SCREEN1:Confirm ID

Confirm ID Label	**Instructions for interviewer:**
	All text in blue are directions for you and should not be read aloud.
	All text in red are observations only.
	Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.

Confirm ID Q.1

ID_CORRECT   **IND_PT**

[Go To [END_COMMENT] if:current.ID_CORRECT != 1]

Is the following information correct?

Province: [fac_province]
District: [fac_block]
Facility ID: [customid]
Interviewer ID: [fieldstaff_id]
Supervisor ID: [supervisor_id]

If any of the information above is incorrect, please go back and enter the correct information

(1)Yes,(0)No

Confirm ID Label

Instructions to correct information above:

1. Select the three horizontal lines in upper left corner of the screen
2. Select 'Back to dashboard'.
3. Enter the correct information.

Confirm ID Label

_____

_

Confirm ID Label

Important Reminder:
Select "Validate" button above (check mark).
Correct errors, if any, and "validate" again.

END SCREEN 1:Confirm ID

SCREEN2:Introduction

Introduction Label	**Instructions for interviewer:**
	All text in blue are directions for you and should not be read aloud.
	All text in red are observations only.
	Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.

Introduction Label

Introduction Q.1
replacement　　　　　IND_PT

Is this a replacement facility?

(1)Yes,(0)No

Introduction Q.2
replacement_name　　　IND_PT

Enable if :current.replacement = 1

Enter the name of this replacement facility:

Introduction Q.3
replacement_address　　IND_PT

Enable if :current.replacement = 1

Enter the physical address of this facility:

Introduction Label

GPS Coordinates

Introduction Q.4
gps_id　　　　　　　　IND_PT

Get GPS of the device. Please fill out the table below manually if the GPS button isn't working

Introduction Label

Facility GPS Coordinates:
Enter the latitude and longitude

Please enter in the same format as displayed on your GPS Device.

Enter the following codes, if necessary:
-1 = Error with GPS Device

START ROSTER 2.1:Facility GPS Coordinates:

RosterContents :(1)Latitude,(2)Longitude

Facility GPS Coordinates: Q.5
gps_degrees　　　　　　**gps**

Enter degrees:

END ROSTER 2.1:Facility GPS Coordinates:

Introduction Label

Important Reminder:
Select "Validate" button above (check mark).
Correct errors, if any, and "validate" again.

END SCREEN 2:Introduction

SCREEN3:Eligibility and Consent

Eligibility and Consent Label

Eligibility and Consent

Eligibility and Consent Label

This section is designed to provide a brief introduction to the survey and to solicit consent from the patient. Please complete this section

Eligibility and Consent Label	***with a patient.***
Eligibility and Consent Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know or Decline to respond aloud; only fill those in when indicated by the respondent.*
Eligibility and Consent Label	_____ _
Eligibility and Consent Label	***Read aloud directly from script and direct towards the respondent:*** *Hello my name is [fieldstaff_id] and I am contacting you on behalf of Social Surveys Africa and the HealthRise Project which are interested in improving services for diabetes and cardiovascular diseases within the region. May I please ask you a few questions?*
Eligibility and Consent Label	*If the interviewee is under the age of 30, they are not eligible to participate. If the interviewee is also unable to state their exact age or age range, they are not eligible to participate. If the participant does not meet the age requirements, please complete survey by selecting the 'End' tab in the upper right corner of your screen and completing all the questions in that section.*
Eligibility and Consent Q.1 **Age**　　　　　　**IND_PT** [Go To [END_COMMENT] if:current.Age = 0]	*Are you 30 years of age or older?* (1)Yes,(0)No
Eligibility and Consent Q.2 **dmhtn_screen**　　　**IND_PT** [Go To [END_COMMENT] if:current.dmhtn_screen = 0]	*Do you have diabetes or hypertension?* (1)Yes,(0)No
Eligibility and Consent Label	**Section 1: Introduction, Consent and General Information** *This section is designed to provide a brief introduction to the survey and to solicit consent from the patient.* *Please complete this section with a patient, or other individual who is well-informed about the overall characteristics of the patient's health.*
Eligibility and Consent Q.3 **consent**　　　　　**IND_PT** [Go To [END_COMMENT] if:current.consent = 0]	*Read consent aloud to the respondent.* ***We are conducting a study, as part of a project called HealthRise, in order to better understand and improve access and treatment for diabetes and hypertension in [fac_province]. As you are someone affected by these conditions, we would like to ask you some questions regarding your health and experiences.*** ***Do you agree to proceed?*** (1)Yes,(0)No

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Eligibility and Consent Q.4	Survey Start Time. Please click 'Get Time' button.
time_start **IND_PT**	
Enable if :current.consent = 1 and current.Age = 1 and current.dmhtn_screen = 1	

Eligibility and Consent Q.5	Do you know your exact age?
IDEN_know_age **IND_PT**	
[Go To [IDEN_age] if:current.IDEN_know_age = 1]	*If respondent does not know their age, probe for age range in the next question.*
[Go To [IDEN_age_rg] if:current.IDEN_know_age = 0]	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Eligibility and Consent Q.6	What is your age?
IDEN_age **IND_PT**	**Please have interviewee respond in full years**
[Go To [END_COMMENT] if:current.IDEN_age < 30]	
Enable if :current.IDEN_know_age = 1	

Eligibility and Consent Q.7	**If the respondent does not know their exact age in years or their date of birth, ask:**
IDEN_age_rg **IND_PT**	
Enable if :current.IDEN_know_age != 1	*Could you tell me the age range if I read the different options to you?*
	(1)30-34,(2)35-39,(3)40-44,(4)45-49,(5)50-54,(6)55-59,(7)60-64,(8)65-69,(9)70-74,(10)75-79,(11)80+,(-999)Don't know,(-998)Decline to respond

Eligibility and Consent Q.8	Do you have diabetes?
DIABETES **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Eligibility and Consent Q.9	Do you have hypertension?
HYPERTENSION **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Eligibility and Consent Q.10	You indicated to me earlier that you had been told you had diabetes (sugar) or high blood pressure (BP). Has a health provider told you you have one of those conditions?
HUH **IND_PT**	
[Go To [END_COMMENT] if:current.HUH = 0]	
Enable if :NOT (current.DIABETES = 1) AND NOT(current.HYPERTENSION = 1)	**If the answer is YES, please repeat Question number 8 and 9.**
	(1)Yes,(0)No

Eligibility and Consent Q.11	Comments for Section 1: Consent
commentsM1_1 **IND_PT**	

Eligibility and Consent Label	*Important Reminder:*
	Select "Validate" button above (check mark).
	Correct errors, if any, and "validate" again.

END SCREEN 3:Eligibility and Consent

SCREEN4:Risk Factors

Enable if :current.consent = 1 and current.time_start is not null

SCREEN4.1:Physical Activity

Physical Activity Label	***Physical Activity, and Risk Factors***
Physical Activity Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options* Don't know *or* Decline to respond *aloud; only fill those in when indicated by the respondent.*
Physical Activity Label	_____ _
Physical Activity Label	***Say to the participant:*** *We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in a typical week. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard or farm work, to get from place to place, and in your spare time for exercise or sport.*
Physical Activity Q.1 **DISABILITY** **IND_PT** [Go To [SMOKE] if:current.DISABILITY =1]	*Do you have any kind of physical disability that impairs your mobility/ability to engage in physical activity (do not consider sprains, pulled muscle or other minor/temporary injuries)?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Physical Activity Label	*[SELECT CASEWHEN(current.DISABILITY = 1,'***** In that case, we can move to the next section ***** ',' ')]*
Physical Activity Q.2 **TIME_VIG_WK** **IND_PT** [Go To [TIME_MOD_WK] if:current.TIME_VIG_WK < 1]	*During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, farm work, digging or construction work, running, or fast bicycling?* (1)1 day,(2)2 days,(3)3 days,(4)4 days,(5)5 days,(6)6 days,(7)7 days,(0)None,(-999)Don't know,(-998)Decline to respond
Physical Activity Q.3 **TIME_VIG_ACT** **IND_PT**	*How many* **_hours_** *do you usually spend doing vigorous physical activities on one of those days?* *Please enter the quantity.* *If necessary, use the following codes:* *-999 = Don't know* *-998 = Decline to respond*

Physical Activity Label	**Say to the participant:** The next questions are about the time you spent doing activities like carrying light loads, yard work, brisk walking, bicycling at a regular pace, or yoga for at least 30 minutes.

Physical Activity Q.4
TIME_MOD_WK   **IND_PT**

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, yard work, brisk walking, bicycling at a regular pace, or yoga? **Do not include walking**
(1)1 day,(2)2 days,(3)3 days,(4)4 days,(5)5 days,(6)6 days,(7)7 days,(0)None,(-999)Don't know,(-998)Decline to respond

Physical Activity Q.5
TIME_MOD_ACT   **IND_PT**
Enable if :current.TIME_MOD_WK >= 1

How many **hours** *did you usually spend doing moderate physical activities on one of those days?*
Please enter the quantity.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond

Physical Activity Label	**Say to the participant:** Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

Physical Activity Q.6
TIME_WALK_WK   **IND_PT**

During the last 7 days, on how many days did you walk for at least 10 minutes at a time?
(1)1 day,(2)2 days,(3)3 days,(4)4 days,(5)5 days,(6)6 days,(7)7 days,(0)None,(-999)Don't know,(-998)Decline to respond

Physical Activity Q.7
TIME_WALK_ACT   **IND_PT**
Enable if :current.TIME_WALK_WK >= 1

How many **hours** *do you usually spend walking on one of those days?*
Please enter the quantity.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond

Physical Activity Label	**Say to the participant:** The next questions are about the time you spent sitting during a typical week. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

Physical Activity Q.8
TIME_SIT_ACT   **IND_PT**

In the last 7 days, how many **hours per day** *did you spend sitting at a desk, visiting friends, reading, or sitting or lying down to watch television?*

Please enter the quantity.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond

Physical Activity Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 4.1:Physical Activity

SCREEN4.2:Tobacco Use

Tobacco Use Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond aloud; only fill those in when indicated by the respondent.*
Tobacco Use Label	_____ _
Tobacco Use Label	*Say to the participant:* *Now I'm going to ask you about using tobacco, both smoked and chewed tobacco.*
Tobacco Use Q.1 **SMOKE** IND_PT	*Do you currently smoke tobacco on a daily basis, less than daily, or not at all?* (1)Yes, daily,(2)Yes, but not daily,(3)Don't currently smoke,(-999)Don't know,(-998)Decline to respond
Tobacco Use Q.2 **SMOKE_WHAT** IND_PT Enable if :current.SMOKE in (1, 2)	*What products do you use? (Select all that apply).* (1)Manufactured cigarettes,(2)Hand-rolled cigarettes,(3)Pipes full of tobacco,(4)Cigar/cheroots/cigarillos,(-999)Don't know,(-998)Decline to respond
Tobacco Use Q.3 **cig_100** IND_PT Enable if :current.SMOKE = 3	*Have you smoked 100 or more cigarettes in your lifetime?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Tobacco Use Q.4 **CIGAR_DAY** IND_PT Enable if :current.SMOKE = 1 AND (array_contains (current.SMOKE_WHAT, 1) or array_contains (current.SMOKE_WHAT, 2))	*How many cigarettes do you smoke per day?* *Please enter the quantity.* *If necessary, use the following codes:* *-999 = Don't know* *-998 = Decline to respond*

