Hyderabad DXA study

(Funded by the Wellcome Trust, U.K)

CLINIC QUESTIONNAIRE

(Apply biochemistry id label here)

Subject type: ☐ 1= Indian Migrant Study

2=Hyderabad Nutrition Trial

Participant info:

Name: _____

Date of birth: _____/_____/_____

Time of glucose load: _____:_____

Consent form	☐ [1=Yes; 2=No]	Questionnaire	☐ [1=Yes; 2=No]
First blood	☐ [1=Yes; 2=No]	Anthropometry	☐ [1=Yes; 2=No]
Second blood	☐ [1=Yes; 2=No]	Doctor	☐ [1=Yes; 2=No]
DXA	☐ [1=Yes; 2=No]	Reimbursement	☐ [1=Yes; 2=No]
DXA needed	☐ [1=Yes; 2=No]	Second blood needed	☐ [1=Yes; 2=No]

Supported by

NATIONAL INSTITUTE OF NUTRITION, HYDERABAD, India

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE, U.K.

&

UNIVERSITY OF BRISTOL, U.K.

SECTION A: Consent form

Nutritional challenges, abdominal adiposity and type 2 diabetes in Indians

Participant:

Shri/Smt/Kum (First & Last Name)

Address (Lane, Town, State, Pin Code)

I, _____exercising my free power of choice, hereby give my consent to be included as a subject in the clinical study "Nutritional challenges, abdominal adiposity and type 2 diabetes in Indians".

- For the examination today we will ask you to undertake the following: interview, measurement of body size, DXA scan and a visit with the doctor. We will also ask you to give up to two blood samples. The examination will last until the afternoon.
- I am free to participate or not to participate in this study.
- The purpose of this study was explained to me in my own language.
- I have been given the opportunity to ask questions and reply was given for all the questions to my satisfaction.
- I have been informed by the investigators about the process including the nature, objective and known and likely inconveniences related to this study and I have understood them.
- My medical data are strictly confidential and I only authorise the persons, involved in the research, identified by the sponsor or health authorities to consult about the same.
- By signing this form, I give my free and informed consent to take part in this study as outlined in the information sheet and this consent form. Specifically, I agree to being interviewed, examined and having blood drawn. I agree to my information, including results of blood tests, to be used in research.
- I give permission for any blood that is left over after the tests to be stored and used for further laboratory tests for medical research
- I understand that future research using the sample I give may include genetic research aimed at understanding genetic influences on diseases but the results of these investigations are unlikely to have any implications for you personally

- I understand that for all practical purposes I may not gain anything by participating in the study though in the long run it may be beneficial to the community.
- I understand that I can withdraw from the study at any point without giving any reasons and withdrawing from the study will not affect me in any way.
- I have been given a copy of the information sheet and consent form to keep. By signing this form I have not given up my legal rights.

Printed name of the Participant_____

Signature of the Participant_____Date_____

Printed name of the Investigator_____

Signature of the Investigator_____Date_____

SECTION: Reimbursement

	Summary sheet (to be completed at time of reimbursement)		
	Reimbursement		
1.1	Reimbursement given	☐ [1=Yes; 2=No]	
1.2	Identity proof taken	☐ [1=Yes; 2=No]	
	Subject recall		
1.3	Subject needs to be recalled	☐ [1=Yes; 2=No]	
1.4	Recall for repeatability study	☐ [1=Yes; 2=No]	
1.5	Recall for validation study	☐ [1=Yes; 2=No]	
1.6	Recall for incomplete study	☐ [1=Yes; 2=No]	
1.7	If yes, is the subject willing to return?	☐ [1=Yes; 2=No; 3=Undecided]	
1.8	If undecided, date status will be reviewed:	__ __/__ __/__ __ [DD/MM/YY]	
1.9	**If recalled, clinic visit details**		
	(a) Date of clinic visit [DD/MM/YY]	(b) Travel [1=Self; 2=Team]	(c) Outcome [1=Yes; 2=No]
	__ __/__ __/__ __		
	__ __/__ __/__ __		
	__ __/__ __/__ __		
1.10	**Summary sheet notes**		

SECTION B: Blood Sampling

	Blood sampling		
2.1	Any illness within the last week?	☐ [1=Yes; 2=No]	
2.2	If yes, specify what illness: _____		
2.3	Was this illness or some other reason responsible for reduction in food intake over the last week?	☐ 1=No reduction 2=Minor reduction 3=Major reduction	
	Do you have diabetes?	☐ [1=Yes; 2=No] **[IF YES, DO NOT GIVE GLUCOSE LOAD OR TAKE SECOND BLOOD]**	
2.4	Day of last meal	☐ [1=Today; 2=Yesterday]	
2.5	Time of last meal	☐☐ : ☐☐ [Hours: minutes; 24-hour clock]	
2.6	Time blood taken: sample 1	☐☐ : ☐☐ [Hours: minutes; 24-hour clock]	
2.7	Glucose load given	☐ [1=Yes; 2=No]	
2.8	Time glucose load	☐☐ : ☐☐ [Hours: minutes; 24-hour clock]	
2.9	Time blood taken: sample 2	☐☐ : ☐☐ [Hours: minutes; 24-hour clock]	
	Success in blood sampling	**(a) Volume**	**(b) Clot formation**
2.10	Red capped tube	☐[1=No; 2=Partial; 3=Complete]	☐ [1=Yes; 2=No]
2.11	Purple capped tube 1	☐[1=No; 2=Partial; 3=Complete]	☐ [1=Yes; 2=No]
2.12	Grey capped tube	☐[1=No; 2=Partial; 3=Complete]	☐ [1=Yes; 2=No]
2.13	Purple capped tube 2	☐[1=No; 2=Partial; 3=Complete]	☐ [1=Yes; 2=No]
2.14	Grey capped tube 2	☐[1=No; 2=Partial; 3=Complete]	☐ [1=Yes; 2=No]
2.15	(a) Any other comments on blood sample	☐ [1=Yes; 2=No]	
	(b) If yes, specify	_____	

SECTION C: Clinical Questionnaire

	Interview details	
3.1	Date of quest. completion	___ ___ / ___ ___ / ___ ___ [DD/MM/YY]
3.2	Time of quest. completion	□□ : □□ [Hours: minutes; 24-hour clock]
3.3	Interviewer code	□□
3.4	Interviewer initials	□□□
	First of all I would like to collect some details about you and where you live at present	
	Contact details	
4.1	Family name	_____ [Surname]
4.2	First name/middle name	_____[Forename/other name]
4.3	Current house address (if any) [House No./Street/Locality]	_____ _____
4.4	Place name	_____ [Name of Village/Town/City]
4.5	PIN Code	□□□□□□
4.6	Sub-district	_____ [Tehsil/Taluk/Mandal/Municipality]
4.7	District	_____
4.8	Nearest railway station	_____
4.9	Nearest big town	_____ [In case of village only]
4.10	State	_____ [Name of country if abroad]
4.11	Type of place	□ [1=Village; 2=Town; 3=Small city; 4=Large city]
4.12	Travelling by road or rail, total average journey time between this place and NIN	□□□ [In completed hours]
4.13	Census code	□□□□□□□□□□
4.14	Home telephone number (landline)	(□□□□) □□□□□□□□ [Area code] [Phone number]
4.15	Mobile number	□□□□□□□□□□

	Now I would like to collect some personal information about you	
	Personal details	
5.1	Age last birthday	☐☐ [In completed years]
5.2	Day of birth	☐☐ [DD]
5.3	Month of birth	☐☐ [MM]
5.4	Year of birth	☐☐☐☐ [YYYY]
5.5	Sex	☐ [1=Male; 2=Female]
5.6	(a) How many brothers (alive) do you have?	☐☐ [Enter 00 if None]
	(b) How many sisters (alive) do you have?	☐☐ [Enter 00 if None]
	(c) What was your birth order in your family?	☐☐
	(d) Do you have a twin brother or sister?	☐ [1=Yes; 2=No]
5.7	Current marital status	☐ 1=Never married 2=Married 3=Widow/widower 4=Separated/divorced
5.8	*If ever married*:	
	(a) How old were you when you first started living with your spouse after your marriage?	☐☐ [Age in completed years]
	(b) Does your spouse normally live with you now?	☐ [1=Yes; 2=No]
5.9	How many (live) sons do you have?	☐☐ [Enter 00 if None]
5.10	How many (live) daughters do you have?	☐☐ [Enter 00 if None]
	Primary occupation	
5.11	(a) Respondent: ☐	(b) Spouse (if married): ☐
	1=At home doing housework 2=Unemployed, not seeking work: retired/ disabled 3=Unemployed, seeking work	4= Student/ training 5=Unskilled manual 6=Semi-skilled manual 7=Skilled manual
		8=Skilled non-manual 9=Semi-Professional 10=Professional
5.12	Briefly describe your job: _____	
	Highest educational level attained	
5.13	(a) Respondent: ☐	(b) Spouse (if married): ☐

	1=Illiterate	4=Secondary school (ITI course, class X/XII, Intermediate)
	2=Literate, no formal education	5=Graduate (BA, BSc, BCom, Diploma)
	3=Up to primary school (class IV)	6=Professional degree/postgraduate (MA, MSc, MBBS, MSW, BTech, PhD)

	Now I am going to ask you some questions about your household	
	Current household circumstances	
6.1	What kind of household do you currently live in?	☐
	1=Single 2=Hostel/shared accommodation 3=Nuclear family (married couple & offspring) 4=Extended family (2 related married couples of different generations i.e. married couple with one of the parents)	5=Joint family (two related married couples from same generation (i.e. two married siblings) 6=Joint-extended 7=Any other
6.2	What is the material used in the construction of the house?	☐ 1=Kutcha 2=Semi-pucca 3=Pucca
6.3	What is the main source of lighting for your household?	☐ 1=Electricity 2=Kerosene 3=Gas 4=Oil 5=Other
6.4	What is the main source of drinking water for members of your household?	☐ 1=Pipe, hand pump, well (in residence/ plot) 2=Pipe, hand pump or well (public) 3=Other
6.5	What kind of toilet facility does the household have?	☐ 1=Own flush toilet 2=Own pit toilet/latrine 3=No facility/field/bush 4=Other
6.6	Do you collect rations from a ration card?	☐ [1=Yes; 2=No]
	SKIP QUESTIONS 6.7-6.10 IF LIVING IN HOSTEL/SHARED ACCOMMODATION	
6.7	Including yourself, how many people normally live in your household?	☐☐ [Number of People]
6.8	How many rooms are there in your household? (count all rooms including kitchen, bathroom, etc)	☐☐ [Number of Rooms]
6.9	Does this household own any agricultural land?	☐ [1=Yes; 2=No]

6.10	**Does the household own any of the following:**	
	(a) Clock/Watch	☐ [1=Yes; 2=No]
	(b) Radio/Transistor/Tape recorder	☐ [1=Yes; 2=No]
	(c) Television	☐ [1=Yes; 2=No]
	(d) Bicycle	☐ [1=Yes; 2=No]
	(e) Motorcycle/scooter/moped	☐ [1=Yes; 2=No]
	(f) Car	☐ [1=Yes; 2=No]
	(g) Refrigerator	☐ [1=Yes; 2=No]
	(h) Telephone	☐ [1=Yes; 2=No]

ONLY FOR NUTRITION TRIAL PARTICIPANTS

	*Now thinking back to when you were a child, say 10-12 years old, please answer the following questions about the household where you lived at that time (**Only for nutrition trial)***		
	Household circumstances in childhood (at age 10-12 years)		
7.1	What was your father's occupation at the time?		☐
	1=At home doing housework 2=Unemployed, not seeking work: retired/ disabled 3=Unemployed, seeking work	4= Student/ training 5=Unskilled manual 6=Semi-skilled manual 7=Skilled manual	8=Skilled non-manual 9=Semi-Professional 10=Professional 11=Died, left family
7.2	What was the highest educational level attained by your mother?		☐
	1=Illiterate 2=Literate, no formal education 3=Up to primary school (class IV)	4=Secondary school (ITI course, class X/XII, Intermediate) 5=Graduate (BA, BSc, BCom, Diploma) 6=Professional degree/postgraduate (MA, MSc, MBBS, MSW, BTech, PhD)	

ALL PARTICIPANTS

	Now I will ask you a few questions about your health and lifestyle					
	Health and lifestyle					
8.1		(i) Have your ever used tobacco on a REGULAR basis (at least weekly)?	(ii)Age at starting	(iii) Duration of use	(iv) Number of days per week	(v) Number of use or smoked per day
(a) Smoked		☐ 1=Never 2=Former (stopped >6 months) 3=Current (in last 6 months)	☐☐[Yrs]	☐☐[Yrs]	☐[Days]	☐☐☐
(b) Chewed		☐ 1=Never 2=Former (stopped >6 months) 3=Current (in last 6 months)	☐☐[Yrs]	☐☐[Yrs]	☐[Days]	☐☐☐
(c) Snuffed		☐ 1=Never 2=Former (stopped >6 months) 3=Current (in last 6 months)	☐☐[Yrs]	☐☐[Yrs]	☐[Days]	☐☐☐
8.2	(a) Is there someone in your household who smokes tobacco at home? **[If no, skip to 8.3]**				☐ [1=Yes; 2=No]	
	If yes, (b) How many cigarettes or bedis does this person smoke per day?				☐☐☐ bedis/ cigarettes per day	
8.3	(a) Has an indoor open fire with wood, crop residues or dung been used in your home as a primary means of cooking for more than 6 months in your life? **[If no, skip to 8.4]**				☐ [1=Yes; 2=No]	
	If yes, (b) For how many years has wood, crop residues or dung been used for cooking in your home?				☐☐[Years]	
	(c) On average for how many hours a day have you personally spent cooking using wood, crop residues or dung?				☐☐[Hours] [00 if none]	
	(d) Is wood, crop residues or dung still used for cooking in your home?				☐ [1=Yes; 2=No]	
	(e) Was your stove or fire vented to the outside?				☐ [1=Yes; 2=No]	

8.4	Would you describe your present alcohol intake as?	☐	1=Daily/most days 2=Weekends only 3= 1-2 times/month	4=Special occasions 5=Never

	Now I will ask you a few questions about how you have been feeling in general. I will read out a list of statements, please tell me which one best describes your health state today.		
	Quality of life		
9.1	Mobility	☐	1= I have no problems in walking around; 2= I have some problems in walking around; 3=I am confined to bed
9.2	Self care	☐	1= I have no problems with washing and dressing myself; 2= I have some problems with washing or dressing myself; 3=I am unable to wash and dress myself
9.3	Usual activities	☐	(e.g. work, study, housework, family or leisure activities) 1= I have no problems with performing my usual activities; 2= I have some problems with performing my usual activities; 3=I am unable to perform my usual activities
9.4	Pain/discomfort	☐	1= I have no pain or discomfort; 2= I have moderate pain or discomfort; 3=I have extreme pain or discomfort
9.5	Anxiety/Depression	☐	1= I am not anxious or depressed; 2= I am moderately anxious or depressed; 3=I am extremely anxious or depressed
9.6	We have drawn a scale on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. Please indicate on this scale how good or bad your own health is today, in your opinion		☐☐☐%

	Depression	
	Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	1=Not at all 2=Several days (less than half the days) 3=More than half the days 4=Nearly every day
9.7	Little interest or pleasure in doing things	☐
9.8	Feeling down, depressed, or hopeless	☐
9.9	Trouble falling or staying asleep, or sleeping too much	☐
9.10	Feeling tired or having little energy	☐

9.11	Poor appetite or overeating	☐
9.12	Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	☐
9.13	Trouble concentrating on things, such as reading the newspaper or watching television	☐
9.14	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐
9.15	Thoughts that you would be better off dead, or of hurting yourself in some way	☐

	Now I will ask you questions relating to your usual sleep patterns.				
10.1	How many hours do you usually sleep per day (including sleep at night and during the day) on a typical day when you have school or work the next day?	☐☐.☐ [Completed half hours]			
10.2	How many hours do you usually sleep per day (including sleep at night and during the day) on a typical day when you **do not** have school or work the next day?	☐☐.☐ [Completed half hours]			
10.3	(a) Do you undertake shift work that interrupts your usual sleep patterns?	☐ [1=Yes; 2=No]			
	(b) *If yes*, how often is the shift work (over the last month)?	☐	1=Daily 2=5-6 times/week	3=2-4 times/week 4=Once a week	5=2-3 times/month 6=Once a month
10.4	In the past month, how often have you experienced difficulties in getting to sleep?	☐	1=Daily 2=5-6 times/week	3=2-4 times/week 4=Once a week	5=2-3 times/month 6=Once a month 7=Never
10.5	In the past month, how often have you been bothered by awakening during night?	☐	1=Daily 2=5-6 times/week	3=2-4 times/week 4=Once a week	5=2-3 times/month 6=Once a month 7=Never

	*Now I am going to ask you questions about the time you spent doing different types of physical activity. Please recall the activities that you did in the **LAST WEEK.*** ***In case you travelled for a long duration to reach this place, or stayed back in this city for a few days, please recall the activities of the week before you left to this city.*** *The first questions are about your work/college. This includes paid jobs, working in your farm, study/training, any volunteer work or college activities.* *Do not include unpaid work you might do around your home, like housework, garden work, and caring for your family. I will ask you about these later.*			
	Work related activity			
11.1	Do you currently have a job or do any unpaid work or study/training? Do not include household work, we will ask about this later.			☐ [1=Yes; 2=No] **[IF NO, SKIP TO 11.8]**
11.2	How many days did you work at the job or unpaid work in the last week?			☐ [In completed days]
11.3	In the last week, how many hours per day did you spend at this work?			☐☐.☐ [In completed half hours]
	Of the hours you spend at work in a day during the last week I am going to ask you how many hours you spend in standing, sitting, walking and other strenuous activities (completed half hours):			
	(a) **Standing:** E.g. talk, lab work, supervise, mild cleaning, cattle grazing done standing.	(b) **Sitting:** E.g. typing, computer work, cleaning grains, eating lunch, driving for your work, etc		(c) **Walking**: E.g. walking around, strolling, walking with light loads
	☐☐.☐ [hours]	☐☐.☐ [hours]		☐☐.☐ [hours]
11.4	**If you spend any time at work on activities more strenuous than walking, please list these:**			
		(i) Took part in this activity	(ii) Days per week	(iii) Total duration per day
	(a) Carrying/walking with loads (15-25 kgs)	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(b) Carrying/walking with heavy load (≥25 kgs)	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(c) Lifting / loading of weights	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(d) Pushing cart with a load	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]

	(e) Ploughing	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(f)Digging	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(g) Watering / weeding fields	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(h) Cut / chop wood or stones	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(i) Harvesting	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(j) Any others?	☐ [1=Yes; 2=No]		
	(k)_____		☐ days	☐☐☐ [mts]
	(l)_____		☐ days	☐☐☐ [mts]
	(m)_____		☐ days	☐☐☐ [mts]

	Travel to and from work *Now think about how you travelled to and from work over the LAST WEEK. Please do not include travelling activities if you have already mentioned while we discussed your work/college activities.*		
		(a) Days per week	(b) Total duration per day
11.5	During the last week, how many days did you travel on a motorised vehicle, like a car, bus, auto-rickshaw or motorcycle to and from work?	☐ days	☐☐☐ [mts]
11.6	During the last week, on how many days did you cycle to and from work?	☐ days	☐☐☐ [mts]
11.7	During the last week, on how many days did you walk to and from work?	☐ days	☐☐☐ [mts]
	Travel apart from to and from work *Now think about how you travelled from place to place over the LAST WEEK, including places like stores, movies, visiting relatives etc but excluding to and from work. Please do not include travelling activities if you have already mentioned.*		
		(a) Days per week	(b) Total duration per day
11.8	During the last week, how many days did you travel to places on a motorised vehicle, like a car, bus, auto-rickshaw or motorcycle except to and from work?	☐ days	☐☐☐ [mts]
11.9	During the last week, on how many days did you travel to places on a bicycle except to and from work?	☐ days	☐☐☐ [mts]
11.10	During the last week, on how many days did you did you travel to places by walking except to and from work ?	☐ days	☐☐☐ [mts]

	Now I am going to ask you some questions about how you spent your time, apart from work outside of the home over the LAST WEEK			
11.11	**Sports / games / exercise** *Now think about all the physical activities that you did in the last 7 days solely for sport, exercise of leisure. Please do not include any activities you have already mentioned.*			
	Name of activity	(i) Took part in this activity	(ii) Days per week	(iii) Total duration per day
	(a) Walking normal speed for leisure	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(b) Walking brisk speed for leisure	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(c) Jogging/Running	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(d) Badminton	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(e) Cricket	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(f) Yoga	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(g) Swimming	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(h) Football	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(i) Volleyball	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(j) Any others?	☐ [1=Yes; 2=No]		
	(k)_____		☐ days	☐☐☐ [mts]
	(l)_____		☐ days	☐☐☐ [mts]
	(m)_____		☐ days	☐☐☐ [mts]

11.12	**Household activities** *Now think about activities you do at home such as housework, gardening and hobbies. Please do not include any activities already mentioned.*			
	Name of activity	(i) Took part in this activity	(ii) Days per week	(iii) Total duration per day
	(a) Cooking	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(b) Washing vessels	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(c) Mopping	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(d) Sweeping	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(e) Wash clothes manually	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]

	(f) Dusting / cleaning	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(g) Ironing and folding clothes	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(h) Child care	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(i) Collecting fuel/fodder/water	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(j) Animal care	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(k) Gardening	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(l) Any others?	☐ [1=Yes; 2=No		
	(m)_____		☐ days	☐☐☐ [mts]
	(n)_____		☐ days	☐☐☐ [mts]
	(o)_____		☐ days	☐☐☐ [mts]

11.13	**Sedentary activities** *The last question is about time spent sitting in the last 7 days. Do not include time spent sitting at work Please do not include any activities already mentioned.*			
	Name of activity	(i) Took part in this activity	(ii) Days per week	(iii) Total duration per day
	(a) Reading for leisure	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(b) Computer/computer games/internet for leisure	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(c) Watching TV/ movies	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(d) Indoor games (e.g. chess, carom, playing cards)	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(e) Prayer/meditation	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(f) Listening to music/radio	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(g) Sewing/embroidery/knitting	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]

	(h) Socialising (talking outside working hours or on phone)	☐ [1=Yes; 2=No]	☐ days	☐☐☐ [mts]
	(i) Any others?	☐ [1=Yes; 2=No]		
	(j)_____		☐ days	☐☐☐ [mts]
	(k)_____		☐ days	☐☐☐ [mts]
	(l)_____		☐ days	☐☐☐ [mts]

INSTRUCTION TO SUBJECT:

*I am now going to ask you about the food that you have eaten over the last year. If you have not heard of an item please answer **"No".***

	CEREALS	**Portion Size**	**(a) Average consumption**	**(b) Per Day[1]**	**(b) Per Week[2]**	**(b) Per Month[3]**	**(b) Per Year/ Never[4]**
12.1	Chapathis / roti	No					
12.2	Parathas / naan	No					
12.3	Jowar roti	No					
12.4	Poori, bhatura	No					
12.5	Plain rice	Bowl					
12.6	Mutton, chicken biriyani	Bowl					
12.7	Lime rice, puliogare, veg biriyani	Bowl					
12.8	Bhagar	Bowl					
12.9	Upma	Bowl					
12.10	Idlis	No					
12.11	Dosa / uthappam	No					
12.12	Pesarattu	No					
12.13	Attakalu	Bowl					
12.14	Rice, ragi porridge	Bowl					
12.15	Corn flakes	Bowl					
12.16	Bread, Toast, Rolls, Buns	No					
12.17	Noodles, pasta etc	Bowl					
	LENTILS / DHALS / GRAVIES						
13.1	Plain dhal sambar	Ladle					
13.2	Dhal sambar with vegetables	Ladle					
13.3	Channa, rajma, dry peas etc. curry	Ladle					
13.4	Green leafy vegetable curry	Ladle					
13.5	Rasam, all types	Ladle					

	CHUTNEYS / SALAD / PAPAD						
14.1	Raw vegetable salad	Tbsp					
14.2	Vegetable Raitha	Tbsp					
14.3	Pickle	Tsp					

		Portion Size	**(a) Average consumption**	(b) Per Day1	(b) Per Week2	(b) Per Month3	(b) Per Year/ Never4
14.4	Papad	No					
14.5	Coconut chutney	Tbsp					
14.6	Groundnut chutney	Tbsp					
14.7	Tomato chutney	Tbsp					
	NON – VEGETARIAN						
15.1	Chicken curry	Bowl					
15.2	Chicken fry/grilled	No					
15.3	Mutton/ pork/beef curry or fry	Bowl					
15.4	Fish curry	Bowl					
15.5	Fish fry	No					
15.6	Organ meats (Liver, brain, kidney etc.)	Tbsp					
15.7	Prawn, crab, shell fish etc.	Bowl					
15.8	Egg (boiled, poached, omelettes)	No					
	MILK & BEVERAGES						
16.1	Tea	Glass					
16.2	Coffee	Glass					
16.3	Plain milk	Glass					
16.4	Flavored milk (horlicks, bournvita etc)	Glass					
16.5	Curds	Bowl					

16.6	Buttermilk/Lassi	Glass					
16.7	Lime/ orange/ other fresh fruit juice	Glass					
16.8	Fanta, pepsi, coca cola etc.	250ml bottle					
16.9	Beer	Bottle					
16.10	Spirits (whiskey, gin, rum, arrack)	30ml peg					
16.11	Other local alcoholic drinks	30ml peg					
	MISCELLANEOUS						
17.1	Ghee/ butter	Tsp					
17.2	Jam	Tsp					

		Portion Size	(a) Average consumption	(b) Per Day1	(b) Per Week2	(b) Per Month3	(b) Per Year/ Never4
17.3	Sugar	Tsp					
17.4	Cheese	Cube					
	SNACKS/ SWEETS/DESSERTS						
18.1	Mixture, namkeen, chiwda, khara boondi, dalmoth	Tbsp					
18.2	Vada, all types	No					
18.3	Nuts (grounduts, cashewnuts etc.)	Tbsp					
18.4	Chips/salted packed snacks (bingo, kurkure etc)	Bowl					
18.5	Samosa,bajji ,bonda, cutlet, patties	No					
18.6	Salted biscuits (krackjack, bakery biscuits)	No					
18.7	Sweet biscuits (Marie/goodday/cream biscuits)	No					

18.8	Murukku , chakli, sakinalu	No					
18.9	Cakes or sweet pastries	No					
18.10	Payasam, kheer	Bowl					
18.11	Ice cream	Bowl					
18.12	Jamoon, Jilebi, Jangir etc.	No					
18.13	Mysore pak, ladoo, barfis	No					
18.14	Baksham	No					
18.15	Dried fruits (dates, figs, raisins etc)	Tbsp					
18.16	Chocolates	Small Bar					

	FRUITS	Portion size	(a) Average consumption	(b) Per Day[1]	(b) Per Week[2]	(b) Per Month[3]	(b) Per Year/ Never[4]	(c) Seasonal (cross if seasonal)
19.1	Banana	No						
19.2	Apple	No						
19.3	Orange	No						
19.4	Mango	No						
19.5	Guava (amrood)	No						
19.6	Grapes (angoor)	Bowl						
19.7	Pineapple	Slice						
19.8	Papaya (papita)	Slice						
19.9	Pomegranate (anar)	No						
19.10	Sapota (Chikoo)	No						
19.11	Watermelon (tarbooj)	Bowl						
19.12	Musk melon (kharbooj)	Bowl						
19.13	Custard apple	No						
19.14	Zizyphus (ber)	No						
19.15	Sugarcane (ganaa)	Pieces						
19.16	Palmyra	No						
	VEGETABLES							
20.1	Palak, methi, other leafy vegetables	Tbsp						
20.2	Potato, sweet potato	Tbsp						
20.3	Beetroot/ radish	Tbsp						
20.4	Cabbage	Tbsp						
20.5	Beans, cluster beans	Tbsp						

20.6	Ladies finger	Tbsp						
20.7	Cauliflower	Tbsp						
20.8	Bottlegourd (lauki), ashgourd, Ridgegourd (turai), snakegourds, etc.	Tbsp						
20.9	Brinjal	Tbsp						
20.10	Kovai	Tbsp						
20.11	Capsicum/ green pepper	Tbsp						
20.12	Drumstick	Pieces						
20.13	Raw plantain	Tbsp						
20.14	Colacasia (arvi)	Tbsp						

21.1	Which type of oil is consumed most by your family?	☐	1=Sunflower oil 4=Palm oil 7=Butter 10=Corn oil	2=Groundnut oil 5=Mustard oil 8=Ghee 11=Rice bran oil	3=Coconut oil 6=Dalda/vanaspathi 9=Olive oil 12=Soya bean oil
21.2	How many coconuts do you use for cooking in a month?	☐☐[No / month] [00 if none]			
21.3	(a) What type of milk do you regularly consume?	☐	1=Whole milk 2=Skimmed milk 3=Toned milk	4=Skimmed milk powder 5=Whole and toned milk 6=Other	
	(b) If other, then specify_____				
21.4	(a) Do you consume any vitamin or mineral supplement at least once a week? ☐ [1=Yes; 2=No]				

	If Yes, (b) **Brand name / Type**	(c) **Dosage(mg)**	(d) **No. / week**
21.5	Are you vegetarian?	☐ [1=Yes; 2=No]	
21.6	Are you on any of the following special diets?		
	(a) Diabetic diet	☐ [1=Yes; 2=No]	
	(b) Low fat diet	☐ [1=Yes; 2=No]	
	(c) High fiber diet	☐ [1=Yes; 2=No]	
	(d) Low salt diet	☐ [1=Yes; 2=No]	
	(e) Weight reducing diet	☐ [1=Yes; 2=No]	
	(f) Other	☐ [1=Yes; 2=No]	
	(g) If other, please specify	_____	
	If yes, (h) Since how many years are you on this special diet?	☐☐ [completed years]	

	Now I am going to ask you questions about your family history of illness, and your medical history		
	Medical history		
22.1	Is your father still alive?	(a) ☐ [1=Yes; 2=No]	(b) *If no, his* age at death ☐☐ [years]
22.2	(a) *If no,* what was the cause of his death?	☐ 1=Heart disease 2=high blood pressure 3=stroke 4=lung 5=cancer 6=accident/injury 7=other 8=don't know	
	(b) If "other" specify:		
	Did/does your father suffer from any of the following?		
22.3	Diabetes	☐ [1=Yes; 2=No; 3=Don't know]	
22.4	High blood pressure	☐ [1=Yes; 2=No; 3=Don't know]	
22.5	Heart disease	☐ [1=Yes; 2=No; 3=Don't know]	
22.6	Overweight/obesity	☐ [1=Yes; 2=No; 3=Don't know]	
22.7	Lung disease	☐ [1=Yes; 2=No; 3=Don't know]	
22.8	Is your mother still alive?	(a) ☐ [1=Yes; 2=No]	(b) *If no,* her age at death ☐☐ [years]
22.9	(a) *If no,* what was the cause of her death?	☐ 1=Heart disease 2=high blood pressure 3=stroke 4=lung 5=cancer 6=accident/injury 7=other 8=don't know	
	(b) If "other" specify:		
	Did/does your mother suffer from any of the following?		
22.10	Diabetes	☐ [1=Yes; 2=No; 3=Don't know]	
22.11	High blood pressure	☐ [1=Yes; 2=No; 3=Don't know]	
22.12	Heart disease	☐ [1=Yes; 2=No; 3=Don't know]	
22.13	Overweight/obesity	☐ [1=Yes; 2=No; 3=Don't know]	
22.14	Lung disease	☐ [1=Yes; 2=No; 3=Don't know]	
	Did/do any of your brothers or sisters suffer from any of the following?		
22.15	Diabetes	☐ [1=Yes; 2=No; 3=Don't know; 4=no brothers]	
22.16	High blood pressure	☐ [1=Yes; 2=No; 3=Don't know; 4=no brothers]	
22.17	Heart disease	☐ [1=Yes; 2=No; 3=Don't know; 4=no brothers]	
22.18	Overweight/obesity	☐ [1=Yes; 2=No; 3=Don't know; 4=no brothers]	
22.19	Lung disease	☐ [1=Yes; 2=No; 3=Don't know; 4=no brothers]	

23.1	(a) Have you had wheezing or whistling in your chest at any time in the last year?	☐[1=Yes; 2=No]
	If yes, (b) In the last year have you had this wheezing or whistling only when you have a cold?	☐[1=Yes; 2=No]
	(c) In the last year have you ever had an attack of wheezing or whistling that has made you feel short of breath?	☐[1=Yes; 2=No]

INDIAN MIGRANT STUDY PARTICIPANTS ONLY

24.1	(a) Do you usually cough when you don't have a cold? **[If no, skip to 24.2]**	☐ [1=Yes; 2=No]
	If yes (b) Are there months when you cough most days	☐ [1=Yes; 2=No]
	(c) Do you have a cough on most days for as much as three months each year?	☐ [1=Yes; 2=No]
	(d) For how many years have you had this cough?	☐☐ [Years]
24.2	(a) Do you usually bring up phlegm from your chest, or do you usually have phlegm in your chest that is difficult to bring up when you don't have a cold? **[If no, skip to 24.3]**	☐ [1=Yes; 2=No]
	If yes, (b) Are there months in which you have this phlegm on most days?	☐ [1=Yes; 2=No]
	(c) Do you bring up this phlegm on most days for as much as 3 months per year?	☐ [1=Yes; 2=No]
	(d) For how many years have you had this phlegm?	☐☐ [Years]
24.3	(a) Are you unable to walk due to a condition other than shortness of breath? **[If no, skip to 24.4]**	☐ [1=Yes; 2=No]
	(b) *If yes*, name of condition_____	
24.4	**If able to walk:** (a) Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? **[If no, skip to 24.5]**	☐[1=Yes; 2=No]
	If yes, (b) Do have to walk slower than most people of your age on level ground because of shortness of breath?	☐[1=Yes; 2=No]
	(c) Do you have to stop for breath when walking at your own pace on level ground?	☐[1=Yes; 2=No]
	(d) Do you ever have to stop for breath after walking about 100 yards on level ground?	☐[1=Yes; 2=No]
	(e) Are you too short of breath to leave the house or short of breath on dressing of undressing?	☐[1=Yes; 2=No]

24.5	(a) Have you ever had any pain or discomfort in your chest? **[If no, end section]**	☐ [1=Yes; 2=No]
	If yes, (b) Do you get it when you walk uphill or hurry?	☐ [1=Yes; 2=No]
	(c) Do you get it when you walk at an ordinary pace on the level?	☐ [1=Yes; 2=No]
	If no pain on walking, end section. Otherwise ask d-g	
	(d) What do you do if you get it while you are walking?	☐ 1=Stop/slow down 2=Carry on
	(e) If you are standing still, what happens to it?	☐ 1=Relieved 2=Not relieved
	(f) How soon?	☐1=10 minutes or less 2=Over 10 minutes
	(g) Will you show me where it is (record all places)? [SHOW PICTURE]	☐, ☐, ☐, ☐

SECTION D: Anthropometry

	Weight and height	**a) First reading**	**b) Second reading**
25.1	Weight	☐☐☐ . ☐ [kg]	☐☐☐ . ☐ [kg]
25.2	Scale number	☐	
25.3	Standing height	☐☐☐☐ [mm]	☐☐☐☐ [mm]
25.4	Sitting height	☐☐☐☐ [mm]	☐☐☐☐ [mm]
25.5	Stool height	☐☐☐☐ [mm]	☐☐☐☐ [mm]
25.6	Stadiometer number	☐	
	Circumferences	**a) First reading**	**b) Second reading**
25.7	Waist circumference	☐☐☐☐ [mm]	☐☐☐☐ [mm]
25.8	Hip circumference	☐☐☐☐ [mm]	☐☐☐☐ [mm]
25.9	Mid-arm circumference	☐☐☐☐ [mm]	☐☐☐☐ [mm]
25.10	Calf circumference	☐☐☐☐ [mm]	☐☐☐☐ [mm]
25.11	Head circumference	☐☐☐☐ [mm]	☐☐☐☐ [mm]

	Skinfold measurements	**a) First reading**	**b) Second reading**	**c) Third reading**
25.12	Triceps skinfold	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]
25.13	Biceps skinfold	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]
25.14	Subscapular skinfold	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]
25.15	Suprailiac skinfold	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]
25.16	Calf skinfold	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]	☐☐ . ☐ [mm]
25.17	Caliper number	☐		

	Muscle strength	**Reading**
25.18	Right hand	☐☐ . ☐ [kg]
25.19	Left hand	☐☐ . ☐ [kg]

25.20	Dominant hand	☐ [1=Right, 2=Left]
25.21	Grip strength machine	☐
	General information: anthropometry measurements	
25.22	Researcher code	☐☐
25.23	Researcher initials	☐☐☐
25.24	Left sided measurements	☐ [1=Yes; 2=No]
25.25	If not, specify	_____
25.26	All measurements adequate	☐ [1=Yes; 2=No]
25.27	If not, specify	_____

	Blood pressure			
26.1	Room temperature	☐☐ . ☐ [degree Celsius]		
		a) First measure	b) Second measure	b) Third measure
26.2	Systolic BP (brachial)	☐☐☐ [mmHg]	☐☐☐ [mmHg]	☐☐☐ [mmHg]
26.3	Diastolic BP (brachial)	☐☐☐ [mmHg]	☐☐☐ [mmHg]	☐☐☐ [mmHg]
26.4	Pulse rate	☐☐☐ [bpm]	☐☐☐ [bpm]	☐☐☐ [bpm]
26.5	Cuff size used	☐ [1=Small; 2=Medium; 3=Large]		
26.6	BP apparatus number	☐		
26.7	Right arm measurements	☐ [1=Yes; 2=No]		
26.8	Measurements adequate	☐ [1=Yes; 2=No]		
26.9	If not, specify	_____		

	Respiratory function					
27.1	In the past three months have you had any surgery on your chest or abdomen?					☐ [1=Yes; 2=No]
27.2	Have you had a heart attack within the past three months?					☐ [1=Yes; 2=No]
27.3	Do you have a detached retina or have you had eye surgery within the past three months?					☐ [1=Yes; 2=No]
27.4	Have you been hospitalized with any other heart problem within the past month?					☐ [1=Yes; 2=No]
27.5	Are you in the last trimester of pregnancy?					☐ [1=Yes; 2=No]
27.6	Are you currently taking medication for TB?					☐ [1=Yes; 2=No]
27.7	Have you coughed up blood within the past month?					☐ [1=Yes; 2=No]
27.8	Does the participant have a resting pulse of greater than 120 beats per minute?					☐ [1=Yes; 2=No]
	If any of the questions 27.1 to 27.8 is "yes", do NOT proceed with the test					
27.9	(a) Have you taken medication for breathing in last 6 hours?					☐ [1=Yes; 2=No]
	If yes, name of medication: _____					
27.10	Have you had a respiratory infection (cold) in the last three weeks?					☐ [1=Yes; 2=No]
	TAKE VERBAL CONSENT TO DO THE TEST					
		a) Blow 1	**b) Blow 2**	**c) Blow 3**	**d) Blow 4**	**e) Blow 5**
27.11	FEV_1	☐.☐☐[l]	☐.☐☐[l]	☐.☐☐[l]	☐.☐☐[l]	☐.☐☐[l]
27.12	FVC	☐.☐☐[l]	☐.☐☐[l]	☐.☐☐[l]	☐.☐☐[l]	☐.☐☐[l]
27.13	If unable to obtain satisfactory spirometry (check one):			☐ 1 = Participant did not understand instructions 2 = Participant medically excluded 3 = Participant unable to physically cooperate 4 = Participant refused		

ONLY FOR WOMEN

	Now I will ask you a few questions about your reproductive history ***(women only)***	
	Reproductive history	
28.1	At what age did your periods start?	☐☐ [Age in completed years]
28.2	(a) Do you still menstruate?	☐ [1=Yes; 2=No]
	(b) *If no,* at what age did your periods stop?	☐☐ [Age in completed years]
	(c) *If yes,* do you have irregular/infrequent menstrual cycles?	☐ [1=Yes; 2=No]
	(d) *If yes,* how many periods do you have in a year?	☐☐ [Number]
28.3	Do you have excess hair growth on your upper lip, chin, lower abdomen or inner thighs?	☐ [1=Yes; 2=No]
28.4	(a) Have you ever taken the oral contraceptive pill?	☐ [1=Yes; 2=No]
	(b) *If yes,* Which type of pill did you take	☐ 1=Combined pill 2=Progestogen only (mini pill) 3=Don't know
	(c) *If yes,* for how long did you take it?	☐☐ [Completed years]
28.5	(a) Have you ever been pregnant?	☐ [1=Yes; 2=No]
	(b) *If yes,* at what age was your first pregnancy?	☐☐ [Age in completed years]
	(c) *If yes,* how many pregnancies have you had?	☐☐ [Total number, 00 if none]
	(d) *If yes,* how many live births have you had?	☐☐ [Total number, 00 if none]
	(e) *If yes,* how many miscarriages/stillbirths have you had?	☐☐ [Total number, 00 if none]
	(f) *If yes,* how many induced abortions have you had?	☐☐ [Total number, 00 if none]
		[Check that c = d + e + f]
28.6	Have you ever tried to become pregnant during a period of one year or more without success?	☐ [1=Yes; 2=No]
28.7	(a) Are you pregnant at the moment?	☐ [1=Yes; 2=No]
	(b) *If yes,* which trimester of pregnancy are you in?	☐ [1, 2 or 3]

SECTION E: DXA Measurements

	DXA Scan	
29.1	DXA machine	☐ [1=New; 2=Old]
29.2	Researcher initials	☐☐☐
29.3	Whole scan taken	☐ [1=Yes; 2=No]
29.4	Spine scan taken	☐ [1=Yes; 2=No]
29.5	Hip scan taken	☐ [1=Yes; 2=No]
29.6	If not, specify reason	_____ _____
29.7	First L1-L4 measure taken	☐ [1=Yes; 2=No]
29.8	Second L1-L4 measure taken	☐ [1=Yes; 2=No]
29.9	First L2-L4 measure taken	☐ [1=Yes; 2=No]
29.10	Second L2-L4 measure taken	☐ [1=Yes; 2=No]
29.11	If not, specify reason	_____

