



Medtronic Foundation India NCD Program

Situational analysis of Non Communicable Diseases

INTRODUCTION AND INFORMED CONSENT

Namaste, My name is ______. We are conducting a situational analysis of Non Communicable Diseases in Shimla and Udaipur districts. This survey is being conducted by MAMTA Health Institute for Mother and Child, New Delhi. Department of Community Medicine, I.G. Medical College, Shimla and R.N.T. Medical College, Udaipur are the local partners in the study.

The main purpose of the survey is to assess the current situation of the NCDs among the population of aged 15 years and above, especially focusing on Diabetes and Heart Diseases. We will use the findings of the assessment for designing intervention strategies to improve the public and private health services. As part of this study, we would ask you some questions related to your lifestyle choices, medical history and treatment seeking behavior. The whole process would take about 30-35 minutes to complete. We would appreciate your participation in this survey.

Everything that you report during the interview will be kept strictly confidential.

Participation in this survey is voluntary and you can choose not to answer any question and can stop the interview at any time. There will not be any consequences if you decide to drop out of the study. However, we hope that you will participate in the study since your participation is important to the results.

At this time, do you want to ask me anything about the study or intervention?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the study, you may contact:

MAMTA HEALTH INSTITUTE FOR MOTHER AND CHILD B-5, G.K. Enclave -II, New Delhi-110048 Ph: 011-29220210, 29220220

I would request you to give your consent.

Signature of the Respondent/Guardian

END

2-

BEGIN INTERVIEW

RESPONDENT AGREES

RESPONDENT DOES NOT AGREE

Name and Signature of Investigator with date

Name and Signature of the Supervisor with date

Se	rial No:	Date of Interview://			
Na	me of the Respondent:	Name of the Head of Household:			
Но	use Hold no:	Landmark:			
Vil	lage/Ward name:	Tehsil/Town name :			
Dis	strict name :	Respondent's Contact No:			
	CTION – 1: SOCIO-DEMOGRAPHIC		SKIP TO		
1.	Age (in completed years)	(in years)			
2.	Sex	1. Male 2. Female			
3.	Religion	 Hindu Muslim Christian Other (Specify) 			
4.	Caste	 Schedule caste Schedule tribe Other Backward class Others 			
5.	Qualification	 Illiterate/no formal education 1st -5th class 6th -8th class 9th -10th class 10th -12th class Graduate and Above 			
6.	Marital Status	1. Never Married 2. Currently Married 3. Married but <i>gauna</i> not performed 4. Widow/ Divorced/ Separated			
7.	Occupation Status	 Professional (administrative/managerial) Clerical/Sales Service Shopkeeper/Business Skilled/unskilled manual worker Agriculture worker Domestic worker Unemployed Student 			
8.	Family Monthly Income (Rs.)	10. Housewife 11. Other (SPECIFY) (in Rs.)			

SECT	SECTION – 2: NCD RISK FACTORS				
PART	PART – A: DIETARY HABITS				
The r	The next 5 questions are about foods you eat, drinking and eating habits.				
9.		1.	Vegetarian		
	Type of Diet	2.	Eggetarian		
		3.	Non-Vegetarian		

10.			
	During the past 30 days, how many times per	1. I did not eat fruit during the past 30 days	
	day did you usually eat fruit, such as apple,	2. 1 time per day	
	mango, banana, pineapple, papaya, jackfruit,	3. 2 times per day	
	guava, or chikoo?	4. 3 times per day	
		5. 4 times per day	
		6. 5 or more times per day	
4.4	During the next 20 days have next times and	7. Other (SPECIFY)	
11.	During the past 30 days, how many times per	1. I did not eat vegetables during the past 30	
	day did you usually eat vegetables, such as	days	
	cauliflower, ladyfinger, pumpkin, brinjal,	2. 1 time per day	
	cabbage, spinach, peas, tomato, cucumber or	3. 2 times per day	
	beans?	4. 3 times per day	
		5. 4 times per day	
		6. 5 or more times per day	
10	During the next 20 days, how many times now	7. Other (specify)	
12.	During the past 30 days, how many times per	1. I did not drink carbonated soft drinks during the	2
	day did you usually drink carbonated soft drinks, such as Cola or cold drinks?	past 30 days	
	such as Cola of Cold uninks?	2. 1 time per day	
		 2 times per day 3 times per day 	
		5. 4 times per day	
		6. 5 or more times per day	
		7. Other (SPECIFY)	
13.	During the past 7 days, on how many days did	1. 0 days	
15.	you eat at a fast food restaurant, or at those	2. 1 day	
	serving quick meals (e.g. Samosas, patties,	3. 2 days	
	burgers, noodles, tikkis, or ice creams)?	4. 3 days	
		5. 4 days	
		6. 5 days	
		7. 6 days	
PAR	T – B: PHYSICAL ACTIVITY	8. 7 days	
		es your heart and respiration rate. Physical activit	ty can be
	i. Physical activity is any activity that increas		
	i. Physical activity is any activity that increas	es your heart and respiration rate. Physical activit king for examples running, biking, dancing, or foo	
	 Physical activity is any activity that increas done in sports, playing with friends, or wall 	es your heart and respiration rate. Physical activit king for examples running, biking, dancing, or foo	
	 Physical activity is any activity that increas done in sports, playing with friends, or wall 	es your heart and respiration rate. Physical activit king for examples running, biking, dancing, or foo SICAL ACTIVITY EACH DAY.	
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	 Physical activity is any activity that increas done in sports, playing with friends, or wall ADD UP ALL THE TIME YOU SPEND IN PHYS During a usual week, on how many days are 	es your heart and respiration rate. Physical activit king for examples running, biking, dancing, or foo SICAL ACTIVITY EACH DAY. 1. 0 days 2. 1 day 3. 2 days 4. 3 days	
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	 Physical activity is any activity that increas done in sports, playing with friends, or wall ADD UP ALL THE TIME YOU SPEND IN PHYS During a usual week, on how many days are you physically active for a total of at least 60 	es your heart and respiration rate. Physical activit king for examples running, biking, dancing, or foo SICAL ACTIVITY EACH DAY. 1. 0 days 2. 1 day 3. 2 days 4. 3 days 5. 4 days 6. 5 days	
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14.	 Physical activity is any activity that increas done in sports, playing with friends, or wall ADD UP ALL THE TIME YOU SPEND IN PHYS During a usual week, on how many days are you physically active for a total of at least 60 minutes per day? 	es your heart and respiration rate. Physical activit king for examples running, biking, dancing, or foo SICAL ACTIVITY EACH DAY. 1. 0 days 2. 1 day 3. 2 days 4. 3 days 5. 4 days 6. 5 days 7. 6 days 8. 7 days	
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14. 15. 16.	 Physical activity is any activity that increas done in sports, playing with friends, or wall ADD UP ALL THE TIME YOU SPEND IN PHYS During a usual week, on how many days are you physically active for a total of at least 60 minutes per day? How much time do you spend during a usual day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities, such as listening to music? Do you regularly practice yogic exercise/yoga? 	es your heart and respiration rate. Physical activit king for examples running, biking, dancing, or foo SICAL ACTIVITY EACH DAY. 1. 0 days 2. 1 day 3. 2 days 4. 3 days 5. 4 days 6. 5 days 7. 6 days 8. 7 days 1. Less than 1 hour per day 2. 1 to 2 hours per day 3. 3 to 4 hours per day 4. 5 to 6 hours per day 5. 7 to 8 hours per day 6. More than 8 hours per day 1. Yes 2. No → 1. 0 days	tball. →

