

THE INTEGRATED DISEASE SURVEILLANCE PROGRAM
(Ministry of Health and Family Welfare, Govt. of India)

NON-COMMUNICABLE DISEASE RISK FACTOR SURVEILLANCE

INDIVIDUAL RESPONDENT QUESTIONNAIRE

Prepared by:
Division of Noncommunicable Diseases
Indian Council of Medical research
New Delhi

Supported by
The World Health Organization
India Office

INDIVIDUAL RESPONDENT QUESTIONNAIRE

Respondent ID

Identification Information:

INTRODUCTION

Namaskar (or other local custom of greeting),

My name is -----and these are my colleagues (please introduce them by name) who will assist me. We are carrying out a survey on some health related issues on behalf of the Department of Health, State Govt. of ----- We want to collect information related to a few health related conditions prevalent in your community. The information that you will provide will be kept confidential. It will help the Govt. in improving health care for you.

Section I

Baseline demography

I. 1 State code	<input type="text"/> <input type="text"/>
I. 2 Name of State	<input type="text"/>
I. 3 Area of interview	Urban 1 <input type="checkbox"/> Rural 2 <input type="checkbox"/>
I. 4 Interviewer code	<input type="text"/>
I. 5 Date of interview	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I. 6 Census block/village number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I. 7 Primary sampling unit number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I. 8 Household code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I. 9 Complete residential address (include important landmarks to help in locating)	<input type="text"/>
I. 10 Consent has been read out to respondent If NO, read consent	Yes 1 No 2 <input type="checkbox"/>
I. 11 Consent has been obtained (verbal or written)	Yes 1 No 2 <input type="checkbox"/>

* In all questions which have been skipped or/ and are Not applicable, please enter '8' in all response boxes.

* In all questions where the respondent does not remember or does not know the answer, record as '7' in all boxes.

HEALTH RELATED BEHAVIOUR

Now I am going to ask you some questions related to your health behaviors. These include use of tobacco in smoked and smokeless form, consumption of alcohol, consumption of fruits and vegetables, road traffic injury and physical activity.

Section III

Smoking Tobacco

III. 1. How often do you smoke any tobacco product? [Insert local examples also to facilitate recall]	Daily	1	<input type="checkbox"/>	<i>If never, go to Section IV. Occasional smokers to go to Q III.5, Daily to go to Q 3 Go to Section IV</i>
	Occasionally	2		
	Never	3		
	Past smoker	4		
III. 2. If past smoker , what was your age when you stopped smoking?	Age in completed years		<input type="checkbox"/> <input type="checkbox"/>	
	Don't remember (code 77)			
Q 3-5, for daily smokers only	Age in completed years		<input type="checkbox"/> <input type="checkbox"/>	
III. 3. What was your age when you first started smoking daily ?	Don't remember (code 77)		<input type="checkbox"/> <input type="checkbox"/>	
III. 4. On an average , how many of the following do you smoke daily ? (Code 77 for don't remember)	Cigarettes	1	<input type="checkbox"/> <input type="checkbox"/>	
	Beedi	2	<input type="checkbox"/> <input type="checkbox"/>	
	Pipe full of tobacco/hukka/chillum	3	<input type="checkbox"/> <input type="checkbox"/>	
	Other (pl specify)	4	<input type="checkbox"/> <input type="checkbox"/>	
III. 5. During the past 12 months have you ever reduced or stopped smoking, as a conscious decision , even for a continuous period of 1 month?	Yes	1	<input type="checkbox"/>	
	No	2		

Section IV

Smokeless tobacco use

IV. 1. How often do you consume any smokeless tobacco product? [Insert local examples also to facilitate recall]	Daily	1	<input type="checkbox"/>	<i>If never, go to Section V. Occasional smokers to go to Q IV.5, Daily to go to Q 3 Go to Section V</i>
	Occasionally	2		
	Never	3		
	Past consumer	4		
IV. 2. If past smoker , what was your age when you stopped consuming smokeless tobacco?	Age in completed years		<input type="checkbox"/> <input type="checkbox"/>	
	Don't remember (code 77)			
Q 3-5 are for daily consumers of smokeless tobacco	Age in completed years		<input type="checkbox"/> <input type="checkbox"/>	
IV. 3. What was your age when you first started consuming tobacco products daily ?	Don't remember (Code 77)		<input type="checkbox"/> <input type="checkbox"/>	
IV. 4. On an average , how many times a day do you consume the following?	Snuff		<input type="checkbox"/> <input type="checkbox"/>	
	Ghutka		<input type="checkbox"/> <input type="checkbox"/>	
	Khaini		<input type="checkbox"/> <input type="checkbox"/>	
	Chewing tobacco with betel		<input type="checkbox"/> <input type="checkbox"/>	
	Other (specify)		<input type="checkbox"/> <input type="checkbox"/>	
IV. 5. During the past 12 months have you ever reduced or stopped consuming smokeless tobacco as a conscious decision , even for a continuous period of 1 month?	Yes	1	<input type="checkbox"/>	
	No	2		

