

Additional file 1: Medically relevant symptomatic diagnosis questionnaire items.

Item	Question (<i>HCE items are italicized</i>)
sd4_01	<i>Have you ever been told by a health provider that you have chronic bronchitis, emphysema, or chronic obstructive pulmonary disease (COPD)?</i>
sd4_02a	<i>How long ago, in months or years, were you told by a health provider that you have chronic bronchitis, emphysema, or chronic obstructive pulmonary disease (COPD)? [specify]</i>
sd4_02b	<i>How long ago, in months or years, were you told by a health provider that you have chronic bronchitis, emphysema, or chronic obstructive pulmonary disease (COPD)?</i>
sd4_03	<i>Are you currently taking medication for chronic bronchitis, emphysema, or chronic obstructive pulmonary disease (COPD)?</i>
sd4_04	<i>Have you ever been told by a health provider that you have heart failure?</i>
sd4_05a	<i>How long ago, in months or years, were you told by a health provider that you have heart failure?</i>
sd4_52b	<i>How long ago, in months or years, were you told by a health provider that you have heart failure?</i>
sd4_06	<i>Are you currently taking medication for heart failure?</i>
sd4_07	<i>Have you ever been told by a health provider that you have cirrhosis?</i>
sd4_8a	<i>How long ago, in months or years, were you told by a health provider that you have cirrhosis?</i>
sd4_8b	<i>How long ago, in months or years, were you told by a health provider that you have cirrhosis?</i>
sd4_09	<i>Are you currently taking medication for cirrhosis?</i>
sd4_10	<i>Have you ever been told by a health provider that you have liver failure?</i>
sd4_11a	<i>How long ago, in months or years, were you told by a health provider that you have liver failure?</i>
sd4_11b	<i>How long ago, in months or years, were you told by a health provider that you have liver failure?</i>
sd4_12	<i>Are you currently taking medication for liver failure?</i>
sd4_13	<i>Have you ever been told by a health provider that you have angina?</i>
sd4_14a	<i>How long ago, in months or years, were you told by a health provider that you have angina?</i>
sd4_14b	<i>How long ago, in months or years, were you told by a health provider that you have angina?</i>
sd4_15	<i>Are you currently taking medication for angina?</i>
sd4_16	<i>Have you ever been told by a health provider that you have angina?</i>
sd4_17	<i>What type of arthritis did they say you had?</i>
sd4_18a	<i>How long ago, in months or years, were you told by a health provider that you have arthritis?</i>
sd4_18b	<i>How long ago, in months or years, were you told by a health provider that you have arthritis?</i>
sd4_19	<i>Are you currently taking medication for arthritis?</i>

sd4_20	<i>Have you ever been told by a health provider that you have asthma?</i>
sd4_21a	<i>How long ago, in months or years, were you told by a health provider that you have asthma?</i>
sd4_21b	<i>How long ago, in months or years, were you told by a health provider that you have asthma?</i>
sd4_22	<i>Are you currently taking medication for asthma?</i>
sd4_23	<i>Have you ever been told by a health provider that you have depression?</i>
sd4_24a	<i>How long ago, in months or years, were you told by a health provider that you have depression?</i>
sd4_24b	<i>How long ago, in months or years, were you told by a health provider that you have depression?</i>
sd4_25	<i>Are you currently taking medication for depression?</i>
sd4_26	<i>Have you ever been told by a health provider, including an optician, that you have a cataract in one or both of your eyes (that is, an opacity in the lens of the eye)?</i>
sd4_27	<i>Have you ever had eye surgery to remove your cataract(s)?</i>
sd4_28	<i>Have you ever had your eyes checked by a health provider, including an optician?</i>
sd4_29a	<i>How long ago, in months or years, was your vision checked by a health provider?</i>
sd4_29b	<i>How long ago, in months or years, was your vision checked by a health provider?</i>
sd4_30	Do you wear glasses or contact lenses?
sd4_31	Wearing your glasses or contact lenses, how much difficulty do you have in seeing and recognizing a person you know across the road (i.e. from a distance of about 20 meters)?
sd4_32	Wearing your glasses or contact lenses, how much difficulty do you have in seeing and recognizing an object at arm's length or in reading?
sd4_33	If you are NOT wearing glasses or contact lenses, how much difficulty do you have in seeing and recognizing a person you know across the road (i.e. from a distance of about 20 meters)?
sd4_34	If you are NOT wearing your glasses or contact lenses, how much difficulty do you have in seeing and recognizing an object at arm's length or in reading?
sd4_35	Does respondent use glasses/contacts or not (for skip pattern)
sd4_36	How much difficulty do you have in seeing and recognizing a person you know across the road (i.e. from a distance of about 20 meters)?
sd4_37	How much difficulty do you have in seeing and recognizing an object at arm's length or in reading?
sd4_38	<i>Have you ever had your hearing checked by a health provider?</i>
sd4_39a	<i>How long ago, in months or years, was your hearing last checked by a health provider?</i>
sd4_39b	<i>How long ago, in months or years, was your hearing last checked by a health provider?</i>
sd4_40	Do you have deafness or trouble hearing in one or both ears without the help of a hearing aid?
sd4_41	<i>Are you currently wearing a hearing aid?</i>
sd4_42	<i>Do you have trouble hearing in one or both ears even with a hearing aid?</i>
sd5_1	Have you had productive cough for at least two weeks in a year especially in the cold seasons?
sd5_2	Have you had shortness of breath during the time you had a productive cough?
sd5_3	Have you had non-productive cough?
sd5_4	Have you had attacks of shortness of breath?
sd5_5	Have you had shortness of breath that gets worse when you lie down, like during sleep?

sd5_6	Have you had wheezing?
sd5_7	Have you had chest pain?
sd5_8	Have you had swelling around your ankle?
sd5_9	Have you had a period lasting several days when you felt sad, empty or depressed?
sd5_10	Did this period last more than 2 weeks?
sd5_11	Did this period last most of the day?
sd5_12	Was this period nearly every day?
sd5_13	During this period, did your appetite increase or decrease?
sd5_14	During this period, did you lose or gain weight without it being your intention?
sd5_15	During this period did you notice any slowing down in your thinking?
sd5_16	During this period, did you have insomnia or sleep excessively most of the time?
sd5_17	During this period, did you feel tired and without energy all of the time?
sd5_18	During this period, did you feel guilty or useless?
sd5_19	During this period, did you have trouble concentrating or making decisions?
sd5_20	During this period, did you want to hurt yourself or be dead, or did you think of how to kill yourself or commit suicide?
sd5_21	Have you had a period lasting several days when you lost interest in most things that you usually enjoy such as pastimes, relationships, or work?
sd5_22	Did this period last more than 2 weeks?
sd5_23	Did this period last most of the day?
sd5_24	Was this period nearly every day?
sd5_25	During this period, did your appetite increase or decrease?
sd5_26	During this period, did you lose or gain weight without it being your intention?
sd5_27	During this period did you notice any slowing down in your thinking?
sd5_28	During this period, did you have insomnia or sleep excessively most of the time?
sd5_29	During this period, did you feel guilty or useless?
sd5_30	During this period, did you have trouble concentrating or making decisions?
sd5_31	During this period, did you want to hurt yourself or be dead, or did you think of how to kill yourself or commit suicide?
sd5_32	During this period, did you feel tired and without energy all of the time?
sd5_33	During this period, did those depressive symptoms cause significant discomfort or make it difficult to work or socialize, or affect your life in general in any other way?
sd5_34	During this period, were those symptoms caused completely by the loss of a loved one?
sd5_35	During this period, were those symptoms similar to those that someone in similar circumstances would experience?
sd5_36	During this period, do you remember having taken any medicine or drug right before or associated with the start of those depressive symptoms?
sd5_37	During this period, do you remember having suffered from or acquired an illness just before or associated with the beginning of those depressive symptoms?
sd5_38	Do you know if any family member such as your daughter, son, mother, father, grandfather or grandmother suffered from or were treated for depression at any point?
sd5_39	Do you have difficulty following a conversation in a noisy environment?
sd5_40	Are you able to hear out of both of your ears?