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Tobacco Use Q.5	*On average, how many manufactured cigarettes do you currently smoke per week?*
CIGAR_WEEK **IND_PT**	(1)One or more per day (enter quantity),(2)One or more per week (enter quantity),(3)Less than
Enable if :current.SMOKE = 2	one per week,(4)Don't smoke this product,(-999)Don't know

Tobacco Use Q.6	*Have you ever used smokeless tobacco?*
SMOKELESS_EVER **IND_PT**	*Smokeless tobacco includes snuff (by nose or by mouth) or chewing tobacco.*
[Go To [EVER_ATTEMPT_QUIT] if:current.SMOKELESS_EVER in (0,-999,-998)]	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Tobacco Use Q.7	*Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?*
SMOKELESS **IND_PT**	(1)Yes, daily,(2)Yes, but not daily,(3)Don't currently use,(-999)Don't know,(-998)Decline to
Enable if :NOT(current.SMOKELESS_EVER = 0)	respond

Tobacco Use Q.8	*What smokeless products do you use?*
SMOKELESS_WHAT **IND_PT**	***(Select all that apply)***
Enable if :current.SMOKELESS in (1,2) and current.SMOKELESS_EVER = 1	(1)Snuff (by nose),(2)Snuff (by mouth),(3)Chewing tobacco,(-999)Don't know,(-998)Decline to respond

Tobacco Use Q.9	*Have you ever attempted to stop using [SMOKE_WHAT] / [SMOKELESS_WHAT]?*
EVER_ATTEMPT_QUI **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Enable if :(current.SMOKE in (1, 2)) or (current.SMOKELESS_EVER = 1 and current.SMOKELESS in (1,2))	

Tobacco Use Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 4.2:Tobacco Use

SCREEN4.3:Alcohol Consumption

Alcohol Consumption Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*

Alcohol Consumption Label	_____ _

Alcohol Consumption Label	***Say to the participant:*** *Now I'm going to ask you about alcohol consumption.*

Alcohol Consumption Q.1		How often do you usually drink alcohol?
ALC_FREQ	**IND_PT**	(2)One or more times per month,(1)Less than once a month,(0)Never,(-999)Don't know,(-998)Decline to respond
[Go To [VISIT_WHY] if:current.ALC_FREQ in (0, 1, -998,-999)]		

Alcohol Consumption Q.2		How many days a week do you usually drink alcohol?
ALC_WEEKLY	**IND_PT**	(7)7,(6)6,(5)5,(4)4,(3)3,(2)2,(1)1,(0)Less than one day per week,(-999)Don't know,(-998)Decline to respond

Alcohol Consumption Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 4.3:Alcohol Consumption

Risk Factors Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 4:Risk Factors

SCREEN5:Health Conditions

Enable if :current.consent = 1 and current.time_start is not null

Health Conditions Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*

Health Conditions Q.1		What was the primary purpose of your visit today?
VISIT_WHY	**IND_PT**	(1)Regular follow-up appointment,(2)To confirm a diagnosis,(3)Pick up medicine,(4)Visit a specialist,(5)Complication of Hypertension / diabetes,(6)Accompanying someone else,(7)Referral,(8)Work at this facility,(9)Other, specify
[Go To [IDEN_SEX] if:current.VISIT_WHY = 6]		

Health Conditions Q.2		What is your role at this facility?
VISIT_STAFF_WHO	**IND_PT**	(1)Doctor,(2)Nurse,(3)ANM / GNM,(4)Facility administrator,(5)Pharmacist,(6)Other
Enable if :current.VISIT_WHY = 8		

Health Conditions Q.3

VISIT_SVC   **IND_PT**

Enable if :current.VISIT_WHY <> 8

What services did you receive today? (Select all that apply)

(1)Measured blood pressure,(2)Measure blood glucose,(3)Counseled about risk factors,(4)Counseled about a healthy lifestyle,(5)Counseled about managing condition,(6)Given a prescription,(7)Referred for specialist visit or specialized tests,(9)Height/Weight measured,(8)Other, specify in comments,(10)Not applicable,(-999)Don't know,(-998)Decline to respond

Health Conditions Q.4

VISIT_PRES   **IND_PT**

Enable if :array_contains (current.VISIT_SVC, 6)

Were you able to obtain the medicine you were prescribed?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Health Conditions Q.5

VISIT_PRES_WHY   **IND_PT**

Enable if :current.VISIT_PRES = 0

Why not?
(Do not read answer choices, mark as many as the patient mentions)

(1)Tried, but medicine was not available at the pharmacy,(2)Didn't need to pick it up today,(3)Didn't visit the pharmacy yet,(4)Gets medicine at a different location,(5)Would have to wait too long,(6)Too costly,(7)Other, specify in comments,(-999)Don't know,(-998)Decline to respond

Health Conditions Q.6

IDEN_SEX   **IND_PT**

What sex were you assigned at birth, on your original birth certificate?

(1)Male,(2)Female,(-999)Don't know,(-998)Decline to respond

Health Conditions Q.7

IDEN_GEN_IDENTIFY   **IND_PT**

What is your current gender identity? (Select all that apply)

Additional information if asked about definition of transgender:
Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.
Additional information for interviewer if asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

(1)Male,(2)Female,(3)Trans male/Trans man,(4)Trans female/Trans woman,(5)Genderqueer/Gender non-conforming,(6)Different Identity,(-999)Don't know,(-998)Decline to respond

Health Conditions Q.8

RATE_HEALTH   **IND_PT**

Do NOT read "Don't know" or "Decline to respond". Only choose these answers if the respondent voluntarily indicates so. If the respondent is hesitant to choose an answer, do not encourage the respondent to make a choice.

In general, how would you rate your health today?

(1)Very bad,(2)Bad,(3)Moderate,(4)Good,(5)Very good,(-999)Don't know,(-998)Decline to respond

Health Conditions Q.9

HEART_ATTACK   **IND_PT**

Has a doctor, nurse or other health professional ever told you that you had a heart attack, which is also called a myocardial infarction?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Health Conditions Q.10 **ANGINA** **IND_PT**	*Has a doctor, nurse or other health professional ever told you that you have coronary heart disease?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Health Conditions Q.11 **STROKE** **IND_PT**	*Has a doctor, nurse or other health professional ever told you that you had a stroke?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Health Conditions Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 5:Health Conditions

SCREEN6:Diabetes

Enable if :current.DIABETES = 1 and current.consent = 1 and current.time_start is not null

SCREEN6.1:Diabetes - general

Diabetes - general Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*
Diabetes - general Q.1 **DM_DIAG** **IND_PT**	*Did a health worker tell you that you have diabetes or "sugar in blood"?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Diabetes - general Q.2 **DM_WHEN_KW** **IND_PT** [Go To [DM_AGE] if:current.DM_WHEN_KW <> 1] Enable if :current.DM_DIAG = 1	*Do you know when you were first diagnosed with diabetes?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

START ROSTER 6.1.1:When were you told you have diabetes?(Select month and enter year in yyyy format)

Please ignore the comma in your response.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond

RosterContents :(1)Month

When were you told you have diabetes?(Select month and enter year in yyyy format)

Please ignore the comma in your response.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond Q.3
DM_WHEN_MONTH   **DM_HTN_WHEN**
Enable if :(select DM_WHEN_KW from IND_PT) = 1

Month

(1)January,(2)February,(3)March,(4)April,(5)May,(6)June,(7)July,(8)August,(9)September,(10)October,(11)November,(12)December,(-999)Dont know,(-998)Decline to respond

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When were you told you have diabetes?(Select month and enter year in yyyy format)

Please ignore the comma in your response.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond Q.4
DM_WHEN_YR   **DM_HTN_WHEN**
Enable if :(select DM_WHEN_KW from IND_PT) = 1

Year

END ROSTER 6.1.1:When were you told you have diabetes?(Select month and enter year in yyyy format)

Please ignore the comma in your response.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond

Diabetes - general Q.5
DM_AGE   **IND_PT**
Enable if :current.DM_WHEN_KW in (0, -999, -998)

How old were you when you were told you have diabetes?

Diabetes - general Label

*[SELECT CASEWHEN(current.IDEN_age current.DM_AGE,'*** **Please make sure the diagnosis age is the same as or less than the subjects current age ***** ',' ')]*

Diabetes - general Q.6
DIABETES_PREG   **IND_PT**
Enable if :current.DIABETES = 1 and (array_contains (current.IDEN_GEN_IDENTIFY, 2) OR array_contains (current.IDEN_GEN_IDENTIFY, 3) OR array_contains (current.IDEN_GEN_IDENTIFY, 4) OR array_contains (current.IDEN_GEN_IDENTIFY, 5) OR array_contains (current.IDEN_GEN_IDENTIFY, 6) OR array_contains (current.IDEN_GEN_IDENTIFY, -999) OR array_contains (current.IDEN_GEN_IDENTIFY, -998))

Was this only when you were pregnant?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.7
DM_HEALTH_CARE   **IND_PT**
Enable if :current.DIABETES = 1

How often do you visit the doctor/health facility for your diabetes?

(1)Once a month or more,(2)At least once every 3 months,(3)At least once every 6 months,(4)At least once a year,(5)Have not gone in the last year,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.8

DM_NOT_GET_CARE   **IND_PT**

Enable if :current.DM_HEALTH_CARE in (4, 5)

Which reason best explains why you don't visit a doctor/health facility regularly for diabetes care?
We define "regularly" as at least once ever 6 months.

(1)The health facility is too far,(2)The waiting time in the health facility is too long,(3)Cost is too high,(4)Don't think it is necessary,(5)The facility operation hours are incompatible with your work time or domestic activities,(6)Private health plan doesn't cover the appointments,(7)Don't know who to look for or where to go,(8)Transportation issues,(9)Other(Specify in comments),(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.9

DM_CARE_WHR   **IND_PT**

Enable if :current.DM_HEALTH_CARE in (1, 2, 3, 4)

Where do you usually seek medical care for your diabetes?

(1)Tertiary Hospital,(2)Regional Hospital,(3)District Hospital,(4)Specialized TB Hospital,(5)Specialized Psychiatric Hospital,(6)Community Health Center,(7)Clinic,(8)Satellite,(9)Mobile Service,(10)Private Facility/Private Doctor,(11)I did not seek care,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.10

DM_CARE_LAST   **IND_PT**

Enable if :current.DM_HEALTH_CARE in (1, 2, 3, 4)

Prior to today, when did you last get care for your diabetes?