Section V

Alcohol Consumption

V. 1. Have you ever consumed a drink that contains alcohol such as [beer, whisky, rum, gin, brandy, or other local products (insert relevant local examples)]?	Yes 1 No 2 Don't remember (code 7)	<input type="checkbox"/>	If No, go to Section VI
V. 2. Have you consumed alcohol within the past 12 months ?	Yes 1 No 2 Don't remember (code 7)	<input type="checkbox"/>	
V. 3. In the past 12 months, on an average on how many days did you have at least one drink?	Enter number of days Don't remember (code 77)	<input type="text"/> <input type="text"/>	If no, go to Section VI
V. 4. On an average , how many drinks do you have during on one of those days?	Number of drinks Don't remember (code 77)	<input type="text"/> <input type="text"/>	
V. 5. During the past 12 months have you ever reduced or stopped drinking, as a conscious decision , even for a continuous period of 1 month?	Yes 1 No 2	<input type="checkbox"/>	

Section VI

Behaviour related to Road Traffic Injury

VI. 1. If the respondent has ever consumed alcohol then, in the past 3 months, on how many days have you driven a vehicle after consuming an Alcoholic drink?	Enter the frequency in days (Code 88 if not applicable)	<input type="text"/> <input type="text"/>
VI. 2. How regularly do you wear a Helmet while driving a motorised two-wheeler vehicle?	Always 1 Mostly 2 Occasionally 3 Never 4 (Code 8 if not applicable)	<input type="checkbox"/>
VI. 3 How regularly do you wear a Helmet while riding a motorised two-wheeler vehicle as a Pillion rider?	Always 1 Mostly 2 Occasionally 3 Never 4 (Code 8 if not applicable)	<input type="checkbox"/>
VI. 4 How regularly do you wear Seat Belt while driving a four-wheeler car?	Always 1 Mostly 2 Occasionally 3 Never 4 (Code 88 if not applicable)	<input type="checkbox"/>

Section VII

Diet

The next questions ask about the fruits, vegetables and Oils/fats. I have a nutrition card here that shows you some examples of fruits and vegetables. Please do not consider consumption of fruits and vegetables as juices, soups or pulped forms. As you answer these questions please think of a 'typical' or a 'usual' week.

VII. 1. In a typical or usual week, on how many days do you eat fruits?	Number of days	<input type="checkbox"/>	If Zero days, go to Q 3
VII. 2. During those days, what is the average number of servings of fruits you consumed per day?	Number of servings	<input type="checkbox"/>	
VII. 3. In a typical week, on how many days do you eat vegetables?	Number of days	<input type="checkbox"/>	If Zero days, go to Section VII.8
VII. 4. During those days, what is the average number of servings of vegetables you consumed per day?	Number of servings	<input type="checkbox"/>	
VII. 5. During the past 12 months have you increased consumption of fruits and vegetables as a conscious decision, even for a continuous period of 1 month?	Fruits	<input type="checkbox"/>	
	Yes 1		
	No 2		
	Vegetables	<input type="checkbox"/>	
	Yes 1		
	No 2		
VII. 6. What type of oil or fat is most often used for meal preparation in your household? <i>SELECT ONLY ONE</i> <i>Please suggest examples</i>	Vegetable oil (refined/ un-hydrogenated) 1 Vegetable oil (hydrogenated) 2 Butter or ghee 3 Nothing in particular 4 Other (pl specify) 5 Don't remember (code 7)	<input type="checkbox"/>	
VII.7 During the past 12 months have you ever reduced oil or fat consumption in your food as a conscious decision?	Yes 1 No 2	<input type="checkbox"/>	

VII.8.

In the **past 6 months**, how often did you consume each of the following? (**Encircle** the appropriate response for each item)

Food Item	Never	≤1 times a month	2-3 times a month	1-2 times a week	3-4 times a week	5+ times a week
Cheese and butter	1	2	3	4	5	6
Fried local foods	1	2	3	4	5	6
Red meat						
Eggs	1	2	3	4	5	6
Chicken	1	2	3	4	5	6
Fish	1	2	3	4	5	6
Aerated Soda, or sugar sweetened drinks	1	2	3	4	5	6
Pizza/burgars/french fries etc	1	2	3	4	5	6
Cakes, pastries or other bakery products	1	2	3	4	5	6
Chips, namkeen, pop corn etc.	1	2	3	4	5	6

Section VIII

Physical Activity

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be an active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. *[Insert other examples if needed]*. In answering the following questions 'vigorous activities' require hard physical effort and cause large increases in breathing or heart rate, 'moderate activities' require moderate physical effort and cause small increases in breathing or heart rate.