		5. 4 days	
		6. 5 days	
		7. 6 days	
18.	How much time do you spend doing yoga in a	8. 7 days (in minutes)	
	typical day? (in minutes)	(
	T – C: TOBACCO USE		
The I	next 12 questions are about cigarette/bidi and	d other tobacco use.	
19.	Which of your family members and friends use	A. None	
	tobacco in any form?	B. My father or male guardian	
		C. My mother or female guardian	
	(More than one answer is possible)	D. Both parents	
	Please circle all that apply	E. Husband/Wife	
		F. Brothers and/or sisters	
		G. Any other family member in same household	
		H. Friends	
20	Have you over used tobasse in any form?	I. I do not know	
20.	Have you ever used tobacco in any form? (smoking, chew, snuff)	1. Smoking 2. Chewing	\rightarrow
	(Shloking, chew, shull)	3. Never used \rightarrow	PART D
21	Tf		17.001 0
21.	If yes, how old were you when you used tobacco for the first time?	(In years)	
		(1) yearsy	
22.	What was the reason for initiation of tobacco	A. I wanted to see what would happen if I	
	use?	smoke/chew tobacco.	
	(More than one answer is possible)	B. I just felt tempted to smoke/chew tobacco.	
		C. Friend offered	
		D. I saw parent/relative/sibling chew/smoke	
		tobacco.	
		E. I saw my favorite actor/actress chew/smoke	
		tobacco. F. When I saw tobacco (any form) I just had to try.	
		G. Others (SPECIFY)	
23.	Do you currently smoke?	1. Yes	
201	bo you carrently smoke.	2. No \rightarrow	→ Q26
24	Have you ever attempted to stop smoking	1. Yes	2.026
24.	cigarettes/bidis?	2. No →	→ Q26
ЭF	At which age did you stop smoking or attempt	(In years)	
25.	to stop smoking cigarettes/ bidis? Do you currently chew tobacco?	1. Yes	
26.		2. No \rightarrow	→Q29
20.	Have you ever attempted to stop chewing	1. Yes	7029
27.	tobacco?	2. No \rightarrow	→ Q29
<u> </u>	At which age did you stop chewing or attempt to		, ₄ 2,
28.	stop chewing tobacco?	(In years)	
	(Ask only if Q. 24 or Q27 is "1" otherwise	A. Will power	
29.	SKIP TO PART-D)	B. Felt weakness/ breathless/chronic cough	
	-	C. Advised by family member/Relatives/friends	
	What were the reasons you wanted to stop	D. Fear about Health problem	
	tobacco use?	E. Suffering from health problem	
	(More than one answer is possible)	F. Advised by Doctor/Health worker	
		G. Other (SPECIFY)	
_	What specific cessation method you used/using	1. Medicines	
30.	to quit tobacco use?	2. Counseling/Advice	
		3. Other methods	

PAR	Γ – D: ALCOHOL USE		
	next 9 questions ask about the role of alcohol		
31.	Which of your family members and friends drink alcohol? (More than one answer is possible)	 A. None B. My father or male guardian C. My mother or female guardian D. Both parents E. Husband/Wife F. Brothers and/or sisters G. Any other family member in same household H. Friends 	
32.	Have you ever used alcohol?	I. I do not know 1. Yes 2. No →	→ SECTION 3
33.	How old were you when you had first drink?	(In years)	
34.	What were the reasons for initiation of alcohol? (More than one answer is possible)	 A. I wanted to see what would happen if I drink alcohol. B. I just felt tempted to drink. C. Friend offered D. I felt worried or tense about my relationship with someone else. E. I saw parent/relative/sibling drinking F. I saw my favorite actor/actress drinking G. I felt angry or frustrated, either with myself or because things were not going my way. H. When I saw alcohol I just had to try. I. Others (SPECIFY) 	
35.	Do you currently drink alcohol?	1. Yes 2. No →	→Q37
36.	Have you ever attempted to quit alcohol?	1. Yes 2. No →	→Q40
37.	At which age did you stop drinking alcohol or attempt to quit alcohol use?	(In years)	
38.	(Ask, if Q35 is "2" or Q.36 is "1". Otherwise SKIP TO SECTION 3) What were the reasons to stop drinking or attempted to stop drinking alcohol use? (More than one answer is possible)	 Will power Felt weakness/ breathless/chronic cough Advised by family member/Relatives/friends Fear about Health problem Suffering from health problem Advised by Doctor/Health worker Other (SPECIFY) 	
39.	What specific cessation method you used/using to quit alcohol?	 Medicines Counseling/Advice Other methods 	
SECT	ION -3: KNOWLEDGE ABOUT KEY NCDs		
40.	Have you ever heard about the following disease/health conditions? (Read options) (More than one answer is possible)	 A. Hypertension (High Blood Pressure) B. Diabetes (High Blood Sugar) C. Heart Disease D. Stroke (Paralytic Attack) E. Chronic Kidney Disease F. None → 	→ Q52

	(Please put 1 for YES, 2 for NO & 3 if I			-	T		
	Source of information	High B Pressu		High Blood Sugar	Heart Disease	Paralysis Attack	Chronic Kidney Disease
	TV/Radio	110350		Jugai	Discuse	ALLOCK	Discuse
	School teacher						
	Friend/Relatives/Sibling/Parents						
	Husband/Wife						
	Book/Newspaper/Magazine						
	Poster/Banner						
	Doctor from Public Health Facility						
	ANM/Health Worker						
	ASHA/Anganwadi Worker						
	Doctor from Private Health Facility						
	Community events (drama/rally)						
	Pharmacist						
	Others (SPECIFY)						
	If the answer is reported to any of the	diseas	es in	0. 40 <i>.</i> then a	sk the res	pective au	estions from O
	Q51. Else go to Q52.			C ,			••••••
_	What are the symptoms of High Blood Press	sure	Α.	Severe heada	ches		
	you are aware of?		В.	Severe anxiet	v		
	(More than one answer is possible)			Shortness of b			
			D.	Nosebleeds			
			E.	Blood Spots in	n eyes		
			F. Facial flushing				
			G.	Dizziness			
				Others (SPEC			
			I.	Do not know/	Not aware		
	What are the risk factors of High Blood Pres	ssure		Family history			
	you are aware of?			Lack of physic			
	(More than one answer is possible)			High salt intak			
				Unhealthy die			
				Overweight ar	nd obesity		
				Stress			
				Drink alcohol			
			Н.	Others (SPEC			
			I.	Do not know/			
	What are the symptoms of Diabetes you ar	re		Increased thin			
	aware of?			Increased app	etite		
	(More than one answer is possible)		C.	Fatigue			
			D.	Increased Unr	ination, esp	ecially at ni	ght
			Ε.	Weight loss			
			F.	Blurred vision			
				Sores that do			
				Others (SPEC			
			<u>I.</u>	Do not know/			
	What are the risk factors of Diabetes you a	are		Family history			
	aware of?			Lack of Physic			
	(More than one answer is possible)			Unhealthy die			
				Overweight ar	nd obesity		
			E.				
				Drink alcohol			
				Others (SPEC			_ I
			I.	Do not know/			

