds_any* If chosen [1] "yes"	
pepticulcer_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *pepticulcer_meds_total* If chosen >0 as integer	
pepticulcer_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *pepticulcer_meds_total* If chosen >1 as integer	
pepticulcer_meds_name3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *pepticulcer_meds_total* If chosen >2 as integer	
gastro_oesophageal_reflux	**Gastro Oesophageal Reflux Disease**			
diagnosed_gastroreflux	**Have you EVER been diagnosed with gastro-oesophageal reflux disease?**	[1] Yes [2] No [99] No response		
diagnosed_age_gastroreflux	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with gastro-oesophageal reflux disease?** *diagnosed_gastroreflux* If chosen [1] "yes"	
gastroreflux_meds_any	**Are you on regular medication for your condition?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with gastro-oesophageal reflux disease?** *diagnosed_gastroreflux* If chosen [1] "yes"	
gastroreflux_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your condition** *gastroreflux_meds_any* If chosen [1] "yes"	
gastroreflux_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?**	

			gastroreflux_meds_total If chosen >0 as integer	
gastroreflux_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *gastroreflux_meds_total* If chosen >1 as integer	
gastroreflux_meds_name3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *gastroreflux_meds_total* If chosen >2 as integer	
cancer	**Cancer**			
diagnosed_cancer	**Have you EVER been diagnosed with cancer?**	[1] Yes [2] No [99] No response		
diagnosed_type_cancer	**Type of cancer**	[Text]	Referring to question **Have you EVER been diagnosed with cancer?** *diagnosed_cancer* If chosen [1] "yes"	
diagnosed_age_cancer	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with cancer?** *diagnosed_cancer* If chosen [1] "yes"	
cancer_meds_any	**Are you on regular medication for your condition?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with cancer?** *diagnosed_cancer* If chosen [1] "yes"	
cancer_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your condition?** *cancer_meds_any* If chosen [1] "yes"	
cancer_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *cancer_meds_total* If chosen >0 as integer	
cancer_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *cancer_meds_total* If chosen >1 as integer	
cancer_meds_name3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *cancer_meds_total* If chosen >2 as integer	

arthritis	**Arthritis**			
diagnosed_arthritis	**Have you EVER been diagnosed with arthritis (a disease of the joints, also known as rheumatism or osteoarthritis)?**	[1] Yes [2] No [99] No response	Referring to question **Participant age** **(Age last birthday)** *show_age* **If chosen ≥45 as interger**	
diagnosed_age_arthritis	**Age when diagnosed**	[Integer]	Referring to question **Have you EVER been diagnosed with arthritis (a disease of the joints, also known as rheumatism or osteoarthritis)?** *diagnosed_arthritis* If chosen [1] "yes"	
note_136	**Please double-check the age**	[Enumerator Note]	Referring to question **Age when diagnosed** If chosen ≤25 as integer	
arthritis_meds_any	**Are you on regular medication for your arthritis?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with arthritis (a disease of the joints, also known as rheumatism or osteoarthritis)?** *diagnosed_arthritis* If chosen [1] "yes"	
arthritis_meds_total	**In total, how many medicines are you currently taking for this condition?**	[Integer]	Referring to question **Are you on regular medication for your arthritis?** *arthritis_meds_any* If chosen [1] "yes"	
arthritis_meds_name	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *arthritis_meds_total* If chosen >0 as integer	
arthritis_meds_name2	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *arthritis_meds_total* If chosen >1 as integer	
arthritis_meds_name3	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *arthritis_meds_total* If chosen >2 as integer	
arthritis_meds_name4	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *arthritis_meds_total* If chosen >3 as integer	
arthritis_meds_name5	**Medicine name**	[Text]	Referring to question	

			In total, how many medicines are you currently taking for this condition? *arthritis_meds_total* If chosen >4 as integer	
arthritis_meds_name6	**Medicine name**	[Text]	Referring to question **In total, how many medicines are you currently taking for this condition?** *arthritis_meds_total* If chosen >5 as integer	
otherconditions	**Other conditions**			
ltc_other	**Have you ever been diagnosed with any other long-term conditions that we haven't mentioned?**	[1] Yes [2] No [99] No response		
ltc_other_list	**Please list the conditions**	[Text]	Referring to question **Have you ever been diagnosed with any other long-term conditions that we haven't mentioned?** *ltc_other* If chosen [1] "Yes"	
medicines	**Medicines**			
meds_more	**So you have told me you take ${meds_calc} medicines in total. Do you take any more medicines on a regular basis (at least once a week)? Please include inhalers, aerosols, injections, and AYUSH medicine**	[1] Yes [2] No [99] No response		
meds_number	**How many additional medicines (not mentioned before) do you take on a regular basis?**	[Integer]	Referring to question **So you have told me you take ${meds_calc} medicines in total. Do you take any more medicines on a regular basis (at least once a week)? Please include inhalers, aerosols, injections, and AYUSH medicine** *meds_more* If chosen [1] "Yes"	
meds_name_pic	**Please list the names of these**	[Text]	Referring to question **So you have told me you take ${meds_calc} medicines in total. Do you take any more medicines on a regular basis (at least once a week)? Please include inhalers, aerosols, injections, and AYUSH medicine** *meds_more* If chosen [1] "Yes"	

	Do you take any vitamin or mineral supplements on a regular basis (at least once a week)?	[1] Yes [2] No [99] No response		
vit_consume	Do you take any vitamin or mineral supplements on a regular basis (at least once a week)?	[1] Yes [2] No [99] No response		
supp_number	How many supplements do you take?	[Integer]	Referring to question **Do you take any vitamin or mineral supplements on a regular basis (at least once a week)?** *vit_consume* If chosen 1 as integer	
supp_name	Name	[Image]	Referring to question **How many supplements do you take?** *supp_number* If chosen >0 as integer	
supp_name_text	Enter medicine name if unable to take photo of label	[Text]	Referring to question **How many supplements do you take?** *supp_number* If chosen >0 as integer	
supp_name2	Name	[Image]	Referring to question **How many supplements do you take?** *supp_number* If chosen >1 as integer	
supp_name2_text	Enter medicine name if unable to take photo of label	[Text]	Referring to question **How many supplements do you take?** *supp_number* If chosen >1 as integer	
supp_name3	Name	[Image]	Referring to question **How many supplements do you take?** *supp_number* If chosen >2 as integer	
supp_name3_text	Enter medicine name if unable to take photo of label	[Text]	Referring to question **How many supplements do you take?** *supp_number* If chosen >2 as integer	
meds_calc_note	You told me you take ${meds_calc2} medicines and supplements in total.		If total number of medications reported is 1 or more.	
meds_cost	In total, how much did you pay for these medicines and health supplements out-of-pocket in the last 12 months? Please include any costs that were later reimbursed.	[Integer]	If *meds_calc_note* >=0	
meds_cost_reimb	How much of these costs were later reimbursed? E.g., from insurance or your employer	[Integer]	Referring to question **In total, how much did you pay for these medicines and health supplements out-of-pocket in the last 12 months? Please**	

			include any costs that were later reimbursed. *meds_cost* If chosen >0 as integer	
meds_cost_reimb_source	**Who reimbursed the costs?**	[1] Health insurance [2] Employer [3] Other	Referring to question **How much of these costs were later reimbursed? E.g., from insurance or your employer** *meds_cost_reimb* If chosen >0 as integer	
meds_cost_source_insur_oth	**Please specify health insurance used.**	[Text]	Referring to question **Who reimbursed the costs?** *meds_cost_reimb_source* If chosen [1] "Yes"	
chronic_conditions	**Chronic conditions**			
angina_note	**Please note the following questions refer to symptoms in the past ONE YEAR**	[Enumerator Note]		
chest_discomfort_pain	**Do you ever have any pain or discomfort in your chest?**	[1] Yes [2] No [99] No response		
chest_uphill	**Do you get it when you walk uphill or hurry?**	[1] Yes [2] No [99] No response	Referring to question **Do you ever have any pain or discomfort in your chest?** *chest_discomfort_pain* If chosen [1] "Yes"	
chest_ordinary	**Do you get it when you walk at an ordinary pace on the level?**	[1] Yes [2] No [99] No response	Referring to question **Do you ever have any pain or discomfort in your chest?** *chest_discomfort_pain* If chosen [1] "Yes"	
chest_remedy_walking	**What do you do if you get it while you are walking?**	[1] Stop/ slow down [2] Carry on [99] No response	Referring to question **Do you ever have any pain or discomfort in your chest?** *chest_discomfort_pain* If chosen [1] "Yes"	
chest_standing_still	**If you are standing still, what happens to it?**	[1] Relieved [2] Not relieved [99] No response	Referring to question **Do you ever have any pain or discomfort in your chest?** *chest_discomfort_pain* If chosen [1] "Yes"	
chest_standing_still_time	**How soon?**	[1] 10 minutes or less [2] Over 10 minutes [99] No response	Referring to question **If you are standing still, what happens to it?** *chest_standing_still* If chosen [1] "Yes"	
location_discomfort_pain	**Will you show me where it is (record all places)?**	[1] 1 [2] 2 [3] 3 [4] 4 [5] 5 [6] 6 [7] 7	Referring to question **Do you ever have any pain or discomfort in your chest?** *chest_discomfort_pain* If chosen [1] "Yes"	

		[8] 8 [9] 9 [10] 10 [11] 11 [12] 12 [13] 13 [14] 14 [15] 15 [16] 16 [17] 17 [18] 18		
tb_note	**Please note the following questions refer to CURRENT symptoms**			
tb_cough	**Do you have a persistent cough that has lasted for 2 weeks or more?**	[1] Yes [2] No [99] No response		
tb_fever	**Do you currently have a fever that has lasted for 2 weeks or more?**	[1] Yes [2] No [99] No response		
nightsweats	**Do you currently have drenching night sweats (so that you have to change your bedclothes)?**	[1] Yes [2] No [99] No response		
tb_blood	**Do you currently cough up blood?**	[1] Yes [2] No [99] No response		
tb_weightloss	**Have you experienced considerable weight loss (10lb/4.5kg or more of bodyweight) over a period of 6 months to 1 year?**	[1] Yes [2] No [99] No response		
tb_noterefer	**The respondent has screened positive for potential TB.**	[Enumerator Note]	Referring to question **Do you have a persistent cough that has lasted for 2 weeks or more?** *tb_cough* **or** **Do you currently have a fever that has lasted for 2 weeks or more?** *tb_fever* **or** **Have you experienced considerable weight loss (10lb/4.5kg or more of bodyweight) over a period of 6 months to 1 year?** *tb_weightloss* **or** **Do you currently have drenching night sweats (so that you have to change your bedclothes)?** *Nightsweats* **Or** **Do you currently cough up blood?** *tb_blood* If chosen [1]	

			"Yes"	
copd_note	**Please note the following questions refer to symptoms in the past ONE YEAR**		Referring to question **Participant age** **(Age last birthday)** *show_age* **If chosen ≥45 as integer**	
copd_cough_phlegm_mucus	**How often do you cough up mucus or phlegm?**	[1] Never [2] Rarely [3] Sometimes [4] Often [5] Very often [99] No response	Referring to question **Participant age** **(Age last birthday)** *show_age* **If chosen ≥45 as integer**	
copd_chest_noisy_breathe	**How often does your chest sound noisy (wheezy, whistling, rattling) when you breathe?**	[1] Never [2] Rarely [3] Sometimes [4] Often [5] Very often [99] No response	Referring to question **Participant age** **(Age last birthday)** *show_age* **If chosen ≥45 as integer**	
copd_sob	**How often do you experience shortness of breath during physical activity (walking up a flight of stairs or walking up an incline without stopping to rest)?**	[1] Never [2] Rarely [3] Sometimes [4] Often [5] Very often [99] No response	Referring to question **Participant age** **(Age last birthday)** *show_age* If chosen ≥45 as integer	
stroke_note	**Please note the following questions refer to symptoms that have EVER occurred**		Referring to question **Have you EVER been diagnosed with stroke (paralytic attack)?** *diagnosed_stroke* **and** **Participant age** **(Age last birthday)** *show_age* If chosen [2] or [99] "No" or "No response" And If chosen ≥45 as integer	
stroke_paralysis	**Have you ever suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with stroke (paralytic attack)?** *diagnosed_stroke* **and** **Participant age** **(Age last birthday)** *show_age* If chosen [2] or [99] "No" or "No response" And If chosen ≥45 as integer	
stroke_numbness	**Have you ever suffered from sudden onset of numbness in your arms or legs on one side of your body for more than 24 hours?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with stroke (paralytic attack)?** *diagnosed_stroke* **and** **Participant age** **(Age last birthday)** *show_age* If chosen [2] or [99]	

			"No" or "No response" And If chosen ≥45 as integer	
stroke_weakness	**Have you ever suffered from sudden onset of weakness in the face for more than 24 hours?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with stroke (paralytic attack)?** *diagnosed_stroke* **and** **Participant age** **(Age last birthday)** *show_age* If chosen [2] or [99] "No" or "No response" And If chosen ≥45 as integer	
stroke_slurring	**Have you ever suffered from sudden onset of slurring of speech for more than 24 hours?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with stroke (paralytic attack)?** *diagnosed_stroke* **and** **Participant age** **(Age last birthday)** *show_age* If chosen [2] or [99] "No" or "No response" And If chosen ≥45 as integer	
asthma_note	**Please note the following questions refer to symptoms in the past ONE YEAR**			
wheezing	**Have you ever had wheezing or whistling in the chest at any time in the last 12 months?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still have asthma?** *asthma_still* **or** **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
wheezing_occurrence	**In the last year have you had this wheezing or whistling only when you have a cold?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Have you ever had wheezing or whistling in the chest at any time in the last 12 months?** *Wheezing* If chosen [1] "Yes"	
wheezing_attack	**In the last year have you ever had an attack of wheezing or whistling that has made you feel short of breath?**	[1] Yes [2] No [3] Don't know [99] No response	**Have you ever had wheezing or whistling in the chest at any time in the last 12 months?** *Wheezing* If chosen [1] "Yes"	
asthma_exercise_sob	**Have you had an attack of shortness of**	[1] Yes [2] No	Referring to question **Do you still have asthma?** *asthma_still*	

	breath after exercise in the last 12 months?	[3] Don't know [99] No response	or **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
asthma_rest_sob	**Have you had an attack of shortness of breath that came on during the day when you were at rest at any time in the last 12 months?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still have asthma?** *asthma_still* or **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
asthma_wake_tight	**Have you woken up with the feeling of tightness in your chest at any time in the last 12 months?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still have asthma?** *asthma_still* or **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
asthma_wake_sob	**Have you woken up by an attack of shortness of breath at any time in the last 12 months?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still have asthma?** *asthma_still* or **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
asthma_wake_cough	**Have you been woken up by an attack of coughing at any time in the last 12 months?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still have asthma?** *asthma_still* or	

			Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
asthma_dry_cough	**In the last 12 months, have you had a dry cough during the night, apart from a cough associated with a cold or a chest infection?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still have asthma?** *asthma_still* **or** **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
asthma_phlegm	**Did you have phlegm when coughing for at least 3 months in the last year?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still have asthma?** *asthma_still* **or** **Have you EVER been diagnosed with asthma, asthmatic bronchitis or allergic bronchitis? Including as a child or young adult** *diagnosed_asthma* If chosen [2] or [99] "No" or "No response" Or [2] or [99] "No" or "No response"	
arthritis_note	**Please note the following questions refer to symptoms in the past ONE YEAR**		Referring to question **Have you EVER been diagnosed with arthritis (a disease of the joints, also known as rheumatism or osteoarthritis)?** *diagnosed_arthritis* And **Participant age** **(Age last birthday)** *show_age* If chosen [2] or [99] "No" or "No response" And If chosen ≥45 as integer	
arthritis_swell	**During the last 12 months, have you experienced, pain, aching, stiffness or swelling in or around the joints (like arms,**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with arthritis (a disease of the joints, also known as rheumatism or osteoarthritis)?** *diagnosed_arthritis*	

	hands, legs or feet) which were not related to an injury and lasted for more than a month?	[Text]	And **Participant age (Age last birthday)** *show_age* If chosen [2] or [99] "No" or "No response" And If chosen ≥45 as integer	
arthritis_morning	**During the last 12 months, have you experienced stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with arthritis (a disease of the joints, also known as rheumatism or osteoarthritis)?** *diagnosed_arthritis* And **Participant age (Age last birthday)** *show_age* If chosen [2] or [99] "No" or "No response" And If chosen ≥45 as integer	
arthritis_stiff_time	**How long did this stiffness last?**	[1] About 30 minutes or less [2] More than 30 minutes [99] No response	Referring to question **During the last 12 months, have you experienced stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?** *arthritis_morning* If chosen [1] "Yes"	
arthritis_stiff_exercise	**Did this stiffness go away after exercise or movement in the joint?**	[1] Yes [2] No [99] No response	Referring to question **During the last 12 months, have you experienced stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?** *arthritis_morning* If chosen [1] "Yes"	
dental_note	**Please note the following questions refer to symptoms in the past ONE YEAR**			
note_44	**Now, I have some questions about your oral (dental) health.**			
dental_problems	**In the last 12 months, have you ever been diagnosed with or suffered from any of the following oral problem(s)?**	[1] Painful teeth [2] Ulcers lasting more than 2 weeks [3] Bleeding gums [4] Swelling gums [5] Loose teeth [6] Dental cavity/caries [7] Soreness or cracks in corner of mouth [8] Other [9] None [99] No response		
dental_problems_other	**Please specify**	[Text]	Referring to question **In the last 12 months, have you ever been diagnosed with or suffered from any of the following oral problem(s)?** *dental_problems*	

			If chosen [8] "Other"	
gord_note	**Please note the following questions refer to symptoms in the past ONE YEAR**		Referring to question **Have you EVER been diagnosed with gastro-oesophageal reflux disease?** *diagnosed_gastroreflux* If chosen [2] or [99] "No" or "No response"	
gord_burn	**Do you ever feel a sensation of burning in the chest?**	[1] Yes [2] No [99] No response	Referring to question **Have you EVER been diagnosed with gastro-oesophageal reflux disease?** *diagnosed_gastroreflux* If chosen [2] or [99] "No" or "No response"	
gord_burn_long	**For how long have you experienced this feeling?**	[1] Less than one month [2] One month or more [99] No response	Referring to question **Do you ever feel a sensation of burning in the chest?** *gord_burn* If chosen [1] "Yes"	
gord_burn_freq	**How often do you experience this feeling?**	[1] Daily [2] Weekly [3] Less than weekly [99] No response	Referring to question **Do you ever feel a sensation of burning in the chest?** *gord_burn* If chosen [1] "Yes"	
gord_regurg	**Do you ever have a feeling of sour food/liquid coming into your throat?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Have you EVER been diagnosed with gastro-oesophageal reflux disease?** *diagnosed_gastroreflux* If chosen [2] or [99] "No" or "No response"	
gord_regurg_long	**For how long have you experienced this feeling?**	[1] Less than one month [2] One month or more [99] No response	Referring to question **Do you ever have a feeling of sour food/liquid coming into your throat?** *gord_regurg* If chosen [1] "Yes"	
gord_regurg_freq	**How often do you experience this feeling?**	[1] Daily [2] Weekly [3] Less than weekly [99] No response	Referring to question **Do you ever have a feeling of sour food/liquid coming into your throat?** *gord_regurg* If chosen [1] "Yes"	
painq2	**Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?**	[1] Yes [2] No [99] No response		
pain_response	**In the last 3 months have you experienced pain or discomfort in any of the following areas?**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?**	

			painq2 If chosen [1] "Yes"	
pain_all	Pain all over the body	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] "Yes"	
head	Head (e.g., headaches, migraines)	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] "Yes"	
pain_face	Face	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] "Yes"	
pain_neck	Neck or shoulders	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] "Yes"	
pain_back	Back	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] "Yes"	
pain_back_type	Site of back pain (select all)	[1] Lower [2] Upper	Required; coding error; correction of data in process.	
pain_stomach	Stomach or abdomen	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] "Yes"	
pain_hips	Hips	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1]	

			“Yes”	
pain_knees	**Knees**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] “Yes”	
pain_arms	**Arms**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] “Yes”	
pain_hands	**Hands**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] “Yes”	
pain_feet	**Feet**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] “Yes”	
pain_feet_both	**Is the pain present in both your feet?**	[1] Yes [2] No [99] No response	Referring to question **Feet** *pain_feet* If chosen [1] “Yes”	
pain_legs	**Legs**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] “Yes”	
pain_chest	**Chest**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2* If chosen [1] “Yes”	
pain_other	**Do you experience pain in any other sites?**	[1] Yes [2] No [99] No response	Referring to question **Are you troubled by pain or discomfort, either all the time or on and off, that has been present for more than 3 months?** *painq2*	