sd5_41	Are you able to hear when you are using a phone?
sd5_42	Do you have ringing in the ears?
sd5_43	Have you ever experienced back pain (including disc problems) during the last 30 days?
sd5_44a	How many days did you have this back pain for during the last 30 days? [specify]
sd5_44b	How many days did you have this back pain for during the last 30 days?
sd5_45	Have you experienced joint inflammation in a symmetrical pattern (both sides of the joint affected rather than just one side)?
	During the last 12 months, have you experienced pain, aching, stiffness or swelling in or around the joint which was not related to an injury and lasted for more than a month?
sd5_46a	...A (neck)
sd5_46b	...B (right shoulder)
sd5_46c	...C (left shoulder)
sd5_46d	...D (right elbow)
sd5_46e	...E (left elbow)
sd5_46f	...F (right hand)
sd5_46g	...G (left hand)
sd5_46h	...H (right hip)
sd5_46i	...I (left hip)
sd5_46j	...J (right knee)
sd5_46k	...K (left knee)
sd5_46l	...L (right ankle)
sd5_46m	...M (left ankle)
sd5_46n	...N (left foot)
sd5_46o	...O (right foot)
sd5_46p	...P (wrist)
sd5_46q	...Q (thumb)
sd5_46r	...R (pinkie finger, lower joint)
sd5_46s	...S (ring finger, lower joint)
sd5_46t	...T (middle finger, lower joint)
sd5_46u	...U (index finger, lower joint)
sd5_46v	...V (pinkie finger, upper joint)
sd5_46w	...W (index finger, upper joint)
sd5_46x	...X (ring finger, upper joint)
sd5_46y	...Y (middle finger, upper joint)
sd5_47	Stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?
sd5_48	How long does this stiffness last?
sd5_49	Does this stiffness go away after exercise or movement in the joint?
sd5_50	Have you experienced attacks of wheezing or whistling breathing?
sd5_51	Attack of wheezing that came on after you stopped exercising or some other physical activity?
sd5_52	A feeling of tightness in your chest?

sd5_53	Waking up with a feeling of tightness in your chest in the morning or any other time?
sd5_54	An attack of shortness of breath that came on without obvious cause when you were not exercising or doing some physical activity?
sd5_55	Pain or discomfort in your chest when you walk uphill or hurry?
sd5_56	Pain or discomfort in your chest when you walk at an ordinary pace on level ground?
sd5_57	Chest discomfort or pain for skip pattern
sd5_58	What do you do if you get the pain or discomfort when you are walking?
sd5_59	If you stand still, what happens to the pain or discomfort? Is it... Will you show me where you usually experience the pain or discomfort?
sd5_60a	...A: right shoulder
sd5_60b	...B: right side chest
sd5_60c	...C: neck area
sd5_60d	...D: upper middle chest
sd5_60e	...E: lower middle chest
sd5_60f	...F: left side chest
sd5_60g	...G: left shoulder
sd5_60h	...H: abdomen
sd5_61	In the past 12 months have you experienced cloudy or blurry vision?
sd5_62	Vision problems with light, such as seeing glare from bright lights, or seeing halos around lights?
sd5_63	Have you noticed, or has anyone told you that you have whiteness in your eye?
sd5_64	Have you passed dark urine during the past two weeks (dark yellow or plain tea color)?
sd5_65	Did you have icterus (yellow tinge in your body, especially the conjunctiva, palms and skin) during the past two weeks?
sd5_66	Was your skin itchy during the past two weeks?
sd5_67	Did you have malena (dark brown or black stools) during the past two weeks?
sd5_68	Have you ever vomited blood (haematemesis)?
sd5_69	Have you noticed abdominal enlargement during the past two weeks?
sd5_70	Did you notice swelling around your ankles during the past two weeks?
sd5_71	<i>Have you ever had hepatitis in your life or has a diagnosis of hepatitis ever been made by a health provider?</i>
sd6_1	<i>Do you have any medicines in the house that a health provider has prescribed for you or given to you?</i>
sd6_2	<i>May I see what medicines you personally have been using in the last 2 weeks?</i>
sd6_3	<i>Name of prescription from bottle/label:</i>
sd6_4a	<i>How frequently do you use this medicine?</i>
sd6_4b	<i>How frequently do you use this medicine?</i>
sd6_5	<i>Name of prescription from bottle/label:</i>
sd6_6a	<i>How frequently do you use this medicine?</i>
sd6_6b	<i>How frequently do you use this medicine?</i>
sd6_7	<i>Name of prescription from bottle/label:</i>
sd6_8a	<i>How frequently do you use this medicine?</i>
sd6_8b	<i>How frequently do you use this medicine?</i>

sd6_9	<i>Name of prescription from bottle/label:</i>
sd6_10a	<i>How frequently do you use this medicine?</i>
sd6_10b	<i>How frequently do you use this medicine?</i>
sd6_11	<i>Name of prescription from bottle/label:</i>
sd6_12a	<i>How frequently do you use this medicine?</i>
sd6_12b	<i>How frequently do you use this medicine?</i>
sd7_1	<i>Is there anything the research team should be aware of about this respondent that may have affected the quality of data?</i>