SECTION F: Coronary Measures and Medical History

	Medical history.		
30.1	(a) Have you been diagnosed with any of the following conditions?		(b) *If yes*, age when diagnosed
30.2	High blood pressure	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Are you on regular medication for your high blood pressure?		☐ [1=Yes; 2=No]
	(d) Name of medicine:	_____	
	(e) Who diagnosed condition	☐ [1=allopathic doctor; 2=homeopath; 3=ayurvedic doctor 4=RMP – registered medical practitioner; 5=Other]	
30.3	Diabetes (high blood sugar)	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Are you on a regular diet for your diabetes?		☐ [1=Yes; 2=No]
	(d) Are you on regular tablets for your diabetes?		☐ [1=Yes; 2=No]
	(e) Name of medicine:	_____	
	(f) Are you on a regular treatment with insulin?		☐ [1=Yes; 2=No]
	(g) Do you attend a hospital or GP diabetic clinic?		☐ [1=Yes; 2=No]
	(h) Who diagnosed condition	☐ [1=allopathic doctor; 2=homeopath; 3=ayurvedic doctor 4=RMP – registered medical practitioner; 5=Other]	
30.4	Heart disease	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Are you on regular medication for your heart disease?		☐ [1=Yes; 2=No]
	(d) Name of medicine:	_____	
	(e) Who diagnosed condition	☐ [1=allopathic doctor; 2=homeopath; 3=ayurvedic doctor 4=RMP – registered medical practitioner; 5=Other]	
	(f) Type of heart disease	☐ [1=angina; 2=heart attack; 3=heart failure 4=don't know; 5=Other]	
30.5	Stroke (paralytic attack)	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Who diagnosed	☐ [1=allopathic doctor; 2=homeopath; 3=ayurvedic doctor	

	condition	4=RMP – registered medical practitioner; 5=Other]	
30.6	Asthma, asthmatic bronchitis or allergic bronchitis?	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Have you had an attack of asthma in the last year?		☐[1=Yes; 2=No]
	(d) *If you have asthma*, are you on regular medication for asthma? (tablets/inhaler)		☐[1=Yes; 2=No]
	(e) Name of medicine:		
	(f) Who diagnosed condition	☐ [1=allopathic doctor; 2=homeopath; 3=ayurvedic doctor 4=RMP – registered medical practitioner; 5=Other]	

30.7	Thyroid problem	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Are you on regular medication for your thyroid problem?		☐ [1=Yes; 2=No]
	(d) Name of medicine:		
30.8	Tuberculosis	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Are you on regular medication for your tuberculosis?		☐ [1=Yes; 2=No]
	Name of medicine:		
30.9	Depression	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) Are you on regular medication for your depression?		☐ [1=Yes; 2=No]
	Name of medicine:		
30.10	Peptic ulcer	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
30.11	COPD	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
30.12	Emphysema	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
30.13	Chronic bronchitis	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
30.14	Cancer	(a) ☐ [1=Yes; 2=No]	(b) ☐☐ [Age in completed years]
	(c) *If yes,* what type of cancer:		

	MEDICAL EXAMINATION			
	Carotid IMT	**(a) Far wall**	**(b) Near wall**	
31.1	Right common carotid artery image taken	☐ [1=Yes; 2=No]	☐ [1=Yes; 2=No]	
31.2	Any problems taking images	☐ [1=Yes; 2=No]	☐ [1=Yes; 2=No]	
31.3	If yes, specify reason			
	Pulse Wave Velocity			
32.1	Room temperature	☐☐ . ☐ [degree Celsius]		
32.1	Have you had a meal in last 2 hours?	☐ [1=Yes; 2=No]		
32.2	Proximal distance (carotid to notch)	☐☐ . ☐ [cm]		
32.3	Distal distance (notch to upper thigh)	☐☐ . ☐ [cm]		
		(a) First measure	**(b) Second measure**	**(c) Third measure**
32.4	Systolic BP (supine)	☐☐☐[mmHg]	☐☐☐ [mmHg]	☐☐☐ [mmHg]
32.5	Diastolic BP (supine)	☐☐☐[mmHg]	☐☐☐ [mmHg]	☐☐☐ [mmHg]
32.6	Pulse rate (supine)	☐☐☐ [bpm]	☐☐☐ [bpm]	☐☐☐ [bpm]
32.7	Pulse wave velocity	☐☐.☐ [m/s]	☐☐.☐ [m/s]	☐☐.☐ [m/s]
32.8	Transit time	☐☐☐ [ms]	☐☐☐ [ms]	☐☐☐ [ms]

	Pulse Wave Analysis			
		(a) First measure	**(b) Second measure**	**(c) Third measure**
32.9	Augmentation index (Aix)	(☐) ☐☐%	(☐) ☐☐%	(☐) ☐☐%
32.10	Central SBP	☐☐☐ [mmHg]	☐☐☐ [mmHg]	☐☐☐ [mmHg]
32.11	Central DBP	☐☐☐ [mmHg]	☐☐☐ [mmHg]	☐☐☐ [mmHg]
32.12	Heart rate	☐☐☐[bpm]	☐☐☐[bpm]	☐☐☐[bpm]

	Arterial Stiffness			
		(a) First measure	**(b) Second measure**	**(c) Third measure**

33.1	Radial augmentation	(□)□□[mmHg]	(□)□□[mmHg]	(□)□□[mmHg]
33.2	Radial augmentation index (Aix)	(□) □□%	(□) □□%	(□) □□%
33.4	Central SBP	□□□ [mmHg]	□□□ [mmHg]	□□□ [mmHg]
33.5	Central DBP	□□□ [mmHg]	□□□ [mmHg]	□□□ [mmHg]
33.6	Mean arterial pressure	□□□ [mmHg]	□□□ [mmHg]	□□□ [mmHg]
33.7	Heart rate	□□□[bpm]	□□□[bpm]	□□□[bpm]
33.8	Any problems taking readings	□ [1=Yes; 2=No]	□ [1=Yes; 2=No]	□ [1=Yes; 2=No]
33.9	If yes, specify reason			