			If chosen [1] "Yes"	
pain_other_specify	**Please specify the site**	[Text]	Referring to question **Do you experience pain in any other sites?** *pain_other* If chosen [1] "Yes"	
pain_bothered	**Which one of the pains you have experienced in the last 3 months has bothered you most?**	[1] All over the body [2] Head [3] Face [4] Neck or shoulders [5] Upper back [6] Lower back [7] Back [8] Stomach or abdomen [9] Hips [10] Knees [11] Arms [12] Hands [13] Feet [14] Legs [15] Chest [16] Other [99] No response	Only asked if total number of pains reported is greater than 0	
hypo_note	**Please note the following questions refer to symptoms in the past ONE YEAR**			
hypo_sympt	**Have you noticed any of the following symptoms?**	[1] Reduced sweating (e.g. even on a hot day) [2] Hoarse voice (e.g. when speaking or singing) [3] Tingling or prickling sensations (pins and needles) [4] Dry skin (without another clear cause) [5] Constipation (e.g., need for laxatives) [6] Hearing getting worse [7] Increase in weight (e.g. clothes became too tight) [8] No Symptoms [99] No response		
goitre_visible	**Participant has a swelling in the neck that is clearly visible when the neck is in a normal position.**	[1] Yes [2] No [3] Don't know [99] No response		
goitre_visible_move	**Participant's swelling moves when they swallow.**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Participant has a swelling in the neck that is clearly visible when the neck is in a normal position.** *goitre_visible* If chosen [1] "Yes"	
goitre_extend	**Participant has a swelling in the neck that is visible when neck is extended**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Participant has a swelling in the neck that is clearly visible when the neck is in a normal position.** *goitre_visible* If chosen [2] "No"	

goitre_extend_move	**Participant's swelling moves when they swallow.**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Participant has a swelling in the neck that is visible when neck is extended** *goitre_extend* If chosen [1] "Yes"	
goitre_note	**I have observed a potential swelling in your neck, I recommend that you visit your PHC to have this checked.**		Referring to question **Participant has a swelling in the neck that is clearly visible when the neck is in a normal position.** *goitre_visible* **Or** **Participant has a swelling in the neck that is visible when neck is extended** *goitre_extend* If chosen [1] or [1] "Yes" or "Yes"	
covid_pos	**Have you ever tested positive or been diagnosed with COVID-19?**	[1] Yes [2] No [99] No response		
covid_pos_no	**How many times have you had COVID-19 (tested positive or diagnosed)?**	[Integer]	Referring to question **Have you ever tested positive or been diagnosed with COVID-19?** *covid_pos* If chosen [1] or [1] "Yes"	
covid_pos1_intro	**I'm now going to ask about your first COVID-19 illness.**	[Enumerator Note]	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >1 as integer	
covid_pos1_date	**When did you first test positive/get diagnosed?**	[Date]	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >0 as integer	
covid_pos1_test	**Did you have a positive test?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >0 as integer	
covid_pos1_any_sympt	**Did you experience any symptoms during this illness?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >0 as integer	
covid_pos1_list_sympt	**Did you experience any of the following symptoms?**	[1] Fever [2] Headache [3] Muscle ache [4] Weakness/tiredness [5] Nausea/vomiting [6] Abdominal pain [7] Diarrhoea	Referring to question **Did you experience any symptoms during this illness?** *covid_pos1_any_sympt* If chosen [1] "Yes"	

		[8] Constipation [9] Loss of appetite [10] Loss of taste [11] Loss of smell [12] Sore throat [13] Cough [14] Shortness of breath [15] Chest pain [16] Palpitations [17] Vertigo/dizziness [18] Worry/anxiety [19] Low mood/not enjoying anything [20] Trouble sleeping [21] Memory loss of confusion [22] Difficulty concentrating [23] None of the above [99] No response		
covid_pos1_list_fever	**From the start of your symptoms/positive test, for many weeks did you experience fever?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [1] "Fever"	
covid_pos1_list_headache	**From the start of your symptoms/positive test, for many weeks did you experience headache?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [2] "Headache"	
covid_pos1_list_muscle	**From the start of your symptoms/positive test, for many weeks did you experience muscle ache?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [3] "Muscle ache"	
covid_pos1_list_tiredness	**From the start of your symptoms/positive test, for many weeks did you experience weakness/tiredness?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [4] "Weakness/tiredness"	
covid_pos1_list_vomiting	**From the start of your symptoms/positive test, for many weeks did you experience nausea/vomiting?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [5] "Nausea/vomiting"	
covid_pos1_list_abpain	**From the start of your symptoms/positive test, for many weeks did you experience abdominal pain?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [6] "Abdominal pain"	
covid_pos1_list_diarrhoea	**From the start of your symptoms/positive test, for many weeks did you experience diarrhoea?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [7] "Diarrhoea"	

covid_pos1_list_constipation	**From the start of your symptoms/positive test, for many weeks did you experience constipation?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [8] "Constipation"	
covid_pos1_list_appetite	**From the start of your symptoms/positive test, for many weeks did you experience loss of appetite?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [9] "Loss of appetite"	
covid_pos1_list_taste	**From the start of your symptoms/positive test, for many weeks did you experience loss of taste?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [10] "Loss of taste"	
covid_pos1_list_smell	**From the start of your symptoms/positive test, for many weeks did you experience loss of smell?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [11] "Loss of smell"	
covid_pos1_list_throat	**From the start of your symptoms/positive test, for many weeks did you experience sore throat?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [12] "Sore throat"	
covid_pos1_list_cough	**From the start of your symptoms/positive test, for many weeks did you experience cough?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [13] "Cough"	
covid_pos1_list_breath	**From the start of your symptoms/positive test, for many weeks did you experience shortness of breath?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [14] "Shortness of breath"	
covid_pos1_list_chestpain	**From the start of your symptoms/positive test, for many weeks did you experience chest pain?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [15] "Chest pain"	
covid_pos1_list_palpitations	**From the start of your symptoms/positive test, for many weeks did you experience palpitations?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [16] "Palpitations"	
covid_pos1_list_dizziness	**From the start of your symptoms/positive test, for many weeks did you experience vertigo/dizziness?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [17] "Vertigo/dizziness"	

covid_pos1_list_anxiety	**From the start of your symptoms/positive test, for many weeks did you experience worry/anxiety?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [18] "Worry/anxiety"	
covid_pos1_list_anything	**From the start of your symptoms/positive test, for many weeks did you experience low mood/not enjoying anything?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [19] "Low mood/not enjoying anything"	
covid_pos1_list_sleeping	**From the start of your symptoms/positive test, for many weeks did you experience trouble sleeping?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [20] "Trouble sleeping"	
covid_pos1_list_confusion	**From the start of your symptoms/positive test, for many weeks did you experience memory loss or confusion?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [21] "Memory loss of confusion"	
covid_pos1_list_concentrating	**From the start of your symptoms/positive test, for many weeks did you experience difficulty concentrating?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos1_list_sympt* If chosen [22] "Difficulty concentration"	
covid_pos1_hosp	**Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >0 as integer	
covid_pos1_hosp_oxygen	**Did you receive non-invasive oxygen therapy (oxygen delivered through a mask) while in hospital?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)** *covid_pos1_hosp* If chosen [1] "Yes"	
covid_pos1_hosp_vent	**Did you receive ventilation (machine that breathes for you) while in hospital?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)** *covid_pos1_hosp* If chosen [1] "Yes"	
covid_pos2_intro	**I'm now going to ask about your second COVID-19 illness.**		Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >1 as integer	
covid_pos2_date	**When did you first test positive/get diagnosed?**	[Date]	Referring to question	

			How many times have you had COVID-19 (tested positive or diagnosed)? *covid_pos_no* If chosen >1 as integer	
covid_pos2_test	**Did you have a positive test?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >1 as integer	
covid_pos2_any_sympt	**Did you experience any symptoms during this illness?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >1 as integer	
covid_pos2_list_sympt	**Did you experience any of the following symptoms?**	[1] Fever [2] Headache [3] Muscle ache [4] Weakness/tiredness [5] Nausea/vomiting [6] Abdominal pain [7] Diarrhoea [8] Constipation [9] Loss of appetite [10] Loss of taste [11] Loss of smell [12] Sore throat [13] Cough [14] Shortness of breath [15] Chest pain [16] Palpitations [17] Vertigo/dizziness [18] Worry/anxiety [19] Low mood/not enjoying anything [20] Trouble sleeping [21] Memory loss of confusion [22] Difficulty concentrating [23] None of the above [99] No response	Referring to question **Did you experience any symptoms during this illness?** *covid_pos2_any_sympt* If chosen [1] "Yes"	
covid_pos2_list_fever	**From the start of your symptoms/positive test, for many weeks did you experience fever?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [1] "Fever"	
covid_pos2_list_headache	**From the start of your symptoms/positive test, for many weeks did you experience headache?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [2] "Headache"	
covid_pos2_list_muscle	**From the start of your symptoms/positive test, for many weeks did you experience muscle ache?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [3] "Muscle ache"	

covid_pos2_list_tiredness	**From the start of your symptoms/positive test, for many weeks did you experience weakness/tiredness?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [4] "Weakness/tiredness"	
covid_pos2_list_vomiting	**From the start of your symptoms/positive test, for many weeks did you experience nausea/vomiting?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [5] "Nausea/vomiting"	
covid_pos2_list_abpain	**From the start of your symptoms/positive test, for many weeks did you experience abdominal pain?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [6] "Abdominal pain"	
covid_pos2_list_diarrhoea	**From the start of your symptoms/positive test, for many weeks did you experience diarrhoea?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [7] "Diarrhoea"	
covid_pos2_list_constipation	**From the start of your symptoms/positive test, for many weeks did you experience constipation?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [8] "Constipation"	
covid_pos2_list_appetite	**From the start of your symptoms/positive test, for many weeks did you experience loss of appetite?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [9] "Loss of appetite"	
covid_pos2_list_taste	**From the start of your symptoms/positive test, for many weeks did you experience loss of taste?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [10] "Loss of taste"	
covid_pos2_list_smell	**From the start of your symptoms/positive test, for many weeks did you experience loss of smell?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [11] "Loss of smell"	
covid_pos2_list_throat	**From the start of your symptoms/positive test, for many weeks did you experience sore throat?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [12] "Sore throat"	
covid_pos2_list_cough	**From the start of your symptoms/positive test, for many weeks did you experience cough?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [13] "Cough"	

covid_pos2_list_breath	**From the start of your symptoms/positive test, for many weeks did you experience shortness of breath?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [14] "Shortness of breath"	
covid_pos2_list_chestpain	**From the start of your symptoms/positive test, for many weeks did you experience chest pain?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [15] "Chest pain"	
covid_pos2_list_palpitations	**From the start of your symptoms/positive test, for many weeks did you experience palpitations?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [16] "Palpitations"	
covid_pos2_list_dizziness	**From the start of your symptoms/positive test, for many weeks did you experience vertigo/dizziness?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [17] "Vertigo/dizziness"	
covid_pos2_list_anxiety	**From the start of your symptoms/positive test, for many weeks did you experience worry/anxiety?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [18] "Worry/anxiety"	
covid_pos2_list_anything	**From the start of your symptoms/positive test, for many weeks did you experience low mood/not enjoying anything?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [19] "Low mood/not enjoying anything"	
covid_pos2_list_sleeping	**From the start of your symptoms/positive test, for many weeks did you experience trouble sleeping?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [20] "Trouble sleeping"	
covid_pos2_list_confusion	**From the start of your symptoms/positive test, for many weeks did you experience memory loss or confusion?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [21] "Memory loss of confusion"	
covid_pos2_list_concentrating	**From the start of your symptoms/positive test, for many weeks did you experience difficulty concentrating?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos2_list_sympt* if chosen [22] "Difficulty concentrating"	
covid_pos2_hosp	**Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no*	

			If chosen >1 as integer	
covid_pos2_hosp_oxygen	**Did you receive non-invasive oxygen therapy (oxygen delivered through a mask) while in hospital?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)** *covid_pos2_hosp* if chosen [1] "Yes"	
covid_pos2_hosp_vent	**Did you receive ventilation (machine that breathes for you) while in hospital?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)** *covid_pos2_hosp* if chosen [1] "Yes"	
covid_pos3_intro	**I'm now going to ask about your third COVID-19 illness.**	[Enumerator Note]	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >2 as integer	
covid_pos3_date	**When did you first test positive/get diagnosed?**	[Date]	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >2 as integer	
covid_pos3_test	**Did you have a positive test?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >2 as integer	
covid_pos3_any_sympt	**Did you experience any symptoms during this illness?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >2 as integer	
covid_pos3_list_sympt	**Did you experience any of the following symptoms?**	[1] Fever [2] Headache [3] Muscle ache [4] Weakness/tiredness [5] Nausea/vomiting [6] Abdominal pain [7] Diarrhoea [8] Constipation [9] Loss of appetite [10] Loss of taste [11] Loss of smell [12] Sore throat [13] Cough [14] Shortness of breath [15] Chest pain [16] Palpitations [17] Vertigo/dizziness [18] Worry/anxiety [19] Low mood/not enjoying anything [20] Trouble sleeping	Referring to question **Did you experience any symptoms during this illness?** *covid_pos3_any_sympt* If chosen [1] "Yes"	

		[21] Memory loss of confusion [22] Difficulty concentrating [23] None of the above [99] No response		
covid_pos3_list_fever	**From the start of your symptoms/positive test, for many weeks did you experience fever?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* if chosen [1] "Fever"	
covid_pos3_list_headache	**From the start of your symptoms/positive test, for many weeks did you experience headache?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [2] "Headache"	
covid_pos3_list_muscle	**From the start of your symptoms/positive test, for many weeks did you experience muscle ache?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [3] "Muscle aches"	
covid_pos3_list_tiredness	**From the start of your symptoms/positive test, for many weeks did you experience weakness/tiredness?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [4] "Weakness/tiredness"	
covid_pos3_list_vomiting	**From the start of your symptoms/positive test, for many weeks did you experience nausea/vomiting?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [5] "Nausea/vomiting"	
covid_pos3_list_abpain	**From the start of your symptoms/positive test, for many weeks did you experience abdominal pain?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [6] "Abdominal pain"	
covid_pos3_list_diarrhoea	**From the start of your symptoms/positive test, for many weeks did you experience diarrhoea?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [7] "Diarrhoea"	
covid_pos3_list_constipation	**From the start of your symptoms/positive test, for many weeks did you experience constipation?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [8] "Constipation"	
covid_pos3_list_appetite	**From the start of your symptoms/positive test, for many weeks did you experience loss of appetite?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [9] "Loss of appetite"	

covid_pos3_list_taste	**From the start of your symptoms/positive test, for many weeks did you experience loss of taste?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [10] "Loss of taste"	
covid_pos3_list_smell	**From the start of your symptoms/positive test, for many weeks did you experience loss of smell?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [11] "Loss of smell"	
covid_pos3_list_throat	**From the start of your symptoms/positive test, for many weeks did you experience sore throat?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [12] "Sore throat"	
covid_pos3_list_cough	**From the start of your symptoms/positive test, for many weeks did you experience cough?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [13] "Cough"	
covid_pos3_list_breath	**From the start of your symptoms/positive test, for many weeks did you experience shortness of breath?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [14] "Shortness of breath"	
covid_pos3_list_chestpain	**From the start of your symptoms/positive test, for many weeks did you experience chest pain?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [15] "Chest pain"	
covid_pos3_list_palpitations	**From the start of your symptoms/positive test, for many weeks did you experience palpitations?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [16] "Palpitations"	
covid_pos3_list_dizziness	**From the start of your symptoms/positive test, for many weeks did you experience vertigo/dizziness?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [17] "Vertigo/dizziness"	
covid_pos3_list_anxiety	**From the start of your symptoms/positive test, for many weeks did you experience worry/anxiety?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [18] "Worry/anxiety"	
covid_pos3_list_anything	**From the start of your symptoms/positive test, for many weeks did you experience low mood/not enjoying anything?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [19]	

			"Low mood/not enjoying anything"	
covid_pos3_list_sleeping	**From the start of your symptoms/positive test, for many weeks did you experience trouble sleeping?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [20] "Trouble sleeping"	
covid_pos3_list_confusion	**From the start of your symptoms/positive test, for many weeks did you experience memory loss or confusion?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [21] "Memory loss of confusion"	
covid_pos3_list_concentrating	**From the start of your symptoms/positive test, for many weeks did you experience difficulty concentrating?**	[Integer]	Referring to question **Did you experience any of the following symptoms?** *covid_pos3_list_sympt* If chosen [22] "Difficulty concentrating"	
covid_pos3_hosp	**Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >2 as integer	
covid_pos3_hosp_oxygen	**Did you receive non-invasive oxygen therapy (oxygen delivered through a mask) while in hospital?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)** *covid_pos3_hosp* If chosen [1] "Yes"	
covid_pos3_hosp_vent	**Did you receive ventilation (machine that breathes for you) while in hospital?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Were you hospitalised when you had COVID-19 (spent one or more nights in hospital?)** *covid_pos3_hosp* If chosen [1] "Yes"	
covid_fever	**(Apart from any symptoms related to COVID-19 illness that you have already described), have you had any illness in which you had new onset of fever AND cough in the past 6 months?**	[1] Yes [2] No [99] No response		
covid_fever_no	**How many times have you had an illness with a new onset of fever AND cough in the past 6 months?**	[Integer]	Referring to question **(Apart from any symptoms related to COVID-19 illness that you have already described), have you had any illness in which you had new onset of fever AND cough in the past 6 months?** *covid_fever* If chosen [1]	

			"Yes"	
covid_fever_intro	I'm now going to ask about the first illness.		Referring to question **How many times have you had COVID-19 (tested positive or diagnosed)?** *covid_pos_no* If chosen >1 as integer	
covid_fever_date	**When did these symptoms first start?**	[Date]	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >0 as integer	
covid_fever_smell	**During this illness, did you experience any loss of sense of taste or smell?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >0 as integer	
covid_fever_breathi ng	**During this illness, did you experience any abnormal shortness of breath, difficulty breathing, or rapid breathing?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >0 as integer	
covid_fever_contact	**In the two weeks prior to this illness, did you come into contact someone who had been diagnosed with COVID-19?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >0 as integer	
covid_fever_hosp	**Were you hospitalised with this illness (spent one or more nights in hospital?)**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >0 as integer	
covid_fever2_intro	I'm now going to ask about your second illness		Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >1 as integer	
covid_fever2_date	**When did these symptoms first start?**	[Date]	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >1 as integer	
covid_fever2_smell	**During this illness, did you experience any loss of sense of taste or smell?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of**	

			fever AND cough in the past 6 months? *covid_fever_no* If chosen >1 as integer	
covid_fever2_breathing	**During this illness, did you experience any abnormal shortness of breath, difficulty breathing, or rapid breathing?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >1 as integer	
covid_fever2_contact	**In the two weeks prior to this illness, did you come into contact someone who had been diagnosed with COVID-19?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >1 as integer	
covid_fever2_hosp	**Were you hospitalised with this illness (spent one or more nights in hospital?)**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >1 as integer	
covid_fever3_intro	**I'm now going to ask about your third illness**		Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >2 as integer	
covid_fever3_date	**When did these symptoms first start?**	[Date]	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >2 as integer	
covid_fever3_smell	**During this illness, did you experience any loss of sense of taste or smell?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >2 as integer	
covid_fever3_breathing	**During this illness, did you experience any abnormal shortness of breath, difficulty breathing, or rapid breathing?**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >2 as integer	
covid_fever3_contact	**In the two weeks prior to this illness, did you come into contact someone who had been diagnosed with COVID-19?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >2 as integer	

covid_fever3_hosp	**Were you hospitalised with this illness (spent one or more nights in hospital?)**	[1] Yes [2] No [99] No response	Referring to question **How many times have you had an illness with a new onset of fever AND cough in the past 6 months?** *covid_fever_no* If chosen >2 as integer	
covid_senses	**(Not including any illnesses you've already mentioned) in the past 6 months, have you experienced any loss of sense of taste or smell?**	[1] Yes [2] No [99] No response		
covid_senses_date	**When did these symptoms first start?**	[Date]	Referring to question **(Not including any illnesses you've already mentioned) in the past 6 months, have you experienced any loss of sense of taste or smell?** *covid_senses* If chosen [1] "Yes"	
covid_senses_contact	**In the two weeks prior to this illness, did you come into contact someone who had been diagnosed with COVID-19?**	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **(Not including any illnesses you've already mentioned) in the past 6 months, have you experienced any loss of sense of taste or smell?** *covid_senses* If chosen [1] "Yes"	
covid_symptoms_longcovid	**In the past 6 months, have you been experiencing any of the following beyond what you are normally used to?**	[1] Headache [2] Muscle ache [3] Weakness/tiredness [4] Memory loss of confusion [5] Difficulty concentrating [6] Cough [7] Shortness of breath [8] Chest pain [9] Palpitations [10] Vertigo/dizziness [11] Worry/anxiety [12] Low mood/not enjoying anything [13] Trouble sleeping [14] Constipation [15] Loss of appetite [16] Sore throat [17] Fever [18] Nausea/vomiting [19] Abdominal pain [20] Diarrhoea		
covid_hh_diag	**Has anyone in your household ever been diagnosed with COVID-19?**	[1] Yes [2] No [99] No response		
covid_hh_diag_date	**If yes, when were they diagnosed? (first occurrence)**	[Date]	Referring to question **Has anyone in your household ever been diagnosed with COVID-19?**	

			covid_hh_diag If chosen [1] "Yes"	
covid_hh2_diag	Has anyone in your household ever been diagnosed another time?	[1] Yes [2] No [99] No response	Referring to question **Has anyone in your household ever been diagnosed with COVID-19?** covid_hh_diag If chosen [1] "Yes"	
covid_hh2_diag_date	If yes, when were they diagnosed? (second occurrence)	[Date]	Referring to question **Has anyone in your household ever been diagnosed another time?** covid_hh2_diag If chosen [1] "Yes"	
covid_hh3_diag	Has anyone in your household ever been diagnosed another time?	[1] Yes [2] No [99] No response	Referring to question **Has anyone in your household ever been diagnosed another time?** covid_hh2_diag If chosen [1] "Yes"	
covid_hh3_diag_date	If yes, when were they diagnosed? (third occurrence)	[Date]	Referring to question **Has anyone in your household ever been diagnosed another time?** covid_hh3_diag If chosen [1] "Yes"	
covid_vaccine	Have you had a COVID-19 vaccination?	[1] Yes [2] No [99] No response		
covid_vaccine_doses	How many doses have you had?	[Integer]	Referring to question **Have you had a COVID-19 vaccination?** covid_vaccine If chosen [1] "Yes"	
covid_vaccine_firstdose	When was the first dose?	[Date]	Referring to question **Have you had a COVID-19 vaccination?** covid_vaccine If chosen [1] "Yes"	
covid_vaccine_seconddose	When was the second dose?	[Date]	Referring to question **Have you had a COVID-19 vaccination?** covid_vaccine **and** **How many doses have you had?** covid_vaccine_doses If chosen [1] "Yes" And 2 as integer	
covid_vaccine_thirddose	When was the third dose?	[Date]	Referring to question **Have you had a COVID-19 vaccination?**	

			covid_vaccine **and** **How many doses have you had?** *covid_vaccine_doses* If chosen [1] "Yes" And 3 as integer	
covid_vaccine_name e	**What was the name of the vaccine?**	[1] Covisheid [2] Covaxin [3] Don't know [4] Other [99] No response	Referring to question **Have you had a COVID-19 vaccination?** *covid_vaccine* If chosen [1] "Yes"	
covid_vaccine_name e_oth	**If other, specify**	[Text]	Referring to question **What was the name of the vaccine?** *covid_vaccine_name* If chosen [4] "Other"	
healthcare_use	**Healthcare use**			
note_62	**I would now like to ask you about your healthcare use this past 12 months. The next questions ask about hospitalization (inpatient care).**			
hc_inp_any	**Over the last 12 months, how many times were you admitted as patient to a hospital for at least one night?**	[Integer]		
hc_inp_nights	**In total, how many nights have you spent in hospital in the past year?**	[Integer]	Referring to question **Over the last 12 months, how many times were you admitted as patient to a hospital for at least one night?** *hc_inp_any* If chosen ≥1 as integer	
hc_inp_recent	**The following questions relate to your most recent inpatient stay.**		Referring to question **Over the last 12 months, how many times were you admitted as patient to a hospital for at least one night?** *hc_inp_any* If chosen ≥1 as integer	
hc_inp_recent_loc	**Where is the facility? (Name of town/city)**	[33] Aakulamylaram [15] Dandumylaram [11] Engalguda [27] Gudur [29] Gummadivalli [0] Hyderabad [1] Ibrahimpatnam [28] Kandurkur [22] Lemur [10] Lingampalli [25] Maheshwaram [4] Mangalpalli [23] Mankhal [26] Mansanpalli [31] Meerkhanpet [13] Nainampalli [34] Nedunur	Referring to question **Over the last 12 months, how many times were you admitted as patient to a hospital for at least one night?** *hc_inp_any* If chosen ≥1 as integer	

