**Improved Questionnaire after data cleaning - March 2013 - CGHR**

**Introduction:**

Enumeration data was collected through health check-up camps from 21 small areas from the state of Maharashtra in India. This included 8 Urban and 13 Rural areas. Further, another set of individual data and bio markers including blood samples were collected from 2518 respondents. This data also included the respondent’s general information, physical attributes, self and family medical history, smoking drinking and alcohol consumption patterns and daily physical activities performed.

For the first time CGHR collected data electronically through a program interface using electronic devices and trained enumerators. This revised questionnaire is an extention of the this program interface in a documented version since a well documented questionnaire seemed to be missing.

The original variables of the Barshi data was sorted alphabetically and hence the order of the data was not as per the original questionnaire. Hence, refering a variable to any particular question in the questionnaire was thus becoming an issue. To be able to clean the data in a systematic manner and to be able to conveniently organise data CGHR developed and adopted a **Variable Code** or VCode methodology. Unique CGHR VCodes were assigned to each variable in the data set and were then linked to the new data dictionary. Further, these could be sorted easily as per the flow of questions in the questionnaire. CGHR created these variable names for.

**Health Check up Questionnaire (Barshi)**

**Section: 1 Enumeration Data**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identification code of Individual:** | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | |
| **HC Unit Code** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| **Date (dd/mm/yy): \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_** | **Automatic Start Time:** | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | : |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **CGHR VCodes** | **Responses** | | | | | | | | |
| **Area** | V00\_01 | Urban/Rural | | | | | | | | |
| **Enumeration Area Code:** | V00\_02 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Enumeration Area Name:** | V00\_03 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| **House:** | V00\_04 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Household:** | V00\_05 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Member:** | V00\_06 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Name of the Respondent:** | V00\_07 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| **Gender of the Respondent:** | V00\_08 | Male/ Female | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| **Consent for the Survey** | V00\_09 | Yes/ No | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| **If No, then please specify the reason** | V00\_10 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| **Relationship with the head of the Family:** | V00\_11 | 1= Self ;2=Spouse; 3=Son/Daughter; 4= Brother/Sister; 5=Parents;  6= Grandchildren; 7=Others | | | | | | | | |
| **Visit-time of the Enumerator:** | V00\_12 |  |  |  |  |  |  |  |  |  |

**Section: 2 Blood Pressure & General Information**

| **No**. | **CGHR-VCodes** | **Question** | **Response** | **Coding category** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 1 | V0101 | Blood pressure 1 (left arm – sitting) of the respondent: | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | mm/Hg |   *Systolic* |  |  |
| 2. | V0102 | Blood pressure 1 (left arm – sitting) of the respondent: | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | mm/Hg |   *diastolic* |  |  |
| 3 | V02 | Heart rate / min measure-1 of the respondent | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | per min | |  |  |
| 4 | V03 | Age of the respondent | |  |  |  | | --- | --- | --- | |  |  | In years | |  |  |
| 5 | *V0301* | *If age of the respondent isn’t between 30-69 then respondent is ineligible* |  |  |  |
| 6 | V04 | Education Level of the respondent | Illiterate  Literate without formal education  Below primary  Primary  Middle  Secondary/ Class-10/ Matric  Hr. Sec/ Sec/ Class XII/ Pre-Univ  Graduate and above  Other | 1  2  3  4  5  6  7  8  9 |  |
| 7 | V05 | Marital status of the respondent | Never married  Married  Remarried  Widow(er)  Divorced  Separated  Refused to answer | 1  2  3  4  5  6  88 |  |
| 8 | V06 | What kind of occupational work do you do? *(record verbatim)* | Advocate  Agriculture Labor  Business  Doctor  Driver  Electrician  Engineer  Farmer  Housewife  None Worker  Retired  Service  Teacher  Laborer  Others | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15 |  |
| 9 | V07 | Code the Occupation into one of the categories  *(Help button to conceptualize the occupation based on verbatim)* | Salaried  Wage earner  Profession/Business  Cultivator  Agricultural labour  Non worker  Other | 1  2  3  4  5  6  7 |  |

**Section 3**: **Biologic Measurements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **VCodes** | **Question** | **Response** | **Coding category** | **Comments** |
| 10 | V08 | Blood sample collected | Yes  No | 1  2 |  |
| 11 | V0901 | Barcode 1 |  |  |  |
| 12 | V0902 | Barcode 2 |  |  |  |
| 13 | V10 | Time blood taken | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | : |  |  |   **H H M M** |  |  |
| 14 | V11 | Other tests (Haemoglobin) | |  |  |  |  | | --- | --- | --- | --- | |  |  | . |  |   gm/Dl |  |  |

**Section 4**: **Physical Measurements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **VCodes** | **Question** | **Response** | **Coding category** | **Comments** |
| 15 | V12 | Height | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : cm | |  |  |
| 16 | V13 | Weight | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : kg | |  |  |
| 17 | V1401 | Waist circumference-1 | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : cm | |  |  |
| 18 | V1402 | Waist circumference-2 | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : cm | |  |  |
| 19 | V1403 | Waist circumferences measured: | Without clothing  With clothing | 1  2 |  |
| 20 | V1501 | Hip circumference-1 | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : cm | |  |  |
| 21 | V1502 | Hip circumference-2 | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : cm | |  |  |
| 22 | V16 | Length of second finger | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : cm | |  |  |
| 23 | V17 | Length of fourth finger | |  |  |  |  | | --- | --- | --- | --- | |  |  |  | : cm | |  |  |

**Section 5: Tobacco and alcohol consumption**

| **No**. | **VCodes** | **Question** | **Response** | **Coding category** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 24 | V18 | Which of the following best describes your tobacco smoking status? | Current smoker (last 6 months)  Past smoker (6 months ago)  Non-smoker | 1  2  3 | . |
| 25 | V19 | Does anyone in your household smoke excluding you? | Yes  No  Refused to answer | 1  2  88 |  |
| 26 | V20 | If current smoker, how many beedis per day? | |  |  |  | | --- | --- | --- | |  |  | Nos. | |  |  |
| 27 | V21 | If current smoker, how many cigarettes per day? | |  |  |  | | --- | --- | --- | |  |  | Nos. | |  |  |
| 28 | V2201 | What other types of Tobacco do you consume? | Ganja  Goldflake  Charminar  Hukka  Wills | 1  2  3  4  5 |  |
| 29 | V2202 | If Others per day then please (specify) |  |  |  |
| 30 | V23 | What was your age when you started smoking? | |  |  |  | | --- | --- | --- | |  |  | No of  years | |  |  |
| 31 | V24 | If present smoker, do you want to stop smoking now? | Yes, definitely  Yes, conditional (on giving some pills etc.)  Yes, probably  No probably not  No definitely not  Refused to answer | 1  2  3  4  5  88 |  |
| 32 | V25 | If past smoker why did you stop smoking? (Multiple response possible)  check all that apply: | Illness or ill health  Doctor’s advice  Health Precautions  Financial reasons  Other  Do not know | 1  2  3  4  9  99 | **Couldn’t Identify Variable** |
| 33 | V26 | Do you currently chew/apply tobacco? | Current chewer/applier (last 6 months)  Past chewer/applier (6 months ago)  Non- chewer/applier | 1  2  3 |  |
| 34 | V27 | If current chewer/applier, how many times per day? | |  |  |  | | --- | --- | --- | |  |  | No of  times | |  |  |
| 35 | V280101 | Do you normally chew Tobacco and Lime? | No  Yes | 0  1 |  |
| 36 | V280102 | Do you normally chew Pan? | No  Yes | 0  1 |  |
| 37 | V280103 | Do you normally chew Ghutka? | No  Yes | 0  1 |  |
| 38 | V280104 | Do you normally chew Mishri? | No  Yes | 0  1 |  |
| *39* | V280105 | Do you chew/apply any other kind of tobacco ? | No  Yes | 0  1 |  |
| 40 | V280106 | *What other kind of tobacco do you normally use?* | Supari  Tapkir  Ayurvedic Mishri  Ganja  Mawa  Saunf | 1  2  3  4  5  6 |  |
| 41 | V280107 | If current chewer /applier, what is the frequency/day of any other Tobacco use? | |  |  |  | | --- | --- | --- | |  |  | No of  times | |  |  |
| 42 | V29 | What was your age when you started chewing? | |  |  |  | | --- | --- | --- | |  |  | No of  years | |  |  |
| 43 | V30 | Want to stop chewing/applying now? | Yes, definitely  Yes, conditional (on giving some pills etc.)  Yes, probably  No probably not  No definitely not  Refused to answer | 1  2  3  4  5  88 |  |
| 44 | V31 | Why do you want to quit chewing? | *No Data* |  |  |
| 45 | V3101 | For Past chewer: Did you stop chewing/applying because of illness? | No  Yes | 0  1 |  |
| 46 | V3102 | For Past chewer: Did you stop chewing/applying because of Doctor’s advice? | No  Yes | 0  1 |  |
| 47 | V3103 | For Past chewer: Did you stop chewing/applying because of Health Precautions? | No  Yes | 0  1 |  |
| 48 | V3104 | For Past chewer: Did you stop chewing/applying because of Financial reasons? | No  Yes | 0  1 |  |
| 49 | V3105 | For Past chewer: Did you stop chewing/applying because of Other reasons? | No  Yes | 0  1 | **Identify Variable** |
| 50 | V3106 | For Past chewer: ‘You don’t know why’ you stop chewing/applying? | No  Yes | 0  1 |  |
| 51 | V32 | Do you consume alcoholic beverages at least once in a week | Yes  No | 1  2 |  |
| 52 | V33 | If yes , average number of days per week drink was taken |  |  |  |
| 53 | V34 | Type of alcoholic beverages you consume regularly (Multiple response possible) | Country liquor/arrack/sugar cane  Spirit (Rum, Whisky, Gin, Vodka, etc.)  Beer  Wine | 1  2  3  4 |  |

**Section 6: Personal Medical History**

| **No**. | **VCodes** | **Question** | **Response** | **Coding category** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 54 | V35 | How would you rate your current general health status? | Excellent  Good  Fair  Poor | 1  2  3  4 |  |
| 55 | V3601 | Has a doctor ever told you that you have a. Hypertension | Definite Yes  Definite No  Unknown | 1  2  88 |  |
| 56 | V3602 | Has a doctor ever told you that you have b. Diabetes | Definite Yes  Definite No  Unknown | 1  2  88 |  |
| 57 | V3603 | Has a doctor ever told you that you have c. Heart disease | Definite Yes  Definite No  Unknown | 1  2  88 |  |
| 58 | V3604 | Has a doctor ever told you that you have d. Stroke | Definite Yes  Definite No  Unknown | 1  2  88 |  |
| 59 | V3605 | Has a doctor ever told you that you have e. Tuberculosis | Definite Yes  Definite No  Unknown | 1  2  88 |  |
| 60 | V3606 | Has a doctor ever told you that you have f. Asthma | Definite Yes  Definite No  Unknown | 1  2  88 |  |
| 61 | V3607 | Has a doctor ever told you that you have g. Cancer | Definite Yes  Definite No  Unknown | 1  2  88 |  |
| 62 | V360701 | h. If yes what was the location of cancer : | Mouth  Throat  Oesophagus  Lung  Abdomen  Blood  Cervix  Breast  Ovary  Other- specify | 1  2  3  4  5  6  7  8  9  10 |  |
| 63 | V360702 | If Other Cancer Type -Specify |  |  |  |
| 64 | V3608 | Has a doctor ever told you that you have i. Other chronic Disease? | Definitely Yes Definitely No  Unknown | 1  2  88 |  |
| 65 | V37 | Did you ever had white patch in mouth | Yes  No | 1  2 |  |
| 66 | V38 | If yes please provide details | Lips  Tongue  Mouth  Other | 1  2  3  9 |  |
| 67 | V39 | Did you ever had red patch in mouth which bleeds on touch | Yes  No | 1  2 |  |
| 68 | V40 | If yes please provide details | Ulcer in Mouth  Others | 1  9 |  |

**Section 7: Family Background & Medical History**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No**. | | **VCodes** | | **Question** | | **Response** | | **Coding category** | | **Comments** | |
| 69 | | V410101 | | What is the State of origin of your father? | | Andhra Pradesh  Delhi  Goa  Gujarat  Karnataka  Madhya Pradesh  Maharashtra  Punjab  Rajasthan  Uttar Pradesh | | 1  2  3  4  5  6  7  8  9  10 | |  | |
| 70 | | V410102 | | What is the District of origin of your father | |  | |  | |  | |
| 71 | | V410103 | | What is the Caste of your father? | | Brahman  Dhangar  Lingayat  Mahar  Mali  Mang  Maratha  Other -Please specify | | 1  2  3  4  5  6  7  8 | |  | |
| 72 | | V41010301 | | If not mentioned please specify? | |  | |  | |  | |
| 73 | | V41010401 | | What is the Father-tongue of your father? | |  | |  | |  | |
| 74 | | V41010402 | | What is the Mother-tongue of your father? | |  | |  | |  | |
| 75 | | V410201 | | What is the State of origin of your Mother? | | Chandigarh  Delhi  Gujarat  Haryana  Karnataka  Maharashtra  Manipur  Punjab  Rajasthan | | 2  3  4  5  6  8  9  10  11 | |  | |
| 76 | | V410202 | | What is the District of origin of your Mother | |  | |  | |  | |
| 77 | | V410203 | | What is the Caste of your Mother? | | Brahman  Dhangar  Lingayat  Mahar  Mali  Mang  Maratha  Other -Please specify | | 1  2  3  4  5  6  7  8 | |  | |
| 78 | | V41020301 | | If not mentioned please specify? | |  | |  | |  | |
| 79 | | V410204 | | What is the Mother-tongue of your Mother? | |  | |  | |  | |
| **No**. | | **VCodes** | | **Question** | | **Response** | | **Coding category** | | **Comments** | |
| 80 | | V4201 | | Did your Mother have Hypertension? | | No Yes | | 0  1 | |  | |
| 81 | | V4202 | | Did your Mother have Diabetes? | | No Yes | | 0  1 | |  | |
| 82 | | V4203 | | Did your Mother have Heart Diseases? | | No Yes | | 0  1 | |  | |
| 83 | | V4204 | | Did your Mother have Asthama? | | No Yes | | 0  1 | |  | |
| 84 | | V4205 | | Did your Mother have Cancer? | | No Yes | | 0  1 | |  | |
| 85 | | V420501 | | If Mother had cancer, then what location of cancer? | | Mouth  Throat  Oesophagus  Lung  Abdomen  Blood  Cervix  Breast  Ovary  Other- specify | | 1  2  3  4  5  6  7  8  9  10 | |  | |
| 86 | | V420502 | | At what age was Cancer diagnosed in your Mother | | |  |  | | --- | --- | |  |  |   in completed years | |  | |  | |
| 87 | | V4301 | | Did your Father have Hypertension? | | No Yes | | 0  1 | |  | |
| 88 | | V4302 | | Did your Father have Diabetes? | | No Yes | | 0  1 | |  | |
| 89 | | V4303 | | Did your Father have Heart Diseases? | | No Yes | | 0  1 | |  | |
| 90 | | V4304 | | Did your Father have Asthama? | | No Yes | | 0  1 | |  | |
| 91 | | V4305 | | Did your Father have Cancer? | | No Yes | | 0  1 | |  | |
| 92 | | V430501 | | If Father had cancer, then what location of cancer? | | Mouth  Throat  Oesophagus  Lung  Abdomen  Blood  Cervix  Breast  Ovary  Other- specify | | 1  2  3  4  5  6  7  8  9  10 | |  | |
| 93 | | V430502 | | At what age was Cancer diagnosed in your Father | | |  |  | | --- | --- | |  |  |   in completed years | |  | |  | |
| 94 | | V440101 | | Do your Siblings have Hypertension? | | No Yes | | 0  1 | |  | |
| 95 | | V440102 | | How many of your Siblings were diagnosed with hypertension | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 96 | | V440201 | | Do your Siblings have Diabetes? | | No Yes | | 0  1 | |  | |
| 97 | | V440202 | | How many of your Siblings were diagnosed with Diabetes | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 98 | | V440301 | | Do your Siblings have Heart Diseases? | | No Yes | | 0  1 | |  | |
| 99 | | V440302 | | How many of your Siblings were diagnosed with heart disease | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 100 | | V440401 | | Do your Siblings have Asthama? | | No Yes | | 0  1 | |  | |
| 101 | | V440402 | | How many of your Siblings were diagnosed with Asthma | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 102 | | V440501 | | Do your Siblings have Cancer? | | No Yes | | 0  1 | |  | |
| 103 | | V440502 | | How many of your Siblings were diagnosed with Cancer | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 104 | | V440503 | | If Sibling had cancer then what location of cancer? | | Mouth  Throat  Oesophagus  Lung  Abdomen  Blood  Cervix  Breast  Ovary  Other- specify | | 1  2  3  4  5  6  7  8  10  9 | |  | |
| 105 | | V440504 | | At what age was Cancer diagnosed in your Sibling | | |  |  | | --- | --- | |  |  |   in completed years | |  | |  | |
| 106 | | V450101 | | Do your Children have Hypertension? | | No Yes | | 0  1 | |  | |
| 107 | | V450102 | | How many of your children were diagnosed with hypertension | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 108 | | V450201 | | Do your Children have Diabetes? | | No Yes | | 0  1 | |  | |
| 109 | | V450202 | | How many of your children were diagnosed with Diabetes | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 110 | | V450301 | | Do your Children have Heart Diseases? | | No Yes | | 0  1 | |  | |
| 111 | | V450302 | | How many of your children were diagnosed with heart disease | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 112 | | V450401 | | Do your Children have Asthama? | | No Yes | | 0  1 | |  | |
| 113 | | V450402 | | How many of your children were diagnosed with Asthma | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 114 | | V450501 | | Do your Children have Cancer? | | No Yes | | 0  1 | |  | |
| 115 | | V450502 | | How many of your children were diagnosed with Cancer | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 116 | | V450503 | | If Children had cancer, then what location of cancer? | | Mouth  Throat  Oesophagus  Lung  Abdomen  Blood  Cervix  Breast  Ovary  Other- specify | | 1  2  3  4  5  6  7  8  10  9 | |  | |
| 117 | | V450504 | | At what age was Cancer diagnosed in your Children | | |  |  | | --- | --- | |  |  |   in completed years | |  | |  | |
| 118 | | V460101 | | Do your Grand Parents have Hypertension? | | No Yes | | 0  1 | |  | |
| 119 | | V460102 | | How many of your grandparents were diagnosed with hypertension | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 120 | | V460201 | | Do your Grand Parents have Diabetes? | | No Yes | | 0  1 | |  | |
| 121 | | V460202 | | How many of your grandparents were diagnosed with Diabetes | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 122 | | V460301 | | Do your Grand Parents have Heart Diseases? | | No Yes | | 0  1 | |  | |
| 123 | | V460302 | | How many of your grandparents were diagnosed with heart disease | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 124 | | V460401 | | Do your Grand Parents have Asthama? | | No Yes | | 0  1 | |  | |
| 125 | | V460402 | | How many of your grandparents were diagnosed with Asthma | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 126 | | V460501 | | Do your Grand Parents have Cancer? | | No Yes | | 0  1 | |  | |
| 127 | | V460502 | | How many of your grandparents were diagnosed with Cancer | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 128 | | V460503 | | If Grandparents had cancer then what location of cancer? | | Mouth  Throat  Oesophagus  Lung  Abdomen  Blood  Cervix  Breast  Ovary  Other- specify | | 1  2  3  4  5  6  7  8  10  9 | |  | |
| 129 | | V460504 | | At what age was Cancer diagnosed in your Grand Parents | | |  |  | | --- | --- | |  |  |   in completed years | |  | |  | |
| 130 | | V470101 | | Does your Uncle/Aunt have Hypertension? | | No Yes | | 0  1 | |  | |
| 131 | | V470102 | | How many of your uncle/aunt were diagnosed with hypertension | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 132 | | V470201 | | Does your Uncle/Aunt have Diabetes? | | No Yes | | 0  1 | |  | |
| 133 | | V470202 | | How many of your uncle/aunt were diagnosed with Diabetes | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 134 | | V470301 | | Does your Uncle/Aunt have Heart Diseases? | | No Yes | | 0  1 | |  | |
| 135 | | V470302 | | How many of your uncle/aunt were diagnosed with heart disease | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 136 | | V470401 | | Does your Uncle/Aunt have Asthama? | | No Yes | | 0  1 | |  | |
| 137 | | V470402 | | How many of your uncle/aunt were diagnosed with Asthma | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 138 | | V470501 | | Does your Uncle/Aunt have Cancer? | | No Yes | | 0  1 | |  | |
| 139 | | V470502 | | How many of your uncle/aunt were diagnosed withCancer | | |  |  | | --- | --- | |  |  |   in Nos | |  | |  | |
| 140 | | V470503 | | If Uncle/Aunt had cancer then what location of cancer? | | Mouth  Throat  Oesophagus  Lung  Abdomen  Blood  Cervix  Breast  Ovary  Other- specify | | 1  2  3  4  5  6  7  8  10  9 | |  | |
| 141 | | V470504 | | At what age was Cancer diagnosed in your Uncle/Aunt | | |  |  | | --- | --- | |  |  |   in completed years | |  | |  | |

**Section 8: Reproductive history -For Females only**

| **No**. | **VCodes** | **Question** | **Response** | **Coding category** | **Skip to** |
| --- | --- | --- | --- | --- | --- |
| 142 | V45 | Are you currently pregnant? | Yes  No | 1  2 |  |
| 143 | V46 | If yes, how many times have you been pregnant? | |  | | --- | |  | |  |  |
| 144 | V47 | Did you breast feed your child? | Yes  No | 1  2 |  |
| 145 | V48 | For how many months did you breast feed your child | |  |  | | --- | --- | |  |  |   In months |  |  |

**Section 9: Daily Physical Activities -For Females only**

| **No**. | **VCodes** | **Question** | **Response** | **Coding category** | **Skip to** |
| --- | --- | --- | --- | --- | --- |
| 146 | V49 | Did you have servants to help with house hold activities | Yes  No | 1  2 |  |
| 147 | V500101 | How much time (in hrs.) Did you spend on house hold maintainence ( sweeping, dusting,mopping, etc.) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 148 | V500102 | How much time (in mins.) Did you spend on house hold maintainence ( sweeping, dusting,mopping, etc.) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 149 | V500201 | How much time (in hrs.) Did you spend on cooking yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 150 | V500202 | How much time (in mins.) Did you spend on cooking yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 151 | V500301 | How much time (in hrs.) Did you spend on walking (to buy things/running errands/to and from employment) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 152 | V500302 | How much time (in mins.) Did you spend on walking (to buy things/running errands/to and from employment) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 153 | V500401 | How much time (in hrs.) Did you spend on cycling (to buy things/running errands/to and from employment) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 154 | V500402 | How much time (in mins.) Did you spend on cycling (to buy things/running errands/to and from employment) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 155 | V500501 | How much time (in hrs) Did you spend on carrying water yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 156 | V500502 | How much time (in mins.) Did you spend on carrying water yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 157 | V500601 | How much time (in hrs.) Did you spend on sleeping yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 158 | V500602 | How much time (in mins.) Did you spend on sleeping yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 159 | V500701 | How much time (in hrs.) Did you spend on watching TV/movies yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 160 | V500702 | How much time (in mins.) Did you spend on watching TV/movies yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 161 | V500801 | How much time (in hrs.) Did you spend on other activities (specify activity) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 162 | V500802 | How much time (in mins.) Did you spend on other activities (specify activity) yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 163 | V500901 | How much time (in hrs.) Did you spend on on Taking Care yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 164 | V500902 | How much time (in mins.) Did you spend on on Taking Care yesterday | |  |  | | --- | --- | |  |  | |  |  |
| 165 | V5101 | Have you done any exercise (Including yoga) | Yoga  Exercise  Meditation  Lompat  Sport  Treadmill  Walking  Others  None | 1  2  3  5  6  7  8  9  88 |  |
| 166 | V5102 | Have you done any sports or activities (Including yoga) | Yes  No | 1  2 |  |
| 167 | V52 | If yes, name the sports/ exercise that you have done | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |
| 168 | V53 | Are you doing any sports or activities (Including yoga) now | Yes  No | 1  2 |  |
| 169 | V54 | If yes, name the sports/ exercise that you are doing now | Yoga  Badminton  Walking  Exercise  Holibal  Gymnastics  Kabadi  Others  Lompat  Marching  Running  Tennis  None | 1  2  3  4  5  6  8  9  10  11  12  13  88 |  |
| 170 | V5501 | How much time is spent on the exercise/ sport per week (in HH) | |  |  | | --- | --- | |  |  | |  |  |
| 171 | V5502 | How much time is spent on the exercise/ sport per week (inMM) | |  |  | | --- | --- | |  |  | |  |  |
| 172 | V5601 | How long in Hrs. you are doing this activity now? | |  |  | | --- | --- | |  |  | |  |  |
| 173 | V5602 | How long in mins. you are doing this activity now? | |  |  | | --- | --- | |  |  | |  |  |

**Section 10: Repetition of Bio-Measurements**

| **No**. | **VCodes** | **Question** | **Response** | **Coding category** | **Skip to** |
| --- | --- | --- | --- | --- | --- |
| 174 | V5701 | Blood Pressure 2 - Systolic (Left arm sitting) in mm/Hg of the Respondent | |  |  | | --- | --- | |  |  | |  |  |
| 175 | V5702 | Blood Pressure 2 - Diastolic (Left arm sitting) in mm/Hg of the Respondent | |  |  | | --- | --- | |  |  | |  |  |
| 176 | V58 | Heart Rate/Min Measure 2- of the Respondent | |  |  | | --- | --- | |  |  | |  |  |
| 177 | V59 | Are you a vegetarian or Non-Vegetarian? | Veg  Non- veg  Veg using eggs | 1  2  3 |  |
| 178 | V60 | For how long have you been following this type of diet? (In No. of years) | |  |  | | --- | --- | |  |  | |  |  |
| 179 | V61 | How many days in a week do you fast? | |  | | --- | |  | |  |  |
| 180 | V62 | What other kind of food do you have in your diet? |  |  |  |