	What are the symptoms of Heart Disease you		Jndue fatigue
46.	are aware of?		Pain or discomfort in the jaw, neck, or back.
	(More than one answer is possible)		Feeling weak, light-headed, or faint.
			Chest pain or discomfort.
			Pain or discomfort in arms or shoulder.
		F. S	Shortness of breath
		G. (Others (SPECIFY)
		Η. [Do not know/Not aware
	What are the risk factors of Heart Disease you		Smoking
47.	are aware of?		High blood pressure
	(More than one answer is possible)		High blood cholesterol
			Diabetes
			Being overweight or obese
			Jnhealthy diet
			Physical inactivity
			Stress
			Drink alcohol
			Others (SPECIFY)
			Do not know/Not aware
40	What are the symptoms of chronic kidney		Jrinate less than normal.
48.	disease you are aware of?		Have swelling on feet / face.
	(More than one answer is possible)		Feel very tired.
			Lose your appetite or have an unexpected weight oss
		-	Feel nauseated or vomit.
			Be either very sleepy or unable to
			Have or trouble thinking straight.
			Others (SPECIFY)
	What are the risk factors of chronic kidney	1	Diabetes
49.	disease you are aware of?	В.	High blood pressure
	(More than one answer is possible)	С.	Kidney infection / stone
		D.	Heart disease
			Smoking
			Obesity
			High cholesterol
			Family history of kidney disease
			Age 65 or older
			Others (SPECIFY) Do not know/Not aware
	What are the symptoms of stroke you are		Sudden numbness or weakness of the face, arm,
50.	aware of?		or leg.
50.	(More than one answer is possible)		Sudden confusion or trouble speaking or
			understanding others.
			Sudden trouble seeing in one or both eyes.
			Sudden dizziness, trouble walking, or loss of
			palance or coordination.
			Sudden severe headache with no known cause.
			Paralysis attack
			Others (SPECIFY)
			Do not know/Not aware
	What are the risk factors of stroke you are		High Blood Pressure
51.	aware of?		ligh Cholesterol
	(More than one answer is possible)		Heart disease
			Diabetes
			Overweight and obesity
		F. F	Previous stroke

		G. Others (SPECIFY)	
		H. Do not know/Not aware	
	Have you ever been told by doctor that you	A. Hypertension (High Blood Pressure)	
52.	have any of the following disease/conditions?	B. Diabetes (High Blood Sugar)	
02.	(Read options)	C. Hyperlipidemia (High cholesterol)	
	(More than one answer is possible)	D. Heart Disease	
		E. Stroke (Paralytic Attack)	
		F. Chronic Kidney Disease	
		G. None	
	ONLY IN CASE OF EVER MARRIED WOMEN	A. High Blood Pressure during pregnancy	
53.	WHO HAVE EVER EXPERIENCED ATLEAST	B. High Blood Sugar during pregnancy	
	ONE PREGNANCY	C. Hyperlipidemia (High cholesterol)	
	Have you ever been told by doctor that you	D. Heart Disease	
	have any of the following disease?	E. Stroke (Paralytic Attack)	
	(Read options)	F. Chronic Kidney Disease	
	(More than one answer is possible)	G. None	
	-	2. 52 or Q 53, then GO TO SECTION-4 related diseas	se part
	ERWISE' GO TO SECTION-5.		
	ION 4: MEDICAL HISTORY		
PART	-A : HYPERTENSION (HIGH BLOOD PRESSU		
ГЛ	At what age were you diagnosed for	(in Years)	
54.	Hypertension (high Blood Pressure)?	Dublia Castor	
FF	Where were you diagnosed?	Public Sector	
55.	(More than one answer is possible)	A. Medical College / Tertiary Hospital	
		B. District Hospital	
		C. Dispensary D. UHC/UHP/UFWC	
		E. CHC/ Rural Hospital	
		F. PHC	
		G. Sub center	
		H. AYUSH Hospital/Clinic	
		Private Sector	
		I. NGO/Trust Hospital/Clinic	
		J. Specialist Hospital/Clinic	
		K. AYUSH Hospital/Clinic	
		L. Other (SPECIFY)	
	What was the reason to prefer/decide to visit	A. Referred by doctor	
56.	the health facility for diagnosis?	B. Referred by ANM / Health Worker	
501	(More than one answer is possible)	C. Facilitated/Motivated by NGO/CBO	
		D. Motivated by Parents/Siblings	
		E. Self Motivated	
		F. Availability of Specialist	
		G. Quality of Services	
		H. Other (SPECIFY)	
	Is your family member aware that you are	1. Yes	-
57.	suffering from the disease / health problem?	2. No	
	Have you consulted anyone for advice or	1. Yes	
58.	treatment for this problem before visiting this	2. No →	→ Q60
	facility?		
	To whom did you consult before taking decision	A. Parents/Siblings	
59.	to visit the health facility?	B. Relatives/Friends	
	(More than one answer is possible)	C. Husband/Wife	
		D. ANM/Health Worker/Nurse	
		E. Doctor from PHC/CHC/Rural Hospital	
		F. Doctor from Private Health Facility	