VIII.1 In a typical week, does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?	Yes 1 No 2	<input type="checkbox"/>	
VIII. 2 In a typical week, does your work involve moderate – vigorous intensity activity that causes large increases in breathing or heart rate like <i>[heavy lifting, carry loads, digging or construction work]</i> for at least 10 minutes at a time? <i>INSERT LOCALLY RELEVANT EXAMPLES</i>	Yes 1 No 2	<input type="checkbox"/>	<i>If No, go to VIII. 3</i>
VIII. 2a In a typical week, on how many days do you do moderate- vigorous activities as part of your work?	Days a week	<input type="checkbox"/>	
VIII. 2b In a typical week, How much time do you spend doing moderate- vigorous activities at work?	In hours and minutes	hrs <input type="text"/> <input type="text"/> :mins <input type="text"/> <input type="text"/>	
The next questions exclude the physical activities at work that you've already mentioned. Now I would like to ask you about the usual way you Travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[insert other examples if needed]</i>			
VIII. 3 In a typical week, do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2	<input type="checkbox"/>	<i>If No, go to VIII.4</i>
VIII. 3a In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?	Days a week	<input type="checkbox"/>	
VIII. 3b How much time would you spend walking or bicycling for travel on a typical day?	In hours and minutes	Hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/>	
The next questions exclude the work and transport activities that you've already mentioned. Now I would like to ask about sports, fitness and recreational activities (leisure) , <i>[insert relevant terms]</i> .			
VIII. 4 In your leisure time, do you do any vigorous/ moderate intensity sports, fitness or recreational activities that cause large increases in breathing or heart rate like <i>[running or football,]</i> for at least 10 minutes at a time? <i>INSERT EXAMPLES & USE SHOWCARD</i>	Yes 1 No 2	<input type="checkbox"/>	<i>If No, go to VIII.5</i>
VIII.4a If yes, then on how many days do you do vigorous/ moderate intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days in a week	<input type="checkbox"/>	

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.

INSERT EXAMPLES & USE SHOWCARD

VIII.5

How much time do you usually spend sitting or reclining on a typical day?

In hours and minutes

hrs: mins

VIII. 6

During the past 12 months have you increased your physical activities as a conscious decision, even for a short period at work, transportation and leisure?

Work

Yes [1] No [2]

Transportation

Yes [1] No [2]

Leisure

Yes [1] No [2]

TREATMENT HISTORY

The following questions are about any treatment received during the past 12 months for Hypertension and Diabetes

IX.1 When was your blood pressure last measured by a health professional?	Within past 12 months 1 1-5 years ago 2 More than 5 yrs 3 Never 4 Don't remember 7	<input type="checkbox"/>	<i>If never then go to Q 4</i>
IX. 2 During the past 12 months have you been told by a health professional that you have elevated blood pressure or hypertension?	Yes 1 No 2 Don't remember 7	<input type="checkbox"/>	<i>If No, then go to Q 4</i>
IX.3 Are you currently receiving any treatment for high blood pressure prescribed by a health professional?	Yes 1 No 2 Don't remember 7	<input type="checkbox"/>	
IX. 4 Have you had your blood sugar measured in the last 12 months?	Yes 1 No 2 Don't remember 7	<input type="checkbox"/>	<i>If no, go to Section X</i>
IX. 5 Have you ever been told by a health professional that you have diabetes?	Yes 1 No 2 Don't remember 7	<input type="checkbox"/>	<i>If No, go to Section X</i>
IX. 6 Are you currently receiving any treatment for diabetes prescribed by a health professional?	Yes 1 No 2 Don't remember 7	<input type="checkbox"/>	

Physical Measurements: For female respondents, record pregnancy status: <input type="checkbox"/>				Yes- 1, No- 0	<input type="checkbox"/>
Height and weight				Coding Column	
X. 1	Technician ID Code			□□□□	
X. 2	Device IDs for height and weight			(2a) height □□□	(2b) weight □□□
X. 3	Height			(in Centimetres) □□□.□	
X. 4	Weight <i>(If too large for scale, code 666.6)</i>			(in Kilograms) □□□.□	
				Waist	
X. 5	Technician ID			□□□□	
X. 6	Device ID for waist			□□□□	
X. 7	Waist circumference (Do not measure in pregnant females)			(in Centimeters) □□□.□	
Blood pressure				Coding Column	
X. 8	Technician ID			□□□□	
X.9	Device ID for blood pressure			□□□□	
X. 10	Cuff size used			Small 1 Normal 2 Large 3	<input type="checkbox"/>
X. 10a	(SBP 1)	Systolic BP	Systolic	mmHg	□□□
	(DBP 1)	Diastolic BP	Diastolic	mmHg	□□□
		Pulse rate/min			□□□
X. 11	(SBP 1)	Systolic BP	Systolic	mmHg	□□□
	(DBP 1)	Diastolic BP	Diastolic	mmHg	□□□
		Pulse rate/min			□□□
3 rd Blood pressure reading to be taken if the difference between SBP1 and SBP2 ≥10 and/or DBP1 and DBP2 ≥10mmHg					
X. 12	(SBP 1)	Systolic BP	Systolic	mmHg	□□□
	(DBP 1)	Diastolic BP	Diastolic	mmHg	□□□
		Pulse rate/min			□□□

Specific comments of the investigators regarding the interview which would influence the data collected: