

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE - WDF PROJECT
FOLLOW - UP SURVEY ON LIFESTYLE FACTORS AMONG WDF CLINIC ATTENDEES

1.0 IDENTIFICATION INFORMATION and CONSENT

| | |
|---|---|
| 1.1 FIELD WORKER'S CODE | <input type="text"/> <input type="text"/> |
| 1.2 DATE OF INTERVIEW (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1.3 RESPONDENT'S ID (DSS) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| (FW: IF RESPONDENT IS NOT IN DSS FILL IN 9999999999999999) | |
| 1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1.5 RESPONDENT'S SEX | (F=Female; M=Male) <input type="text"/> |
| 1.6 RESPONDENT'S FULL NAME | <input type="text"/> |
| 1.7 VILLAGE WHERE RESPONDENT LIVES | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1.8 TELEPHONE CONTACT | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1.9 DATA COLLECTION ROUND | B=Baseline; S=Six months Follow up; O=1-Year Follow-up <input type="text"/> |

INTRODUCTION AND CONSENT

Hello, my name is _____ and I work with the African Population and Health Research Centre. We are conducting a follow up survey to people who attend our CVD clinics in this community, to understand how they have been fairing since they started receiving healthcare in management and control of diabetes, hypertension or both conditions. Specifically we would like to know when you were diagnosed and where you were getting treatment before joining this clinic. In addition to that, we would also like to know about changes if any that you may have experienced as a result of services you have been getting from this clinic especially knowledge acquired in management and control of your condition either through diet, increased physical activity or avoidance of risky health related behaviours. The results of this study will be given to those involved in decision making with the intension that this information will help improve care for chronic diseases in the community and the coutry.

If you feel uncomfortable with certain questions you can choose not to answer them and also note that failure to participate in this study will not in any way diqualify you from receiving treatment from this clinic. We however hope that you will participate in this survey since your views are important. We will take measurements as usual. You will not be paid for participating in the study but in case you are found with a chronic condition you will be facilitated to get treatment at a government health facility. This interview will take about 1 hour of your time.

1.10 Do you accept to participate in the study? **(Y=YES; N=NO; IF "NO" SKIP TO 1.12)**

1.11 IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study.

Respondent's Signature.....
 0= REFUSES TO SIGN 1= SIGNS 2= WILLING BUT UNABLE TO SIGN

1.12 FINAL RESULT OF INTERVIEW **(CODE SHEET A⁷)**

1.14 DATA ENTRY CLERK'S CODE

2.0 MEDICAL HISTORY

2.1a CHECK IF RESPONDENT IS ALREADY KNOWN **DIABETIC** FROM BASELINE

If 1 skip to 2.9a

| | | | |
|-----------------------|----------|---|-------------|
| 2.1 Are you Diabetic? | Yes..... | 1 | |
| | No..... | 2 | 2.9a |

| | | | | | | | | | | | | | | | | | | |
|---|--|---------------------|---|--------------------------|---|------------------------|---|------------------|---|----------------|---|-------------------|---|---------------------------|---|----------------|---|--|
| <p>2.2 When were you diagnosed with Diabetes</p> <p>IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES</p> <p>AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES</p> <p>AND FILL IN THE YEAR;</p> <p>IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"</p> | <p style="text-align: center;">D D M M Y Y Y Y</p> <table border="1" style="width: 100%; height: 20px; margin: 5px 0;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p style="text-align: right;">DON'T KNOW98</p> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| <p>2.3 For how long have you had Diabetes (since you were diagnosed) ?</p> <p>(UNITS: D=Days, W=Weeks, M=Months, Y=Years)</p> | <p style="text-align: right;">UNITS</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p style="text-align: right;">NO. OF UNITS</p> <table border="1" style="width: 60px; height: 20px; margin: 5px auto;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| <p>2.4 Where was the diagnosis of Diabetes made?</p> <p>CIRCLE ONLY 1 RESPONSE</p> | <table style="width: 100%;"> <tr><td>GOVERNMENT HOSPITAL</td><td style="text-align: right;">1</td></tr> <tr><td>GOVERNMENT HEALTH CENTRE</td><td style="text-align: right;">2</td></tr> <tr><td>GOVERNMENT DISP/CLINIC</td><td style="text-align: right;">3</td></tr> <tr><td>PRIVATE HOSPITAL</td><td style="text-align: right;">4</td></tr> <tr><td>PRIVATE CLINIC</td><td style="text-align: right;">5</td></tr> <tr><td>FREE MEDICAL CAMP</td><td style="text-align: right;">6</td></tr> <tr><td>APHRC FIELD VISIT AT HOME</td><td style="text-align: right;">7</td></tr> <tr><td>DON'T REMEMBER</td><td style="text-align: right;">9</td></tr> </table> | GOVERNMENT HOSPITAL | 1 | GOVERNMENT HEALTH CENTRE | 2 | GOVERNMENT DISP/CLINIC | 3 | PRIVATE HOSPITAL | 4 | PRIVATE CLINIC | 5 | FREE MEDICAL CAMP | 6 | APHRC FIELD VISIT AT HOME | 7 | DON'T REMEMBER | 9 | |
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| GOVERNMENT HEALTH CENTRE | 2 | | | | | | | | | | | | | | | | | |
| GOVERNMENT DISP/CLINIC | 3 | | | | | | | | | | | | | | | | | |
| PRIVATE HOSPITAL | 4 | | | | | | | | | | | | | | | | | |
| PRIVATE CLINIC | 5 | | | | | | | | | | | | | | | | | |
| FREE MEDICAL CAMP | 6 | | | | | | | | | | | | | | | | | |
| APHRC FIELD VISIT AT HOME | 7 | | | | | | | | | | | | | | | | | |
| DON'T REMEMBER | 9 | | | | | | | | | | | | | | | | | |
| <p>2.9a CHECK IF RESPONDENT IS ALREADY KNOWN HYPERTENSIVE FROM BASELINE</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px auto; background-color: #cccccc;"></div> <p style="text-align: center;">If 1 skip to 2.17</p> | | | | | | | | | | | | | | | | | | |
| <p>2.9 Are you Hypertensive?</p> | <p style="text-align: right;">Yes..... 1</p> <p style="text-align: right;">No..... 2</p> | <p>→ 2.17</p> | | | | | | | | | | | | | | | | |
| <p>2.10 When were you diagnosed with High Blood Pressure?</p> <p>IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES</p> <p>AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES</p> <p>AND FILL IN THE YEAR;</p> <p>IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"</p> | <p style="text-align: center;">D D M M Y Y Y Y</p> <table border="1" style="width: 100%; height: 20px; margin: 5px 0;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p style="text-align: right;">DON'T KNOW98</p> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| <p>2.11 For how long have you had High Blood Pressure (since you were diagnosed) ?</p> <p>(UNITS: D=Days, W=Weeks, M=Months, Y=Years)</p> | <p style="text-align: right;">UNITS</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p style="text-align: right;">NO. OF UNITS</p> <table border="1" style="width: 60px; height: 20px; margin: 5px auto;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| <p>2.12 Where was the diagnosis of High BP made?</p> <p>CIRCLE ONLY 1 RESPONSE</p> | <table style="width: 100%;"> <tr><td>GOVERNMENT HOSPITAL</td><td style="text-align: right;">1</td></tr> <tr><td>GOVERNMENT HEALTH CENTRE</td><td style="text-align: right;">2</td></tr> <tr><td>GOVERNMENT DISP/CLINIC</td><td style="text-align: right;">3</td></tr> <tr><td>PRIVATE HOSPITAL</td><td style="text-align: right;">4</td></tr> <tr><td>PRIVATE CLINIC</td><td style="text-align: right;">5</td></tr> <tr><td>FREE MEDICAL CAMP</td><td style="text-align: right;">6</td></tr> <tr><td>APHRC FIELD VISIT AT HOME</td><td style="text-align: right;">7</td></tr> <tr><td>DON'T REMEMBER</td><td style="text-align: right;">9</td></tr> </table> | GOVERNMENT HOSPITAL | 1 | GOVERNMENT HEALTH CENTRE | 2 | GOVERNMENT DISP/CLINIC | 3 | PRIVATE HOSPITAL | 4 | PRIVATE CLINIC | 5 | FREE MEDICAL CAMP | 6 | APHRC FIELD VISIT AT HOME | 7 | DON'T REMEMBER | 9 | |
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| PRIVATE HOSPITAL | 4 | | | | | | | | | | | | | | | | | |
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| FREE MEDICAL CAMP | 6 | | | | | | | | | | | | | | | | | |
| APHRC FIELD VISIT AT HOME | 7 | | | | | | | | | | | | | | | | | |
| DON'T REMEMBER | 9 | | | | | | | | | | | | | | | | | |
| <p>2.13 When did you start attending this clinic for High BP?</p> <p>FW; CROSS CHECK DATES FROM PATIENT'S RECORDS IF AVAILABLE</p> <p>IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES</p> <p>AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES</p> <p>AND FILL IN THE YEAR; IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"</p> | <p style="text-align: center;">D D M M Y Y Y Y</p> <table border="1" style="width: 100%; height: 20px; margin: 5px 0;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p style="text-align: right;">DON'T KNOW98</p> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

2.14 FW: CHECK 2.10 & 2.11; IF DIAGNOSIS WAS MADE LESS THAN 3 MONTHS AGO SKIP TO QN. 2.14.
ELSE ASK: Looking back over the last 3 months, how would you describe your treatment for High BP?

- CIRCLE ONLY 1 RESPONSE**
- | | |
|--|---|
| I WAS TAKING MEDICATION DAILY | 1 |
| I WAS TAKING MEDICATION ON MOST BUT NOT ALL DAYS | 2 |
| I WAS TAKING MEDICATION ON SOME DAYS | 3 |
| I ONLY TOOK MEDICINE WHEN I FELT BAD | 4 |
| I NEEDED BUT WAS NOT TAKING MEDICATION | 5 |
| I DID NOT NEED MEDICATION - WAS USING DIET & EXERCISE | 6 |

2.15 What kind of medication were you taking to treat the Hypertension?

- CIRCLE ALL THAT APPLY**
- | | |
|---|---|
| TABLETS PRESCRIBED BY A HEALTH WORKER | A |
| TABLETS I GOT FROM A DRUG STORE WITHOUT A PRESCRIPTION | B |
| TABLETS I GOT FROM RELATIVES/FRIENDS W/O PRESCRIPTION | C |
| HERBAL MEDICINE TOGETHER WITH TABS/INSULIN | D |
| HERBAL MEDICINE ONLY | E |
| OTHER (SPECIFY) _____ | F |

2.16 Where were you getting treatment for High BP before you started attending this clinic?

- CIRCLE ALL THAT APPLY**
- | | |
|---------------------------------------|---|
| KENYATTA NATIONAL HOSPITAL | A |
| GOVT DISTRICT HOSPITAL (_____) | B |
| GOVT HEALTH CENTRE (_____) | C |
| PRIVATE HOSPITAL (SPECIFY) _____ | D |
| OTHER HOSPITAL (SPECIFY) _____ | E |
| OTHER HEALTH FACILITY (SPECIFY) _____ | F |
| I STARTED TREATMENT FROM HERE | G |
| I DON'T REMEMBER | H |
| *OTHER (SPECIFY) _____ | I |

*IF PATIENT WAS TAKING **HERBAL MEDICINE**, CIRCLE I AND SPECIFY

2.17 Have you ever been diagnosed with any of the following

2.18; If **YES**, when were you diagnosed (Year)?