		Public/Private Sector	
		H. Other (SPECIFY)	
	Who has taken the final decision regarding the	1. Self	
60.	visit to the health facility?	2. Husband/Wife	
		3. Parents	
		4. Jointly with family members	
		5. Other (SPECIFY)	
	Do you receive adequate support from your	1. Yes	
61.	family member in prevention/management of	2. No→	→Q63
	the disease?		C C
	What kind of support do you receive from your	A. Facilitate / Motivate for regular check-up	
62.	family member in prevention/management of	/consultation with the doctor	
021	the disease?	B. Motivate to take regular medicines	
	(More than one answer is possible)	C. Financial support	
	(More than one answer is possible)	D. Care during critical illness	
		E. Frequent support to adopt healthy lifestyle	
		F. Monitoring clinical symptoms	
		G. Help in making decision regarding treatment	
		H. Support to cope-up from the stress	
		I. Other (SPECIFY)	
	What are the treatments/advice you are	A. Allopathic-Oral drug (medication)	
63.	currently receiving for raised (high) blood	B. AYUSH-Oral drug (medication)	
	pressure?	C. Injectables	
	(More than one answer is possible)	D. Salt restriction	
		E. Special Prescribed diet	
		F. Advice or treatment to lose weight	
		G. Advise to start or do more exercises	
		H. Stop/reduce tobacco/alcohol consumption	
		I. None	
		J. Others (SPECIFY)	
	Who prescribed the above treatment/advice?	A. Allopathic Doctor	
64.		•	
04.	(More than one answer is possible)		
		C. Pharmacist	
		D. ANM/Health worker	
		E. Friend/Neighbour	
		F. Other (SPECIFY)	
	What type of treatment you have tried for high	A. Allopathic	
65.	blood pressure in the past?	B. Ayurvedic	
	(More than one answer is possible)	C. Yoga	
		D. Unani	
		E. Sidha	
		F. Homeopathy	
		G. Home remedies	
		H. Others (SPECIFY)	
	How regular are you in taking your medicines as	1. As prescribed by the doctor/health worker \rightarrow	→Q68
66.	prescribed?	2. Take medicine only when I feel unwell	200
00.		3. Medicine discontinued	
		4. Never taken any medication	
	What was the reason of discontinuation of the	A. Cannot tolerate the medicines	
67.	medicines?	B. I have recovered	
	(More than one answer is possible)	C. Too expensive	
		D. Complicated procedure for care seeking	
		E. Do not trust medical care	
			1
		F. No reason	

	How often you visit your doctor?	1 As prescribed h	by the doctor/health worker \rightarrow	→Q70
68.		2.When I feel un		70/0
00.		3. Visits discontin		
		4. Other (SPECI		
	What was the reason of Discontinuation of the	A. Cannot afford		
69.	regular visit to doctor?	r visit to doctor? B. Cannot tolera		
	(More than one answer is possible)	C. I have recove	red	
		D. No specialist I	Doctor available	
		E. Long distance		
		F. Too expensive		
			procedure for care seeking	
		H. Long waiting		
		I. Too sick to vis J. Do not trust n		
			out health facility	
		L. No reason		
		M. Other (SPECI		
	List the expenditure incurred towards the conditio		/	
70.		(5	-	_
	Expenditure		Amount spent in Rupees (on an average in a month)	
	Regular visit to doctor (fees)			
	Transportation cost to visit doctor			
	Medication (Average amount spent per month for mentioned condition)	or the above		
	Regular laboratory tests			
	Others(specify)			
	TOTAL EXPENDITURE INCURRED			
	What was the source of payment for the above	A. Own saving		
71.	expenditure?	B. Family mem		
	(More than one answer is possible)	C. Employer pa		
			om friend, relative & employer	
		E. Borrowed fro		
		G. Health Insur	land or other assests	
		H. Others (SPE		
	To what extent you were satisfied with the	1. Very Satisfie		
72.	services / treatment attained from the facility?	2. Satisfied		
		3. Indifferent		
		4. Dissatisfied		
		5. Very Dissatis	sfied	
PAR	T –B : DIABETES (HIGH BLOOD SUGAR)	I		
73.	At what age did you have your Diabetes (high Blood Sugar)?		(In years)	
	Where were you diagnosed?	Public Sector		
74.	(More than one answer is possible)	A. Medical Colleg	ge / Tertiary Hospital	
		B. District Hospit	tal	
		C. Dispensary		
		D. UHC/UHP/UF		
		E. CHC/ Rural H	ospital	
		F. PHC		
		G. Sub center		
		H. AYUSH Hospi	tal/Clinic	
		Private Sector		
		I. NGO/Trust He	• •	
		J. Specialist Hos	spital/Clinic	

		K. AYUSH Hospital/Clinic	
	What was the verse to profer (deside to visit	L. Other (SPECIFY)	
75.	What was the reason to prefer/decide to visit	A. Referred by doctor	
75.	the health facility for diagnosis? (More than one answer is possible)	B. Referred by ANM / Health Worker	
	(More than one answer is possible)	C. Facilitated/Motivated by NGO/CBO	
		D. Motivated by Parents/Siblings E. Self Motivated	
		F. Availability of Specialist	
		G. Quality of Services	
		H. Other (SPECIFY)	-
76	Is your family member aware that you are	1. Yes	
76.	suffering from the disease / health problem?	2. No 1. Yes	
77	Have you consulted anyone for advice or		
77.	treatment for this problem before visiting this	2. No	
	facility?		
70	To whom did you consult before taking decision	1. Parents/Siblings	
78.	to visit the health facility?	2. Relatives/Friends	
		3. Husband/Wife	
		4. ANM/Health Worker	
		5. Doctor from PHC/CHC/Rural Hospital	
		6. Doctor from Private Health Facility	
		7. Doctor from AYUSH Hospital/Clinic from	
		Public/Private Sector	
		8. Other (SPECIFY)	_
	Who has taken the final decision regarding the	1. Self	
79.	visit to the health facility?	2. Husband/Wife	
		3. Parents	
		4. Jointly with family members	
		5. Other (SPECIFY)	
	Do you receive adequate support from your	1. Yes	
80.	family member in prevention/management of	2. No →	→ Q82
	the disease?		
	What kind of support do you receive from your	A. Facilitate / Motivate for regular check-up	
81.	family member in prevention/management of	/consultation with the doctor	
	the disease?	B. Motivate to take regular medicines	
		C. Financial support	
		D. Care during critical illness	
		E. Frequent support to adopt healthy lifestyle	
		F. Monitoring clinical symptoms	
		G. Help in making decision regarding treatment	
		H. Support to cope-up from the stress	
		I. Other (SPECIFY)	
	What are the treatments/advice you are	A. Allopathic-Oral drug (medication)	
82.	currently receiving for raised (high) blood sugar?	B. AYUSH-Oral drug (medication)	
	(More than one answer is possible)	C. Injectables	
		D. Sugar restriction	
		E. Special Prescribed diet	
		F. Advice or treatment to lose weight	
		G. Advise to start or do more exercises	
		H. Stop/ reduce Tobacco/alcohol consumption	
		I. None	
		J. Other (SPECIFY)	
	Who prescribed the above treatment/advice?	A. Allopathic Doctor	
83.	(More than one answer is possible)	B. AYUSH Doctor	
001		C. Pharmacist	
		D. ANM/Health worker	

		E. Friend/Neighbour F. Other (SPECIFY)	
84.	What type of treatment you have tried for high blood sugar in the past? (More than one answer is possible) How regular are you in taking your medicines? What was the reason of Discontinuation?	 A. Allopathic B. Ayurvedic C. Yoga D. Unani E. Sidha F. Homeopathy G. Home remedies H. Others (SPECIFY)	→Q87
86.	(More than one answer is possible)	 B. I have recovered C. Too expensive D. Complicated procedure for care seeking E. Do not trust medical care F. No reason G. Other (SPECIFY)	
87.	How often you visit your doctor?	 As prescribed by the doctor/health worker → When I feel unwell Visits discontinued Other (SPECIFY) 	→ Q89
88.	What was the reason of Discontinuation of the regular visit to doctor? (More than one answer is possible)	 A. Cannot afford B. Cannot tolerate the medicines C. I have recovered D. No specialist Doctor available E. Long distance F. Too expensive G. Complicated procedure for care seeking H. Long waiting time I. Too sick to visit the facility J. Do not trust medical care K. Not aware about health facility L. No reason M. Other (SPECIFY) 	
89.	List the expenditure incurred towards the conditio	on (high blood sugar) in a month. Amount sper Rupees (on average in a m	an
	Regular visit to doctor (fees) Transportation cost to visit doctor Medication (Average amount spent per months for Dialysis Regular laboratory tests Others (SPECIFY) TOTAL EXPENDITURE INCURRED		
90.	What was the source of payment for the above expenditure? (More than one answer is possible)	 A. Own saving B. Family member paid C. Employer paid D. Borrowed from friend, relative & employer E. Borrowed from bank F. Sold house, land or other assests 	

		G. Health Insurance	
		H. Others (SPECIFY)	
	To what extent you were satisfied with the	1.Very Satisfied	
91.	services / treatment attained from the facility?	2. Satisfied	
		3. Indifferent	
		4. Dissatisfied	
		5. Very Dissatisfied	
СОМ	PLICATIONS		
B-I :	CHRONIC KIDNEY DISEASE		
92.	At what age were you diagnosed for chronic kidney disease?	(In years)	
92.	Where were you diagnosed?	Public Sector	
93.	(More than one answer is possible)	A. Medical College / Tertiary Hospital	
55.		B. District Hospital	
		C. Dispensary	
		D. UHC/UHP/UFWC	
		E. CHC/ Rural Hospital	
		F. PHC	
		G. Sub center	
		H. AYUSH Hospital/Clinic	
		Private Sector	
		I. NGO/Trust Hospital/Clinic	
		J. Specialist Hospital/Clinic	
		K. AYUSH Hospital/Clinic	
		L. Other (SPECIFY)	
	What was the reason to prefer/decide to	A. Referred by doctor	
94.	visit the health facility for diagnosis?	B. Referred by ANM / Health Worker	
51.	(More than one answer is possible)	C. Facilitated/Motivated by NGO/CBO	
	(Profe than one unswer is possible)	D. Motivated by Parents/Siblings	
		E. Self Motivated	
		F. Availability of Specialist	
		G. Quality of Services	
		H. Other (SPECIFY)	
05	Is your family member aware that you are	1. Yes	
95.	suffering from the disease / health problem?	2. No	
	Have you consulted anyone for advice or	1. Yes	
96.	treatment for this problem before visiting	2. No	
	this facility?		
	To whom did you consult before taking	1. Parents/Siblings	
97.	decision to visit the health facility?	2. Relatives/Friends	
		3. Husband/Wife	
		4. ANM/Health Worker	
		5. Doctor from PHC/CHC/Rural Hospital	
		6. Doctor from Private Health Facility	
		7. Doctor from AYUSH Hospital/Clinic from	
		Public/Private Sector	
		8. Other(SPECIFY)	
	Who has taken the final decision regarding	1. Self	
~~	the visit to the health facility?	2. Husband/Wife	
ug .	the visit to the health facility!	3. Parents	
98.			
98.			
98.		4. Jointly with family members	
98.		 Jointly with family members Other (SPECIFY) 	
	What are the treatments/advice you are	4. Jointly with family members 5. Other (SPECIFY) A. Allopathic-Oral drug (medication)	
98.	What are the treatments/advice you are currently receiving for Chronic Kidney Disease?	 Jointly with family members Other (SPECIFY) 	

E. Sugar restriction F. Sugar restriction F. Sugar restriction G. Advice or treatment to lose weight How frequently do you require dialysis? 100. How frequently do you require dialysis? 101. Who prescribed the above treatment/advice? (More than one answer is possible) What type of treatment you have tried for chronic kidney disease in the past? 102. What type of treatment you have tried for chronic kidney disease in the past? 103. How requare you in taking your medicines? 104. What was the reason of Discontinuation? 104. What was the reason of Discontinuation? 105. Mow often you visit your doctor? 104. What was the reason of Discontinuation? 105. Mow often you visit your doctor? 106. What was the reason of Discontinuation? 107. How often you visit your doctor? 108. What was the reason of Discontinuation? 109. 100. How often you visit your doctor? <td< th=""><th></th><th>(More than one answer is possible)</th><th>D. Injectables</th><th></th></td<>		(More than one answer is possible)	D. Injectables	
F. Special Prescribed diet G. Advice or treatment to lose weight H. Advise to start or do more exercises Item 1 Ask only, if Q. 99 is 'C'. How frequently do you require dialysis? Item 1 More frequently do you require dialysis? Item 2 Who prescribed the above treatment/advice? (More than one answer is possible) Item 2 What type of treatment you have tried for chronic kidney disease in the past? (More than one answer is possible) Item 2 What type of treatment you have tried for chronic kidney disease in the past? (More than one answer is possible) Item 2 What type of treatment you have tried for chronic kidney disease in the past? (More than one answer is possible) Item 3 Item 4 Mow regular are you in taking your medicines? Item 4 More than one answer is possible) Item 4				
G. Advice or treatment to lose weight H. Advise to start or do more exercises I. Stop/reduce Tobacco/alcohol consumption J. None 100. Ask only, if Q. 99 is 'C'. How frequently do you require dialysis? 1. Once a day 101. Ask only, if Q. 99 is 'C'. How frequently do you require dialysis? 1. Once a day 101. Who prescribed the above treatment/advice? (More than one answer is possible) 1. Once a month 102. What type of treatment you have tried for chronic kidney disease in the past? (More than one answer is possible) A. Allopathic D. Allopathic Pharmacit D. Unani E. Sidha 103. How regular are you in taking your medicines? 1. As prescribed by the doctor/health worker → 2. Take medicine only when 1 feel unwell 3. Medicine discontinued >Q105 104. What was the reason of Discontinuation? (More than one answer is possible) 1. As prescribed by the doctor/health worker → 2. Take medicine only when 1 feel unwell 3. Medicine discontinued 4. Never taken any medication 4. Never taken any medication 5. On the regular visit your doctor? >Q107 104. What was the reason of Discontinuation? (More than one answer is possible) 1. As prescribed by the doctor/health worker → 2. To expensive D. Complicated procedure for care seeking E. I have recovered C. Too expensive D. Complicated procedure for care seeking E. No reason G. Other (SPECIFY) >Q107 105. What was the reason of Discontinuation of the regular visit to doctor? (More than one answer is possible)				
H. Advise to start or do more exercises Stop/reduce Tobacco/alcohol consumption Nome Ask only, if Q. 99 is 'C'. How frequently do you require dialysis? Tome in a weak Tome in a weak Who prescribed the above treatment/advice? (More than one answer is possible) What type of treatment you have tried for chronic kidney disease in the past? (More than one answer is possible) What type of treatment you have tried for chronic kidney disease in the past? (More than one answer is possible) What was the reason of Discontinuation? (More than one answer is possible) What was the reason of Discontinuation? (More than one answer is possible) Max was the reason of Discontinuation? (More than one answer is possible) Max was the reason of Discontinuation? (More than one answer is possible) Max was the reason of Discontinuation? (More than one answer is possible) Max us the reason of Discontinuation? (More than one answer is possible) Max us the reason of Discontinuation? (More than one answer is possible) Max us the reason of Discontinuation? (More than one answe				
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K. Not aware about health facility L. No reason				
L. No reason				
			· · · · · · · · · · · · · · · · · · ·	
M. Other (SPECIFY)			L. No reason	
			M. Other (SPECIFY)	

		1 1/22				
107.	Have you ever had a non-healing ulcer/sore	1. Yes 2. No				
107.	in the foot that took more than 4 weeks to	2. 110				
	heal?	1. Yes		\rightarrow		
108.	Have you had an amputation due to	$2. \text{ No} \rightarrow$		Part B		
100.	complication of diabetes?	2. 110 7		III		
	If Yes when?					
109.		Month	Year			
	Level of amputation	1. Toe				
110.		2. Below ar 3. Below kr				
		 Below kr Above kr 				
	Are you taking any preventive measures to	1. Yes		\rightarrow		
111.	avoid future complication?	2. No →		Part B		
				III		
	What are the preventive measures you are	1. Wear foot				
112.	taking?		uries immediately			
			d sugar level under control			
D_TTT	EYES	4. Other (SP				
0-111	Do you have difficulty with your eyesight other	1. Yes		\rightarrow		
113.	than your ordinary power glasses (spectacles)?	2. No →		Part D		
	Were you told that your poor eyesight is due to	1. Yes		\rightarrow		
114.	complications of diabetes?		Part D			
	What was the diagnosis?	1. Diabetic	Retinopathy			
115.	(Confirm from records)	2. Cataract				
	(3. Other Ot	hers (SPECIFY)			
	Have you undergone laser therapy	1. Yes				
116.	(Photocoagulation) at anytime?	2. No				
	Do you have medical records or prescriptions?	1. Yes				
117.	List the expenditure incurred towards the conditio	2. No	v disassa) in a month			
118.						
110.	Expenditure		Amount spent in Rupees			
	Regular visit to eye doctor (fees)		(on an average in a month)			
	Transportation cost to visit doctor					
	Medication (Average amount spent per months f	or the above				
	mentioned condition)					
	Regular laboratory tests/ Procedure					
	Laser treatment					
	Others(specify)					
	TOTAL EXPENDITURE INCURRED					
110	What was the source of payment for the above	A. Own savi	•			
119.	expenditure? (More than one answer is possible)	B. Family mo C. Employer				
	(more than one answer is possible)		from friend, relative & employer			
			I from bank			
		F. Sold hous				
		G. Health In				
		H. Others (S	SPECIFY)			
PART	- C: HEART DISEASE	I	(in Voors)			
120.	At what age were you diagnosed with Heart disease?		(in Years)			
120.		1				

	What did the doctor say it was?	A. Heart attack	
121.		B. Pain in chest (Angina)	
	(More than one answer is possible)	C. Heart failure	
		D. Valve disease	
	(If "A" go to Q 122 otherwise Skip to Q	E. Hole in the heart (congenital heart disease)	
	125)	F. Others (SPECIFY)	
		G. Not informed about the nature of the problem	
100	If had heart attack, at what age did you have	(in Verre)	
122.	the 1 st heart attack? Were you hospitalized for treatment?	(in Years) 1. Yes	
123.	were you hospitalized for treatment:	2. No	
	Did you have any repeat attacks?	1. Yes	
124.		2. No	
405	Where were you diagnosed?	Public Sector	
125.	(More than one answer is possible)	A. Medical College / Tertiary Hospital	
		B. District Hospital	
		C. Dispensary	
		D. UHC/UHP/UFWC	
		E. CHC/ Rural Hospital	
		F. PHC	
		G. Sub centre	
		H. AYUSH Hospital/Clinic	
		Private Sector	
		I. NGO/Trust Hospital/Clinic	
		J. Specialist Hospital/Clinic	
		K. AYUSH Hospital/Clinic	
		L. Other (SPECIFY)	
100	What was the reason to prefer/decide to visit	A. Referred by doctor	
126.	the health facility for diagnosis?	B. Referred by ANM / Health Worker	
	(More than one answer is possible)	C. Facilitated/Motivated by NGO/CBO	
		D. Motivated by Parents/Siblings	
		E. Self Motivated	
		F. Availability of Specialist	
		G. Quality of Services	
	Is your family member aware that you are	H. Other (SPECIFY)	
107	Is your family member aware that you are	1. Yes	
127.	suffering from the disease / health problem?	2. No 1. Yes	
128.	Have you consulted anyone for advice or	1. Yes 2. No	
120.	treatment for this problem before visiting this facility?	2. NO	
	To whom did you consult before taking	1. Parents/Siblings	
129.	decision to visit the health facility?	2. Relatives/Friends	
		3. Husband/Wife	
		4. ANM/Health Worker	
		5. Doctor from PHC/CHC/Rural Hospital	
		6. Doctor from Private Health Facility	
		7. Doctor from AYUSH Hospital/Clinic from	
		Public/Private Sector	
		8. Other(SPECIFY)	
	Who has taken the final decision regarding	1. Self	
130.	the visit to the health facility?	2. Husband/Wife	
		3. Parents	
		4. Jointly with family members	
		5. Other (SPECIFY)	
	What are the treatments/advice you are	A. Allopathic-Oral drug (medication)	

	(More than one answer is possible)	 C. Injectables D. Salt restriction E. Special Prescribed diet F. Advice or treatment to lose weight G. Advise to start or do more exercises 	
		 H. Stop/reduce Tobacco/alcohol consumption I. None J. Other (SPECIFY) 	
132.	Who prescribed the above treatment/advice? (More than one answer is possible)	 A. Allopathic Doctor B. AYUSH Doctor C. Pharmacist D. ANM/Health worker E. Friend/Neighbour F. Other (SPECIFY)	
133.	What type of treatment you have tried for heart disease in the past? (More than one answer is possible)	 A. Allopathic B. Ayurvedic C. Yoga D. Unani E. Sidha F. Homeopathy G. Home remedies H. Other (SPECIFY) 	
134.	How regular are you in taking your medicines as prescribed?	 As prescribed by the doctor/health worker → Take medicine only when I feel unwell Medicine discontinued Never taken any medication 	→Q136
135.	What was the reason of Discontinuation? (More than one answer is possible)	 A. Cannot tolerate the medicines B. I have recovered C. Too expensive D. Complicated procedure for care seeking E. Do not trust medical care F. No reason G. Other (SPECIFY) 	
136.	How often you visit your doctor?	 As prescribed by the doctor/health worker → When I feel unwell Visits discontinued Other (SPECIFY) 	→Q138
137.	What was the reason of Discontinuation of the regular visit to doctor? <i>(More than one answer is possible)</i>	 A. Cannot afford B. Cannot tolerate the medicines C. I have recovered D. No specialist Doctor available E. Long distance F. Too expensive G. Complicated procedure for care seeking H. Long waiting time I. Too sick to visit the facility J. Do not trust medical care K. Not aware about health facility L. No reason M. Other (SPECIFY)	

8.	Expenditure	Amount spent in Rupees (on an average in a month)
	Regular visit to doctor (fees)	
	Transportation cost to visit doctor	
	Medication (Average amount spent per months	for the above
	mentioned condition)	
	Regular laboratory tests	
	ECG and other advanced investigations	
	Others(specify)	
	TOTAL EXPENDITURE INCURRED	
	TOTAL EXPENDITORE INCORRED	
	What was the source of payment for the above	A. Own saving
39.	expenditure?	B. Family member paid
	(More than one answer is possible)	C. Employer paid
	(D. Borrowed from friend, relative & employer
		E. Borrowed from bank
		F. Sold house, land or other assests
		G. Health Insurance
		H. Other (Specify)
	To what extend you were satisfied with the	1. Very Satisfied
40.	services / treatment attained from the facility?	2. Satisfied
		3. Indifferent
		4. Dissatisfied
		5. Very Dissatisfied
ART	– D : STROKE	1
	At what age did you have Stroke (Paralysis)?	
1 1.		(in Years)
	Is there a residual disability in any part of the	1. Paralysis of leg/foot
42.	body? Does it involve the following?	2. Paralysis of arm/ hand
	(More than one answer is possible)	3. Weakness in leg/ foot
		4. Weakness in arm/hand
		5. Paralysis of face
		 Defect of speech Defect of vision
		8. Urinary incontinence
		9. Any other weakness
		10. Others (SPECIFY)
	Where were you diagnosed?	Public Sector
43.	(More than one answer is possible)	A. Medical College / Tertiary Hospital
101		B. District Hospital
		C. Dispensary
		D. UHC/UHP/UFWC
		E. CHC/ Rural Hospital
		F. PHC
		G. Sub centre
		H. AYUSH Hospital/Clinic
		Private Sector
		I. NGO/Trust Hospital/Clinic
		J. Specialist Hospital/Clinic
		K. AYUSH Hospital/Clinic
		L. Other (SPECIFY)
	What was the reason to prefer/decide to visit	A. Referred by doctor
44.	the health facility for diagnosis?	B. Referred by ANM / Health Worker
	(More than one answer is possible)	C. Facilitated/Motivated by NGO/CBO

		D. Motivated by Parents/Siblings	
		E. Self Motivated	
		F. Availability of Specialist	
		G. Quality of Services	
		H. Other (SPECIFY)	
	Is your family member aware that you are	1. Yes	
145.	suffering from the disease / health problem?	2. No	
115.	Have you consulted anyone for advice or	1. Yes	
146.	treatment for this problem before visiting this	2. No	
1 101	facility?		
	To whom did you consult before taking decision	1. Parents/Siblings	
147.	to visit the health facility?	2. Relatives/Friends	
		3. Husband/Wife	
		4. ANM/Health Worker	
		5. Doctor from PHC/CHC/Rural Hospital	
		6. Doctor from Private Health Facility	
		7. Doctor from AYUSH Hospital/Clinic from	
		Public/Private Sector	
		8. Other (SPECIFY)	
	Who has taken the final decision regarding the	1. Self	
148.	visit to the health facility?	2. Husband/Wife	
		3. Parents	
		4. Jointly with family members	
		5. Other (SPECIFY)	
149.	What are the treatments/advice you are	A. Allopathic-Oral drug (medication)	
149.	currently receiving for Stroke?	B. AYUSH-Oral drug (medication)C. Injectables	
	(More than one answer is possible)	C. Injectables D. Physiotherapy	
		E. Salt restriction	
		F. Special Prescribed diet	
		G. Advice or treatment to lose weight	
		H. Advise to start or do more exercises	
		I. Stop/reduce Tobacco/alcohol consumption	
		J. None	
		K. Other (SPECIFY)	
	Who prescribed the above treatment/advice?	A. Allopathic Doctor	
150.	(More than one answer is possible)	B. AYUSH Doctor	
		C. Pharmacist	
		D. ANM/Health worker	
		E. Friend/Neighbour	
		F. Other (SPECIFY)	
	What type of treatment you have tried for	A. Allopathic	
151.	Stroke in the past?	B. Ayurvedic	
	(More than one answer is possible)	C. Yoga	
		D. Unani	
		E. Sidha	
		F. Homeopathy	
		G. Home remedies	
		H. Other (SPECIFY)	10154
150	How regular are you in taking your medicines?	1. As prescribed by the doctor/health worker \rightarrow	→Q154
152.		 Take medicine only when I feel unwell Medicine discontinued 	
	What was the wasses of Discontinuation?	4. Never taken any medicationA. Cannot tolerate the medicines	
153.	What was the reason of Discontinuation? (More than one answer is possible)	B. I have recovered	

		D. Complicat					
			ust medical care				
		F. No reasor G. Other (SF					
	How often you visit your doctor?		ribed by the doctor/health worker \rightarrow	→Q156			
154.		2. When I fe	, ,	7 2200			
		3. Visit disco					
		4. Other (SI	PECIFY)				
	What was the reason of Discontinuation of the	A. Cannot a					
155.	regular visit to doctor?		lerate the medicines				
	(More than one answer is possible)	C. I have rec					
		E. Long dista	list Doctor available				
		F. Too exper					
			ed procedure for care seeking				
		H. Long wai					
		I. Too sick t	o visit the facility				
			ust medical care				
			e about health facility				
		L. No reason M. Other (SPECIEY)					
	List the expenditure incurred towards the conditional statements and the conditional statements and the conditional statements are statements and the conditional statements are statements and the conditional statements are statemen	M. Other (SPECIFY)					
156.			nonth.				
	Expenditure		Amount spent in Rupees				
		(on an average in a month))				
	Regular visit to doctor (fees)						
	Transportation cost to visit doctor	a far tha above					
	Medication (Average amount spent per months mentioned condition)	s for the above					
	Regular laboratory tests						
	Physiotherapy						
	Cost of equipment/divices						
	Special investigative procedure e.g. CT Scan, N	MRI, etc					
	Nursing care at home						
	Other specify						
	TOTAL EXPENDITURE INCURRED						
157	What was the source of payment of the above						
157.	expenditure? (More than one answer is possible)	B. Family men C. Employer p					
			rom friend, relative & employer				
		E. Borrowed f					
			, land or other assests				
		G. Health Insu					
	To sub-the stant second section of the the	H. Other(SPE					
158.	To what extent you were satisfied with the services / treatment attained from the facility?	1. Very Satisfi 2. Satisfied	lea				
150.	services / treatment attained from the facility:	3. Indifferent					
		4. Dissatisfied					
		5. Very Dissat	tisfied				
SECTIO	ON – 5: QUALITY OF LIFE						
	Having used various health facilities for differen	t diseases and ailr	ments, do you feel that there is any im	provement			
159.	in your life on the following parameters?						
	(Read the parameters and its options)	1 Thouse	problems in walking shout				
Α	Mobility		problems in walking about ne problems in walking about				
~			ined to bed				