(1)0-3 months,(2)4-6 months,(3)7-12 months,(4)1-2 years ago,(5)3-5 years ago,(6)more than 5 years ago,(7)Never

Diabetes - general Q.11

DM_MED   **IND_PT**

Enable if :current.DIABETES = 1

Has a health care provider ever prescribed any medicine for you to treat your diabetes?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.12

DM_INSULIN   **IND_PT**

Enable if :current.DM_MED != 0

Did the health care provider prescribe any insulin for you to treat your diabetes?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.13

DM_MED_FREQ   **IND_PT**

Enable if :current.DM_MED = 1 or current.DM_INSULIN = 1

How often do you take the prescribed medications for diabetes?

(1)As prescribed by the doctor/health worker,(2)Take medicine only when I feel unwell,(3)Sometimes,(4)Medicine discontinued,(0)Never taken any medication,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.14

DM_INSULIN_USE   **IND_PT**

Enable if :current.DM_INSULIN = 1

In the past two weeks, have you used insulin?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.15

DM_MED_USE   **IND_PT**

Enable if :current.DM_MED = 1

In the past two weeks, have you used oral medication to control your diabetes?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.16

DM_MED_WHY   **IND_PT**

Enable if :current.DM_MED_FREQ in (3,0)

What best explains why you don't currently take medication?

(1)Tried, but medicine was not available at the pharmacy,(2)Didn't need to pick it up today,(3)Gets medicine at a different location,(4)Would have to wait too long,(5)Too costly,(6)Other,(-999)Don't know,(-998)Decline to respond

Diabetes - general Label

Say to the participant: *In any of the visits for diabetes care, has any doctor or other health professional ever given you any of these recommendations?*

Diabetes - general Q.17

DM_FOOD   **IND_PT**

To maintain a healthy diet (with fruits and vegetables)

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.18		*To maintain an adequate weight*
DM_WEIGHT	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.19		*To eat less salt*
DM_SALT	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.20		*To eat less sugar*
DM_SUGAR	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.21		*To practice regular physical activity*
DM_P_ACT	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.22		*To not smoke*
DM_TOBACCO	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.23		*To not drink in excess*
DM_ALC	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.24		*To have regular follow up care*
DM_REGULAR	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.25		*Have you ever taken a course or class in how to manage your diabetes yourself?*
DM_COURSE	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.26		*When was the last time you had your blood glucose checked? Include when checked by a family member or friend, but do NOT include when checked by a health professional.*
DM_CHECK	**IND_PT**	(1)Less than 6 months,(2)Between 6 months and less than 1 year,(3)Between 1 year and less than 2 years,(4)Between 2 years and less than 3 years,(5)3 years or more,(6)Never,(-999)Don't know

Diabetes - general Q.27		*When was the last time a doctor, nurse, or other health professional checked your blood glucose?*
DM_CHECK_DOC	**IND_PT**	(1)Less than 6 months,(2)Between 6 months and less than 1 year,(3)Between 1 year and less than 2 years,(4)Between 2 years and less than 3 years,(5)3 years or more,(6)Never,(-999)Don't know

Diabetes - general Q.28		*Have you ever been hospitalized due to your diabetes or any of its complications?*
DM_HOSPITAL	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Diabetes - general Q.29		*How long ago was your last hospitalization due to your diabetes or its complications?*
DM_HOSPITAL_WHEN **IND_PT** Enable if :current.DM_HOSPITAL = 1		(1)Less than 6 months,(2)Between 6 months and less than 1 year,(3)Between 1 year and less than 2 years,(4)Between 2 years and less than 3 years,(5)3 years or more,(6)Never,(-999)Don't know

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Diabetes - general Q.30 **DM_LIMIT** **IND_PT**	*Do NOT read "Don't know" or "Decline to respond". Only choose these answers if the respondent voluntarily indicates so. If the respondent is hesitant to choose an answer, do not encourage the respondent to make a choice.* *In general, to what extent does diabetes or some complication of diabetes limit your usual activities* *(such as working, studying, doing household chores, etc.)?* (1)Very intensely,(2)Intensely,(3)Moderately,(4)A little,(5)Does not limit,(-999)Don't know,(-998)Decline to respond

Diabetes - general Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 6.1:Diabetes - general

SCREEN6.2:Diabetes Empowerment Scale

Enable if :current.DIABETES = 1

Diabetes Empowerment Scale Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*

Diabetes Empowerment Scale Label	_____ _

Diabetes Empowerment Scale Label	*Read to the respondents:* *Next, I will read to you a series of statements. Please respond with one of the following five answers:* *Strongly Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Strongly Agree.* *Choose the one that gives the best answer for you.*

Diabetes Empowerment Scale Q.1 **DM_DES_1** **IND_PT**	*In general, you believe that you know what part(s) of taking care of your diabetes that you are dissatisfied with.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond

Diabetes Empowerment Scale Q.2 **DM_DES_2** **IND_PT**	*In general, you believe that you are able to turn your diabetes goals into a workable plan.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond

Diabetes Empowerment Scale Q.3 **DM_DES_3**　　　**IND_PT**	*In general, you believe that you can try out different ways of overcoming barriers to your diabetes goals.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Diabetes Empowerment Scale Q.4 **DM_DES_4**　　　**IND_PT**	*In general, you believe that you can find ways to feel better about having diabetes.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Diabetes Empowerment Scale Q.5 **DM_DES_5**　　　**IND_PT**	*In general, you believe that you know the positive ways you cope with diabetes-related stress.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Diabetes Empowerment Scale Q.6 **DM_DES_6**　　　**IND_PT**	*In general, you believe that you can ask for support for having and caring for your diabetes when you need it.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Diabetes Empowerment Scale Q.7 **DM_DES_7**　　　**IND_PT**	*In general, you believe that you know what helps you stay motivated to care for you diabetes.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Diabetes Empowerment Scale Q.8 **DM_DES_8**　　　**IND_PT**	*In general, you believe that you know enough about yourself as a person to make diabetes care choices that are right for you.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Diabetes Empowerment Scale Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 6.2:Diabetes Empowerment Scale

END SCREEN 6:Diabetes

SCREEN7:Hypertension

Enable if :current.HYPERTENSION = 1 and current.consent = 1 and current.time_start is not null

SCREEN7.1:Hypertension - general

Hypertension - general Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.*

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Hypertension - general Label	*Never read the options <u>Don't know</u>, or <u>Decline to respond</u>; only fill those in when indicated by the respondent.*

Hypertension - general Q.1 **HTN_DIAG** **IND_PT**	*Did a health worker tell you that you have hypertension or "high blood pressure/BP"?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Hypertension - general Q.2 **HTN_WHEN_KW** **IND_PT** Enable if :current.HTN_DIAG = 1	*Do you know when you were first diagnosed with hypertension?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

START ROSTER 7.1.1:When were you told you have hypertension?
(Select month and enter year in yyyy format)

Please ignore the comma in your response.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond

RosterContents :(1)Month

When were you told you have hypertension? (Select month and enter year in yyyy format) Please ignore the comma in your response. If necessary, use the following codes: -999 = Don't know -998 = Decline to respond Q.3 **HTN_WHEN_MONTH** **DM_HTN_WHEN** Enable if :(select HTN_WHEN_KW from IND_PT) = 1	*Month* (1)January,(2)February,(3)March,(4)April,(5)May,(6)June,(7)July,(8)August,(9)September,(10)October,(11)November,(12)December,(-999)Dont know,(-998)Decline to respond

When were you told you have hypertension? (Select month and enter year in yyyy format) Please ignore the comma in your response. If necessary, use the following codes: -999 = Don't know -998 = Decline to respond Q.4 **HTN_WHEN_YR** **DM_HTN_WHEN** Enable if :(select HTN_WHEN_KW from IND_PT) = 1	*Year*

END ROSTER 7.1.1:When were you told you have hypertension?
(Select month and enter year in yyyy format)

Please ignore the comma in your response.

If necessary, use the following codes:
-999 = Don't know
-998 = Decline to respond

Hypertension - general Q.5	How old were you when you were told you have hypertension?
HTN_AGE　　　　　　**IND_PT**	
Enable if :current.HTN_DIAG = 1 and current.HTN_WHEN_KW in (0, -999, -998)	*If necessary, use the following codes:* *-999 = Don't know* *-998 = Decline to respond*

Hypertension - general Label	*[SELECT CASEWHEN(current.IDEN_age current.HTN_AGE,'*** Please make sure the diagnosis age is the same as or less than the subjects current age *** ',' ')]*

Hypertension - general Q.6	*Was this only when you were pregnant?*
HTN_PREG　　　　　　**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Enable if :current.HYPERTENSION = 1 and (array_contains (current.IDEN_GEN_IDENTIFY, 2) OR array_contains (current.IDEN_GEN_IDENTIFY, 3) OR array_contains (current.IDEN_GEN_IDENTIFY, 4) OR array_contains (current.IDEN_GEN_IDENTIFY, 5) OR array_contains (current.IDEN_GEN_IDENTIFY, 6) OR array_contains (current.IDEN_GEN_IDENTIFY, -999) OR array_contains (current.IDEN_GEN_IDENTIFY, -998))	

Hypertension - general Q.7	*How often do you visit the doctor/health facility for your hypertension?*
HTN_HEALTH_CARE　　**IND_PT**	(1)Once a month or more,(2)At least once every 3 months,(3)At least once every 6 months,(4)At least once a year,(5)Have not gone in the last year,(-999)Don't know,(-998)Decline to respond

Hypertension - general Q.8	*Which reason best explains why you don't visit a doctor/health facility regularly for hypertension care?* *We define "regularly" as at least once ever 6 months.*
HTN_NOT_GET_CARE　　**IND_PT**	(1)The health facility is too far,(2)The waiting time in the health facility is too long,(3)Cost is too high,(4)Don't think it is necessary,(5)The facility operation hours are incompatible with your work time or domestic activities,(6)Private health plan doesn't cover the appointments,(7)Don't know who to look for or where to go,(8)Transportation issues,(9)Other(Specify in comments),(-999)Don't know,(-998)Decline to respond
Enable if :current.HTN_HEALTH_CARE in (4, 5)	

Hypertension - general Q.9	*Where do you usually seek medical care for your hypertension?*
HTN_CARE_WHR　　　　**IND_PT**	(1)Tertiary Hospital,(2)Regional Hospital,(3)District Hospital,(4)Specialized TB Hospital,(5)Specialized Psychiatric Hospital,(6)Community Health Center,(7)Clinic,(8)Satellite,(9)Mobile Service,(10)Private Facility/Private Doctor,(11)I did not seek care,(-999)Don't know,(-998)Decline to respond
Enable if :current.HTN_HEALTH_CARE in (1, 2, 3, 4)	

Hypertension - general Q.10	*Prior to today, when did you last get care for your hypertension?*
HTN_CARE_LAST　　　　**IND_PT**	(1)0-3 months,(2)4-6 months,(3)7-12 months,(4)1-2 years ago,(5)3-5 years ago,(6)more than 5 years ago,(7)Never
Enable if :current.HTN_HEALTH_CARE in (1, 2, 3, 4)	