		[9] Nomula [3] Patelguda [6] Pocharam [12] Polkampalli [21] Rachaloor [14] Raipole [7] Ramireddyguda [32] Sardarnagar [8] Seetharampet [2] Sheriguda [30] Thimmapur [24] Thummalur [5] Uppariguda [35] Other [99] No response		
hc_inp_recent_loc_other	**Please specify**	[Text]	Referring to question **Where is the facility? (Name of town/city)** *hc_inp_recent_loc* If chosen [35] "Other"	
hc_inp_recent_name	**What is the name of the facility?**	[Text]	Referring to question **Over the last 12 months, how many times were you admitted as patient to a hospital for at least one night?** *hc_inp_any* If chosen ≥1 as integer	
hc_inp_recent_type	**What type of facility is it?**	[1] Health post/sub center [2] PHC [3] CHC [4] District hospital/ Sub-district hospital [5] Government/tertiary hospital [6] Govt. AYUSH hospital [7] Private hospital/Nursing home [8] Private clinic (OPD based service) [9] NGO/Charity/Trust/Church-run hospital [10] Private AYUSH hospital [11] Health camp [12] Mobile healthcare unit [13] Pharmacy/drugstore [14] Home visit [15] Other [16] RMP [99] No response	Referring to question **Over the last 12 months, how many times were you admitted as patient to a hospital for at least one night?** *hc_inp_any* If chosen ≥1 as integer	
hc_inp_recent_oth	**Please specify**	[Text]	Referring to question **What type of facility is it?** *hc_inp_recent_type* If chosen [15] "Other"	

ANTHROPOMETRY QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VAR NAME (if applicable)
ht_comp	Did the participant undergo height measurements?	[1] Yes [2] No		
standingheight1	Standing Height (mm)	[Integer]	Referring to question **Did the participant undergo height measurements?** *ht_comp* If answered [1] **"Yes"**	**25.3a**
htno1	This height seems extreme, please double check the stadiometer and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Standing Height (mm)** *standingheight1* If answered ≤ 1400 or ≥ 1800	
standingheight2	Standing Height (mm)	[Integer]	Referring to question **Did the participant undergo height measurements?** *ht_comp* If answered [1] **"Yes"**	**25.3b**
htno2	This height seems extreme, please double check the stadiometer and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Standing Height (mm)** *standingheight1* If answered ≤ 1400 or ≥ 1800	
stdnumb	Stadiometer Number	[Integer]	Referring to question **Did the participant undergo height measurements?** *ht_comp* If answered [1] **"Yes"**	**25.6**
circum_comp	Did the participant complete the circumference measurements?	[1] Yes [2] No		
circum_comp_specify	Please specify the reason for not completing it	[Text]	Referring to question **Did the participant complete the circumference measurements?** *circum_comp* If answered [2] **"No"**	
waistcircumference1	Waist Circumference (mm)	[Integer]	Referring to question **Did the participant complete the circumference measurements?** *circum_comp* If answered [1] **"Yes"**	**25.7a**
waistcircumno1	This circumference seems extreme, please double check the stadiometer and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Waist Circumference (mm)** *waistcircumference1* If answered ≤ 540 or ≥ 1000	
waistcircumference2	Waist Circumference (mm)	[Integer]	Referring to question **Did the participant complete the circumference measurements?** *circum_comp* If answered [1] **"Yes"**	**25.7b**
waistcircumno2	This circumference seems extreme, please double check the stadiometer and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Waist Circumference (mm)** *waistcircumference2* If answered ≤ 540 or ≥ 1000	

hipcircumference1	**Hip Circumference (mm)**	[Integer]	Referring to question **Did the participant complete the circumference measurements?** *circum_comp* If answered [1] **"Yes"**	**25.8a**
hipcircumno1	**This circumference seems extreme, please double check the stadiometer and confirm that the result has been entered correctly.**	[Enumerator Note]	Referring to question **Hip Circumference (mm)** *hipcircumference1* If answered ≤ 700 or ≥ 1100	
hipcircumference2	**Hip Circumference (mm)**	[Integer]	Referring to question **Did the participant complete the circumference measurements?** *circum_comp* If answered [1] **"Yes"**	**25.8b**
hipcircumno2	**This circumference seems extreme, please double check the stadiometer and confirm that the result has been entered correctly.**	[Enumerator Note]	Referring to question **Hip Circumference (mm)** *hipcircumference2* If answered ≤ 700 or ≥ 1100	
tanita_comp	**Did the participant complete the body composition assessment?**	[1] Yes [2] No		
tanita_comp_specify	**Please specify the reason for not completing it**	[Text]	Referring to question **Did the participant complete the body composition assessment?** *tanita_comp* If answered [2] **"No"**	
tanita_comp_wt	**Please use the seca scales to weigh the participant if they have not completed the Tanita measurement**	[Enumerator Note]	Referring to question **Did the participant complete the body composition assessment?** *tanita_comp* If answered [2] **"No"**	
wt_comp	**Did the participant undergo weight measurement with seca scales?**	[1] Yes [2] No	Referring to question **Did the participant complete the body composition assessment?** *tanita_comp* If answered [2] **"No"**	
wt_comp_specify	**Please specify the reason for not completing it**	[Text]	Referring to question **Did the participant undergo weight measurement with seca scales?** *wt_comp* If answered [2] **"No"**	
wt1	**Weight (kg)**	[Decimal]	Referring to question **Did the participant undergo weight measurement with seca scales?** *wt_comp* If answered [1] **"Yes"**	**25.1a**
wtno1	**This weight seems extreme, please double check the scales and confirm the result has been entered correctly.**	[Enumerator Note]	Referring to question **Weight (kg)** *wt1* If answered ≤ 30 or ≥85	
wt2	**Weight (kg)**	[Decimal]	Referring to question **Did the participant undergo weight measurement with seca scales?** *wt_comp* If answered [1] **"Yes"**	**25.1b**

wtno2	**This weight seems extreme, please double check the scales and confirm the result has been entered correctly.**	[Enumerator Note]	Referring to question **Weight (kg)** *wt2* If answered ≤ 30 or ≥85	
scale_number	**Scale Number**	[Integer]	Referring to question **Did the participant undergo weight measurement with seca scales?** *wt_comp* If answered [1] **"Yes"**	**25.2**
tanita_model	**Please select the machine number**	[1] 1 [2] 2	Referring to question **Did the participant complete the body composition assessment?** *tanita_comp* If answered [1] **"Yes"**	
tanita_photo	**Take a photograph of the participant's Tanita report while the participant rests for their BP reading**	[Image]	Referring to question **Did the participant complete the body composition assessment?** *tanita_comp* If answered [1] **"Yes"**	
tanita_photo2	**Take a photograph of the participant's second Tanita report while the participant rests for their BP reading**	[Image]	Referring to question **Did the participant complete the body composition assessment?** *tanita_comp* If answered [1] **"Yes"**	
bp_comp	**Did the participant complete the blood pressure measurements?**	[1] Yes [2] No		
bp_specify	**Please specify the reason for not completing it**	[Text]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [2] **"No"**	
room_temp	**Room Temperature**	[Decimal]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	**26.1**
uscom1	**Test number on Uscom monitor**	[Integer]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	
systolic_bp	**Systolic Blood Pressure (mmHg)**	[Decimal]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	**26.2a**
sysnote1	**This blood pressure reading seems extreme, please double check the measure and confirm that the result has been entered correctly.**	[Enumerator Note]	Referring to question **Systolic Blood Pressure (mmHg)** *systolic_bp* If answered ≤ 95 or ≥180	
diastolic_bp	**Diastolic Blood Pressure (mmHg)**	[Decimal]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	**26.3a**
dianote1	**This blood pressure reading seems extreme, please double**	[Enumerator Note]	Referring to question **Diastolic Blood Pressure (mmHg)**	

	check the measure and confirm that the result has been entered correctly.		*diastolic_bp* If answered ≤ 50 or ≥120	
uscom2	Test number on Uscom monitor	[Integer]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	
systolic_bp2	Systolic Blood Pressure (mmHg)	[Decimal]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.2b
sysnote2	This blood pressure reading seems extreme, please double check the measure and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Systolic Blood Pressure (mmHg)** *systolic_bp2* If answered ≤ 95 or ≥ 180	
diastolic_bp2	Diastolic Blood Pressure (mmHg)	[Decimal]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.3b
dianote2	This blood pressure reading seems extreme, please double check the measure and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Diastolic Blood Pressure (mmHg)** *diastolic_bp2* If answered ≤ 50 or ≥ 120	
uscom3	Test number on Uscom monitor	[Integer]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	
systolic_bp3	Systolic Blood Pressure (mmHg)	[Decimal]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.2c
sysnote3	This blood pressure reading seems extreme, please double check the measure and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Systolic Blood Pressure (mmHg)** *systolic_bp3* If answered ≤ 95 or ≥180	
diastolic_bp3	Diastolic Blood Pressure (mmHg)	[Decimal]	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.3c
dianote3	This blood pressure reading seems extreme, please double check the measure and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Diastolic Blood Pressure (mmHg)** *diastolic_bp3* If answered ≤ 50 or ≥120	
cuff_size	Select the cuff size used	[1] Small [2] Medium [3] large	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.5

bp_app	BP apparatus number	[1] First [2] Second [3] Third	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.6
rarm_measure	Right arm measurement	[1] Yes [2] No	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.7
measure_adeq	Measurements adequate	[1] Yes [2] No	Referring to question **Did the participant complete the blood pressure measurements?** *bp_comp* If answered [1] **"Yes"**	26.8
measure_adeq_spec	If not, specify	[Text]	Referring to question **Measurements adequate** *measure_adeq* If answered [2] **"No"**	26.9
mus_stre_comp	Did the participant complete the grip strength measurements?	[1] Yes [2] No		
mus_stre_comp_specify	Please specify the reason for not completing it	[Text]	Referring to question **Did the participant complete the grip strength measurements?** *mus_stre_comp* If answered [2] **"No"**	
righthand1	Right Hand (Kg)	[Decimal]	Referring to question **Did the participant complete the grip strength measurements?** *mus_stre_comp* If answered [1] **"Yes"**	25.18
rh1note	This result seems extreme, please double check the dynamometer and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Right Hand (Kg)** *righthand1* If answered ≤ 5 or ≥50	
righthand2	Right Hand (Kg)	[Decimal]	Referring to question **Did the participant complete the grip strength measurements?** *mus_stre_comp* If answered [1] **"Yes"**	25.18
rh2note	This result seems extreme, please double check the dynamometer and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Right Hand (Kg)** *righthand2* If answered ≤ 5 or ≥50	
lefthand1	Left Hand (Kg)	[Decimal]	Referring to question **Did the participant complete the grip strength measurements?** *mus_stre_comp* If answered [1] **"Yes"**	25.19
lh1note	This result seems extreme, please double check the dynamometer and confirm that the result has been entered correctly.	[Enumerator Note]	Referring to question **Left Hand (Kg)** *lefthand1* If answered ≤ 5 or ≥50	
lefthand2	Left Hand (Kg)	[Decimal]	Referring to question	25.19

			Did the participant complete the grip strength measurements? *mus_stre_comp* If answered [1] **"Yes"**	
lh2note	**This result seems extreme, please double check the dynamometer and confirm that the result has been entered correctly.**	[Enumerator Note]	Referring to question **Left Hand (Kg)** *lefthand2* If answered ≤ 5 or ≥50	
dominanthand	**Dominant Hand**	[1] Left [2] Right [3] Both	Referring to question **Did the participant complete the grip strength measurements?** *mus_stre_comp* If answered [1] **"Yes"**	**25.20**
gripmach	**Grip Strength Machine**	[Integer]	Referring to question **Did the participant complete the grip strength measurements?** *mus_stre_comp* If answered [1] **"Yes"**	**25.21**
repro_intro	**I'm now going to ask a few questions about your history of menstruation, pregnancies and contraceptive use. If you are uncomfortable and prefer to skip a question, please say and we can skip.**	[Enumerator Note]		
still_menstruate	**Do you still menstruate?**	[1] Yes [2] No [99] No response		**28.2a**
period_pain	**In last 3 months, have you had pelvic pain (e.g., pain or cramps in your stomach, back or thighs) with or around your period?**	[1] No [2] Occassionally (in 1 of 3 periods) [3] Often (in 2 of 3 periods) [4] Always (every period) [99] No response	Referring to question **Do you still menstruate?** *still_menstruate* If answered [1] **"Yes"**	
periodpain_activities	**In the last 3 months, has your period pain prevented you from going to work or carrying out your daily activities?**	[1] No [2] Occassionally (in 1 of 3 periods) [3] Often (in 2 of 3 periods) [4] Always (every period) [99] No response	Referring to question **In last 3 months, have you had pelvic pain (e.g., pain or cramps in your stomach, back or thighs) with or around your period?** *period_pain* If answered [2] or [3] or [4] **"Often (in 2 of 3 periods)" "Always (every period)" "No response"**	
period_stop	**Have you had a period in the last 12 months?**	[1] Yes [2] No [99] No response	Referring to question **Do you still menstruate?** *still_menstruate* If answered [2] **"No"**	
period_stop_age	**At what age did your periods stop?**	[1] Participant responded with age [2] Participant responded with years since event [99] No response	Referring to question **Do you still menstruate?** *still_menstruate* If answered [2] **"No"**	**28.2b**
period_stop_age_inyears	**Age periods stopped (in years)**	[Integer]	Referring to question **At what age did your periods stop?** *period_stop_age* If answered [1]	**28.2b**

			"Participant responded with age"	
period_stop_age_yearsago	Number of years since periods stopped	[Decimal]	Referring to question **At what age did your periods stop?** *period_stop_age* If answered [2] **"Participant responded with years since event"**	
period_age_calc	So around age ${period_age_calc}, is that correct?	[Enumerator Note]	Referring to question **At what age did your periods stop?** *period_stop_age* If answered [2] **"Participant responded with years since event"**	
hysterectomy	Have you ever had an operation to remove your uterus/womb (hysterectomy)? This is usually done for uncontrolled bleeding from hormonal imbalances, cancers & fibroids, irregular periods	[1] Yes [2] No [3] Don't know [99] No response	Referring to question **Do you still menstruate?** *still_menstruate* If answered [2] **"No"**	
hysterectomy_age	At what age did you have this?	[1] Participant responded with age [2] Participant responded with years since event [99] No response	Referring to question **Have you ever had an operation to remove your uterus/womb (hysterectomy)? This is usually done for uncontrolled bleeding from hormonal imbalances, cancers & fibroids, irregular periods** *hysterectomy* If answered [1] **"Yes"**	
hysterectomy_age_in years	Age at hysterectomy (in years)	[Integer]	Referring to question **At what age did you have this?** *hysterectomy_age* If answered [1] **"Participant responded with age"**	
hysterectomy_age_y earsago	Number of years since hysterectomy	[Decimal]	Referring to question **At what age did you have this?** *hysterectomy_age* If answered [2] **"Participant responded with years since event"**	
hysterectomy_age_c alc	So around age ${hysterectomy_age_calc}, is that correct?	[Enumerator Note]	Referring to question **At what age did you have this?** *hysterectomy_age* If answered [2] **"Participant responded with years since event"**	
note_102	PLEASE DOUBLE CHECK THE AGE AND CONFIRM THAT THE RESULT HAS BEEN ENTERED CORRECTLY	[Enumerator Note]	Referring to questions **Age at hysterectomy (in years)** *hysterectomy_age_inyears* If answered ≤ **"18"** Or **So around age ${hysterectomy_age_calc}, is that correct?** *hysterectomy_age_calc*	

			If answered ≤ **"18"**	
oral_pill_coil	**Have you ever taken the following:**	[1] Oral contraceptive pill [2] Coil [3] None of the above [99] No response		
oral_pill_type	**Which type of pill did you take?**	[1] Combined pill [2] Progesterone only (mini pill) [3] Don't know [99] No response	Referring to question **Have you ever taken the following:** *oral_pill_coil* If answered [1] **"Oral contraceptive pill"**	**28.4b**
oral_pill_yearsuse	**How many years in total did you use the pill?**	[Integer]	Referring to question **Have you ever taken the following:** *oral_pill_coil* If answered [1] **"Oral contraceptive pill"**	**28.4c**
oral_pill_currentuse	**Are you taking oral contraceptive pill currently?**	[1] Yes [2] No [99] No response	Referring to question **Have you ever taken the following:** *oral_pill_coil* If answered [1] **"Oral contraceptive pill"**	
oral_contra_implant _type	**Which type of coil?**	[1] Hormonal coil [2] Copper coil [4] Don't know [99] No response	Referring to question **Have you ever taken the following:** *oral_pill_coil* If answered [2] **"Coil"**	
oral_contra_implant _years	**How many years in total did you use the coil?**	[Integer]	Referring to question **Have you ever taken the following:** *oral_pill_coil* If answered [2] **"Coil"**	
oral_contra_implant _have	**Do you have the coil currently?**	[1] Yes [2] No [99] No response	Referring to question **Have you ever taken the following:** *oral_pill_coil* If answered [2] **"Coil"**	
permanent_steril	**Have you had a permanent sterilisation (tubectomy)?**	[1] Yes [2] No [3] Don't know [99] No response		
permanent_steril_ag e	**If yes, at what age did you have this?**	[1] Participant responded with age [2] Participant responded with years since event [99] No response	Referring to question **Have you had a permanent sterilisation (tubectomy)?** *permanent_steril* If answered [1] **"Yes"**	
permanent_steril_ag e_inyears	**Age at sterilisations (in years)**	[Integer]	Referring to question **If yes, at what age did you have this?** *permanent_steril_age* If answered [1] **"Participant responded with age"**	
permanent_steril_ag e_yearsago	**Number of years since sterilisation**	[Decimal]	Referring to question	

			If yes, at what age did you have this? *permanent_steril_age* If answered [2] **"Participant responded with years since event"**	
permanent_steril_age_calc	**So around age ${permanent_steril_age_calc}, is that correct?**	[Enumerator Note]	Referring to question **If yes, at what age did you have this?** *permanent_steril_age* If answered [2] **"Participant responded with years since event"**	
note_104	**PLEASE DOUBLE CHECK THE AGE AND CONFIRM THAT THE RESULT HAS BEEN ENTERED CORRECTLY**	[Enumerator Note]	Referring to questions **Age at sterilisations (in years)** *permanent_steril_age_inyears* If answered ≤ **"18"** Or **So around age ${permanent_steril_age_calc}, is that correct?** *permanent_steril_age_calc* If answered ≤ **"18"**	
pregnant_2009	**Have you been pregnant since 2009? Please also consider pregnancies that did not result in a live birth.**	[1] Yes [2] No [99] No response		28.5a
age_first_pregnancy	**What age was your first pregnancy?**	[Integer]	Referring to question **Have you been pregnant since 2009? Please also consider pregnancies that did not result in a live birth.** *pregnant_2009* If answered [1] **"Yes"**	28.5b
number_of_pregnancies	**How many pregnancies have you had?**	[Integer]	Referring to question **Have you been pregnant since 2009? Please also consider pregnancies that did not result in a live birth.** *pregnant_2009* If answered [1] **"Yes"**	28.5c
number_live_births	**How many live births have you had?**	[Integer]	Referring to question **How many pregnancies have you had?** *number_of_pregnancies* If answered >0	28.5d
number_miscarriages_stillbirth	**How many miscarriages/stillbirths have you had?**	[Integer]	Referring to question **How many pregnancies have you had?** *number_of_pregnancies* If answered >0	28.5e
pregnant_wo_success	**Have you ever tried to become pregnant during a period of one year or more without success?**	[1] Yes [2] No [99] No response	Referring to question **Have you been pregnant since 2009? Please also consider pregnancies that did not result in a live birth.** *pregnant_2009* If answered [1]	28.6

			“Yes”	
pregnant_now	**Are you currently pregnant?**	[1] Yes [2] No [99] No response	Referring to questions **Have you been pregnant since 2009? Please also consider pregnancies that did not result in a live birth.** *pregnant_2009* If answered [1] **“Yes”** and **Do you still menstruate?** *still_menstruate* If answered [1] **“Yes”** OR **Have you been pregnant since 2009? Please also consider pregnancies that did not result in a live birth.** *pregnant_2009* If answered [1] **“Yes”** and **Do you still menstruate?** *still_menstruate* If answered [2] **“No”** and **Have you ever had an operation to remove your uterus/womb (hysterectomy)? This is usually done for uncontrolled bleeding from hormonal imbalances, cancers & fibroids, irregular periods** *hysterectomy* If answered [2] or [3] or [4] **“No”, “Don't know”, “No response”** and **Have you had a permanent sterilisation (tubectomy)?** *permanent_steril* If answered [2] or [3] or [4] **“No”, “Don't know”, “No response”**	28.7a
pregnancy_months	**How many months pregnant are you?**	[Integer]	Referring to question **Are you currently pregnant?** *pregnant_now* If answered [1] **“Yes”**	28.7b
breastfeeding_now	**Are you currently breastfeeding?**	[1] Yes [2] No [99] No response	Referring to question **How many live births have you had?** *number_live_births* If answered >0	
survey_complete	**Thank you very much for participating, do you have any questions for us?**	[Enumerator Note]		
comment_text	**Comments by Field Investigators**	[Text]		

DISABILITY AND DEMENTIA QUESTIONNAIRE

The shaded questions were only asked to participants aged 45 years and older.