В	Self-Care (eg. Washing or dressing r	nyself)	1. 2.		problems with self ome problems wash		sing	
			 I am unable to wash or dress myself 					
	Usual Activities (eg. work, study, ho	usework,	1.		problem with perfo		sual	
С	family, leisure activities)	,		activities	P			
			2.		ome problems with	performing	my usual	
			3.	activities	s able to perform my	ucual activit	ioc	
	Pain/ Discomfort		<u> </u>		pain or discomfort		105	
D	-		2.		noderate pain or dis			
_					extreme pain or disc			
	Anxiety/ Depression		3. 1.		anxious or depress			
E			2.		oderately anxious o			
			3.	I am ex	tremely anxious or	depressed		
	ON - 6: FAMILY HISTORY OF DISE	ASES						
	Family History of Diseases				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
160.	(More than one answer is possible)	-		a 1=yes, .	-	now)		
	Family Members	High Blood Pressure	d	Heart Disease	Stroke (Paralysis Attack)	High Blood Sugar	Chronic Disease	Kidney
	None					gen		
	Father							
	Mother							
	Grand Father							
	Grand Mother							
	Brother							
	Sister							
	Son							
	Daughter						-	
	Any other family member (Specify)							
SECTI	ON -7: HOSPITALIZATION (please	verify fror	n th	e medical	records if availab	ole with res	pondent)	
	Were you hospitalized for any illness si	nce		1. Yes				
161.	diagnosis of any NCD?			2. No				\rightarrow
					h' t remember \rightarrow			End
	INSTRUCTION: Please record details for each episode of hospitalization since diagnosis of any NCDs in the following matrix.							

S.No.	Date of Hospitali sation	Reason of Hospitalisation	Type of Hospital	Have you undergone any surgery/major procedure? ²	Type of Treatment Medical/ Surgical ³	Duration of stay	(med transp	amount spent on treatment hospitalisation expenses+ icine purchased+ ort cost to hospital during stay)	Source for payment ⁴	If reimbursed from the insurance company, specify the amount (In Rupees)?
		¹ Type of Hospital A.Government B.Private C.Charity D. Other (SPECIFY)	A. Ri by B. Vi C. St D. Pa E. Ai F. Ri G. Hi H. Ri I. O	/Major Procedure: evascularisation/ ypass alve repair/ eplacement acemaker mputation enal Transplantation eart Transplantation etinal notocoagulation ther SPECIFY)	C. Angi D. Angi E. Bypa F. Brac G. Pace H. Hear I. Amu J. Echc K. Neur L. Dialy M. Kidn N. For (cines mbolysis ogram oplasy ss surgery hytherapy maker t transplant putation cardiography o imaging	* Source A. B. C. D. E. F. G. H. I.	e of payment: Own saving Family member paid Employer paid Borrowed from friend, re Borrowed from bank Sold house, land or othe Health Insurance Cashless hospitalisation Other (Specify)		

End the Interview with Thanks

CONSENT FOR ANTHROPOMETRY, BLOOD SUGAR AND BLOOD PRESSURE MEASUREMENTS

As part of this survey, we are also studying level of blood sugar and blood pressure, and physical measurement such as height, weight and waist circumference, as these are the serious health problems related to lifestyle. The Health Worker from the health facility in your area will be doing these measurements. I will tell you the procedure of the measurement of blood sugar and blood pressure.

For blood pressure, a digital monitor will be used. For blood sugar, a sterile swap will be used to

For weight, you will be asked to stand on a weighing machine.

In order to determine your level of blood sugar, we are asking the survey participants to give a few drops of blood. The drops of blood will be collected from your finger. The report of all the above mentioned measurements will be given to you soon after its collection. In case you are screened with raised blood pressure and/or blood sugar, you will be referred to the nearest health facility for further investigation.

Participation in this effort is voluntary and you can choose not to participate. As informed you earlier, the participants name and physical identity will not be disclosed to anyone. This information will only be used for research and planning purpose.

At this time, do you have any questions to ask me?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

IF RESPONDENT AGE IS 15-17 YEARS, READ THE ABOVE PARAGRAPH TO BOTH RESPONDENT AND GUARDIAN AND TAKE CONSENT FROM BOTH.

I hope you will agree to participate in this effort and give few drops of blood.

BOTH RESPONDENT AND GUARDIAN AGREED \rightarrow 1 \longrightarrow CONTINUE MEASUREMENT

EITHER OF THEM DID NOT AGREE \rightarrow 2 \longrightarrow EXIT INTERVIEW

I would request you to give your consent.

Medtronic Foundation India NCD Program

Situational analysis of Non Communicable Diseases

Date of Measurement: dd___mm___yy____

Respondent's ID Number:
Full Name of the Respondent:

S.No.	Questions	Response	SKIP TO
1	Height	In Continuetore	
2	Maisht	In Centimeters	
2	Weight	In Kilograms	
3	Body Mass Index (BMI) (Need not be calculated in the field)	Kg/m2	
4	(For Women) Are you pregnant?	1. Yes→ 2. No	→ 7
Waist I	Measurement	-	•
5	Waist circumference Reading 1	In Centimeters	
6	Waist circumference Reading 2	In Centimeters	
Blood I	Pressure		
7	B.P. Reading 1	Systolic (mmHg)	
		Diastolic (mmHg)	
8	B.P. Reading 2	Systolic (mmHg)	
		Diastolic (mmHg)	
	Sugar Measurement	I	
9	Blood Sugar	Fasting	
		PP	
		Random	

Consent of the respondent

Name & Signature

Technician / Nurse/ ANM

MEDTRONIC FOUNDATION SUPPORTED INDIA NCD PROGRAM					
Referral Card					
Date of Referral					
(dd/mm/yyyy):					
Name and Address of the Respondent:					
Respondent's ID Number:					
Name:	(First Name) (Last Name) (Last Name)				(Last Name)
Age: (in years)		Sex: (please encircle)		Female =1	Male =2
Blood Pressure Reading (mmHg):			Blood Sugar (mg/dl):		
Systolic Diastolic			FastingPPRandom		
Any symptoms/Signs:					
Name and Address of the Health Facility, referred to:					
BlockStateState					
(Name & Signature)					