Hypertension - general Q.11	*Has a health care provider ever prescribed any medicine for you to treat your hypertension?*
HTN_MED　　　　　　　**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Hypertension - general Q.12	*How often do you take the prescribed medications for hypertension?*
HTN_MED_FREQ　　　　**IND_PT**	(1)As prescribed by the doctor/health worker,(2)Take medicine only when I feel unwell,(3)Sometimes,(4)Medicine discontinued,(0)Never taken any medication,(-999)Don't know,(-998)Decline to respond
Enable if :current.HTN_MED in (1)	

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Hypertension - general Q.13 **HTN_MED_USE**　　　**IND_PT** Enable if :current.HTN_MED in (1)	*In the past two weeks, have you taken any medications to control your hypertension?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.14 **HTN_MED_WHY**　　　**IND_PT** Enable if :current.HTN_MED_FREQ in (3,0)	*What best explains why you don't currently take medication?* (1)Tried, but medicine was not available at the pharmacy,(2)Didn't need to pick it up today,(3)Gets medicine at a different location,(4)Would have to wait too long,(5)Too costly,(6)Other,(-999)Don't know,(-998)Decline to respond
Hypertension - general Label	***Say to the participant:*** *In any of the visits for hypertension care, has any doctor or other health professional ever given you any of these recommendations?*
Hypertension - general Q.15 **HTN_FOOD**　　　**IND_PT**	*To maintain a healthy diet (with fruits and vegetables)* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.16 **HTN_WEIGHT**　　　**IND_PT**	*To maintain an adequate weight* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.17 **HTN_SALT**　　　**IND_PT**	*To eat less salt* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.18 **HTN_P_ACT**　　　**IND_PT**	*To practice regular physical activity* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.19 **HTN_TOBACCO**　　　**IND_PT**	*To not smoke* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.20 **HTN_ALC**　　　**IND_PT**	*To not drink in excess* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.21 **HTN_REGULAR**　　　**IND_PT**	*To have regular follow up care* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.22 **HTN_COURSE**　　　**IND_PT**	*Have you ever taken a course or class in how to manage your hypertension yourself?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Hypertension - general Q.23 **HTN_CHECK**　　　**IND_PT**	*When was the last time you had your blood pressure checked? Include when checked by a family member or friend, but do NOT include when checked by a health professional.* (1)Less than 6 months,(2)Between 6 months and less than 1 year,(3)Between 1 year and less than 2 years,(4)Between 2 years and less than 3 years,(5)3 years or more,(6)Never,(-999)Don't know

Hypertension - general Q.24	When was the last time a doctor, nurse, or other health professional checked your blood pressure?
HTN_CHECK_DOC **IND_PT**	(1)Less than 6 months,(2)Between 6 months and less than 1 year,(3)Between 1 year and less than 2 years,(4)Between 2 years and less than 3 years,(5)3 years or more,(6)Never,(-999)Don't know

Hypertension - general Q.25	Have you ever been hospitalized due to your hypertension or any of its complications?
HTN_HOSPITAL **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Hypertension - general Q.26	How long ago was your last hospitalization due to your hypertension or its complications?
HTN_HOSPITAL_WHE N **IND_PT** Enable if :current.HTN_HOSPITAL = 1	(1)Less than 6 months,(2)Between 6 months and less than 1 year,(3)Between 1 year and less than 2 years,(4)Between 2 years and less than 3 years,(5)3 years or more,(6)Never,(-999)Don't know

Hypertension - general Q.27	*Do NOT read "Don't know" or "Decline to respond". Only choose these answers if the respondent voluntarily indicates so. If the respondent is hesitant to choose an answer, do not encourage the respondent to make a choice.*
HTN_LIMIT **IND_PT**	*In general, to what extent does hypertension or some complication of hypertension limit your usual activities (such as working, studying, doing household chores, etc.)?* (1)Very intensely,(2)Intensely,(3)Moderately,(4)A little,(5)Does not limit,(-999)Don't know,(-998)Decline to respond

Hypertension - general Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 7.1:Hypertension - general

SCREEN7.2:Hypertension Empowerment Scale

 Enable if :current.HYPERTENSION = 1

Hypertension Empowerment Scale Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*
Hypertension Empowerment Scale Label	_____
Hypertension Empowerment Scale Label	*Read to the respondents:* *Next, I will read to you a series of statements. Please respond with one*

Hypertension Empowerment Scale Label		*of the following five answers:* *Strongly Disagree, Somewhat Disagree, Neutral, Somewhat Agree,* *Strongly Agree.* *Choose the one that gives the best answer for you.*
Hypertension Empowerment Scale Q.1 HTN_DES_1 IND_PT		*In general, you believe that you know what part(s) of taking care of your hypertension that you are dissatisfied with.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Q.2 HTN_DES_2 IND_PT		*In general, you believe that you are able to turn your hypertension goals into a workable plan.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Q.3 HTN_DES_3 IND_PT		*In general, you believe that you can try out different ways of overcoming barriers to your hypertension goals.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Q.4 HTN_DES_4 IND_PT		*In general, you believe that you can find ways to feel better about having hypertension.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Q.5 HTN_DES_5 IND_PT		*In general, you believe that you know the positive ways you cope with hypertension-related stress.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Q.6 HTN_DES_6 IND_PT		*In general, you believe that you can ask for support for having and caring for your hypertension when you need it.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Q.7 HTN_DES_7 IND_PT		*In general, you believe that you know what helps you stay motivated to care for you hypertension.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Q.8 HTN_DES_8 IND_PT		*In general, you believe that you know enough about yourself as a person to make hypertension care choices that are right for you.* (1)Strongly disagree,(2)Somewhat disagree,(3)Neutral,(4)Somewhat agree,(5)Strongly agree,(-999)Don't know,(-998)Decline to respond
Hypertension Empowerment Scale Label		*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 7.2:Hypertension Empowerment Scale

END SCREEN 7:Hypertension

SCREEN8:Exposure to Interventions

Enable if :current.consent = 1 and current.time_start is not null

SCREEN8.1:Participation in Interventions

Participation in Interventions Label	*Instructions for interviewer:*
	All text in blue are directions for you and should not be read aloud.
	All text in red are observations only.
	Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.

Participation in Interventions Q.1	*Have you ever heard of HealthRise, Poject HOPE, or Expectra?*
INT_HEARD_HR **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Participation in Interventions Q.2	*Did you hear about HealthRise, Project HOPE, or Expectra at a social service agency?*
INT_HEARD_AGENCY **IND_PT**	
Enable if :current.INT_HEARD_HR = 1	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Participation in Interventions Q.3	*At which of the following social services agencies did you hear about HealthRise, Project HOPE, or Expectra?*
INT_HEARD_WHR **IND_PT**	
Enable if :current.INT_HEARD_HR = 1 AND current.INT_HEARD_AGENCY = 1	(1)South African Social Security Agency (SASSA),(2)South African Heritage Resources Agency (SAHRA),(3)National Health Laboratory Service (NHLS),(4)Employment Services of South Africa (ESSA),(5)Other, specify,(-999)Dont know,(-998)Decline to respond

Participation in Interventions Q.4	*Has a Community Care Giver or Community Health Worker ever helped you obtain an identification card?*
INT_CCG_CARD **IND_PT**	
Enable if :current.INT_HEARD_HR = 1	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Participation in Interventions Q.5	*Has a Community Care Giver or Community Health worker ever helped you apply for social assistance, such as Grants for Older Persons, Social Relief of Distress, or the Disability Grant?*
INT_CCG_APPLY **IND_PT**	
Enable if :current.INT_HEARD_HR = 1	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Participation in Interventions Q.6	*For which of the following social programs did you receive application assistance from a Community Care Giver or Community Health Worker?*
INT_CCG_PROG **IND_PT**	*(Select all that apply)*
Enable if :current.INT_HEARD_HR = 1 AND current.INT_CCG_APPLY = 1	(1)Grants for Older Persons,(2)Social Relief of Distress,(3)Disability Grant,(4)Grants-in-aid,(5)War Veteran's Grant,(6)Care Dependency Grant,(7)Child Support Grant,(8)Foster Care Grant,(9)Other, specify,(-999)Dont know,(-998)Decline to respond

Participation in Interventions Q.7 **INT_CCMDD_HEARD** **IND_PT**	*Have you ever heard of the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) program?* *The CCMDD is a program which streamlines the process of obtaining medication for stable patients with chronic disease by allowing them to schedule prescriptions pick-ups at approved pharmacy locations and by providing reminders to patients who miss appointments to refill their medication.* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Participation in Interventions Q.8 **INT_CCMDD_MEM** **IND_PT** Enable if :current.INT_CCMDD_HEARD = 1	*Are you a member of the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) program?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Participation in Interventions Q.9 **INT_CCMDD_NOLINE** **IND_PT** Enable if :current.INT_CCMDD_HEARD = 1 AND current.INT_CCMDD_MEM = 1	*As a benefit of being a member of CCMDD, have you ever been able to pick up medicines without waiting in line at a health clinic?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Participation in Interventions Q.10 **INT_CCMDD_HOME** **IND_PT** Enable if :current.INT_CCMDD_HEARD = 1 AND current.INT_CCMDD_MEM = 1	*As a benefit of being a member of CCMDD, have you ever been able to have your medicines delivered to you at your home or another convenient location?* (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Participation in Interventions Q.11 **COMMENT_INTERVE** **IND_PT** **NTION_HRD**	*Insert comment, if necessary.*

Participation in Interventions Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 8.1:Participation in Interventions

SCREEN8.2:Screening

Screening Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*

Screening Q.1

INT_SCAMP   **IND_PT**

Did you ever hear about a screening camp for diabetes or hypertension? A screening camp is where you can go to a convenient public location to have your blood pressure and blood glucose tested to find out if you have a medical condition.

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Screening Q.2

INT_SCAMP_WHR   **IND_PT**

Enable if :current.INT_SCAMP = 1

Where did you hear about it? (Select all that apply).

(1)Visit from a health worker,(2)Referred by friend or family member,(3)Radio,(4)Street play,(5)Public address/ announcement,(6)Wall painting,(7)Other(Specify),(-999)Don't know,(-998)Decline to respond

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Screening Q.3

INT_SCAMP_ATND   **IND_PT**

[Go To [HH_VISIT] if:current.INT_SCAMP_ATND != 1]

Did you ever attend a screening camp for diabetes or hypertension?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Screening Q.4

INT_SCAMP_ATND_W HR   **IND_PT**

Where was the screening camp that you attended?

(1)At a public location (school, shopping center, etc.),(2)At my workplace,(3)Other, specify,(-999)Don't know,(-998)Decline to respond

---

Screening Q.5

INT_SCAMP_WHO   **IND_PT**

Enable if :current.INT_SCAMP_ATND = 1

Do not read the options to the patient.
Do you know who organized the screening camp?

If the respondent is unsure of who orgnized the screening camp, please enter the "HealthRise Partner Images" screen below and show the logos to the respondent. Ask the respondent if they recognize any of the logos from the screening camp. If the respondent recognizes any of the logos from the screening camp, select "HealthRise/Project HOPE/Expectra" as the response for this question. If the respondent does not recognize the logos and is still unsure of who organized the screening, select "Don't know".