| | Yes | No | Y | Y | Y | Y |
|------------------------------|-----|----|---|---|---|---|
| HEART DISEASE - HEART ATTACK | 1 | 2 | | | | |
| HEART DISEASE - ANGINA | 1 | 2 | | | | |
| HEART DISEASE - ANY OTHER | 1 | 2 | | | | |
| KIDNEY DISEASE | 1 | 2 | | | | |
| STROKE | 1 | 2 | | | | |
| LIVER DISEASE | 1 | 2 | | | | |
| CANCER OF ANY TYPE | 1 | 2 | | | | |
| TUBERCULOSIS | 1 | 2 | | | | |

2.19 FW: DOES THE PATIENT CURRENTLY HAVE ANY OF THE FOLLOWING COMPLICATIONS? (**CONSULT CLINICIAN**)

| | YES | NO | DK |
|---|-----|----|----|
| PERIPHERAL NEUROPATHY | 1 | 2 | 9 |
| POOR VISION | 1 | 2 | 9 |
| AMPUTATION | 1 | 2 | 9 |
| KIDNEY PROBLEMS | 1 | 2 | 9 |
| CHEST PAIN | 1 | 2 | 9 |
| BODY SWELLING (ABDOMINAL OR PEDAL OEDEMA) | 1 | 2 | 9 |
| OTHER COMPLICATION (SPECIFY) | 1 | 2 | 9 |

3.0 HEALTH BEHAVIOUR

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, what you eat and physical activity. Let's start with tobacco.

Tobacco use

3.1a CHECK IF RESPONDENT IS A KNOWN **SMOKER** FROM BASELINE

☐

If 2 skip to **3.6a**

3.1 Have you smoked tobacco in the last 6 months?

YES.....1

NO.....2

→ 3.6

3.2 Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?

YES.....1

NO.....2

→ 3.6

3.3a **DAILY SMOKER AT BASELINE**

If 2 skip to **3.6a**

☐

3.3 Do you currently smoke tobacco products daily?

YES.....1

NO.....2

→ 3.6

3.5 How long ago did you stop smoking daily?

UNIT

RECORD IN ONLY ONE UNIT, (Y=Years, M=Months, W=Weeks)

Number of units

Ago

3.6a CHECK IF RESPONDENT WAS USING SMOKELESS TOBACCO AT BASELINE

☐

If 2 skip to **3.10a**

3.6 Have you used smokeless tobacco such as [snuff, chewing tobacco, betel] In the last 6 months?

YES.....1

NO.....2

→ 3.10a

3.7 Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?

YES.....1

NO.....2

3.8 Do you currently use smokeless tobacco products daily?

YES.....1

NO.....2

Alcohol Consumption

3.10a CHECK IF RESPONDENT CONSUMED ALCOHOL DURING BASELINE

☐

If 1 skip to 3.14

Now I am going to ask you some questions about the consumption of alcohol.

3.10 Have you consumed alcohol (such as beer, spirits, chang'aa, busa, muratina, kumi-kumi or other alcoholic drink within the past 6 months?)
(USE SHOWCARD OR SHOW EXAMPLES)

YES.....1

NO.....2

→ Diet

3.14 Have you consumed alcohol (such as beer, wine, spirits, fermented cider or chaag'a) within the past 30 days?

YES.....1

NO.....2

→ 3.16

3.16 When did you last take an alcoholic drink?

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Y | Y | Y | Y |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3.17 What was the reason(s) why you stopped taking alcohol

CIRCLE ALL THAT APPLY

RELIGIOUS/MORAL REASONS

A

ADVICE BY DOCTOR/HEALTH WORKER

B

HEALTH REASONS - TO BE HEALTHY

C

HEALTH REASONS - BCOZ OF ILLNESS

D

FAMILY/SOCIAL REASONS

E

ECONOMIC REASONS

F

STILL DRINKING

G

| | | |
|---|--|--------|
| Diet The next questions ask about the fruits and vegetables and other things that you eat and drink. As you answer these questions please think of a typical week in the last six months | | |
| 3.32 In the last six months, have you changed anything about your fruit consumption? IF NO SKIP TO 3.34 | YES.....1 NO.....2 | → 3.34 |
| 3.33 If yes, what have you changed? DO NOT READ OUT RESPONSES BUT PROBE FOR LAST 3 OPTIONS! CIRCLE ALL THAT APPLY | Increased number of days on which I eat fruit A Decreased number of days on which I eat fruit B Increased number of fruit servings per day C Decreased number of fruit servings per day D Made no changes in number of days on which I eat fruit E Made no changes in number of fruit servings per day F Made other changes (specify) G | |
| 3.34 In the last six months, have you changed anything about your vegetable consumption? IF NO SKIP TO 3.36 | YES.....1 NO.....2 | → 3.36 |
| 3.35 If yes, what have you changed? DO NOT READ OUT RESPONSES BUT PROBE FOR LAST 3 OPTIONS! CIRCLE ALL THAT APPLY | Increased number of days on which I eat vegetables A Decreased number of days on which I eat vegetables B Increased number of veg servings per day C Decreased number of veg servings per day D Made no changes in number of days on which I eat veg E Made no changes in number of veg servings per day F Made other changes (specify) G | |
| 3.36 In the last six months, have you changed anything about your salt consumption? IF NO SKIP TO 3.38 | YES.....1 NO.....2 | → 3.38 |
| 3.37 If yes, what have you changed? DO NOT READ OUT RESPONSES CIRCLE ALL THAT APPLY | Increased number of times I add salt when eating A Decreased number of times I add salt when eating B Stopped adding salt to food when eating C Increased amount of salt for cooking D Decreased amount of salt for cooking E Stopped adding salt to food when cooking F Made other changes (specify) G | |
| 3.38 In the last six months, have you changed anything about your red meat consumption? IF NO SKIP TO 3.40 | YES.....1 NO.....2 | → 3.40 |
| 3.39 If yes, what have you changed? DO NOT READ OUT RESPONSES CIRCLE ALL THAT APPLY | Increased number of times I eat red meat A Decreased number of times I eat red meat B Stopped eating red meat C Increased amount of red meat I eat D Decreased amount of red meat I eat E Made other changes (specify) F | |
| 3.40 In the last six months, have you changed anything about your sugar consumption? IF NO SKIP TO 3.42 | YES.....1 NO.....2 | → 3.42 |
| 3.41 If yes, what have you changed? DO NOT READ OUT RESPONSES CIRCLE ALL THAT APPLY | Increased number of times I use sugar in beverages A Decreased number of times I use sugar in beverages B Stopped using sugar C Increased amount of sugar I use in beverages D Decreased amount of sugar I use in beverages E Increased the amount of soft drinks I drink per day F Decreased the amount of soft drinks I drink per day G Made other changes (specify) H | |

| | | |
|--|--|---------------|
| 3.42 In the last six months, have you changed anything about your water consumption? IF NO SKIP TO 3.44 | YES.....1 NO.....2 | → 3.44 |
| 3.43 If yes, what have you changed? DO NOT READ OUT RESPONSES CIRCLE ALL THAT APPLY | Increased number of times I use drink water in a day A Decreased number of times I drink water in a day B Increased amount of water I drink each time C Decreased amount of water I drink each time D Made no changes in number of times I drink water E Made no changes in amount of water I drink each time F Made other changes (specify) G | |
| 3.44 In the last six months, have you changed anything else about your eating or drinking habits? IF NO SKIP TO 3.46 | YES.....1 NO.....2 | → 3.46 |
| 3.45 If yes, what have you changed? DO NOT READ OUT RESPONSES BUT PROBE BY ASKING: WHAT ELSE? CIRCLE ALL THAT APPLY | Increased the amount of food I eat A Decreased the amount of food I eat B Reduced the amount of fat I use in my food C Increased the amount of fat I use in my food D Changed the type of fat used in my house (from solid fat to liquid) E Stopped/reduced eating outside the home F Reduced the amount of Mandazi I eat G Reduced the amount of samosas I eat H Reduced the amount of fried chicken I eat I Reduced the amount of fried fish I eat J Other changes (specify) K _____ Other changes (specify) L _____ Other changes (specify) M _____ Other changes (specify) N | |
| Physical Activity Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or seeking employment. | | |
| 3.46 In the last six months, have you changed anything about your physical activity, say in the way you travel to and from places, the kind of work you do or the way you spend your leisure time? IF NO SKIP TO 5.0 | YES.....1 NO.....2 | → 5.0 |
| 3.47 If yes, what have you changed? DO NOT READ OUT RESPONSES BUT PROBE BY ASKING: WHAT ELSE? CIRCLE ALL THAT APPLY | Increased number of times I walk/cycle to places A Decreased number of times I walk/cycle to places B Increased number of times I take a leisure walk C Decreased number of times I take a leisure walk D Increased number of times I cycle/jog for leisure E Decreased number of times I cycle/jog for leisure F Increased the number of times I do exercises G Decreased the number of times I do exercises H Made other changes (specify) I _____ Made other changes (specify) J _____ Made other changes (specify) K | |

| | | | |
|---|--|--|----------------------|
| 5.0 ANTHROPOMETRICS AND BIOMARKERS | | | |
| Now, we would like to measure a few things, like your general health, blood pressure, your weight and height. | | | |
| General examination | | | |
| 5.0a Is the patients anaemic? (CHECK PALMS, EYES, TONGUE) | Yes..... | 1 | |
| | No..... | 2 | |
| 5.0b Is the patient dehydrated? (CHECK EYES, SKIN, LIPS, TONGUE) | Yes..... | 1 | |
| | No..... | 2 | |
| 5.0c Does the patient have pedal oedema? | Yes..... | 1 | |
| | No..... | 2 | 5.1 |
| 5.0d What is the level of oedema? 1= Mild, 2=Moderate, 3=Severe | | | <input type="text"/> |
| Blood Pressure | | | |
| 5.1 Blood Pressure on first visit | a Systolic | <input type="text"/> <input type="text"/> <input type="text"/> | |
| (FW: CHECK PATIENT'S RECORDS) (Pre-filled) | b Diastolic | <input type="text"/> <input type="text"/> <input type="text"/> | |
| 5.2 Blood Pressure on last visit | a Systolic | <input type="text"/> <input type="text"/> <input type="text"/> | |
| (FW: CHECK PATIENT'S RECORDS) | b Diastolic | <input type="text"/> <input type="text"/> <input type="text"/> | |
| 5.3 Blood pressure today | a Systolic | <input type="text"/> <input type="text"/> <input type="text"/> | |
| | b Diastolic | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Anthoropometric measurements | | | |
| 5.4 Can respondent stand up? | YES..... | 1 | |
| IF NO, SKIP TO 5.10 | NO..... | 2 | → 5.10 |
| 5.6 Weight at first visit in Kg | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> |
| (FW: CHECK PATIENT'S RECORDS) | | | |
| 5.7 Weight today in Kg | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> |
| (Pre-filled) | | | |
| 5.8 Waist circumference | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> |
| Hip Circumference | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> |
| 5.9 Body Impendence Assessment | | | |
| FW: ATTACH TANITA PRINT OUT TO THIS QUESTIONNAIRE | | | |
| Blood measurements | | | |
| 5.10 Blood glucose | <input type="text"/> <input type="text"/> <input type="text"/> | mg/100ml | |
| 5.11 HBA1c measurement | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| FW: FILL IN 999 IF THIS IS FIRST ROUND OF INTERVIEW | | | |
| END THE INTERVIEW BY THANKING THE RESPONDENT | | | |