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VAR NAME (if applicable)
dem_csiintro	We would now like to ask you some questions and ask you to follow a few instructions. These might need some concentration. Don't worry if you think you have got the answers wrong, nobody gets them all right. Don't be concerned if some of the questions seem weird to you, please respond if you can. Some questions will be repeated. This is on purpose.		[Enumerator Note]	
dem_note_words	I am going to tell you three words and I would like you to repeat them after me: boat, house, fish.		[Enumerator Note]	
dem_note_words2	Very good, now try to remember these words because I will be asking you later		[Enumerator Note]	
dem_csi_elbow	What do we call this?	[1] Correct [0] Incorrect	[Point to elbow]	
dem_csi_hammer	What do you do with a hammer?	[1] Correct [0] Incorrect		
dem_csi_market	Where is the local market/local store?	[1] Correct [0] Incorrect		
dem_csi_weekday	What day of the week is it?	[1] Correct [0] Incorrect		
dem_csi_season	What is the season?	[1] Correct [0] Incorrect		
dem_csi_doorwindow	Please point first to a window and then to a door	[1] Correct [0] Incorrect		
dem_notewords3	Do you remember the three words I told you a few minutes ago?		[Enumerator Note]	
dem_csi_boat	Boat	[1] Correct [0] Incorrect		
dem_csi_house	House	[1] Correct [0] Incorrect		
dem_csi_fish	Fish	[1] Correct [0] Incorrect		
dem_tbi	Have you ever had a serious head injury in which you were knocked out?	[1] Yes [2] No [99] No response		
dem_tbi_time	How long were you unconscious?	[Integer]	Referring to question **Have you ever had a serious head injury in which you were knocked out?** *dem_tbi* If answered [1] **"Yes"**	
dem_tbi_units	Units of time	[1] Minute [2] Hour	Referring to question **Have you ever had a serious head injury in which you were knocked out?** *dem_tbi* If answered [1] **"Yes"**	
dem_tbi_age	How old were you at the time?	[Integer]	Referring to question **Have you ever had a serious head injury in which you were knocked out?**	

			dem_tbi If answered [1] **"Yes"**	
dem_tbi_famhistory	**Have any of your close relatives such as parents, brothers or sisters had the problem of serious loss of memory, leading to problems with looking after themselves?**	[1] Yes [2] No [99] No response		
dem_tbi_famhistory_rel	**Which relatives had this problem?**	[1] Father [2] Mother [3] Brother or sister	Referring to question **Have any of your close relatives such as parents, brothers or sisters had the problem of serious loss of memory, leading to problems with looking after themselves?** *dem_tbi_famhistory* If answered [1] **"Yes"**	
note_8	**Over the last two weeks, how often have you been bothered by the following problems?**		[Enumerator Note]	
depression_little_interest	**Little interest or pleasure in doing things**	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		**9.7**
depression_feeling_depressed	**Feeling down, depressed, or hopeless**	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		**9.8**
depression_trouble_sleeping	**Trouble falling or staying asleep, or sleeping too much**	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		**9.9**
depression_feeling_tired	**Feeling tired or having little energy**	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		**9.10**
depression_poor_apetite_overeating	**Poor appetite or overeating**	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		**9.11**
depression_failure_yourself	**Feeling bad about yourself, or that you are a failure, or have let yourself or your family down**	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		**9.12**
depression_trouble_concentrating	**Trouble concentrating on things, such as reading the newspaper or watching television**	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		**9.13**
depression_moving_slowly_fidgety	**Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been**	[1] Not at all [2] Several days [3] More than half the days		**9.14**

	moving around a lot more than usual	[4] Nearly every day [99] No response		
depression_better_dead_hurtingself	Thoughts that you would be better off dead, or of hurting yourself in some way	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		9.15
note_9	Over the last two weeks, how often have you been bothered by the following problems?		[Enumerator Note]	
gad_anx	Feeling nervous, anxious, or on edge	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		
gad_worrycontrol	Not being able to stop or control worrying	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		
gad_worrydifferent	Worrying too much about different things	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		
gad_relax	Trouble relaxing	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		
gad_restless	Being so restless that it is hard to sit still	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		
gad_irrit	Becoming easily annoyed or irritable	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		
gad_afraid	Feeling afraid, as if something awful might happen	[1] Not at all [2] Several days [3] More than half the days [4] Nearly every day [99] No response		
sensory_impairment	Sensory impairments		[Hidden]	
diagnosed_vision	Have you been diagnosed with any eye or vision problem or condition?	[1] Yes [2] No [99] No response		
vision_type	Type of vision problem/condition	[1] Cataracts [2] Glaucoma [3] Diabetic retinopathy [4] Refractive error [5] Other [6] Don't know	Referring to question **Have you been diagnosed with any eye or vision problem or condition?** diagnosed_vision If answered [1] **"Yes"**	
vision_type_other	Please specify	[Text]	Referring to question **Type of vision problem/condition** vision_type	

			If answered [5] **"Other"**	
vision_cataract_remove	**Have you had eye surgery to remove this cataract(s)?**	[1] Yes [2] No [99] No response	Referring to question **Type of vision problem/condition** *vision_type* If answered [1] **"Cataracts"**	
diagnosed_hearing	**Have you been diagnosed with hearing or ear related problem or condition?**	[1] Yes [2] No [99] No response		
note_50	**In the last 12 months have you experienced:**			
cataracts_cloud	**Cloudy or blurry vision**	[1] Yes [2] No [99] No response	Referring to questions **Have you been diagnosed with any eye or vision problem or condition?** *diagnosed_vision* If answered [2], [99] **"No", "No response"** OR If answered [1] **"Yes"** AND **Have you had eye surgery to remove this cataract(s)?** *vision_cataract_remove* If left blank	
cataracts_light	**Vision problems with light, such as glare from bright lights, or halos around lights?**	[1] Yes [2] No [99] No response	Referring to questions **Have you been diagnosed with any eye or vision problem or condition?** *diagnosed_vision* If answered [2], [99] **"No", "No response"** OR If answered [1] **"Yes"** AND **Have you had eye surgery to remove this cataract(s)?** *vision_cataract_remove* If left blank	
note_51	**Falls**		[Hidden]	
fall_year	**In the past year, have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?**	[1] Yes [2] No [99] No response		
note_48	**The next questions ask about difficulties you may have doing certain activities because of a health problem.**		[Enumerator Note]	
sens_glasses	**Do you wear glasses?**	[1] Yes [2] No [3] Don't know [99] No response		
dis_vision	**Do you have difficulty seeing (even when wearing your glasses)? Would you say…**	[1] No difficulty [2] Some difficulty [3] A lot of difficulty [4] Cannot do at all [5] Don't know [99] No response		
sens_hearingaid	**Do you wear a hearing aid?**	[1] Yes [2] No		

		[3] Don't know [99] No response		
dis_hearing	**Do you have difficulty hearing (even when using a hearing aid(s))? Would you say…**	[1] No difficulty [2] Some difficulty [3] A lot of difficulty [4] Cannot do at all [5] Don't know [99] No response		
dis_mobility	**Do you have difficulty walking or climbing steps? Would you say…**	[1] No difficulty [2] Some difficulty [3] A lot of difficulty [4] Cannot do at all [5] Don't know [99] No response		
dis_cognition	**Do you have difficulty remembering or concentrating? Would you say…**	[1] No difficulty [2] Some difficulty [3] A lot of difficulty [4] Cannot do at all [5] Don't know [99] No response		
dis_selfcare	**Do you have difficulty with self-care, such as washing all over or dressing? Would you say…**	[1] No difficulty [2] Some difficulty [3] A lot of difficulty [4] Cannot do at all [5] Don't know [99] No response		
dis_communication	**Using your usual language, do you have difficulty communicating, for example understanding or being understood? Would you say…**	[1] No difficulty [2] Some difficulty [3] A lot of difficulty [4] Cannot do at all [5] Don't know [99] No response		
note_53	**Health Related Quality of Life**		[Enumerator Note]	
mobility	**How you have been feeling in general on your health state today in terms of mobility?**	[1] I have no problems in walking about [2] I have slight problems in walking about [3] I have moderate problems in walking about [4] I have severe problems in walking about [5] I am unable to walk about [99] No response		**9.1**
self_care	**How you have been feeling in general on your health state today in terms of self care?**	[1] I have no problems in walking about [2] I have slight problems in walking about [3] I have moderate problems in walking about [4] I have severe problems in walking about [5] I am unable to walk about [99] No response		**9.2**
usual_activities	**How you have been feeling in general on your health state today in terms of usual activities (e.g. work, study, housework, family or leisure activities)?**	[1] I have no problems doing my usual activities [2] I have slight problems doing my usual activities [3] I have moderate problems doing my usual activities [4] I have severe problems		**9.3**

		doing my usual activities [5] I am unable to do my usual activities [99] No response		
pain_discomfort	**How you have been feeling in general on your health state today in terms of pain/discomfort?**	[1] I have no pain or discomfort [2] I have slight pain or discomfort [3] I have moderate pain or discomfort [4] I have severe pain or discomfort [5] I have extreme pain or discomfort [99] No response		**9.4**
anxiety_depression	**How you have been feeling in general on your health state today in terms of anxiety/depression?**	[1] I am not anxious or depressed [2] I am slightly anxious or depressed [3] I am moderately anxious or depressed [4] I am severely anxious or depressed [5] I am extremely anxious or depressed [99] No response		**9.5**
health_scale	**We have drawn a scale on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. Please indicate on this scale how good or bad your own health is today, in your opinion**		[Enumerator Note]	**9.6**
stress	**Stress**		[Enumerator Note]	
note_10	**The following questions ask about how you've felt this past month, and how often you've felt or thought a certain way. Some of the questions might sound similar, but there are differences.**		[Enumerator Note]	
stress_upset	**How often have you felt that you were unable to control the important things in your life?**	[1] Never [2] Almost never [3] Sometimes [4] Fairly often [5] Very often		
stress_control	**How often have you felt confident about your ability to handle your personal problems?**	[1] Never [2] Almost never [3] Sometimes [4] Fairly often [5] Very often		
stress_nervous	**How often have you felt that things were going your way?**	[1] Never [2] Almost never [3] Sometimes [4] Fairly often [5] Very often		
stress_confidence	**How often have you felt difficulties were piling up so high that you could not overcome them?**	[1] Never [2] Almost never [3] Sometimes [4] Fairly often [5] Very often		
suicide_helpline	**In your answers before, you said that you sometimes think of hurting yourself. We strongly recommend you call this free help-line for support [provide the sheet with the number: Roshni; 040 66202000 / 66202001; Time: 11 am to 9 pm, Mon to Sat.]**	Referring to question: **Thoughts that you would be better off dead, or of hurting yourself in some way** *depression_ better_dead_hurtingself* If answered [2], [3], [4]		

		“Several days”, “More than half the days”, “Nearly every day”	
survey_complete	**Thank you very much for participating, do you have any questions for us?**	[Enumerator Note]	
comment_text	**Comments by Field Investigators**	[Text]	

AUDIO RECORDING LOG

4FU VARIABLE NAME	QUESTION	COMMENTS (including any branching logic)
count_permiss	**We will now like to record your voice. Do you give permission for us to record you making different sounds like 'aaa'?**	[1] Yes [2] No	
vowel_audio_a	**Please repeat the following sound for 5 seconds three times - 'aaa'**	[Enumerator Note]	Referring to question **We will now like to record your voice. Do you give permission for us to record you making different sounds like 'aaa'?** *count_permiss* If answered [1] **“Yes”**
freetext_audio	**We would like to record you speaking normally for a short time (20-30 seconds). Please describe your day yesterday for me, e.g., what you did from morning to evening, who did you see and speak to.**	[Enumerator Note]	Referring to question **We will now like to record your voice. Do you give permission for us to record you making different sounds like 'aaa'?** *count_permiss* If answered [1] **“Yes”**
animals_begin		Referring to questions **We will now like to record your voice. Do you give permission for us to record you making different sounds like 'aaa'?** *count_permiss* If answered [1] **“Yes”** and **Participant's age** *age* If answered ≥ 45
note_animals	**Now we are going to ask you to think of animals and name as many as you can. If you wish you may also include birds along with**	[Enumerator Note]	
audio_animals	**Start the stopwatch and time for one minute. Record the participant's response**	[Enumerator Note]	
animals_total	**Total number of animals and/or birds named in one minute**	[Integer]	
animals_no	**Did the participant name anything that is not an animal/bird?**	[1] Yes [2] No	
animals_repeat	**Did the participant repeat the same animal/bird name?**	[1] Yes [2] No	
noisecanc_removed	**The noise-cancellation adaptor should not be used for the breath recording. Please tick yes once this has been removed.**	[Enumerator Note]	Referring to question **We will now like to record your voice. Do you give permission for us to record you making different sounds like 'aaa'?** *count_permiss* ; If answered [1] **“Yes”**
audio_breath	**Ask the respondent to take a deep breath through their mouth then exhale normally (not forced exhale nor slow exhale) through their mouth then repeat the cycle again for 5 cycles.**	[Enumerator Note]	Referring to question **We will now like to record your voice. Do you give permission for us to record you making different sounds like 'aaa'?** *count_permiss* ; If answered [1] **“Yes”**
comment_text	**Comments by Field Investigators**	[Text]	

PHYSICAL ACTIVITY QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VAR NAME (if applicable)
note5	**Now I am going to ask about your physical activity**		[Enumerator Note]	
job_unpaid_training	**Do you currently have a job or do any unpaid work or study/training? Do not include household work, we will ask about this later.**	[1] Yes [2] No [99] No response		**11.1**
job_days_perweek	**How many days did you work at the job or unpaid work in the last week?**	[Integer]		**11.2**
job_hours_perday	**In the last week, how many hours per day did you spend at this work? (To the nearest half hour)**	[Decimal]		**11.3**
note_pawork	**Of the hours you spent at work in a day last week, I am going to ask you how many hours you spent doing different activities.**		[Enumerator Note]	
note_strenuous	**First, I'm going to ask about activities that are more strenuous than walking:**		[Enumerator Note]	**11.4**
carrying_15-25kgs	**Did you take part in: carrying/walking with loads (15-25 kg)?**	[1] Yes [2] No [99] No response		**11.4 (a) (i)**
carrying_15-25kgs_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in carrying/walking with loads (15-25 kg)?** *carrying_15-25kgs* If answered [1] **"Yes"**	**11.4 (a) (ii)**
carrying_25kgs_dur	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in carrying/walking with loads (15-25 kg)?** *carrying_15-25kgs* If answered [1] **"Yes"**	**11.4 (a) (iii)**
lifting_loading_weights	**Did you take part in lifting/loading of weights?**	[1] Yes [2] No [99] No response		**11.4 (c) (i)**
lifting_loading_weights_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in lifting/loading of weights?** *lifting_loading_weights* If answered [1] **"Yes"**	**11.4 (c) (ii)**
lifting_loading_weights_dur	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in lifting/loading of weights?** *lifting_loading_weights* If answered [1] **"Yes"**	**11.4 (c) (iii)**
pushing_loaded_cart	**Did you take part in pushing a cart with a load?**	[1] Yes [2] No [99] No response		**11.4 (d) (i)**
loadedcart_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in pushing a cart with a load?** *pushing_loaded_cart*	**11.4 (d) (ii)**

			If answered [1] **"Yes"**	
total_duration_cart	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in pushing a cart with a load?** *pushing_loaded_cart* If answered [1] **"Yes"**	**11.4 (d) (iii)**
ploughing	**Did you take part in ploughing?**	[1] Yes [2] No [99] No response		**11.4 (e) (i)**
ploughing_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in ploughing?** *ploughing* If answered [1] **"Yes"**	**11.4 (e) (ii)**
total_duration_ploughing	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in ploughing?** *ploughing* If answered [1] **"Yes"**	**11.4 (e) (iii)**
digging	**Did you take part in digging?**	[1] Yes [2] No [99] No response		**11.4 (f) (i)**
digging_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in digging?** *digging* If answered [1] **"Yes"**	**11.4 (f) (ii)**
total_duration_digging	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in digging?** *digging* If answered [1] **"Yes"**	**11.4 (f) (iii)**
watering_weeding_fields	**Did you take part in watering / weeding fields?**	[1] Yes [2] No [99] No response		**11.4 (g) (i)**
watering_weeding_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in watering / weeding fields?** *watering_weeding_days* If answered [1] **"Yes"**	**11.4 (g) (ii)**
total_duration_wateringweeding	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in watering / weeding fields?** *watering_weeding_days* If answered [1] **"Yes"**	**11.4 (g) (iii)**
cut_wood_stones	**Did you take part in cutting / chopping wood or stones?**	[1] Yes [2] No [99] No response		**11.4 (h) (i)**
cutwood_stones_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in cutting / chopping wood or stones?** *cut_wood_stones* If answered [1] **"Yes"**	**11.4 (h) (ii)**
total_duration_cuttingwood_stones	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question	**11.4 (h) (iii)**

			Did you take part in cutting / chopping wood or stones? *cut_wood_stones* If answered [1] **"Yes"**	
harvesting	**Did you take part in harvesting?**	[1] Yes [2] No [99] No response		**11.4 (i) (i)**
harvesting_days	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in harvesting?** *harvesting* If answered [1] **"Yes"**	**11.4 (i) (ii)**
total_duration_harvesting	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in harvesting?** *harvesting* If answered [1] **"Yes"**	**11.4 (i) (iii)**
strenuous_other	**Did you take part in any other activities at work that were more strenuous than walking?**	[1] Yes [2] No [99] No response		**11.4 (j) (i)**
other_activity_1	**Please name other activities you took part in that are more strenuous than walking**	[Text]	Referring to question **Did you take part in any other activities at work that were more strenuous than walking?** *strenuous_other* If answered [1] **"Yes"**	**11.4 (k)**
total_number_days _activity1	**Total number of days per week doing task**	[Integer]	Referring to question **Did you take part in any other activities at work that were more strenuous than walking?** *strenuous_other* If answered [1] **"Yes"**	**11.4 (k) (ii)**
total_duration_strenous_otheractivity 1	**Total duration per day doing task (minutes)**	[Decimal]	Referring to question **Did you take part in any other activities at work that were more strenuous than walking?** *strenuous_other* If answered [1] **"Yes"**	**11.4 (k) (iii)**
other_activity_2	**Please name other activities you took part in that are more strenuous than walking**	[Text]	Referring to question **Please name other activities you took part in that are more strenuous than walking** *other_activity_1* If not left blank	**11.4 (l)**
total_number_days _activity2	**Total number of days per week**	[Integer]	Referring to question **Please name other activities you took part in that are more strenuous than walking** *other_activity_1* If not left blank	**11.4 (l) (ii)**
total_duration_strenous_otheractivity 2	**Total duration per day (minutes)**	[Decimal]	Referring to question **Please name other activities you took part in that are more strenuous than walking** *other_activity_1* If not left blank	**11.4 (l) (iii)**
other_activity_3	**Please name other activities you took part in**	[Text]	Referring to question	**11.4 (m)**

	that are more strenuous than walking		Please name other activities you took part in that are more strenuous than walking *other_activity_1* *other_activity_2* If not left blank	
total_number_days _activity3	Total number of days per week	[Integer]	Referring to question Please name other activities you took part in that are more strenuous than walking *other_activity_1* *other_activity_2* If not left blank	11.4 (m) (ii)
total_duration_stre nous_otheractivity 3	Total duration per day (minutes)	[Decimal]	Referring to question Please name other activities you took part in that are more strenuous than walking *other_activity_1* *other_activity_2* If not left blank	11.4 (m) (iii)
other_activity_4	Please name other activities you took part in that are more strenuous than walking	[Text]	Referring to question Please name other activities you took part in that are more strenuous than walking *other_activity_1* *other_activity_2* *other_activity_3* If not left blank	
total_number_days _activity4	Total number of days per week	[Integer]	Referring to question Please name other activities you took part in that are more strenuous than walking *other_activity_1* *other_activity_2* *other_activity_3* If not left blank	
total_duration_stre nous_otheractivity 4	Total duration per day (minutes)	[Decimal]	Referring to question Please name other activities you took part in that are more strenuous than walking *other_activity_1* *other_activity_2* *other_activity_3* If not left blank	
note_other_work_ act	I'm now going to ask about activities that are less strenuous. Please give your answers to the nearest half hour.	[Enumerator Note]		
job_hours_walking	How many hours did you spend walking: E.g. walking around, strolling, walking with light loads?	[Decimal]		
job_hours_standin g	How many hours did you spend standing: E.g. talking, lab work, supervising, mild cleaning, cattle grazing done standing?	[Decimal]		
job_hours_sitting	How many hours did you spend sitting: E.g. typing, computer work, cleaning grains, eating lunch, driving for your work?	[Decimal]		
work_travel	Now think about how you travelled to and from work over the LAST WEEK. Please do not include travel activities if you have already mentioned them when discussing your work/college activities.	[Enumerator Note]		

days_motor_vehicle_work	**During the last week, how many days did you travel on a motorised vehicle, like a car, bus, auto-rickshaw or motorcycle to and from work?**	[Integer]		**11.5 (a)**
duration_motor_vehicle_work	**Total duration per day travelling by motorised vehicle (minutes)**	[Decimal]	Referring to question **During the last week, how many days did you travel on a motorised vehicle, like a car, bus, auto-rickshaw or motorcycle to and from work?** *days_motor_vehicle_work* If answered **>= 1 as integer**	**11.5 (b)**
days_cycle_work	**During the last week, how many days did you cycle to and from work?**	[Integer]		**11.6 (a)**
duration_cycle_work	**Total duration per day travelling by cycle (minutes)**	[Decimal]	Referring to question **During the last week, how many days did you cycle to and from work?** *days_cycle_work* If answered **>= 1 as integer**	**11.6 (b)**
days_walk_work	**During the last week, how many days did you walk to and from work?**	[Integer]		**11.7 (a)**
duration_walk_work	**Total duration per day walking to and from work (minutes)**	[Decimal]	Referring to question **During the last week, how many days did you walk to and from work?** *days_walk_work* If answered **>= 1 as integer**	**11.7 (b)**
travel	**Now think about how you travelled from place to place over the LAST WEEK, including places like stores, movies, visiting relatives etc., but excluding to and from work. Please do not include travelling activities that you have already mentioned.**	[Enumerator Note]		
days_motor_vehicle_other	**During the last week, how many days did you travel on a motorised vehicle, like a car, bus, auto-rickshaw or motorcycle except to and from work?**	[Integer]		**11.8 (a)**
duration_motor_vehicle_other	**Total duration per day (minutes)**	[Decimal]	Referring to question **During the last week, how many days did you travel on a motorised vehicle, like a car, bus, auto-rickshaw or motorcycle except to and from work?** *days_motor_vehicle_other* If answered **>= 1 as integer**	**11.8 (b)**
days_cycle_other	**During the last week, how many days did you cycle except to and from work?**	[Integer]		**11.9 (a)**
duration_cycle_other	**Total duration per day (minutes)**	[Decimal]	Referring to question **During the last week, how many days did you cycle except to and from work?** *days_cycle_other* If answered **>= 1 as integer**	**11.9 (b)**
days_walk_other	**During the last week, how many days did you travel to places by walking except to and from work?**	[Integer]		**11.10 (a)**

duration_walk_other	Total duration per day (minutes)	[Decimal]	Referring to question **During the last week, how many days did you travel to places by walking except to and from work?** *days_walk_other* If answered >= 1 as integer	**11.10 (b)**
leisure	Now I am going to ask you some questions about how you spent your time, apart from work outside of the home over the LAST WEEK. First, please think about all the physical activities that you did in the LAST WEEK solely for sport, exercise or leisure. Please do not include any activities you have already mentioned.		[Enumerator Note]	
walking_normal	Did you take part in walking normal speed for leisure?	[1] Yes [2] No [99] No response		**11.11 (a) (i)**
walking_normal_totaldays	Total number of days per week	[Integer]	Referring to question **Did you take part in walking normal speed for leisure?** *walking_normal* If answered [1] **"Yes"**	**11.11 (a) (ii)**
walking_normal_perday	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in walking normal speed for leisure?** *walking_normal* If answered [1] **"Yes"**	**11.11 (a) (iii)**
walking_brisk	Did you take part in walking brisk speed for leisure?	[1] Yes [2] No [99] No response		**11.11 (b) (i)**
last_7days_walking_brisk	Total number of days per week	[Integer]	Referring to question **Did you take part in walking brisk speed for leisure?** *walking_brisk* If answered [1] **"Yes"**	**11.11 (b) (ii)**
last_7days_total_duration_walking_brisk	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in walking brisk speed for leisure?** *walking_brisk* If answered [1] **"Yes"**	**11.11 (b) (iii)**
jogging_running	Did you take part in jogging/running?	[1] Yes [2] No [99] No response		**11.11 (c) (i)**
last_7days_jogging_running	Total number of days per week	[Integer]	Referring to question **Did you take part in jogging/running?** *jogging_running* If answered [1] **"Yes"**	**11.11 (c) (ii)**
Last_7days_total_duration_jogging_running	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in jogging/running?** *jogging_running* If answered [1] **"Yes"**	**11.11 (c) (iii)**
badminton	Did you take part in badminton?	[1] Yes [2] No [99] No response		**11.11 (d) (i)**

last_7days_badminton	**Total number of days per week**	[Integer]	Referring to question **Did you take part in badminton?** *badminton* If answered [1] **"Yes"**	**11.11 (d) (ii)**
last_7days_total_duration_badminton	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in badminton?** *badminton* If answered [1] **"Yes"**	**11.11 (d) (iii)**
cricket	**Did you take part in cricket?**	[1] Yes [2] No [99] No response		**11.11 (e) (i)**
last_7days_cricket	**Total number of days per week**	[Integer]	Referring to question **Did you take part in cricket?** *cricket* If answered [1] **"Yes"**	**11.11 (e) (ii)**
last_7days_total_duration_cricket	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in cricket?** *cricket* If answered [1] **"Yes"**	**11.11 (e) (iii)**
yoga	**Did you take part in yoga?**	[1] Yes [2] No [99] No response		**11.11 (f) (i)**
last_7days_yoga	**Total number of days per week**	[Integer]	Referring to question **Did you take part in yoga?** *yoga* If answered [1] **"Yes"**	**11.11 (f) (ii)**
last_7days_total_duration_yoga	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in yoga?** *yoga* If answered [1] **"Yes"**	**11.11 (f) (iii)**
swimming	**Did you take part in swimming?**	[1] Yes [2] No [99] No response		**11.11 (g) (i)**
last_7days_swimming	**Total number of days per week**	[Integer]	Referring to question **Did you take part in swimming?** *swimming* If answered [1] **"Yes"**	**11.11 (g) (ii)**
last_7days_total_duration_swimming	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in swimming?** *swimming* If answered [1] **"Yes"**	**11.11 (g) (iii)**
volleyball	**Did you take part in volleyball?**	[1] Yes [2] No [99] No response		**11.11 (i) (i)**
last_7days_volleyball	**Total number of days per week**	[Integer]	Referring to question **Did you take part in volleyball?** *volleyball* If answered [1] **"Yes"**	**11.11 (i) (ii)**
last_7days_total_duration_volleyball	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in volleyball?** *volleyball*	**11.11 (i) (iii)**

			If answered [1] **"Yes"**	
kabaddi	**Did you take part in kabbadi?**	[1] Yes [2] No [99] No response		**11.11 (j) (i)**
last_7days_kabaddi	**Total number of days per week**	[Integer]	Referring to question **Did you take part in kabbadi?** *kabaddi* If answered [1] **"Yes"**	**11.11 (j) (ii)**
last_7days_total_duration_kabbadi	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in kabbadi?** *kabaddi* If answered [1] **"Yes"**	**11.11 (j) (iii)**
cycling	**Did you take part in cycling?**	[1] Yes [2] No [99] No response		**11.11 (k) (i)**
last_7days_cycling	**Total number of days per week**	[Integer]	Referring to question **Did you take part in cycling?** *cycling* If answered [1] **"Yes"**	**11.11 (k) (ii)**
last_7days_total_duration_cycling	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in cycling?** *cycling* If answered [1] **"Yes"**	**11.11 (k) (iii)**
calisthenics	**Did you take part in gym exercises like push-ups, sit-ups, squats, pull-ups?**	[1] Yes [2] No [99] No response		
last_7days_calisthenics	**Total number of days per week**	[Integer]	Referring to question **Did you take part in gym exercises like push-ups, sit-ups, squats, pull-ups?** *calisthenics* If answered [1] **"Yes"**	
last_7days_total_duration_calisthenics	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in gym exercises like push-ups, sit-ups, squats, pull-ups?** *calisthenics* If answered [1] **"Yes"**	
leisure_other	**Did you take part in any other activities for sport, exercise or leisure, other than those mentioned?**	[1] Yes [2] No [99] No response		**11.11 (m) (i)**
other_1	**Please name other activities you took part in for sport, exercise or leisure**	[Text]	Referring to question **Did you take part in any other activities for sport, exercise or leisure, other than those mentioned?** *leisure_other* If answered [1] **"Yes"**	**11.11 (n)**
last_7_days_other_1_physical_activity	**Total number of days per week**	[Integer]	Referring to question **Did you take part in any other activities for sport, exercise or leisure, other than those mentioned?** *leisure_other* If answered [1]	**11.11 (n) (ii)**

			"Yes"	
last_7_days_total_ duration_other_1_ physical_activity	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in any other activities for sport, exercise or leisure, other than those mentioned?** *leisure_other* If answered [1] **"Yes"**	**11.11 (n) (ii)**
other_2	**Please name other activities you took part in for sport, exercise or leisure**	[Text]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* If not left blank	**11.11 (o)**
last_7_days_other_ 2_physical_activity	**Total number of days per week**	[Integer]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* If not left blank	**11.11 (o) (ii)**
last_7_days_total_ duration_other_2_ physical_activity	**Total duration per day (minutes)**	[Decimal]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* If not left blank	**11.11 (o) (iii)**
other_3	**Please name other activities you took part in for sport, exercise or leisure**	[Text]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* *other_2* If not left blank	**11.11 (p)**
last_7_days_other_ 3_physical_activity	**Total number of days per week**	[Integer]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* *other_2* If not left blank	**11.11 (p) (ii)**
last_7_days_total_ duration_other_3_ physical_activity	**Total duration per day (minutes)**	[Decimal]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* *other_2* If not left blank	**11.11 (p) (iii)**
other_4	**Please name other activities you took part in for sport, exercise or leisure**	[Text]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* *other_2* *other_3* If not left blank	
last_7_days_other_ 4_physical_activity	**Total number of days per week**	[Integer]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* *other_2* *other_3* If not left blank	
last_7_days_total_ duration_other_4_ physical_activity	**Total duration per day (minutes)**	[Decimal]	Referring to question **Please name other activities you took part in for sport, exercise or leisure** *other_1* *other_2*	

			other_3 If not left blank	
household_activities	**Now think about activities you do at home such as housework, gardening and hobbies in the LAST WEEK. Please do not include any activities already mentioned**		[Enumerator Note]	
cooking	**Did you take part in cooking?**	[1] Yes [2] No [99] No response		**11.12 (a)**
last_7days_other_cooking	**Total number of days per week**	[Integer]	Referring to question **Did you take part in cooking?** *cooking* If answered [1] **"Yes"**	
last_7_days_total_duration_cooking	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in cooking?** *cooking* If answered [1] **"Yes"**	
washing_utensils	**Did you take part in washing vessels?**	[1] Yes [2] No [99] No response		**11.12 (b)**
last_7days_other_washing_utensils	**Total number of days per week**	[Integer]	Referring to question **Did you take part in washing vessels?** *washing_utensils* If answered [1] **"Yes"**	
last_7days_total_duration_washing_utensils	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in washing vessels?** *washing_utensils* If answered [1] **"Yes"**	
mopping	**Did you take part in mopping?**	[1] Yes [2] No [99] No response		**11.12 (c)**
last_7days_other_mopping	**Total number of days per week**	[Integer]	Referring to question **Did you take part in mopping?** *mopping* If answered [1] **"Yes"**	
last_7days_total_duration_mopping	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in mopping?** *mopping* If answered [1] **"Yes"**	
sweeping	**Did you take part in sweeping?**	[1] Yes [2] No [99] No response		**11.12 (d)**
last_7days_other_sweeping	**Total number of days per week**	[Integer]	Referring to question **Did you take part in sweeping?** *sweeping* If answered [1] **"Yes"**	
last_7days_total_duration_sweeping	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in sweeping?** *sweeping* If answered [1] **"Yes"**	

washing_clothes	**Did you take part in washing clothes manually?**	[1] Yes [2] No [99] No response		**11.12 (e)**
last_7days_other_ washing_clothes	**Total number of days per week**	[Integer]	Referring to question **Did you take part in washing clothes manually?** *washing_clothes* If answered [1] **"Yes"**	
last_7days_total_d uration_washing_cl othes	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in washing clothes manually?** *washing_clothes* If answered [1] **"Yes"**	
dusting_cleaning	**Did you take part in dusting / cleaning?**	[1] Yes [2] No [99] No response		**11.12 (f)**
last_7days_other_d usting_cleaning	**Total number of days per week**	[Integer]	Referring to question **Did you take part in dusting / cleaning?** *dusting_cleaning* If answered [1] **"Yes"**	
last_7days_total_d uration_dusting_cl eaning	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in dusting / cleaning?** *dusting_cleaning* If answered [1] **"Yes"**	
ironing_folding_clo thes	**Did you take part in ironing and folding clothes?**	[1] Yes [2] No [99] No response		**11.12 (g)**
last_7days_other_i roning_folding_clot hes	**Total number of days per week**	[Integer]	Referring to question **Did you take part in ironing and folding clothes?** *ironing_folding_clothes* If answered [1] **"Yes"**	
last_7days_total_d uration_ironing_fol ding_clothes	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in ironing and folding clothes?** *ironing_folding_clothes* If answered [1] **"Yes"**	
child_care	**Did you take part in child care?**	[1] Yes [2] No [99] No response		**11.12 (h)**
last_7days_other_c hild_care	**Total number of days per week**	[Integer]	Referring to question **Did you take part in child care?** *child_care* If answered [1] **"Yes"**	
last_7days_total_d uration_child_care	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in child care?** *child_care* If answered [1] **"Yes"**	

collecting_fuel_water	**Did you take part in collecting fuel/fodder/water?**	[1] Yes [2] No [99] No response		**11.12 (i)**
last_7days_other_collecting_fuel_water	Total number of days per week	[Integer]	Referring to question **Did you take part in collecting fuel/fodder/water?** *collecting_fuel_water* If answered [1] **"Yes"**	
last_7days_total_duration_collecting_fuel_water	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in collecting fuel/fodder/water?** *collecting_fuel_water* If answered [1] **"Yes"**	
animal_care	**Did you take part in animal care?**	[1] Yes [2] No [99] No response		**11.12 (j)**
last_7days_other_animal_care	Total number of days per week	[Integer]	Referring to question **Did you take part in animal care?** *animal_care* If answered [1] **"Yes"**	
last_7days_total_duration_animal_care	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in animal care?** *animal_care* If answered [1] **"Yes"**	
gardening	**Did you take part in gardening?**	[1] Yes [2] No [99] No response		**11.12 (k)**
last_7days_other_gardening	Total number of days per week	[Integer]	Referring to question **Did you take part in gardening?** *gardening* If answered [1] **"Yes"**	
last_7days_total_duration_gardening	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in gardening?** *gardening* If answered [1] **"Yes"**	
washing_clothes_machine	**Did you take part in washing clothes by machine?**	[1] Yes [2] No [99] No response		**11.12 (m)**
last_7days_other_washing_clothes_machine	Total number of days per week	[Integer]	Referring to question **Did you take part in washing clothes by machine?** *washing_clothes_machine* If answered [1] **"Yes"**	
last_7days_total_duration_washing_clothes_machine	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in washing clothes by machine?** *washing_clothes_machine* If answered [1] **"Yes"**	
housework_other	**Did you take part in any other activity at home such as housework, gardening**	[1] Yes [2] No [99] No response		**11.12 (l)**

	and hobbies, other than those mentioned?			
other_housework_1	**Please name other activities you took part in at home**	[Text]	Referring to question **Did you take part in any other activity at home such as housework, gardening and hobbies, other than those mentioned?** *housework_other* If answered [1] **"Yes"**	
last_7days_other_activity_1	**Total number of days per week**	[Integer]	Referring to question **Did you take part in any other activity at home such as housework, gardening and hobbies, other than those mentioned?** *housework_other* If answered [1] **"Yes"**	
last_7days_total_duration_other_activity_1	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in any other activity at home such as housework, gardening and hobbies, other than those mentioned?** *housework_other* If answered [1] **"Yes"**	
other_housework_2	**Please name other activities you took part in at home**	[Text]	Referring to question **Please name other activities you took part in at home** *other_housework_1* If not left blank	**11.12 (n)**
last_7days_other_activity_2	**Total number of days per week**	[Integer]	Referring to question **Please name other activities you took part in at home** *other_housework_1* If not left blank	
last_7days_total_duration_other_activity_2	**Total duration per day (minutes)**	[Decimal]	Referring to question **Please name other activities you took part in at home** *other_housework_1* If not left blank	
other_housework_3	**Please name other activities you took part in at home**	[Text]	Referring to question **Please name other activities you took part in at home** *other_housework_1* *other_housework_2* If not left blank	**11.12 (o)**
last_7days_other_activity_3	**Total number of days per week**	[Integer]	Referring to question **Please name other activities you took part in at home** *other_housework_1* *other_housework_2* If not left blank	
last_7days_total_duration_other_activity_3	**Total duration per day (minutes)**	[Decimal]	Referring to question **Please name other activities you took part in at home** *other_housework_1* *other_housework_2* If not left blank	

sedentary	**This last question is about time spent sitting in the LAST WEEK. Do not include time spent sitting at work. Please do not include any activities already mentioned.**	[Enumerator Note]		**11.13**
reading_leisure	**Did you take part in reading for leisure?**	[1] Yes [2] No [99] No response		**11.13 (a)**
last_7days_other_reading_leisure	**Total number of days per week**	[Integer]	Referring to question **Did you take part in reading for leisure?** *reading_leisure* If answered [1] **"Yes"**	
last_7days_total_duration_reading_leisure	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in reading for leisure?** *reading_leisure* If answered [1] **"Yes"**	
computer_games_internet	**Did you take part in playing computer/computer games / internet for leisure?**	[1] Yes [2] No [99] No response		**11.13 (b)**
last_7days_other_computer_games_internet	**Total number of days per week**	[Integer]	Referring to question **Did you take part in playing computer /computer games / internet for leisure?** *computer_games_internet* If answered [1] **"Yes"**	
last_7days_total_duration_computer_games_internent	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in playing computer /computer games / internet for leisure?** *computer_games_internet* If answered [1] **"Yes"**	
watching_tv_movies	**Did you take part in watching TV/ movies?**	[1] Yes [2] No [99] No response		**11.13 (c)**
last_7days_other_watching_tv_movies	**Total number of days per week**	[Integer]	Referring to question **Did you take part in watching TV/ movies?** *watching_tv_movies* If answered [1] **"Yes"**	
last_7days_total_duration_watching_tv_movies	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in watching TV/ movies?** *watching_tv_movies* If answered [1] **"Yes"**	
indoor_games	**Did you take part in playing indoor games (e.g. chess, carom, playing cards)?**	[1] Yes [2] No [99] No response		**11.13 (d)**
last_7days_other_indoor-games	**Total number of days per week**	[Integer]	Referring to question **Did you take part in playing indoor games (e.g. chess, carom, playing cards)?** *indoor_games* If answered [1] **"Yes"**	

last_7days_total_duration_indoor_games	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in playing indoor games (e.g. chess, carom, playing cards)?** *indoor_games* If answered [1] **"Yes"**	
prayer_meditation	**Did you take part in prayer/meditation?**	[1] Yes [2] No [99] No response		**11.13 (e)**
last_7days_prayer_meditation	Total number of days per week	[Integer]	Referring to question **Did you take part in prayer/meditation?** *prayer_meditation* If answered [1] **"Yes"**	
last_7days_total_duration_prayer_meditation	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in prayer/meditation?** *prayer_meditation* If answered [1] **"Yes"**	
listening_music_radio	**Did you take part in listening to music/radio?**	[1] Yes [2] No [99] No response		**11.13 (f)**
last_7days_other_listening_music_radio	Total number of days per week	[Integer]	Referring to question **Did you take part in listening to music/radio?** *listening_music_radio* If answered [1] **"Yes"**	
last_7days_total_duration_listening_music_radio	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in listening to music/radio?** *listening_music_radio* If answered [1] **"Yes"**	
sewing_embroidery_knitting	**Did you take part in sewing /embroidery/ knitting?**	[1] Yes [2] No [99] No response		**11.13 (g)**
last_7days_other_sewing_embroidery_knitting	Total number of days per week	[Integer]	Referring to question **Did you take part in sewing /embroidery/ knitting?** *sewing_embroidery_knitting* If answered [1] **"Yes"**	
last_7days_total_duration_sewing_embroidery_knitting	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in sewing /embroidery/ knitting?** *sewing_embroidery_knitting* If answered [1] **"Yes"**	
socialising	**Did you take part in socialising (talking outside working hours or on phone)?**	[1] Yes [2] No [99] No response		**11.13 (h)**
last_7days_other_socialising	Total number of days per week	[Integer]	Referring to question **Did you take part in socialising (talking outside working hours or on phone)?** *socialising*	

			If answered [1] **"Yes"**	
last_7days_total_duration_socialising	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in socialising (talking outside working hours or on phone)?** *socialising* If answered [1] **"Yes"**	
sitting_idle	Did you take part in sitting idle?	[1] Yes [2] No [99] No response		**11.13 (j)**
last_7days_other_sitting_idle	Total number of days per week	[Integer]	Referring to question **Did you take part in sitting idle?** *sitting_idle* If answered [1] **"Yes"**	
last_7days_total_duration_sitting_idle	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in sitting idle?** *sitting_idle* If answered [1] **"Yes"**	
sedentary_other	Did you take part in any other activity that involved sitting, other than those already mentioned?	[1] Yes [2] No [99] No response		**11.13 (i)**
other_sedentary_1	Please name other activities you took part in that involved sitting.	[Text]	Referring to question **Did you take part in any other activity that involved sitting, other than those already mentioned?** *sedentary_other* If answered [1] **"Yes"**	
last_7days_other_1	Total number of days per week	[Integer]	Referring to question **Did you take part in any other activity that involved sitting, other than those already mentioned?** *sedentary_other* If answered [1] **"Yes"**	
last_7days_total_duration_other_1	Total duration per day (minutes)	[Decimal]	Referring to question **Did you take part in any other activity that involved sitting, other than those already mentioned?** *sedentary_other* If answered [1] **"Yes"**	
other_sedentary_2	Please name other activities you took part in that involved sitting.	[Text]	Referring to question **Please name other activities you took part in that involved sitting.** *other_sedentary_1* If not left blank	**11.13 (k)**
last_7days_other_2	Total number of days per week	[Integer]	Referring to question **Please name other activities you took part in that involved sitting.** *other_sedentary_1* If not left blank	
last_7days_total_duration_other_2	Total duration per day (minutes)	[Decimal]	Referring to question **Please name other activities you took part in that involved sitting.** *other_sedentary_1*	

			If not left blank	
routine	**Finally, we're going to ask you about some routine activities in the LAST WEEK.**		[Enumerator Note]	**11.14**
eating	**Did you take part in eating (breakfast, lunch, dinner)?**	[1] Yes [2] No [99] No response		**11.14 (a) (i)**
eating_days_perwe ek	**Total number of days per week**	[Integer]	Referring to question **Did you take part in eating (breakfast, lunch, dinner)?** *eating* If answered [1] **"Yes"**	**11.14 (a) (ii)**
eating_duration_p erday	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in eating (breakfast, lunch, dinner)?** *eating* If answered [1] **"Yes"**	**11.14 (a) (iii)**
brushing_shaving_ bathing	**Did you take part in brushing, shaving, bathing?**	[1] Yes [2] No [99] No response		**11.14 (b) (i)**
brushing_days_per week	**Total number of days per week**	[Integer]	Referring to question **Did you take part in brushing, shaving, bathing?** *brushing_shaving_bathing* If answered [1] **"Yes"**	**11.14 (b) (ii)**
brushing_duration_ perday	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in brushing, shaving, bathing?** *brushing_shaving_bathing* If answered [1] **"Yes"**	**11.14 (b) (iii)**
dressing	**Did you take part in dressing?**	[1] Yes [2] No [99] No response		**11.14 (c) (i)**
dressing_days_per week	**Total number of days per week**	[Integer]	Referring to question **Did you take part in dressing?** *dressing* If answered [1] **"Yes"**	**11.14 (c) (ii)**
dressing_duration_ perday	**Total duration per day (minutes)**	[Decimal]	Referring to question **Did you take part in dressing?** *dressing* If answered [1] **"Yes"**	**11.14 (c) (iii)**
survey_complete	**Thank you very much for participating, do you have any questions for us?**		[Enumerator Note]	
comment_text	**Comments by Field Investigators**	[Text]		

FOOD FREQUENCY QUESTIONNAIRE

How the Food Frequency Questionnaire works:

- For each food item, it is first asked whether the food was eaten in the past year (yes/no).
- If yes, it is asked how many servings were eaten at a time on average (i.e. average portion size) and how often it was eaten (daily/weekly/monthly/yearly/seasonally, plus number of times in each day/week/month/year).
- For fruits and vegetables, as these are highly seasonal, additional questions are asked about how often it was eaten when in season, if reported as eaten seasonally (shaded blue columns denotes that questions were only asked if participants responded that they only ate that item in season).
- The main 100-item FFQ (from Chapati up to Colocasia) is identical to the one used in the 3FU. Additional questions on meat intake have been added afterwards so as not to interfere with the order of the original validated FFQ.
- In the additional meat section, participants were first asked if they consumed any of each type of meat (chicken, mutton, etc), and if they responded yes, then further questions on meat subtypes were asked (shaded blue rows denotes that questions were only asked if that item was consumed in the past year).
- Throughout the FFQ, the following interviewer hints were provided:
    - **(1)** To interviewer, double check if portion ≥5, as portion seems large.
    - **(2)** Double check with participant if portion ≥5 and frequency per day or month as it seems high
    - **(3)** Double check with participant if portion ≥7 frequency of week as it seems high.
    - **(4)** Double check with participant if portion ≥12 and frequency of year as it seems high
- *The following additional question was asked for beer consumption
    - **What was the size of the [var] that you usually drank on days when you drank beer?** [1] Large bottle (650ml); [2] Pint (550ml); [3] Small bottle (330ml); [4] Glass (125ml); [99] No response.
    - **Variable name in 4FU:** *beer_size*

Food item	Did you ever eat [var] last year? [1] Yes [2] No [99] No response	How many servings of [var] did you eat each time on average? (1)	How often did you eat [var]? Every… [1] Day [2] Week [3] Month [4] Year	How many times do you eat [var] per [day/week/month/year]? (3)
Servings of chapatis/rotis	*chapati*	*chapati_portion* (1)	*chapati_freq*	*chapati_freqper* (2) (3) (4)
Servings parathas/naan	*naan*	*naan_portion* (1)	*naan_freq*	*naan_freqper* (2) (3) (4)
Servings jowar roti	*jowar_roti*	*jowar_roti_portion* (1)	*jowar_roti_freq*	*jowar_roti_freqper* (2) (3) (4)
Servings poori, bhatura	*poori*	*poori_portion* (1)	*poori_freq*	*poori_freqper* (2) (3) (4)
Bowls of rice	*rice*	*rice_portion* (1)	*rice_freq*	*rice_freqper* (2) (3) (4)
Bowls of mutton/chicken biryani	*muttonchicken*	*muttonchicken_portion* (1)	*muttonchicken_freq*	*muttonchicken_freqper* (2) (3) (4)
Bowls of lime rice, puligore, veg biryani	*limepuligoreveg*	*limepuligoreveg_portion* (1)	*limepuligoreveg_freq*	*limepuligoreveg_freqper* (2) (3) (4)
Bowls of bhagar	*bhagar*	*bhagar_portion* (1)	*bhagar_freq*	*bhagar_freqper* (2) (3) (4)
Bowls of upma	*upma*	*upma_portion*	*upma_freq*	*upma_freqper*
Idlis	*idlis*	*idlis_portion*	*idlis_freq*	*idlis_freqper*
Dosa/uthappam	*dosauthappam*	*dosauthappam_portion*	*dosauthappam_freq*	*dosauthappam_freqper*
Pesarattu	*pesarattu*	*pesarattu_portion*	*pesarattu_freq*	*pesarattu_freqper*
Bowls of attakalu	*attakalu*	*attakalu_portion*	*attakalu_freq*	*attakalu_freqper*
bowls of rice, ragi porridge	*riceragiporridge*	*riceragiporridge_portion*	*riceragiporridge_freq*	*riceragiporridge_freqper*
bowls of cornflakes	*cornflakes*	*cornflakes_portion*	*cornflakes_freq*	*cornflakes_freqper*
Bread, Toast, Rolls,Buns	*bretoabun*	*bretoabun_portion*	*bretoabun_freq*	*bretoabun_freqper*
Bowls of noodles, pasta	*nodpas*	*nodpas_portion*	*nodpas_freq*	*nodpas_freqper*
plain dhal sambar	*pladalsambar*	*pladalsambar_portion*	*pladalsambar_freq*	*pladalsambar_freqper*

ladles dhal sambar with vegetables	*dalsambar*	*dalsambar_portion*	*dalsambar_freq*	*dalsambar_freqper*
Ladles Channa, rajma, dry peas etc. curry	*charajpea*	*charajpea_portion*	*charajpea_freq*	*charajpea_freqper*
many ladles of Green leafy vegetable curry	*greleafveg*	*greleafveg_portion*	*greleafveg_freq*	*greleafveg_freqper*
ladles of Rasam (all types)	*rasam*	*rasam_portion*	*rasam_freq*	*rasam_freqper*
tablespoons of Raw vegetable salad	*rawvegsalad*	*rawvegsalad_portion*	*rawvegsalad_freq*	*rawvegsalad_freqper*
tablespoons of Vegetable Raitha	*vegraitha*	*vegraitha_portion*	*vegraitha_freq*	*vegraitha_freqper*
many teaspoons of Pickle	*pickle*	*pickle_portion*	*pickle_freq*	*pickle_freqper*
Papad	*papad*	*papad_portion*	*papad_freq*	*papad_freqper*
tablespoons of Coconut chutney	*coconutchut*	*coconutchut_portion*	*coconutchut_freq*	*coconutchut_freqper*
tablespoons of groundnut chutney	*groundnutchut*	*groundnutchut_portion*	*groundnutchut_freq*	*groundnutchut_freqper*
tablespoons of Tomato chutney	*tomatochut*	*tomatochut_portion*	*tomatochut_freq*	*tomatochut_freqper*
bowls of Chicken curry	*chickencurry*	*chickencurry_portion*	*chickencurry_freq*	*chickencurry_freqper*
Chicken fry/grilled	*chickenfrygrilled*	*chickenfrygrilled_portion*	*chickenfrygrilled_freq*	*chickenfrygrilled_freqper*
bowls of Mutton/ pork/beef curry or fry	*muttonporkbeef*	*muttonporkbeef_portion*	*muttonporkbeef_freq*	*muttonporkbeef_freqper*
bowls of Fish curry	*fishcurry*	*fishcurry_portion*	*fishcurry_freq*	*fishcurry_freqper*
fish fry	*fishfry*	*fishfry_portion*	*fishfry_freq*	*fishfry_freqper*
tablespoons of Organ meats (Liver,brain, kidney etc.)	*organmeat*	*organmeat_portion*	*organmeat_freq*	*organmeat_freqper*
bowls of Prawn, crab, shell fish etc.	*prawcrabshellfish*	*prawcrabshellfish_portion*	*prawcrabshellfish_freq*	*prawcrabshellfish_freqper*
Eggs (boiled, poached, omelettes)	*eggboipoaome*	*eggboipoaome_portion*	*eggboipoaome_freq*	*eggboipoaome_freqper*
glasses of Tea with milk	*teawithmilk*	*teawithmilk_portion*	*teawithmilk_freq*	*teawithmilk_freqper*
glasses of Tea without milk	*teawithoutmilk*	*teawithoutmilk_portion*	*teawithoutmilk_freq*	*teawithoutmilk_freqper*
glasses of Coffee with milk	*coffeewithmilk*	*coffeewithmilk_portion*	*coffeewithmilk_freq*	*coffeewithmilk_freqper*
glasses of Coffee without milk	*coffeewithoutmilk*	*coffeewithoutmilk_portion*	*coffeewithoutmilk_freq*	*coffeewithoutmilk_freqper*
glasses of Plain milk (Not Flavoured)	*plainmilk*	*plainmilk_portion*	*plainmilk_freq*	*plainmilk_freqper*
glasses of Flavored milk (horlicks, bournvita etc)	*flavmilk*	*flavmilk_portion*	*flavmilk_freq*	*flavmilk_freqper*
bowls of Curd	*curds*	*curds_portion*	*curds_freq*	*curds_freqper*
glasses of Buttermilk/Lassi	*butterlassi*	*butterlassi_portion*	*butterlassi_freq*	*butterlassi_freqper*
many glasses of Lime/ orange/ other fresh fruit juice	*limeorangothjuice*	*limeorangothjuice_portion*	*thjuice_freq*	*limeorangothjuice_freqper*
bottles (250ml) of Fanta, pepsi, coca cola etc.	*fantapepsicoke*	*fantapepsicoke_portion*	*fantapepsicoke_freq*	*fantapepsicoke_freqper*
Beer*	*beer*	*beer_portion*	*beer_freq*	*beer_freqper*
pegs of Spirits (whiskey, gin, rum, arrack)	*spirits*	*spirits_portion*	*spirits_freq*	*spirits_freqper*
glasses (125ml) of toddy	*toddy*	*toddy_portion*	*toddy_freq*	*toddy_freqper*
glasses of wine	*wine*	*wine_portion*	*wine_freq*	*wine_freqper*
pegs of other local alcoholic drinks	*arrack*	*arrack_portion*	*arrack_freq*	*arrack_freqper*
teaspoons of Ghee/ butter	*gheebutter*	*gheebutter_portion*	*gheebutter_freq*	*gheebutter_freqper*
many teaspoons of Jam	*jam*	*jam_portion*	*jam_freq*	*jam_freqper*

teaspoons of Sugar	*sugar*	*sugar_portion*	*sugar_freq*	*sugar_freqper*
teaspoons of Salt	*salt*	*salt_portion*	*salt_freq*	*salt_freqper*
tablespoons of Mixture, namkeen, chiwda, khara boondi, dalmoth	*mixnamchikhadal*	*mixnamchikhadal_portion*	*amchikhadal_freq*	*mixnamchikhadal_freqper*
vada (all types)	*vada*	*vada_portion*	*vada_freq*	*vada_freqper*
panipoori (all types)	*panipoori*	*panipoori_portion*	*panipoori_freq*	*panipoori_freqper*
tablespoons of nuts (groundnuts, cashewnuts etc.)	*nuts*	*nuts_portion*	*nuts_freq*	*nuts_freqper*
bowls of Chips/salted packed snacks (bingo, kurkure etc)	*chips*	*chips_portion*	*chips_freq*	*chips_freqper*
samosa,bajji ,bonda, cutlet, patties	*sambajbondcutpat*	*sambajbondcutpat_portion*	*sambajbondcutpat_freq*	*sambajbondcutpat_freqper*
Salted biscuits (krackjack, bakery biscuits)	*saltedbisc*	*saltedbisc_portion*	*saltedbisc_freq*	*saltedbisc_freqper*
Sweet biscuits (Marie/good day/cream biscuits)	*sweetbisc*	*sweetbisc_portion*	*sweetbisc_freq*	*sweetbisc_freqper*
Murukku , chakli, sakinalu	*murchaksak*	*murchaksak_portion*	*murchaksak_freq*	*murchaksak_freqper*
cakes or sweet pastries	*cakepast*	*cakepast_portion*	*cakepast_freq*	*cakepast_freqper*
Payasam, kheer	*payakheer*	*payakheer_portion*	*payakheer_freq*	*payakheer_freqper*
Ice cream	*icecream*	*icecream_portion*	*icecream_freq*	*icecream_freqper*
Jamoon, Jilebi, Jangir etc.	*jamjiljan*	*jamjiljan_portion*	*jamjiljan_freq*	*jamjiljan_freqper*
Mysore pak, ladoo, barfis	*mysladbar*	*mysladbar_portion*	*mysladbar_freq*	*mysladbar_freqper*
Baksham	*baksham*	*baksham_portion*	*baksham_freq*	*baksham_freqper*
Dried fruits (dates, figs, raisins etc)	*driedfruits*	*driedfruits_portion*	*driedfruits_freq*	*driedfruits_freqper*
small chocolate bars	*chocolates*	*chocolates_portion*	*chocolates_freq*	*chocolates_freqper*

FRUIT AND VEGETABLES

Food item	Did you ever eat [var] last year? [1] Yes [2] No [99] No response	How many servings of [var] did you eat each time on average? (1)	How often did you eat [var]? Every… [1] Day [2] Week [3] Month [4] Year [5] Only in some seasons	How many times did you eat [var] per [day/week/ month/year] [Integer]	In seasons that you ate [var], how often did you eat [var]? Every… [1] Day [2] Week [3] Month [4] Year	In seasons that you ate [var], how many times do you eat [var] per [day/week/ month/year] (3) [Integer]
bananas	*banana*	*banana_portion*	*banana_freq*	*banana_freqper*	*banana_freq_season*	*banana_freqper_season*
apple	*apple*	*apple_portion*	*apple_freq*	*apple_freqper*	*apple_freq_season*	*apple_freqper_season*
orange	*orange*	*orange_portion*	*ange_freq*	*orange_freqper*	*orange_freq_season*	*orange_freqper_season*
mango	*mango*	*mango_portion*	*mango_freq*	*mango_freqper*	*mango_freq_season*	*mango_freqper_season*
guava (amrood)	*guava*	*guava_portion*	*guava_freq*	*guava_freqper*	*guava_freq_season*	*guava_freqper_season*
grapes	*grapes*	*grapes_portion*	*grapes_freq*	*grapes_freqper*	*grapes_freq_season*	*grapes_freqper_season*
pineapple	*pineapple*	*pineapple_portion*	*pineapple_freq*	*pineapple_freqper*	*pineapple_freq_season*	*pineapple_freqper_season*
papaya (papita)	*papaya*	*papaya_portion*	*papaya_freq*	*papaya_freqper*	*papaya_freq_season*	*papaya_freqper_season*
pomegranate (anar)	*pomegranate*	*pomegranate_portion*	*pomegranate_freq*	*pomegranate_freqper*	*pomegranate_freq_season*	*pomegranate_freqper_season*
sapota (chikoo)	*sapota*	*sapota_portion*	*sapota_freq*	*sapota_freqper*	*sapota_freq_season*	*sapota_freqper_season*
watermelon (tarbooj)	*watermelon*	*watermelon_portion*	*watermelon_freq*	*watermelon_freqper*	*watermelon_freq_season*	*watermelon_freqper_season*

musk melon (kharbooj)	*muskmelon*	*muskmelon_portion*	*muskmelon_freq*	*muskmelon_freqper*	*muskmelon_freq_season*	*muskmelon_freqper_season*
custard apple	*custardapple*	*custardapple_portion*	*custardapple_freq*	*custardapple_freqper*	*custardapple_freq_season*	*custardapple_freqper_season*
zizyphus (ber)	*zizyphus*	*zizyphus_portion*	*zizyphus_freq*	*zizyphus_freqper*	*zizyphus_freq_season*	*zizyphus_freqper_season*
sugarcane (ganaa)	*sugarcane*	*sugarcane_portion*	*sugarcane_freq*	*sugarcane_freqper*	*sugarcane_freq_season*	*sugarcane_freqper_season*
palmyra	*palmyra*	*palmyra_portion*	*palmyra_freq*	*palmyra_freqper*	*palmyra_freq_season*	*palmyra_freqper_season*
palak, methi, other leafy vegetables	*palakmethoth*	*palakmethoth_portion*	*palakmethoth_freq*	*palakmethoth_freqper*	*palakmethoth_freq_season*	*palakmethoth_freqper_season*
potato, sweet potato	*potatosweet*	*potatosweet_portion*	*potatosweet_freq*	*potatosweet_freqper*	*potatosweet_freq_season*	*potatosweet_freqper_season*
beetroot/ radish	*beetrootradish*	*beetrootradish_portion*	*beetrootradish_freq*	*beetrootradish_freqper*	*beetrootradish_freq_season*	*beetrootradish_freqper_season*
cabbage	*cabbage*	*cabbage_portion*	*cabbage_freq*	*cabbage_freqper*	*cabbage_freq_season*	*cabbage_freqper_season*
beans, cluster beans	*beanscluster*	*beanscluster_portion*	*beanscluster_freq*	*beanscluster_freqper*	*beanscluster_freq_season*	*beanscluster_freqper_season*
ladies finger	*ladiesfinger*	*ladiesfinger_portion*	*ladiesfinger_freq*	*ladiesfinger_freqper*	*ladiesfinger_freq_season*	*ladiesfinger_freqper_season*
cauliflower	*cauliflower*	*cauliflower_portion*	*cauliflower_freq*	*cauliflower_freqper*	*cauliflower_freq_season*	*cauliflower_freqper_season*
bottlegourd (lauki), ashgourd, ridgegourd (turai), snakegourds, etc.	*bottleashridgegourd*	*bottleashridgegourd_portion*	*bottleashridgegourd_freq*	*bottleashridgegourd_freqper*	*bottleashridgegourd_freq_season*	*bottleashridgegourd_freqper_season*
brinjal	*brinjal*	*brinjal_portion*	*brinjal_freq*	*brinjal_freqper*	*brinjal_freq_season*	*brinjal_freqper_season*
kovai	*kovai*	*kovai_portion*	*kovai_freq*	*kovai_freqper*	*kovai_freq_season*	*kovai_freqper_season*
capsicum/green pepper	*capsicumgreenpepper*	*capsicumgreenpepper_portion*	*capsicumgreenpepper_freq*	*capsicumgreenpepper_freqper*	*capsicumgreenpepper_freq_season*	*capsicumgreenpepper_freqper_season*
drumstick	*drumstick*	*drumstick_portion*	*drumstick_freq*	*drumstick_freqper*	*drumstick_freq_season*	*drumstick_freqper_season*
raw plantain	*rawplantain*	*rawplantain_portion*	*rawplantain_freq*	*rawplantain_freqper*	*rawplantain_freq_season*	*rawplantain_freqper_season*
colacasia (arvi)	*colacasia*	*colacasia_portion*	*colacasia_freq*	*colacasia_freqper*	*colacasia_freq_season*	*colacasia_freqper_season*

ADDITIONAL SECTION ON MEAT AND ANIMAL PRODUCTS (new in 4FU)

Food item	Did you ever eat [var] last year? [1] Yes [2] No [99] No response	How many servings of [var] did you eat each time on average? (1)	How often did you eat [var]? Every… [1] Day [2] Week [3] Month [4] Year [5] Only in some seasons	How many times did you eat [var] per [day/week/ month/year]? [Integer]	When eating [var] in the past year, what was your average portion size? (compared to example portion)
Chicken Including inside and outside home (e.g., special occasions), and biryani, curry, fry, patty/ samosas.	*chicken* *				
bowls of chicken fried rice/noodles	*chicken_ricenoodles*	*chicken_ricenoodles_portion*	*chicken_ricenoodles_freq*	*chicken_ricenoodles_freqper*	
chicken puff/patty/ cutlet/samosa	*chicken_puffpattycutlet*	*chicken_puffpattycutlet_portion*	*chicken_puffpattycutlet_freq*	*chicken_puffpattycutlet_freqper*	*chicken_puffpattycutlet_portionsize*
Mutton Including inside and outside home (e.g., special	*mutton* *				

occasions), and biryani, curry, fry, patty/ samosas				
mutton curry	*mutton_curry*	*mutton_curry_portion*	*mutton_curry_freq*	*mutton_curry_freqper*	
mutton fry	*mutton_fry*	*mutton_fry_portion*	*mutton_fry_freq*	*mutton_fry_freqper*	
mutton grill/kebab	*mutton_grill*	*mutton_grill_portion*	*mutton_grill_freq*	*mutton_grill_freqper*	
mutton puff/patty/ cutlet/samosa	*mutton_puffpattycutlet*	*mutton_puffpattycutlet_portion*	*mutton_puffpattycutlet_freq*	*mutton_puffpattycutlet_freqper*	*mutton_puffpattycutlet_portionsize*
mutton organ meat	*mutton_organmeat*	*mutton_organmeat_portion*	*mutton_organmeat_freq*	*mutton_organmeat_freqper*	*mutton_organmeat_portionsize*
Beef Including inside and outside home (e.g., special occasions), and biryani, curry, fry, patty/ samosas	*beef* *				
beef curry	*beef_curry*	*beef_curry_portion*	*beef_curry_freq*	*beef_curry_freqper*	
eat beef fry	*beef_fry*	*beef_fry_portion*	*beef_fry_freq*	*beef_fry_freqper*	
beef grill/kebab	*beef_grill*	*beef_grill_portion*	*beef_grill_freq*	*beef_grill_freqper*	
beef biryani	*beef_biryani*	*beef_biryani_portion*	*beef_biryani_freq*	*beef_biryani_freqper*	
eat beef puff/patty/ cutlet/samosa	*beef_puffpattycutlet*	*beef_puffpattycutlet_portion*	*beef_puffpattycutlet_freq*	*beef_puffpattycutlet_freqper*	*beef_puffpattycutlet_portionsize*
beef organmeat	*beef_organmeat*	*beef_organmeat_portion*	*beef_organmeat_freq*	*beef_organmeat_freqper*	*beef_organmeat_portionsize*
beef organmeat fry	*beef_organmeatfry*	*beef_organmeatfry_portion*	*beef_organmeatfry_freq*	*beef_organmeatfry_freqper*	*beef_organmeatfry_portionsize*
wild bird Including inside and outside home (e.g., special occasions).	*wildbird*				
wildbird curry	*wildbird_curry*	*wildbird_curry_portion*	*wildbird_curry_freq*	*wildbird_curry_freqper*	
wildbird fry	*wildbird_fry*	*wildbird_fry_portion*	*wildbird_fry_freq*	*wildbird_fry_freqper*	
Processed meat (Any form, e.g. sausages/salami, ham/bacon, salted/dried meat, burgers/ nuggets)	*processedmeat*	*processedmeat_portion*	*processedmeat_freq*	*processedmeat_freqper*	
eat any other types of meat	*consumed_anyother_meat* **Please specify**	*consumed_anyother_meat_portion*	*consumed_anyother_meat_freq*	*consumed_anyother_meat_freqper*	
fish or shellfish of any type (Including prawns, fish, dried fish, crab) Including eating inside and outside the home (e.g., special occasions)	*anyfish* *				
driedfish	*driedfish*	*driedfish_portion*	*driedfish_freq*	*driedfish_freqper*	
prawn curry	*prawn_curry*	*prawn_curry_portion*	*prawn_curry_freq*	*prawn_curry_freqper*	
prawn fry	*prawn_fry*	*prawn_fry_portion*	*prawn_fry_freq*	*prawn_fry_freqper*	
any other fish/shellfish	*consumed_anyother_fish* **Please specify**	*consumed_anyother_fish_portion*	*consumed_anyother_fish_freq*	*consumed_anyother_fish_freqper*	
*Only asked if participant has not reported eating any of this item so far; if they have, skip straight to the corresponding shaded questions.					

QUESTIONS ON OIL/FAT USEAGE IN THE HOUSEHOLD (3FU Variable 21.1)		
rank1	I'm now going to ask you to rank the oils most used by your family. Which type of oil is the most consumed by your family?	[1] sunflower oil [2] groundnut oil [3] coconut oil [4] palm oil [5] mustard oil [6] Dalda/Vanaspathi [7] Butter [8] Ghee [9] olive oil [10] corn oil [11] rice bran oil [12] soya bean oil [13] cotton seed oil [14] None
rank2	Which is the next most consumed by your family? (State none if you have already stated all the oils you use).	Options as above
rank3	Which is the next most consumed by your family? (State none if you have already stated all the oils you use).	Options as above
rank4	Which is the next most consumed by your family? (State none if you have already stated all the oils you use).	Options as above

For each of the four most commonly consumed types of oil, what quantity is consumed per month by the household?

Quantity of 1st most consumed in Kg/Month [Decimal]	Quantity of 2nd most consumed in Kg/Month [Decimal]	Quantity of 3rd most consumed in Kg/Month [Decimal]	Quantity of 4th most consumed in Kg/Month [Decimal]
sunflower_qty	sunflower2_qty	Sunflower3_qty	Sunflower4_qty
groundnut_qty	groundnut2_qty	Groundnut3_qty	Groundnut4_qty
coconut_qty	coconut2_qty	Coconut3_qty	Coconut4_qty
palm_qty	palm2_qty	Palm3_qty	Palm4_qty
mustard_qty	mustard2_qty	Mustard3_qty	Mustard4_qty
daldavanaspathi_qty	daldavanaspathi2_qty	Daldavanaspathi3_qty	Daldavanaspathi4_qty
butter_qty	butter2_qty	Butter3_qty	Butter4_qty
ghee_qty	ghee2_qty	Ghee3_qty	Ghee4_qty
olive_qty	olive2_qty	Olive3_qty	Olive4_qty
corn_qty	corn2_qty	Corn3_qty	Corn4_qty
ricebran_qty	ricebran2_qty	Ricebran3_qty	Ricebran4_qty
soyabean_qty	soyabean2_qty	Soyabean3_qty	Soyabean4_qty
cottonseed_qty	cottonseed2_qty	Cottonseed3_qty	Cottonseed4_qty

ADDITIONAL DIET QUESTIONS

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VAR NAME (if applicable)
coconut5_use	13.265) How many coconuts do you use for cooking in a month?	[Decimal]		21.2
milk_consume	13.266) What type of milk do you regularly consume?	[1] Whole milk [2] Skimmed milk [3] Toned milk [4] Skimmed milk powder [5] Other [99] No response		21.3
milk_oth	If others, then please specify	[Text]	Due to a coding error this question was not asked.	
ques_start	Are you on any Special Diet? E.g., diabetic, high fibre, low fat, low salt, weight reducing.	[1] Yes [2] No [99] No response		
diabeticdiet	Are you on a diabetic diet?	[1] Yes [2] No [99] No response	If on any special diet, i.e. ques_start = [1]	21.6(a)
diabeticdiet1	If yes, Since how many years are you on this special diet?	[Integer]	If on a diabetic diet	
lowfatdiet	Are you on a low fat diet?	[1] Yes [2] No [99] No response	If on any special diet, i.e. ques_start = [1]	21.6(b)

lowfatdiet1	If yes, Since how many years are you on this special diet?	[Integer]	If on a low fat diet	
fiberdiet	Are you on a high fiber diet?	[1] Yes [2] No [99] No response	If on any special diet, i.e. *ques_start = [1]*	**21.6(c)**
fiberdiet1	If yes, Since how many years are you on this special diet?	[Integer]	If on a high fibre diet	
lowsaltdiet	Are you on a low salt diet?	[1] Yes [2] No [99] No response	If on any special diet, i.e. *ques_start = [1]*	**21.6(d)**
lowsaltdiet1	If yes, Since how many years are you on this special diet?	[Integer]	If on a low salt diet	
weightreducingdiet	Are you on a weight reducing diet?	[1] Yes [2] No [99] No response	If on any special diet, i.e. *ques_start = [1]*	**21.6(e)**
weightreducingdiet1	If yes, Since how many years are you on this special diet?	[Integer]	If on a weight reducing diet	
otherdiet	Are you on any Other diet?	[1] Yes [2] No [99] No response	If on any special diet, i.e. *ques_start = [1]*	**21.6(f)**
specify_otherdiet	Please specify if you have any	[Text]	If on any Other diet	**21.6(g)**
otherdiet1	If yes, Since how many years are you on this special diet?	[Integer]	If on any Other diet	
veg_diet	Are you vegetarian?	[1] Yes [2] No [99] No response		**21.5**

HOUSEHOLD QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VARIABLE NAME (if applicable)
note1	Welcome to APCAPS 4th follow-up survey: Household questionnaire		[Enumerator Note]	
username	Initials of interviewer	[Text]		
participantid	Participant ID	[Barcode/QR Code]		
participantid_note	PLEASE DO NOT FORGET TO SCAN BARCODE	[Enumerator Note]		
participantid_text	Please enter Participant ID	[Text]		
hhid	Household ID	[Integer]		
fid	Family ID	[Text]		
note_97	We would like to ask some questions about your household. By household, I mean the group of people you live and take your meals with from a shared kitchen, even if sometimes this is prevented by work or other commitments. By shared kitchen I mean joint cooking, not only sharing a room used as a kitchen.		[Enumerator Note]	
hhstructure	What kind of household do you currently live in?	[1] Single [2] Hostel/shared accommodation [3] Nuclear family (married couple & offspring) [4] Extended family (2 related married couples of different generations i.e. married couple with one of the parents) [5] Joint family (two related married couples from same generation (i.e. two married siblings) [6] Joint-extended		**6.1**

		[7] Any other [99] No response		
construction_material	**What is the material used in the construction of the house?**	[1] Kutcha [2] Semi-pucca [3] Pucca [99] No response		**6.2**
lighting_source	**What is the main source of lighting for your household?**	[1] Electricity [2] Kerosene [3] Gas [4] Oil [5] Other [99] No response		**6.3a**
cooking_fuel_source	**What is the main source cooking fuel?**	[1] Electricity [2] Kerosene [3] Gas [4] Oil [5] Other [99] No response		**6.3b**
drinking_water_source	**What is the main source of drinking water for members of your household?**	[1] Pipe, hand pump, well (in residence/ plot) [2] Pipe, hand pump or well (public) [3] Processed and canned water [4] Other [99] No response		**6.4**
toilet_facility	**What kind of toilet facility does the household have? (select all)**	[1] Own flush toilet [2] Own pit toilet/latrine [3] No facility/field/bush [4] Other [99] No response		**6.5**
collect_ration	**Do you collect rations from a ration card?**	[1] Yes [2] No [99] No response		**6.6**
total_rooms	**How many rooms are there in your household? (Count all rooms including kitchen, bathroom, etc)**	[Integer]		**6.8a**
sleep_rooms	**How many rooms are used for sleeping?**	[Integer]		
homeasset	**Do you have any of the following in your home?**	[1] A built in sink [2] A geyser [3] A separate kitchen [4] None [99] No response		**6.8b**
hh_assets	**Does the household (or someone in the household) own any of the following:** **Tick all that apply.**	[1] Any agricultural land currently under cultivation (either by selves or leased) [2] Any agricultural land (regardless of whether under cultivation) [3] A television [4] A motorcycle/ scooter/ moped [5] A car/ van/ lorry [6] A refrigerator [7] A smart phone		**6.9** **6.10**

		[8] A water pump (TBC) [9] A air conditioner/cooler [10] A washing machine [11] A mattress [12] A sofa set [13] A computer/laptop [14] This house or any other own house [15] Gold jewellery [16] None [99] No response		
domestic_help	**Does your household employ anyone in the house, e.g., domestic servant/cook?**	[1] Yes [2] No [99] No response		
total_people	**Including yourself, how many people normally live in your household?**	[Integer]		**6.7**
food_intro	**I am now going to ask you some questions about your household's access to food in the past month. In the past 4 weeks…**	[Enumerator Note]		
enough_food	**Did you worry that your household would not have enough food?**	[1] Yes [2] No [99] No response		
enough_food_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *enough_food* = [1]	
prefer_food	**Were you or any household member not able to eat the kinds of foods you preferred because of a lack of financial resources?**	[1] Yes [2] No [99] No response		
prefer_food_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *prefer_food* = [1]	
limit_food	**Did you or any household member have to eat a limited variety of foods due to a lack of financial resources?**	[1] Yes [2] No [99] No response		
limit_food_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *limit_food* = [1]	

dislike_food	**Did you or any household member have to eat some foods that you really did not want to eat because of a lack of financial resources to obtain other types of food?**	[1] Yes [2] No [99] No response		
dislike_food_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *dislike_food* = [1]	
small_meal	**Did you or a household member have to a eat a smaller meal than you felt you needed because there was not enough food?**	[1] Yes [2] No [99] No response		
small_meal_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *small_meal* = [1]	
few_meals	**Did you or any other household member have to eat fewer meals in a day than you felt you needed because there was not enough food?**	[1] Yes [2] No [99] No response		
few_meals_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *few_meals* = [1]	
no_food	**Was there ever no food to eat of any kind in your household because you could not afford to get food?**	[1] Yes [2] No [99] No response		
no_food_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *no_food* = [1]	
sleep_hungry	**Did you or any household member go to sleep at night hungry because there was not enough food?**	[1] Yes [2] No [99] No response		

sleep_hungry_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *sleep_hungry =* **[1]**	
no_food_daynight	**Did you or any household member go a whole day and night without eating anything because there was not enough food?**	[1] Yes [2] No [99] No response		
no_food_daynight_freq	**How often did this happen?**	[1] Rarely (once or twice in the month) [2] Sometimes (three to ten times in the month) [3] Often (more than ten times in the month) [99] No response	If *no_food_daynight =* **[1]**	
hh_photo_consent	**We would like to take two photos of the inside of your house, one of the main room and another of the kitchen. We are doing this to see if these photos can be used as an alternative to long questionnaires about your house in the future. Do you give permission for us to take photos?**	[1] Yes [2] No		
survey_complete	**Thank you very much for participating, do you have any questions for us?**	[Enumerator Note]		

BLOOD PRESSURE QUESTIONNAIRE – edit with combined variables

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VARIABLE NAME (if applicable)
note1	**Welcome to APCAPS 4th follow-up: Blood pressure questionnaire**	[Enumerator Note]		
username	**Initials of interviewer**	[Text]		
participantid	**Participant ID**	[Barcode/QR code]		
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]		
qr	**Did ID scan correctly?**	[1] Yes [2] No		
participantid_text	**Please enter Participant ID**	[Text]	If *qr =* **[2]**	
hhid	**Household ID**	[Text]	If *qr =* **[2]**	
fid	**Family ID**	[Text]	If *qr =* **[2]**	
dob	**Date of birth**	[Date]		
age	**Age today according to date of birth**	[Calculation]		
show_age	**Participant age**	[Note]		

uscom_bp_comp				
uscom_bp_specify				
uscom_room_temp				
uscom_uscom1				
uscom_systolic_bp				
uscom_sysnote1				
uscom_diastolic_bp				

BLOOD AND URINE SAMPLING QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VARIABLE NAME (if applicable)
note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]		
username	**Initials of interviewer**	[Text]		
participantid	**Participant ID**	[Barcode/QR code]		
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]		
qr	**Did ID scan correctly?**	[1] Yes [2] No		
participantid_text	**Please enter Participant ID**	[Text]	If *qr* = **[2]**	
hhid	**Household ID**	[Text]	If *qr* = **[2]**	
fid	**Family ID**	[Text]	If *qr* = **[2]**	
sex	**Please select your sex**	[1] Male [2] Female		
illness	**Any illness within the last week?**	[1] Yes [2] No		
multiple	**If yes, specify what illness**	[1] Cold [2] Cough [3] Head ache [4] Fever [5] Body aches [6] Pain abdomen [7] Diarrhoea [8] Vomiting [9] Others	If *illness* = **[1]**	
other	**Please specify**	[Text]	If *multiple* = **[9]**	
food_reduction	**Was this illness or some other reason responsible for reduction in food intake over the last week?**	[1] No reduction [2] Minor reduction [3] Major reduction		
diabetes	**Do you have diabetes?**	[1] Yes [2] No		

pregnancy	**Are you pregnant?**	[1] Yes [2] No	If *sex =* **[2]**	
meal	**Day of last meal**	[1] Yesterday [2] Today		
meal_time	**Time of last meal**	[Time]	If *meal* = **[2]**	
snacks	**Day of last snack/tea**	[1] Yesterday [2] Today		
snacks_time	**Time of last snack/tea**	[Time]	If *snacks* = **[2]**	
blood	**Blood sample taken?**	[1] Yes [2] No		
blood_no	**Reason for not collecting blood sample**	[Text]	If *blood* = **[2]**	
time_blood	**Time blood sample taken**	[Time]	If *blood* = **[1]**	
urine	**Urine sample collected from the participant?**	[1] Yes [2] No		
urine_day	**Was the urine sample already taken by the participant when the field team arrived or did they take it when the field team was present?**	[1] Yes [2] No	If *urine* = **[1]**	
urine_time	**Time of last urine**	[Time]	If *urine* = **[1]**	
urine_void	**Was this urine sample collected during the first urination of the day?**	[1] Yes [2] No	If *urine* = **[1]**	
urine_no	**Reason for not collecting urine sample**	[Text]	If *urine* = **[2]**	
other_comment	**Any other comments on blood/ urine sample**	[1] Yes [2] No		
other_commenttext	**If yes, specify**		If *other_comment* = **[1]**	
comment	**Any illness within the last week?**	[1] Yes [2] No	[Text]	

HEARING THRESHOLD TEST QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)
note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]	
username	**Initials of interviewer**	[Text]	
participantid	**Participant ID**	[Barcode/QR code]	
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]	
qr	**Did ID scan correctly?**	[1] Yes [2] No	
participantid_text	**Please enter Participant ID**	[Text]	If *qr* = **[2]**
hhid	**Household ID**	[Text]	If *qr* = **[2]**
fid	**Family ID**	[Text]	If *qr* = **[2]**
dob	**Date of birth**	[Date]	
age	**Age today according to date of birth**	[Calculation]	
show_age	**Participant age**	[Note]	
age_check	**Please note the hearing test is for participants aged 45+. The date of birth entered indicates the participant is <45.**	If *show_age* <45	

	Please check the date of birth and do not conduct the hearing test if participant is <45.			
hearing_done	Hearing impairment test complete?	[1] Yes [2] No		
hearing_refuse	Reason hearing impairment test not completed	[Text]	If *hearing_done* = **[2]**	
hearing_left	Enter estimate for left ear	[Integer]	If *hearing_done* = **[1]**	
hearing_right	Enter estimate for right ear	[Integer]	If *hearing_done* = **[1]**	
hearing_best	Calculate the minimum between *hearing_left* and *hearing_right*	[Integer]		
hearing_ambient	Did the app report excessive ambient noise?	[Yes] [No]	If *hearing_done* = **[1]**	
hearing_id	Please enter the participant ID onto the audiogram. Confirm once this is complete.		If *hearing_done* = **[1]**	
hearing_refer	Your results indicate you might have hearing impairments. We recommend that you visit Vanasthalipuram Area Hospital to have your hearing tested.	[Text]		
comment	Comments by Field Investigators			

Not collected in APCAPS 3FU.

VISUAL ACUITY QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VARIABLE NAME (if applicable)
note1	Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire	[Enumerator Note]		
username	Initials of interviewer	[Text]		
participantid	Participant ID	[Barcode/QR code]		
participantid_note	PLEASE DO NOT FORGET TO SCAN BARCODE	[Enumerator Note]		
qr	Did ID scan correctly?	[1] Yes [2] No		
participantid_text	Please enter Participant ID	[Text]	If **qr = [2]**	
hhid	Household ID	[Text]	If **qr = [2]**	
fid	Family ID	[Text]	If **qr = [2]**	
dob	Date of birth	[Date]		
age	Age today according to date of birth	[Calculation]		
show_age	Participant age	[Note]		
age_check	Please note the hearing test is for participants aged 45+. The date of birth entered indicates the participant is <45. Please check the date of birth and do not conduct the hearing test if participant is <45.		If *show_age* <45	
distance_complete	Did the participant complete the distance vision test?	[1] Yes [2] No		
distance_left	Enter the result for the left eye (right eye covered)	[0.00] 0.00 [0.10] 0.10	If *distance_complete* = **[1]**	
distance_right	Enter the result for the right eye (left eye covered)	[0.12] 0.12 [0.16] 0.16 [0.20] 0.20	If *distance_complete* = **[1]**	

		[0.25] 0.25 [0.32] 0.32 [0.40] 0.40 [0.50] 0.50 [0.63] 0.63 [0.80] 0.80 [1.00] 1.00 [1.25] 1.25 [1.60] 1.60 [2.00] 2.00 [99.0] No result		
distance_not_complete_text	Please specify the reason for not completing the test		If *distance_complete* = *[2]*	
distance_glasses	Did the participant wear their glasses/contact lenses when completing the test?	[1] Yes [2] No [3] Not applicable (does not have glasses/contact lenses)	If *distance_complete* = *[1]*	
near_complete	Did the participant complete the near vision test?	[1] Yes [2] No		
near_left	Enter the result for the left eye (right eye covered)	[0.000] 0.000 [0.050] 0.050	If *near_complete* = *[1]*	
near_right	Enter the result for the right eye (left eye covered)	[0.063] 0.063 [0.080] 0.080 [0.10] 0.10 [0.12] 0.12 [0.16] 0.16 [0.20] 0.20 [0.25] 0.25 [0.32] 0.32 [0.40] 0.40 [0.50] 0.50 [0.63] 0.63 [0.80] 0.80 [1.00] 1.00 [1.25] 1.25 [1.60] 1.60 [2.00] 2.00 [99.0] No result	If *near_complete* = *[1]*	
vision_distance_best	Maximum result of left and right eye distance assessment.	[Calculation]		
vision_near_best	Maximum result of left and right eye near assessment.	[Calculation]		
vision_near_refer	Your results indicate you might have near vision impairment. We recommend that you visit Vanasthalipuram Area Hospital to have your eyesight tested further.	[Note]	If *vision_near_best* <0.5	
vision_distance_refer	Your results indicate you might have distance vision impairment. We recommend that you visit Vanasthalipuram Area Hospital to have your eyesight tested further.	[Note]	If *vision_distance_best* <0.3	
near_not_complete_text	Please specify the reason for not completing the test		If *near_complete* = *[2]*	
near_glasses	Did the participant wear their glasses/contact lenses when completing the test?	[1] Yes [2] No [3] Not applicable (does not have glasses/contact lenses)	If *near_complete* = *[1]*	

	Thank you very much for participating, do you have any questions for us?			
survey_complete				
comment_text	Comment by Field Investigators			

ACCELEROMETER PROVISION AND RETRIEVAL QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VARIABLE NAME (if applicable)
note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]		
username	**Initials of interviewer**	[Text]		
participantid	**Participant ID**	[Barcode/QR code]		
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]		
qr	**Did ID scan correctly?**	[1] Yes [2] No		
participantid_text	**Please enter Participant ID**	[Text]	If **qr** = **[2]**	
hhid	**Household ID**	[Text]	If **qr** = **[2]**	
fid	**Family ID**	[Text]	If **qr** = **[2]**	
age	**What is your age (in completed years)?**	[Integer]		
sex	**Please select your sex**	[1] Male [2] Female		
Accelerometer provision				
number	**Please select the accelerometer number**			
date_initiation	**Date of initiation**	[Date]		
time_initiation	**Time of initiation**	[Time]		
date_termination	**Date of Termination**	[Date]		
time_termination	**Time of Termination**	[Time]		
number1	**Please select the Band number**	[Integer]		
text	**Comments by Field Investigators**	[Text]		
Accelerometer retrieval				
number	**Please select the accelerometer number**	[Integer]		
date_retrival	**Date of Retrieval**	[Date]		
time_retrival	**Time of Retrieval**	[Time]		
accelerometer_removal	**Did you at any time remove the accelerometer during the 48 hours duration?**	[1] Yes [2] No		
date	**Date of removal**	[Date]	If *accelerometer_removal* = *[1]*	
time	**Time of removal**	[Time]	If *accelerometer_removal* = *[1]*	
comments1	**Comments**	[Text]	If *accelerometer_removal* = *[1]*	
date2	**Date of removal**	[Date]	If *accelerometer_removal* = *[1]*	
time2	**Time of removal**	[Time]	If *accelerometer_removal* = *[1]*	
comments2	**Comments**	[Text]	If *accelerometer_removal* = *[1]*	
date3	**Date of removal**	[Date]	If *accelerometer_removal* = *[1]*	
time3	**Time of removal**	[Time]	If *accelerometer_removal* = *[1]*	

comments3	Comments	[Text]	If *accelerometer_removal* = *[1]*	
date4	Date of removal	[Date]	If *accelerometer_removal* = *[1]*	
time4	Time of removal	[Time]	If *accelerometer_removal* = *[1]*	
number1	Please select the MiBand number	[Integer]	If *accelerometer_removal* = *[1]*	
comments4	Comments	[Text]	If *accelerometer_removal* = *[1]*	
survey_complete	Thank you very much for participating, do you have any questions for us?	[Note]	If *accelerometer_removal* = *[1]*	
comment_text	Comments by Field Investigators	[Text]	If *accelerometer_removal* = *[1]*	

ECHOCARDIOGRAM, CIMT AND LIVER SCANS QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)	3FU VARIABLE NAME (if applicable)
note1	Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire	[Enumerator Note]		
username	Initials of interviewer	[Text]		
participantid	Participant ID	[Barcode/QR code]		
participantid_note	PLEASE DO NOT FORGET TO SCAN BARCODE	[Enumerator Note]		
qr	Did ID scan correctly?	[1] Yes [2] No		
participantid_text	Please enter Participant ID	[Text]	If **qr** = **[2]**	
hhid	Household ID	[Text]	If **qr** = **[2]**	
fid	Family ID	[Text]	If **qr** = **[2]**	
dob	Date of birth	[Date]		
age	Age today according to date of birth	[Calculation]		
show_age	Participant age	[Note]		
echo	ECHO taken?	[1] Yes [2] No	If *age* >39	
echo1	Please specify if not done	[Text]	If *echo* = **[2]**	
imt	IMT taken?	[1] Yes [2] No		
imt_rm	Right measure	[1] Yes [2] No	If *imt* = **[1]**	
imt_lm	Left measure	[1] Yes [2] No	If *imt* = **[1]**	
im1	Please specify if not done	[Text]	If *imt* = **[2]**	
liver	Liver scan taken	[1] Yes [2] No		
liver1	Please specify if not done	[Text]	If *liver* = **[2]**	
comment	Comments by Field Investigators	[Text]		

ECG AND VICORDER QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION	COMMENTS (including any branching logic)	3FU VARIABLE NAME (if applicable)

note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]		
username	**Initials of interviewer**	[Text]		
participantid	**Participant ID**	[Barcode/QR code]		
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]		
qr	**Did ID scan correctly?**	[1] Yes [2] No		
participantid_text	**Please enter Participant ID**	[Text]	If *qr* = [2]	
hhid	**Household ID**	[Text]	If *qr* = [2]	
fid	**Family ID**	[Text]	If *qr* = [2]	
dob	**Date of birth**	[Date]		
age	**Age today according to date of birth**	[Calculation]		
show_age	**Participant age**	[Note]		
temperatue	**Room Temperature (Degree Celsius)**	[Decimal]		
meal	**Have you had a meal in last 2 hours?**	[1] Yes [2] No [99] No response		
ecg	**ECG complete?**	[1] Yes [2] No		
ecg1	**Please specify reason if not done**	[Text]		
tbi	**Enter toe brachial index**	[Decimal]		
tbi2	**Enter toe brachial index**	[Decimal]		
tbi3	**Enter toe brachial index**	[Decimal]		
sore	**Do you have sores/wounds that are not healing on your legs, feet or toes?**		If *tbi* ≤ 0.7 or *tbi2* ≤ 0.7 (Coding error – should have been 'If *tbi* ≤ 0.7 or *tbi2* ≤ 0.7 **or *tbi3* ≤ 0.7'**)	
stent	**Have you ever had an angioplasty or stent placed in the leg?**		If *tbi* ≤ 0.7 or *tbi2* ≤ 0.7 (coding error)	
ampute	**Have you ever had an amputation (part of your toe/foot/ leg removed)?**		If *tbi* ≤ 0.7 or *tbi2* ≤ 0.7 (coding error)	
discomfort_pain	**Have you ever had any pain or discomfort in your legs?**		If *tbi* ≤ 0.7 or *tbi2* ≤ 0.7 (coding error)	
uphill	**Do you get it when you walk uphill or hurry?**		If *discomfort_pain* = [1]	
stand	**Does it ever begin when you are standing still or sitting?**		If *discomfort_pain* = [1]	
ordinary	**Do you get it when you walk at an ordinary pace on the level?**		If *discomfort_pain* = [1]	
remedy_walking	**What do you do if you get it while you are walking?**		If *discomfort_pain* = [1]	
standing_still	**If you are standing still, what happens to it?**		If *discomfort_pain* = [1]	
standing_still_time	**How soon?**		If *standing_still* = [1]	
site	**Is the pain in the calf, thigh or buttock?**		If *discomfort_pain* = [1]	
survey_complete	**Thank you very much for participating, do you have any questions for us?**			
comment_text	**Comment by Field Investigators**			

PHOTOS QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)
note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]	
username	**Initials of interviewer**	[Text]	
participantid	**Participant ID**	[Barcode/QR code]	
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]	
qr	**Did ID scan correctly?**	[1] Yes [2] No	
participantid_text	**Please enter Participant ID**	[Text]	If **qr = [2]**
hhid	**Household ID**	[Text]	If **qr = [2]**
fid	**Family ID**	[Text]	If **qr = [2]**
dental_retract	***Did the participant agree to wear the cheek retractor?***	[1] Yes [2] No [3] Not required	
dental_image1	***Take a photo of the whole mouth with both upper and lower gums visible***	[Image]	If ***dental_retract*** = [1]
dental_image2	***Take a photo of the mouth so the upper teeth and gums are visible***	[Image]	If ***dental_retract*** = **[2]** or **[3]**
dental_image3	***Take a photo of the mouth so the lower teeth and gums are visible***	[Image]	If ***dental_retract*** = **[2]** or **[3]**
participantid_images	***Take a photo of the participant's face***	[Image]	
body_image_note	***Ask the participant to remove any bulky outer clothing before taking the full-body photos.***	[Note]	
body_image_front	***Take a photo of the participant's body from a front angle***	[Image]	
body_image_side	***Take a photo of the participant's body from a side angle***	[Image]	
body_image_back	***Take a photo of the participant's body from a back angle***	[Image]	
comment_text	***Comment by Field Investigators***	[Text]	

TIMED WALK QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)
note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]	
username	**Initials of interviewer**	[Text]	
participantid	**Participant ID**	[Barcode/QR code]	
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]	
qr	**Did ID scan correctly?**	[1] Yes [2] No	
participantid_text	**Please enter Participant ID**	[Text]	If **qr = [2]**
hhid	**Household ID**	[Text]	If **qr = [2]**
fid	**Family ID**	[Text]	If **qr = [2]**
dob	**Date of birth**	[Date]	

age	Age today according to date of birth	[Calculation]	
show_age	Participant age	[Note]	
age_check	Please note the timed walk is for participants aged 45+. The date of birth entered indicates the participant is <45. Please check the date of birth and do not conduct the timed walk if participant is <45.	[Enumerator Note]	If age < 45
frontvideo_starttime	Please enter the time at which the participant starts to wait at the first 10m line	[Text]	
frontvideo	Please shoot the side view video of the participant while performing the test	[Video]	
walk_complete	6-meter walk at regular speed attempted?	[1] Yes [2] No	
walk_no	Reason if 6-meter walk not completed	[1] Tried but unable [2] Participant could not hold position unassisted [3] Not attempted, you felt unsafe [4] Not attempted, participant felt unsafe [5] Participant unable to understand instructions [6] Other [7] Participant refused	If walk_complete = [2]
walk_no_other	Please specify if participant refused or did not participate in walk for 'other' reason	[Text]	If walk_no = [6] or [7]
walk_time1	Enter time (seconds) completed for first walk	[Decimal]	If walk_complete = [1]
walk_time2	Enter time (seconds) completed for second walk	[Decimal]	If walk_complete = [1]
frontvideo_endtime	Please enter the time once the participant has finished both 6m walks	[Text]	If walk_complete = [1]
walk_comments	Comments by field investigator	[Text]	

NEUROPATHY QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)
note1	Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire	[Enumerator Note]	
username	Initials of interviewer	[Text]	
participantid	Participant ID	[Barcode/QR code]	
participantid_note	PLEASE DO NOT FORGET TO SCAN BARCODE	[Enumerator Note]	
qr	Did ID scan correctly?	[1] Yes [2] No	
participantid_text	Please enter Participant ID	[Text]	If qr = [2]
hhid	Household ID	[Text]	If qr = [2]
fid	Family ID	[Text]	If qr = [2]
neuro_intro	In the past two weeks, have you experienced:	[Note]	
neuro_burn	Burning, stabbing, or shock-like pain in the feet or legs	[1] Yes [2] No [99] No response	
neuro_burn_well	Does this generally affect your sense of wellbeing (i.e., does it bother you?)	[1] Yes [2] No [99] No response	If neuro_burn = [1]

neuro_burn_act	Does this generally affect you doing your usual daily activities?	[1] Yes [2] No	If *neuro_burn* = *[1]*
neuro_numb	Numbness of feet or legs	[99] No response	
neuro_numb_well	Does this generally affect your sense of wellbeing (i.e., does it bother you)?	[1] Yes [2] No	If *neuro_numb* = *[1]*
neuro_numb_act	Does this generally affect you doing your usual daily activities?	[99] No response	If *neuro_numb* = *[1]*
neuro_tingle	Tingling in the feet or legs	[1] Yes [2] No	
neuro_tingle_well	Does this generally affect your sense of wellbeing (i.e., does it bother you)?	[99] No response	If *neuro_tingle* = *[1]*
neuro_tingle_act	Does this generally affect you doing your usual daily activities?	[1] Yes [2] No	If *neuro_tingle* = *[1]*
neuro_weak	Weakness in the feet or legs (e.g., difficulties standing on your toes or heels, or moving around)	[99] No response	
neuro_weak_well	Does this generally affect your sense of wellbeing (i.e., does it bother you)?	[1] Yes [2] No	If *neuro_weak* = *[1]*
neuro_weak_act	Does this generally affect you doing your usual daily activities?	[99] No response	If *neuro_weak* = *[1]*
neuro_hands	Any similar symptoms (pain/numbness/tingling/weakness) in the hands	[1] Yes [2] No	
neuro_hands_well	Does this generally affect your sense of wellbeing (i.e., does it bother you)?	[99] No response	If *neuro_hands* = *[1]*
neuro_hands_act	Does this generally affect you doing your usual daily activities?	[1] Yes [2] No	If *neuro_hands* = *[1]*
neuro_walk	Any feeling of unsteadiness when walking or a sense of imbalance	[99] No response	
neuro_walk_well	Does this generally affect your sense of wellbeing (i.e., does it bother you)?	[1] Yes [2] No	If *neuro_walk* = *[1]*
neuro_walk_act	Does this generally affect you doing your usual daily activities?	[99] No response	If *neuro_walk* = *[1]*
neuro_pin	Sensory examination: Score pin prick test	[0] Normal (toe sensation same as test) [1] Reduced at the toes only [2] Reduced to a level above the toes, but only up to the ankles [3] Reduced to a level above the ankles and/or absent at the toes	
neuro_temp	Sensory examination: Score temperature test	[0] Normal (toe sensation same as test) [1] Reduced at the toes only [2] Reduced to a level above the toes, but only up to the ankles [3] Reduced to a level above the ankles and/or absent at the toes	
neuro_touch	Sensory examination: Score light touch test	[0] Normal (toe sensation same as test) [1] Reduced at the toes only [2] Reduced to a level above the toes, but only up to the ankles [3] Reduced to a level above the ankles and/or absent at the toes	
neuro_vibe	Sensory examination: Score vibration sense test	[0] Normal (toe sensation same as test) [1] Reduced at the toes, but normal at the ankles [2] Reduced at the ankles, normal at the knee [3] Reduced or absent at the knee and/or absent at the toes	
neuro_pos	Sensory examination: Score position sense test	[0] Normal (correct at least 2/3 times) [1] Reduced at toe, normal at ankle (correct at least 2/3 times) [2] Reduced at ankle, normal at knee (correct at least 2/3 times) [3] Reduced or absent at the knee	
neuro_burn_calc	Sum score for symptom question	[Calculation]	

neuro_numb_calc	**Sum score for symptom question**	[Calculation]	
neuro_tingle_calc	**Sum score for symptom question**	[Calculation]	
neuro_weak_calc	**Sum score for symptom question**	[Calculation]	
neuro_hands_calc	**Sum score for symptom question**	[Calculation]	
neuro_walk_calc	**Sum score for symptom question**	[Calculation]	
sympt_calc	**Sum total score for symptom questions**	[Calculation]	
signs_calc	**Sum total score for signs questions**	[Calculation]	
neuro_score	**Sum total score for neuropathy assessment**	[Calculation]	
neuro_note	**Your results indicate that you could be experiencing nerve damage related to your diabetes. We strongly recommend that you visit Vanasthalipuram Area Hospital for further testing and visit your PHC for support with controlling your diabetes.**	[Note]	If *neuro_score* ≥ 4
survey_complete	**Thank you very much for participating, do you have any questions for us?**	[Note]	
comment_text	**Comments by Field Investigators**	[Text]	

FUNDUS IMAGING QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)
note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]	
username	**Initials of interviewer**	[Text]	
participantid	**Participant ID**	[Barcode/QR code]	
participantid_note	**PLEASE DO NOT FORGET TO SCAN BARCODE**	[Enumerator Note]	
qr	**Did ID scan correctly?**	[1] Yes [2] No	
participantid_text	**Please enter Participant ID**	[Text]	If *qr* = **[2]**
hhid	**Household ID**	[Text]	If *qr* = **[2]**
fid	**Family ID**	[Text]	If *qr* = **[2]**
dob	**Date of birth**	[Date]	
age	**Age today according to date of birth**	[Calculation]	
show_age	**Participant age**	[Note]	
fundus_comp	**Did the participant have images taken of their retina?**	[1] Yes [2] No	
fundus_specifiy	**Please specify the reason for not completing it**	[Text]	If *fundus_comp* = **[2]**
fundus_number	**Folder number for retinal images**	[Integer]	If *fundus_comp* = **[1]**
text	**Comments by Field Investigators**	[Text]	

DEMENTIA INFORMANT QUESTIONNAIRE

4FU VARIABLE NAME	QUESTION		COMMENTS (including any branching logic)
note1	**Welcome to APCAPS 4th follow-up: Blood and urine sample questionnaire**	[Enumerator Note]	

username	Initials of interviewer	[Text]	
participantid	Participant ID	[Barcode/QR code]	
participantid_note	PLEASE DO NOT FORGET TO SCAN BARCODE	[Enumerator Note]	
qr	Did ID scan correctly?	[1] Yes [2] No	
participantid_text	Please enter Participant ID	[Text]	If **qr = [2]**
hhid	Household ID	[Text]	If **qr = [2]**
fid	Family ID	[Text]	If **qr = [2]**
informant_name	What is your first name?	[Text]	
informant_surname	What is your family name?	[Text]	
informant_age	What is your age (in completed years)?	[Integer]	
informant_relate	What is your relationship to the individual?	[1] Spouse [2] Brother [3] Sister [4] Brother-in-law [5] Sister-in-law [6] Son [7] Daughter [8] Father [9] Mother [10] Niece [11] Nephew [12] Son-in-law [13] Daughter-in-law [14] Other [99] No response	
informant_relate_other	Please specify	[Text]	
csid_intro	I would like to ask a few short questions about your relative's activities these days.	[Note}	
csid_decline	Has there been a general decline in his/her mental functioning?	[1] Yes [2] No [99] No response	
csid_reason	Have you noticed a change in his/her ability to think and reason?	[1] Yes [2] No [99] No response	
csid_putthings	Does he/she often forget where he/she has put things?	[1] Yes [2] No [99] No response	
csid_daybefore	Does he/she sometimes forget what happened the day before?	[1] Yes [2] No [99] No response	
csid_where	Does he/she sometimes forget where she is?	[1] Yes [2] No [99] No response	
csid_dressing	Does he/she have difficulty dressing (misplacing buttons, putting clothes on in the wrong order or in the wrong way)?	[1] Yes [2] No [99] No response	
csid_inf_end	Thank you for your time, please let me know if you have any questions for us?	[Note]	
comment_text	Comments by Field Investigators	[Text]	

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