(1)Government,(2)HealthRise/Project HOPE/Expectra,(3)Other, specify,(-999)Don't know,(-998)Decline to Respond

---

SCREEN8.2.1:HealthRise Partner Images

HealthRise Partner Images Label

END SCREEN 8.2.1:HealthRise Partner Images

Screening Q.6

INT_SCAMP_SVC   **IND_PT**

Enable if :current.INT_SCAMP_ATND = 1

What services did you receive at the screening camp? (Select that apply).

(1)Screened for diabetes,(2)Screened for hypertension,(3)Screened for high cholesterol,(4)Counseled about management of diabetes,(5)Counseled about management of hypertension,(6)Counseled about exercise,(7)Counseled about reduction in alcohol use,(8)Referred to a clinic or program for reduction in alcohol use,(9)Counseled about reduction in tobacco/snuff use,(10)Referred to a program for reduction in tobacco/snuff use,(11)Counseled about reduction of salt in diet,(12)Counseled about healthy eating habits / nutrition,(13)Referred to a nutrition support program,(14)Referred to a clinic or program for emotional coping or mental health support,(15)Referred to income or economic support service,(16)Referred for testing or prevention services for tuberculosis or HIV,(17)Given a pamphlet about management of diabetes,(18)Given a pamphlet about management of hypertension,(19)Given a pamphlet about a healthy lifestyle,(20)Other, specify,(-999)Don't know,(-998)Decline to respond

Screening Q.7		*While at the screening camp, were you informed for the first time you may have Diabetes/Hypertension?*
INT_SCAMP_COND	**IND_PT**	(1)Yes. First time I learned I could be [diabetic/hypertensive],(2)No, already knew I had Diabetes/ Hypertension,(3)No, was not screened or was not informed of diagnosis,(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_ATND = 1		

Screening Q.8		*At the screening camp, were you referred to a health facility to have your blood pressure or blood glucose checked again?*
INT_SCAMP_REF	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_ATND = 1 and current.INT_SCAMP_COND in (1,2,-999)		

Screening Q.9		*How long after attending the camp did you visit the clinic to have your diagnosis confirmed?*
INT_SCAMP_DIAG	**IND_PT**	(1)Between 1-14 days,(2)Between 15-28 days,(3)Between 1-3 months,(4)Between 3-6 months,(5)Between 6-12 months,(6)More than 12 months,(0)Never,(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_ATND = 1 and current.INT_SCAMP_COND = 1		

Screening Q.10		*Why did you not visit the clinic to have your diagnosis confirmed?*
INT_SCAMP_WHY	**IND_PT**	(1)The health facility is too far,(2)The waiting time in the health facility is too long,(3)Cost is too high,(4)Don't think it is necessary,(5)The facility operation hours are incompatible with your work time or domestic activities,(6)Private health plan doesn't cover the appointments,(7)Don't know who to look for or where to go,(8)Transportation issues,(9)Other(Specify in comments),(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_DIAG = 0		

Screening Q.11		*Since attending the camp, have you visited a clinic for a follow-up visit?*
INT_SCAMP_KWN_FU	**IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_COND = 2 and current.INT_SCAMP_ATND = 1		

Screening Q.12		*Which facility did you go to for a follow up visit?*
INT_KWN_FAC	**IND_PT**	(1)Tertiary Hospital,(2)Regional Hospital,(3)District Hospital,(4)Specialized TB Hospital,(5)Specialized Psychiatric Hospital,(6)Community Health Center,(7)Clinic,(8)Satellite,(9)Mobile Service,(10)Private Facility/Private Doctor,(11)I did not seek care,(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_KWN_FU = 1		

Screening Q.13		*How many days after attending the camp did you visit the clinic?*
INT_SCAMP_FU	**IND_PT**	(1)Between 1-14 days,(2)Between 15-28 days,(3)Between 1-3 months,(4)Between 3-6 months,(5)Between 6-12 months,(6)More than 12 months,(0)Never,(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_KWN_FU = 1		

Screening Q.14		*By whom were you first diagnosed with diabetes / hypertension?*
DIAG_WHO	**IND_PT**	(1)NCD clinic,(2)With my regular provider,(3)With another provider not part of the NCD clinic,(4)Other, specify in comments
Enable if :(current.INT_SCAMP_COND = 2)		

Screening Q.15		*What services did you receive at the visit when you were diagnosed? (Select all that apply).*
DIAG_SVC	**IND_PT**	(1)Screened for diabetes,(2)Screened for hypertension,(3)Screened for high cholesterol,(4)Counseled about management of diabetes,(5)Counseled about management of hypertension,(6)Counseled about exercise,(7)Counseled about reduction in alcohol use,(8)Referred to a clinic or program for reduction in alcohol use,(9)Counseled about reduction in tobacco/snuff use,(10)Referred to a program for reduction in tobacco/snuff use,(11)Counseled about reduction of salt in diet,(12)Counseled about healthy eating habits / nutrition,(13)Referred to a nutrition support program,(14)Referred to a clinic or program for emotional coping or mental health support,(15)Referred to income or economic support service,(16)Referred for testing or prevention services for tuberculosis or HIV,(17)Given a pamphlet about management of diabetes,(18)Given a pamphlet about management of hypertension,(19)Given a pamphlet about a healthy lifestyle,(20)Other, specify,(-999)Don't know,(-998)Decline to respond
Enable if :current.INT_SCAMP_COND = 2		

Screening Q.16

COMMENT_INTERVE   **IND_PT**
NTION_SCR

Insert comment, if necessary.

Screening Label

Important Reminder:
Select "Validate" button above (check mark).
Correct errors, if any, and "validate" again.

END SCREEN 8.2:Screening

SCREEN8.3:Household visit

Household visit Label

Instructions for interviewer:
All text in blue are directions for you and should not be read aloud.
All text in red are observations only.
Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.

Household visit Q.1

HH_VISIT   **IND_PT**

Did a Community Care Giver, Community Health Worker, doctor or other medical professional visit you at home in the last two years?
(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Household visit Q.2

HH_HW_MNY   **IND_PT**
Enable if :current.HH_VISIT = 1

How many times?

Household visit Q.3

HH_SVC   **IND_PT**
Enable if :current.HH_VISIT <> 0

The last time you were visited, what services did the Community Care Giver, Community Health Worker, doctor, or other medical professional provide? (Select all that apply).
(1)Screened for diabetes,(2)Screened for hypertension,(3)Screened for high cholesterol,(4)Counseled about management of diabetes,(5)Counseled about management of hypertension,(6)Counseled about exercise,(7)Counseled about reduction in alcohol use,(8)Referred to a clinic or program for reduction in alcohol use,(9)Counseled about reduction in tobacco/snuff use,(10)Referred to a program for reduction in tobacco/snuff use,(11)Counseled about reduction of salt in diet,(12)Counseled about healthy eating habits / nutrition,(13)Referred to a nutrition support program,(14)Referred to a clinic or program for emotional coping or mental health support,(15)Referred to income or economic support service,(16)Referred for testing or prevention services for tuberculosis or HIV,(17)Given a pamphlet about management of diabetes,(18)Given a pamphlet about management of hypertension,(19)Given a pamphlet about a healthy lifestyle,(20)Other, specify,(-999)Don't know,(-998)Decline to respond

Household visit Q.4

HH_CALL_CKP   **IND_PT**

Did you ever receive a phone call reminding you about a checkup appointment?
(1)Yes,(0)No,(2)Not Applicable,(-999)Don't know,(-998)Decline to respond

Household visit Q.5		*Did you ever receive a phone call reminding you to take your medication?*
HH_CALL_MEDS	**IND_PT**	(1)Yes,(0)No,(2)Not Applicable,(-999)Don't know,(-998)Decline to respond

Household visit Q.6		*Insert comment, if necessary.*
COMMENT_INTERVE NTION_HH	**IND_PT**	

Household visit Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 8.3:Household visit

SCREEN8.4:Group support

Group support Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*

Group support Q.1		*In the last year, have you participated in any of the following groups to help with management of diabetes/hypertension? (Select all that apply).*
INT_GRP_USE	**IND_PT**	(1)5 Steps Group,(2)Village Savings and Loan,(3)Community Garden or Garden Group,(4)Other support group for diabetics/hypertensive, like diabetics club of hypertensive club,(0)None of the above,(-999)Don't know,(-998)Decline to respond

Group support Q.2		*How often do you attend the 5 Steps Group or another support group like diabetics or hypertensive club (excluding the Village Savings and Loan and the community or group garden)?*
INT_GRP_5OT_OFT	**IND_PT**	(1)Once a month or more,(2)At least once every 3 months,(3)At least once every 6 months,(4)At least once a year,(-999)Don't know,(-998)Decline to respond
Enable if :array_contains (current.INT_GRP_USE, 1) OR array_contains (current.INT_GRP_USE, 4)		

Group support Q.3		*Where was the support group?*
INT_GRP_5OT_WHR	**IND_PT**	(1)At my health clinic,(2)At village center,(3)At the home of a leader or member,(4)At a school,(5)Other, specify
Enable if :array_contains (current.INT_GRP_USE, 1) OR array_contains (current.INT_GRP_USE, 4)		

Group support Q.4		*Who led the support group?*
INT_GRP_5OT_LEAD	**IND_PT**	(1)Doctor,(2)Nurse,(3)Community Health Worker / Community Care Giver,(4)Other, specify
Enable if :array_contains (current.INT_GRP_USE, 1) OR array_contains (current.INT_GRP_USE, 4)		

Group support Q.5		*Did you find the support group helpful in managing your diabetes/hypertension?*
INT_GRP_5OT_HELP	**IND_PT**	(1)Not at all helpful,(2)Somewhat helpful,(3)Very helpful
Enable if :array_contains (current.INT_GRP_USE, 1) OR array_contains (current.INT_GRP_USE, 4)		

Group support Q.6	Now I am going to ask you about your participation in the Village Savings and Loan. Was this group coordinated by any of the following organizations?
INT_GRP_VSL_ORG **IND_PT**	(1)HealthRise,(2)Project HOPE,(3)Local health clinic,(4)Other community group or self-organized
Enable if :array_contains (current.INT_GRP_USE, 2)	

Group support Q.7	Please estimate the amount you and your household have contributed to this Savings and Loan during the last year. Do not include contributions to any other savings group besides the one sponsored by HealthRise, Project HOPE, or your clinic. *(Enter value in South African Rand).*
INT_GRP_VSL_CTB **IND_PT**	
Enable if :array_contains (current.INT_GRP_USE, 2) AND current.INT_GRP_VSL_ORG <= 3	

Group support Q.8	Have you or someone living in your household received a loan from this Savings and Loan during the last year?
INT_GRP_VSL_LOAN **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Enable if :array_contains (current.INT_GRP_USE, 2) AND current.INT_GRP_VSL_ORG <= 3	

Group support Q.9	What is the total amount of all loans you and your household received from this particular Savings and Loan during the last year?*(Enter value in South African Rand).*
INT_GRP_VSL_LOAN_ AMT **IND_PT**	
Enable if :array_contains (current.INT_GRP_USE, 2) AND current.INT_GRP_VSL_LOAN = 1	

Group support Q.10	What is the remaining balance you and your household owe on this loan? That is, how much have you NOT YET paid back? *(Enter 0 if the loan has been fully repaid).* *(Enter value in South African Rand).*
INT_GRP_VSL_LOAN_ BAL **IND_PT**	
Enable if :array_contains (current.INT_GRP_USE, 2) AND current.INT_GRP_VSL_LOAN = 1	

Group support Q.11	Now I am going to ask you about your participation in the Garden Group or Community Garden. Was this group coordinated by any of the following organizations? *(Select all that apply).*
INT_GRP_GRD_ORG **IND_PT**	(1)HealthRise,(2)Project HOPE,(3)Local health clinic,(4)Other community group or self-organized
Enable if :array_contains (current.INT_GRP_USE, 3)	

Group support Q.12	Has your participation in the garden group contributed to you or your household's nutrition by providing produce you consume?
INT_GRP_GRD_CON **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Enable if :array_contains (current.INT_GRP_USE, 3)	

Group support Q.13	How often do you consume produce from the garden?
INT_GRP_GRD_CON_F REQ **IND_PT**	(1)Daily,(2)At least once a week,(3)At least once a month,(4)Less than once a month
Enable if :array_contains (current.INT_GRP_USE, 3) AND current.INT_GRP_GRD_CON = 1	

Group support Q.14	Has your participation in the garden group contributed to you or your household's income by providing produce you sell or trade?
INT_GRP_GRD_SELL **IND_PT**	(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond
Enable if :array_contains (current.INT_GRP_USE, 3)	

Group support Q.15	How often do you sell produce from the garden?
INT_GRP_GRD_SELL_ FREQ **IND_PT**	(1)Daily,(2)At least once a week,(3)At least once a month,(4)Less than once a month
Enable if :array_contains (current.INT_GRP_USE, 3) AND current.INT_GRP_GRD_SELL = 1	

Group support Q.16		How much did you earn in the last month from selling this produce? Do not include income from produce not grown in the community garden or from any other source. *(Enter value in South African Rand).*
INT_GRP_GRD_SELL_ VAL	**IND_PT**	
Enable if :array_contains (current.INT_GRP_USE, 3) AND current.INT_GRP_GRD_SELL = 1		

Group support Q.17		*Insert comment, if necessary.*
COMMENT_INTERVE NTION_GRP	**IND_PT**	

Group support Label	*Important Reminder:*
	Select "Validate" button above (check mark).
	Correct errors, if any, and "validate" again.

END SCREEN 8.4:Group support

END SCREEN 8:Exposure to Interventions

SCREEN9:Demographic Information

Enable if :current.consent = 1 and current.time_start is not null

Demographic Information Label	*Instructions for interviewer:*
	All text in blue are directions for you and should not be read aloud.
	All text in red are observations only.
	Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.

Demographic Information Q.1		*How would you describe yourself in terms of population group?*
POP_GROUP	**IND_PT**	(1)Black African,(2)Coloured,(3)Indian or Asian,(4)White,(5)Other

Demographic Information Q.2		*What is your present marital status?*
MARITAL_STATUS	**IND_PT**	(1)Married,(2)Living together like married partners,(3)Never married,(4)Widower/Widow,(5)Separated,(6)Divorced,(-999)Don't know,(-998)Decline to

Demographic Information Q.3		*What was your highest level of education?*
EDUC_LEVEL	**IND_PT**	(0)No schooling,(1)Grade 0-2,(2)Grade 3-9/Std 1-7/ABET 1-4,(3)Grade 10-12/Std 8-10/NTC1-3,(4)Technical School,(5)College or Higher,(6)Non-formal Schooling,(-999)Don't know,(-998)Decline to respond

Demographic Information Q.4		*What language do you speak most often in your household?*
Language	**IND_PT**	(1)Afrikaans,(2)English,(3)IsiNdebele,(4)IsiXhosa,(5)IsiZulu,(6)Sepedi,(7)Sesotho,(8)Setswana,(9)Sign language,(10)SiSwati,(11)Tshivenda,(12)Xitsonga,(13)Other

| Demographic Information Q.5 | *Do you currently work or have worked in the past?* |
| **OCCUPATION_HIS**   **IND_PT** | (1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond |

Demographic Information Q.6	*What is the best reason to explain why you are not working at the moment?*
NO_OCCUP **IND_PT**	(1)Housewife/family caregiver and dedicated to household chores,(2)Looking for a position, but can't find a job,(3)Studying/Training,(4)Retired due to working time/age,(5)Retired due to illness/disability,(6)Temporary away due to illness,(7)Temporary away due to other reasons (pregnancy, relocation, etc.),(8)Other,(-999)Don't know,(-998)Decline to respond
Enable if :current.OCCUPATION_HIS in (0)	

Demographic Information Q.7	*In the past week, what has been your main occupation?*
OCCUPATION **IND_PT**	(1)Senior government officials, managers, managers or senior corporate officials,(2)Professional (engineer, doctor, teacher, etc.),(3)Art professionals,(4)Mid-level professionals or technicians,(5)Administrative service workers,(6)Service and commercial workers,(7)Domestic service workers,(8)Agricultural, hunting and fishing forestry workers,(9)Manual workers (production of industrial goods and services),(10)Manual construction workers,(11)Manual repair and maintenance workers,(12)Members of the armed forces, police and military firefighters,(13)Poorly specified occupations of informal work (ambulant, valet, car keeper, etc.),(14)Other (specify),(-998)Decline to respond
Enable if :current.OCCUPATION_HIS = 1	

| Demographic Information Q.8 | *Interview end time* |
| **END_TIME_V1**   **IND_PT** | |

| Demographic Information Label | *Important Reminder:*
Select "Validate" button above (check mark).
Correct errors, if any, and "validate" again. |

END SCREEN 9:Demographic Information

SCREEN10:Blood Pressure Measurement

Enable if :current.consent = 1 and current.time_start is not null and current.end_time_v1 is not null

| Blood Pressure Measurement Label | *Instructions for interviewer:*
All text in blue are directions for you and should not be read aloud.
All text in red are observations only.
Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent. |

| Blood Pressure Measurement Q.1 | *Measurement Start Time. Please click 'Get Time' button.* |
| **TIME_START_V2**   **IND_PT** | |

Blood Pressure Measurement Q.2

CONFIRM_CONSENT   **IND_PT**

Say to the participant:
Now we would like to take some physical measurement of you, including blood pressure, weight, height, and blood sugar. The measurements are strictly confidential, used only for the purpose of this study, poses minimal risk to you, at no cost. You have indicated at the beginning of the interview that you consent to the physical measurement.
Which of the following measurements do you still consent to?

Select all that apply.

If a participant suffers from a disability or condition which prevents them from participating in one or more of the physical measurements (blood pressure, height, weight, blood glucose), please mark that the participant does NOT consent to those measurements, and note in the comments that the patient declined to participate in those measurements due to a disability.

(1)Blood pressure,(2)Weight,(3)Height,(4)Blood glucose,(0)None - Decline all

---

Blood Pressure Measurement Label

Say to the participant:
In the next section of the survey I will be taking 3 or 4 photographs to document the results of the blood pressure and A1c measurements. These photographs will not contain your image or any information which can be used to identify you. These images will only contain the results of the tests and will not be used for any purpose other than confirming the results of the blood pressure and A1c tests.

Blood Pressure Measurement Q.3

PACEMAKER   **IND_PT**

Do you have a pacemaker?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

SCREEN10.1:Blood pressure reading for patients with a pacemaker installed

Enable if :current.pacemaker = 1

Blood pressure reading for patients with a pacemaker installed Label

Instructions for interviewer:
All text in blue are directions for you and should not be read aloud.
All text in red are observations only.
Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.

Blood pressure reading for patients with a pacemaker installed Label

This patient has indicated that they have a pacemaker. For individuals with pacemakers, blood pressure should NOT be measured on the arm on the same side of the body as the pacemaker.

Please take two blood pressure readings on the arm opposite the side of the body which the pacemaker is installed.

Blood pressure reading for patients with a pacemaker installed Q.1

SBP_PM1   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

*Please measure blood pressure on respondent's **arm opposite the side which the pacemaker is installed**.*
*What is the participant's first **systolic** blood pressure reading (mm Hg)?*

Blood pressure reading for patients with a pacemaker installed Q.2 **DBP_PM1** **IND_PT** Enable if :array_contains (current.CONFIRM_CONSENT, 1)	*Please measure blood pressure on respondent's **arm opposite the side which the pacemaker is installed.*** *What is the participant's first **diastolic** blood pressure reading (mm Hg)?*
Blood pressure reading for patients with a pacemaker installed Q.3 **BP_PHOTO_PM1** **IND_PT** Enable if :array_contains (current.CONFIRM_CONSENT, 1)	*Please take a photograph of the first blood pressure reading.* *Do not include the respondent in the photograph. The photograph should only include the numbers from the blood pressure measurement.*
Blood pressure reading for patients with a pacemaker installed Q.4 **SBP_PM2** **IND_PT** Enable if :array_contains (current.CONFIRM_CONSENT, 1)	*Once again, please measure blood pressure on respondent's **arm opposite the side which the pacemaker is installed**.* *What is the participant's second **systolic** blood pressure reading (mm Hg)?*
Blood pressure reading for patients with a pacemaker installed Q.5 **DBP_PM2** **IND_PT** Enable if :array_contains (current.CONFIRM_CONSENT, 1)	*Please measure blood pressure on respondent's **arm opposite the side which the pacemaker is installed.*** *What is the participant's second **diastolic** blood pressure reading (mm Hg)?*
Blood pressure reading for patients with a pacemaker installed Q.6 **BP_PHOTO_PM2** **IND_PT**	*Please take a photograph of the second blood pressure reading.* *Do not include the respondent in the photograph. The photograph should only include the numbers from the blood pressure measurement.*
[HIDDEN]Blood pressure reading for patients with a pacemaker installed **BP_SYS_CALC_PM** **IND_PT** Enable if :array_contains (current.CONFIRM_CONSENT, 1)	*Systolic Blood Pressure [BP_SYS_CALC_PM]*
[HIDDEN]Blood pressure reading for patients with a pacemaker installed **BP_DIA_CALC_PM** **IND_PT** Enable if :array_contains (current.CONFIRM_CONSENT, 1)	*Diastolic Blood Pressure [BP_DIA_CALC_PM]*
Blood pressure reading for patients with a pacemaker installed Label	*Systolic blood pressure: [BP_SYS_CALC_PM]* *Diastolic blood pressure: [BP_DIA_CALC_PM]* *Please enter the final values in the results summary card.*
Blood pressure reading for patients with a pacemaker installed Label	*[SELECT CASEWHEN(current.BP_SYS_CALC_PM = 90 OR current.BP_DIA_CALC_PM = 60, '***** Please read the following to the patient****** ***Your BP reading is <u>LOW</u>. Please consider a consultation with your medical provider to discuss your result**;'*

Blood pressure reading for patients with a pacemaker installed Label	*')]*
Blood pressure reading for patients with a pacemaker installed Label	*[SELECT CASEWHEN(current.BP_SYS_CALC_PM>90 AND current.BP_SYS_CALC_PM 130 AND current.BP_DIA_CALC_PM > 60 AND current.BP_DIA_CALC_PM 85, '* ***** Please read the following to the patient: ***** **Your BP reading is NORMAL.** *','')]*
Blood pressure reading for patients with a pacemaker installed Label	*[SELECT CASEWHEN(current.BP_SYS_CALC_PM >=130 AND current.BP_SYS_CALC_PM = 139 AND current.BP_DIA_CALC_PM >=85 AND current.BP_DIA_CALC_PM =89, '* ***** Please read the following to the patient: ***** **Your BP reading is slightly elevated (BORDERLINE). Please consider a consultation with your medical provider to discuss your result.** *','')]*
Blood pressure reading for patients with a pacemaker installed Label	*[SELECT CASEWHEN(current.BP_SYS_CALC_PM >= 140 OR current.BP_DIA_CALC_PM >= 90, '* ***** Please read the following to the patient: ***** **Your BP reading is HIGH. Please consider a consultation with your medical provider to discuss your result** *','')]*
Blood pressure reading for patients with a pacemaker installed Label	*[SELECT CASEWHEN(current.BP_SYS_CALC_PM >= 180 OR current.BP_DIA_CALC_PM >= 110, '* ***** Please read the following to the patient: ***** **Your BP reading is CRITICALLY HIGH. Please see a medical provider immediately.** **STOP the interview now and seek medical attention.** *','')]*

Blood pressure reading for patients with a pacemaker installed Q.7

BP_CAT_PM   **IND_PT**

[Go To [current_preg] if:current.pacemaker = 1]
Enable if :array_contains (current.CONFIRM_CONSENT, 1)

Please select the appropriate classification for participant's blood pressure measurement.

If multiple classifications are listed, select the higher of the two classifications.

(1)Low: SBP <= 90 or DBP <= 60,(2)Normal: SBP < 130 and DBP < 85,(3)Borderline: SBP 130 - 139 and DBP 85 - 89,(4)High: SBP >= 140 or DBP >= 90,(5)Severe: SBP >= 180 or DBP >= 110

END SCREEN 10.1:Blood pressure reading for patients with a pacemaker installed

Blood Pressure Measurement Q.4

SBP2   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

*Please measure blood pressure on respondent's **left arm**.*
*What is the participant's first **systolic** blood pressure reading (mm Hg)?*

Blood Pressure Measurement Q.5

DBP2   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

*Please measure blood pressure on respondent's **left arm**.*
*What is the participant's first **diastolic** blood pressure reading (mm Hg)?*

Blood Pressure Measurement Q.6

BP_PHOTO1   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

Please take a photograph of the first blood pressure reading.

Do not include the respondent in the photograph. The photograph should only include the numbers from the blood pressure measurement.

Blood Pressure Measurement Q.7

SBP1   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

*Please measure blood pressure on respondent's **right arm**.*
*What is the participant's second **systolic** blood pressure reading (mm Hg)?*

Blood Pressure Measurement Q.8

DBP1   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

*Please measure blood pressure on respondent's **right arm**.*
*What is the participant's second **diastolic** blood pressure reading (mmHg)?*

Blood Pressure Measurement Q.9

BP_PHOTO2   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

Please take a photograph of the second blood pressure reading.

Do not include the respondent in the photograph. The photograph should only include the numbers from the blood pressure measurement.

Blood Pressure Measurement Label

_____
_

Blood Pressure Measurement Label

[SELECT CASEWHEN((current.SBP2 = current.SBP1 AND current.DBP1 = current.DBP2), '***** Both arms have the same measurement. Please ask the patient to choose an arm for the third and final blood pressure measurement. *****

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Blood Pressure Measurement Label	*', ' ')]*

Blood Pressure Measurement Q.10

BOTH_ARM_SELECTI ON   IND_PT

Enable if :current.SBP1 = current.SBP2 AND current.DBP1 = current.DBP2

On which arm would you like your third blood pressure reading performed?

(1)right,(2)left

[HIDDEN]Blood Pressure Measurement

THIRD_ARM   IND_PT

Arm to do third BP measurement on

Blood Pressure Measurement Label

_____

_

Blood Pressure Measurement Label

*** Perform third blood pressure measurement on [THIRD_ARM] arm. ***

Blood Pressure Measurement Q.11

SBP3   IND_PT

Enable if :((current.SBP1 <> current.SBP2) OR (current.DBP1 <> current.DBP2)) OR ((current.BOTH_ARM_SELECTION IS NOT NULL) AND (current.SBP1 = current.SBP2) AND (current.DBP1 = current.DBP2))

Please measure blood pressure on respondent's [THIRD_ARM] arm.
*What is the participant's third **systolic** blood pressure reading (mm Hg)?*

Blood Pressure Measurement Q.12

DBP3   IND_PT

Enable if :(current.SBP1 <> current.SBP2 OR current.DBP1 <> current.DBP2) OR (current.BOTH_ARM_SELECTION IS NOT NULL AND current.SBP1 = current.SBP2 AND current.DBP1 = current.DBP2)

Please measure blood pressure on respondent's [THIRD_ARM] arm.
*What is the participant's third **diastolic** blood pressure reading (mm Hg)?*

Blood Pressure Measurement Q.13

BP_PHOTO3   IND_PT

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

Please take a photograph of the third blood pressure reading.

Do not include the respondent in the photograph. The photograph should only include the numbers from the blood pressure measurement.

[HIDDEN]Blood Pressure Measurement

BP_SYS_CALC   IND_PT

Systolic Blood Pressure [BP_SYS_CALC]

[HIDDEN]Blood Pressure Measurement

BP_DIA_CALC   IND_PT

Diastolic Blood Pressure [BP_DIA_CALC]

Blood Pressure Measurement Label

Systolic blood pressure: [BP_SYS_CALC] Diastolic blood pressure: [BP_DIA_CALC]

Please enter the final values in the

Blood Pressure Measurement Label	*results summary card.*
Blood Pressure Measurement Label	[SELECT CASEWHEN((current.BP_SYS_CALC = 90 OR current.BP_DIA_CALC = 60), '*** **Please read the following to the patient: *** Your BP reading is LOW. Please consider a consultation with your medical provider to discuss your result.**';' ')]
Blood Pressure Measurement Label	[SELECT CASEWHEN((current.BP_SYS_CALC > 90 AND current.BP_SYS_CALC 130 AND current.BP_DIA_CALC > 60 AND current.BP_DIA_CALC 85), '*** **Please read the following to the patient: *** Your BP reading is NORMAL.**';' ')]
Blood Pressure Measurement Label	[SELECT CASEWHEN((current.BP_SYS_CALC >= 130 AND current.BP_SYS_CALC = 139 AND current.BP_DIA_CALC >= 85 AND current.BP_DIA_CALC = 89), '*** **Please read the following to the patient: *** Your BP reading is SLIGHTLY ELEVATED. Please consider a consultation with your medical provider to discuss your result.**';' ')]
Blood Pressure Measurement Label	[SELECT CASEWHEN(current.BP_SYS_CALC >= 140 OR current.BP_DIA_CALC >= 90, '*** **Please read the following to the patient: *** Your BP reading is HIGH. Please consider a consultation with your medical provider to discuss your result.**';' ')]
Blood Pressure Measurement Label	[SELECT CASEWHEN((current.BP_SYS_CALC >= 180 OR current.BP_DIA_CALC >= 110), '*** **Please read the**

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Blood Pressure Measurement Label	***following to the patient: *** *Your BP reading is* <u>*CRITICALLY HIGH*</u>*.* *Please see a medical provider* <u>*immediately*</u>*.* *STOP the interview now and seek medical attention.',' ')]*
Blood Pressure Measurement Label	_____ _

Blood Pressure Measurement Q.14

BP_CAT   IND_PT

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

Please select the appropriate classification for participant's blood pressure measurement.

If multiple classifications are listed, select the higher of the two classifications.

(1)Low: SBP <= 90 or DBP <= 60,(2)Normal: SBP < 130 and DBP < 85,(3)Borderline: SBP 130 - 139 and DBP 85 - 89,(4)High: SBP >= 140 or DBP >= 90,(5)Severe: SBP >= 180 or DBP >= 110

Blood Pressure Measurement Q.15

comments_bp   IND_PT

Please use this space to provide us with any feedback/comments/issues you encountered while completing this section.

Blood Pressure Measurement Label	_____ _
Blood Pressure Measurement Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 10:Blood Pressure Measurement

SCREEN11:Anthropometry

Enable if :current.consent = 1 and current.time_start is not null and current.end_time_v1 is not null and array_contains (current.CONFIRM_CONSENT, 3) or array_contains (current.CONFIRM_CONSENT, 2)

Anthropometry Label	*Instructions for interviewer:* *Measure and record weight and height. Don't ask the interviewee. BMI will be calculated based on height and weight.*
Anthropometry Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.*

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Anthropometry Label	*All text in red are observations only.* *Never read the options <u>Don't know</u>, or <u>Decline to respond</u>; only fill those in when indicated by the respondent.*
Anthropometry Label	**Please begin A1C test now.** **While you are waiting for the results please begin height and weight measurements from the next section below.**

Anthropometry Q.1

current_preg   **IND_PT**

Enable if :(array_contains (current.IDEN_GEN_IDENTIFY, 2) OR array_contains (current.IDEN_GEN_IDENTIFY, 3) OR array_contains (current.IDEN_GEN_IDENTIFY, 4) OR array_contains (current.IDEN_GEN_IDENTIFY, 5) OR array_contains (current.IDEN_GEN_IDENTIFY, 6) OR array_contains (current.IDEN_GEN_IDENTIFY, -999) OR array_contains (current.IDEN_GEN_IDENTIFY, -998)) AND (current.IDEN_age < 50)

Are you currently pregnant?

(1)Yes,(0)No,(-999)Don't know,(-998)Decline to respond

Anthropometry Q.2

WT   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 2)

Weight (kg):

If necessary, use the following codes: -998 = Decline to respond or -997 = Unable to take physical measurement

Anthropometry Q.3

HT   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 3)

Height (cm):

If necessary, use the following codes: -998 = Decline to respond or -997 = Unable to take physical measurement

[HIDDEN]Anthropometry

BMI   **IND_PT**

Enable if :((current.WT not in (-998, -997)) and (current.HT not in (-998, -997))) and array_contains (current.CONFIRM_CONSENT, 3) and array_contains (current.CONFIRM_CONSENT, 2)

BMI

Anthropometry Label

[SELECT CASEWHEN(current.BMI >= 50,' **Based on the entered height and weight, the calculated BMI is greater than 50. This is very rare. Please confirm that the height and weight were entered correctly before proceeding.** *',' ')]*

Anthropometry Label	[SELECT CASEWHEN(current.BMI >= 50,'**Based on the entered height and weight, the calculated BMI is greater than 50. This is very rare. Please confirm that the height and weight were entered correctly before proceeding.** ',' ')]
Anthropometry Label	[SELECT CASEWHEN(current.BMI = 18.0, '*** Please read the following to the patient*** Underweight Your BMI indicates that you are underweight. Please consider a consultation with your medical provider to discuss your result. ',' ')]
Anthropometry Label	[SELECT CASEWHEN(current.BMI >= 18.1 AND current.BMI = 22.9, '*** Please read the following to the patient*** Normal Your BMI is normal. ',' ')]
Anthropometry Label	[SELECT CASEWHEN(current.BMI >= 23.0 AND current.BMI = 24.9, '*** Please read the following to the patient*** Overweight Your BMI indicates that you are overweight. Please consider a consultation with your medical provider to discuss your result. ',' ')]

Anthropometry Label	[SELECT CASEWHEN(current.BMI >= 25.0, '***Please read the following to the patient*** Obese
	Your BMI indicates that you are Obese. Please consider a consultation with your medical provider to discuss your result.
	',' ')]

Anthropometry Q.4	The respondent's BMI is [BMI].
BMI_CAT **IND_PT**	
Enable if :((current.WT not in (-998, -999)) and (current.HT not in (-998, -999)))	Please select the appropriate classification for the respondent's BMI value.
	(1)Underweight: <= 18.0,(2)Normal: 18.1-22.9,(3)Overweight: 23.0-24.9,(4)Obese: >25

Anthropometry Label	Important Reminder:
	Select "Validate" button above (check mark).
	Correct errors, if any, and "validate" again.

END SCREEN 11:Anthropometry

SCREEN12:Blood Glucose Measurement

Enable if :array_contains (current.CONFIRM_CONSENT, 4) and current.consent = 1 and current.time_start is not null and current.end_time_v1 is not null

Blood Glucose Measurement Label	Instructions for interviewer:
	All text in blue are directions for you and should not be read aloud.
	All text in red are observations only.
	Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.

Blood Glucose Measurement Q.1	What is the participant's Hb A1c% reading?
A1C **IND_PT**	
	If the result of the A1c test is not a number between 4-13, consult the "A1c Error Codes" screen below for an explanation of the test results and instructions on how to correctly conduct the A1c test.

SCREEN12.1:A1c Error Codes

A1c Error Codes Label

'OR1' or 'OR3':The blood sample may have too little hemoglobin or A1c, not enough blood was collected, or the blood was not well mixed inside the shaker.Recollect a new blood sample and repeat the test using a new shaker kit and new test cartridge. Be sure to collect enough blood and to shake the sample well before inserting the shaker into the test cartridge.

'OR2' or 'OR4': The blood sample may have too much hemoglobin or A1c, or excess blood was collected. Recollect a new blood sample and repeat the test using a new shaker kit and new test cartridge. Be sure not to collect too much blood.

'OR5' or 'OR6': The analyzer temperature is below 18C or above 28C. Repeat the test at room temperature.

<4.0: The %A1c is less than 4%. Repeat the test. If the result is '<4.0' again, enter a value of '3' for the A1c% reading.

>13.0: The %A1c is greater than 13%. Repeat the test. If the result is '>13.0' again, enter a value of '14' for the A1c% reading.

QC2: The sample was added to the test cartridge prior to inserting the test cartridge into the A1c device. Recollect a new blood sample and repeat the test using a new shaker kit and new test cartridge. Be sure to insert the test cartridge into the A1c device prior to adding the sample.

QC6: The sample was added to the test cartridge before "SMPL" was displayed on the A1c device. Repeat the test using a new test cartridge. Be sure to wait until the A1c device displays "SMPL" before adding the sample.

QC7: The test cartridge remained in the analyzer without the sample being added for more than 2 minutes after the "SMPL" prompt was displayed. Repeat the test using a new test cartridge. Be sure to insert the shaker into the test cartridge within two minutes of the "SMPL" message being displayed on the A1c device.

'QC30' to 'QC33': The analyzer was unable to obtain a valid initial reading. Recollect a new blood sample and repeat the test using a new shaker kit and new test cartridge. Be sure to remove the shaker within one second after dispensing it into the sample port and do not distrub the analyzer while the test is running.

'QC50' or 'QC51' or 'QC55' or 'QC56': Insufficient sample was delivered to the test cartridge. Recollect a new blood sample and repeat the test using a new shaker kit and new test cartridge. Be sure to fully insert the blood collector into the shaker and shake immediately.

END SCREEN 12.1:A1c Error Codes

Blood Glucose Measurement Q.2

A1C_PHOTO   **IND_PT**

Enable if :array_contains (current.CONFIRM_CONSENT, 1)

Please take a photograph of the A1c measurement results.

Do not include the respondent in the photograph. The photograph should only include the numbers from the A1c measurement.

[HIDDEN]Blood Glucose Measurement

MBG   **IND_PT**

Enable if :current.A1C is not null

Mean Blood Glucose

Blood Glucose Measurement Label

Equivalent Blood Glucose level: ***[MBG]***

Blood Glucose Measurement Label

*[SELECT CASEWHEN(current.A1C 8.0 AND current.DIABETES =1,'****

****Please read the following to the patient****

Under control

Your A1c result indicates that your blood glucose is under control.

';' ')]

Blood Glucose Measurement Label

*[SELECT CASEWHEN(current.A1C >= 8.0 AND current.DIABETES =1,'*****Please read the following to the patient****

Not under control

Your A1c result indicates that your blood glucose is not under control. *';' ')]*

Blood Glucose Measurement Label

*[SELECT CASEWHEN(current.A1C 5.7 AND current.DIABETES !=1,'****

****Please read the following to the patient****

Normal

Your A1c result indicates that your blood glucose is normal.

';' ')]

Blood Glucose Measurement Label

*[SELECT CASEWHEN(current.A1C >= 5.7 AND current.A1C 6.4 AND current.DIABETES !=1,'*****Please read the following to the patient****

Blood Glucose Measurement Label	*Borderline*
	Your A1c result indicates that your blood glucose is slightly elevated. Please consider a consultation with your medical provider to discuss your result.
	';' ')]

Blood Glucose Measurement Label	*[SELECT CASEWHEN(current.A1C >= 6.5 AND current.DIABETES !=1,'* ***** Please read the following to the patient*****
	HIGH
	Your A1c result indicates that your blood glucose is elevated. Please consider a consultation with your medical provider to discuss your result.
	';' ')]

Blood Glucose Measurement Q.3 **A1C_cat** **IND_PT** Enable if :NOT(current.DIABETES = 1)	*Please select the appropriate classification for respondent's Hb A1C%.*
	This question occurs when the patient has not previously been diagnosed with diabetes by a health professional.
	(1)Normal < 5.7%,(2)Borderline 5.7 to 6.4,(3)High >= 6.5,(-999)Don't know

Blood Glucose Measurement Q.4 **A1C_cat_diab_diag** **IND_PT** Enable if :current.DIABETES = 1	*Please select the appropriate classification for respondent's Hb A1C%.*
	This question occurs when the patient has already been previously diagnosed with diabetes by a health care professional.
	(1)Controlled < 8%,(2)Uncontrolled > 8%,(-999)Don't know

Blood Glucose Measurement Label	*[SELECT CASEWHEN(current.A1C_cat>1,'* ***** Please read the following to the patient*****
	Your A1c result is elevated. Please consider a consultation with your medical provider to discuss your result
	';' ')]

Blood Glucose Measurement Label	*[SELECT CASEWHEN(current.A1C_cat_diab_diag>1,'* ***** Please**

Blood Glucose Measurement Label	***read the following to the patient***** *Your A1c result indicates that your diabetes is poorly controlled. Please consider a consultation with your medical provider to discuss your result.* *',' ')]*
Blood Glucose Measurement Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 12:Blood Glucose Measurement

SCREEN13:Patient Results Card Summary
Enable if :current.CONFIRM_CONSENT != 0 and current.consent = 1 and current.time_start is not null and current.end_time_v1 is not null

Patient Results Card Summary Label	*Instructions for interviewer:* *All text in blue are directions for you and should not be read aloud.* *All text in red are observations only.* *Never read the options Don't know, or Decline to respond; only fill those in when indicated by the respondent.*
Patient Results Card Summary Label	_____ _
Patient Results Card Summary Label	*Weight: [WT] (kg)*
Patient Results Card Summary Label	*Height: [HT] (cm)*
Patient Results Card Summary Label	*BMI: [BMI]*
Patient Results Card Summary Label	*BMI classification: [BMI_CAT]*
Patient Results Card Summary Label	*[SELECT CASEWHEN((current.PACEMAKER = 1), CONCAT('Systolic blood pressure: ',current.BP_SYS_CALC_PM, 'mmHg'),CONCAT('Systolic blood pressure: ',current.BP_SYS_CALC, 'mmHg'))]*
Patient Results Card Summary Label	*[SELECT CASEWHEN((current.PACEMAKER = 1), CONCAT('Diastolic blood pressure: ',current.BP_DIA_CALC_PM, 'mmHg'),CONCAT('Diastolic blood*

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Patient Results Card Summary Label	*pressure: ',current.BP_DIA_CALC, 'mmHg'))]*
Patient Results Card Summary Label	*Blood pressure classification: [BP_CAT][BP_CAT_PM]*
Patient Results Card Summary Label	*Hb A1C: [A1C]*
Patient Results Card Summary Label	*Blood glucose classification: [A1C_cat]* *Blood glucose classification: [A1C_cat_diab_diag]*
Patient Results Card Summary Label	*Equivalent blood glucose value: [MBG]*
Patient Results Card Summary Q.1 **HC_PIC**　　　　**IND_PT**	*Please take a photo of the patient results card .*
Patient Results Card Summary Label	*Important Reminder:* *Select "Validate" button above (check mark).* *Correct errors, if any, and "validate" again.*

END SCREEN 13:Patient Results Card Summary

SCREEN14:End

End Q.1 **END_COMMENT**　　　　**IND_PT**	*Please leave any comments you have about this particular interview, and report any problems or difficulties that arose:*
End Q.2 **COMMENT_ATCHMN**　　　　**IND_PT**	*Attach any files*
End Label	**Say to the participant: This is the end of the Patient Survey. Thank you very much for your time and participation.**
End Q.3 **END_TIME**　　　　**IND_PT**	*Survey End Time. Please click 'Get Time' button.*

END SCREEN 14:End

Validation rules

Confirm identifier	*Please make sure to correct incorrect questionnaire identifiers*	current.ID_CORRECT <>1

Validation rules

GPS latitude	*You are out of the latitudinal range*	(select gps_degrees from gps where gps = 1) < 22 OR (select gps_degrees from gps where gps = 1) > 33
GPS longitude	*You are out of the longitudinal range*	(select gps_degrees from gps where gps = 2) < 71 OR (select gps_degrees from gps where gps = 2) > 79