### SCREEN1: 1. Confirm ID

**Instructions for interviewer**

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1 = Don't Know, or -2 = Decline to respond as a standard response value. Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

**Instructions to correct information above:**

1. Select 'File' in upper left corner of the screen
2. Select 'Back to dashboard'.

---

### 1. Confirm ID Q.1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>start_time</td>
<td>What is today's date? Please select the button to get date and time.</td>
</tr>
</tbody>
</table>

---

### 1. Confirm ID Q.2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>household_id_confirm</td>
<td>Please Enter the Household ID:</td>
</tr>
</tbody>
</table>

---

### 1. Confirm ID Q.3

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>id_correct</td>
<td>Is the following information correct?</td>
</tr>
</tbody>
</table>

---

**Interviewer:**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>interviewer_id</td>
<td>[interviewer_id]</td>
</tr>
<tr>
<td>intervention_q</td>
<td>[intervention_q]</td>
</tr>
<tr>
<td>zone</td>
<td>[zone]</td>
</tr>
<tr>
<td>ward</td>
<td>[ward]</td>
</tr>
</tbody>
</table>

**Enable if:**

- current.start_time is not null
- current.household_id_confirm is not null

---

**(1) Yes (2) No**
<table>
<thead>
<tr>
<th>1. Confirm ID Label</th>
<th>3. Enter the correct information. ಸರಿಯಾದ ಮಾಹಿತ್ತು ಎಾಂಟರ್</th>
<th>1. Confirm ID Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confirm ID Q.4</td>
<td>Random Sample ರಾ್ ಶಂಡಮ್ ಸ್್ ಂಪಲ್</td>
<td>How many adults above the age of 18 live in this household?</td>
</tr>
<tr>
<td>num_respondents BGL_HHS</td>
<td></td>
<td>(1)1,(2)2,(3)3,(4)4,(5)5,(6)6,(7)7,(8)8,(9)9,(10)10</td>
</tr>
</tbody>
</table>

START ROSTER 1.1: Random Sample

<table>
<thead>
<tr>
<th>Random Sample Q.5</th>
<th>Please enter the household members who are 18 years or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>hh_members random_sample</td>
<td>18ವರ್ಶ ಅಥವಾ ಹಳೆಯ ಜನರುಗಳನ್ನು ಬರೆಯಲು</td>
</tr>
</tbody>
</table>

[HIDDEN] Random Sample

| HiddenRandomID random_sample | Hidden Random ID |

END ROSTER 1.1: Random Sample

<table>
<thead>
<tr>
<th>1. Confirm ID Q.6</th>
<th>Please continue the household survey with RCand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCand BGL_HHS</td>
<td>ಹೌಸ್ಹೋಲ್ಸ್ಟರ್ವೇಯನ್ನು [RCand]ರವರಾಂದಿಗೆಮಾಂದುವರೆಸಿ.</td>
</tr>
</tbody>
</table>

1. Confirm ID Label

<table>
<thead>
<tr>
<th>1. Confirm ID Label</th>
<th>Important Reminder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select &quot;Remove Disabled Values&quot; button below (red X).</td>
<td></td>
</tr>
<tr>
<td>2. Select &quot;Validate&quot; button below (green check mark).</td>
<td></td>
</tr>
<tr>
<td>3. Select &quot;Show Error Details&quot; button below (bottom right button).</td>
<td></td>
</tr>
</tbody>
</table>
END SCREEN 1: 1. Confirm ID

SCREEN 2: 2. Introduction and Consent

Enable if : current.id_correct = 1

Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1 = Don't Know, or -2 = Decline to respond as a standard response value.
Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

This section is designed to provide a brief introduction to the survey and to solicit consent from the interviewee. Please complete this section with the participant.
2. Introduction and Consent Label

Read aloud directly from recruitment script and direct towards the respondent: "Hello, my name is _______________ and I am contacting you on behalf of the University of Washington which is interested in improving access to, and delivery of, services for acute cardiovascular events.

May I ask you a few questions?

1. Yes
2. No

If respondent is not interested in participating, continue to the 'End' section and fill out the appropriate information.

What is your age?

Please have interviewee respond in full years

If necessary, enter the following codes:

1 = Don’t know
2 = Decline to respond

If respondent does not know their age, the following questions will probe about date of birth and age range, below.

Enable if: current.hh_age 1

SCREEN2.1: Age Probe Questions

Enable if: current.hh_age 1
Do you know your exact date of birth? (Day, month, and year must be known)

If respondent does not know their date of birth, probe for age range in the next question.

Select button below to enter the respondent's date of birth if they do not know their exact age.

What is your Date of Birth?

Enter the following response code if necessary:

1 = Don't know
2 = Decline to respond

Enable if :current.hh_dob IN (-1, -2)

START ROSTER 2.1.1.1:Birth

RosterContents (1)Birth Day

Birth Q.1 hh_dob_dd hh_dob

Birth Q.2 hh_dob_mm hh_dob

Enable if :current.hh_dob_dd BETWEEN 1 and 31

Month (MM):

1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December

Enable if :current.hh_age IN (-1, -2)
### Birth

**Q.3**

**hh_dob_yyyy**  
**hh_dob**

Enable if: `current.hh_dob_mm BETWEEN 1 and 12`

<table>
<thead>
<tr>
<th>Year (YYYY)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
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<tr>
<td>2014</td>
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<tr>
<td>2013</td>
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<td>1940</td>
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</tr>
<tr>
<td>1939</td>
<td></td>
</tr>
<tr>
<td>Before 1940</td>
<td>-1</td>
</tr>
</tbody>
</table>

**Don't know** (-2) Decline to respond (-2) Decline to respond

---

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

---

**Date of Birth Label**

**END SCREEN 2.1.1:Date of Birth**
If the respondent does not know their exact age in years or their date of birth, ask:

What is your age range?

If the interviewee is a child (under the age of 18) 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.

All individuals above the age of 18 must provide signed consent, even if a relative or family member has already consented. Read aloud the consent form in its entirety, ensure that the participant has signed a copy. Keep one copy for your records and return one to the participant.

Did the respondent provide a signed consent form agreeing to proceed?

End Screen 2.1: Age Probe Questions ವಯಸುಟ್ ಪ್ರಂಬುಗಳು

2. Introduction and Consent Label

2. Introduction and Consent Q.3

Did the respondent provide a signed consent form agreeing to proceed?
### Questionnaire Content Report

#### 2. Introduction and Consent Q.4

**hh_sex**

<table>
<thead>
<tr>
<th>BGL_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if:current.hh_consent = 1</td>
</tr>
</tbody>
</table>

*Observe the participants sex and select the appropriate answer. Do not ask respondent.*

- Male (1)
- Female (2)
- Don’t know (-1)

#### 2. Introduction and Consent Label

**Instructions to fill out occupation:**

This question is about to ask people who are employed and unemployed. For those who have multiple jobs or a part-time job, the interviewer should select the one which has a relatively fixed working time-frame, and provides the main source of income.

1. Agriculture, fishery, or related laborer
2. Production, transport equipment operator, or related worker
3. Commercial or service personnel
4. Legislator, senior official, or manager
5. Office staff
6. Professional and technical personnel (IT personnel, lawyer, researcher, etc)
7. Medical Professional (Physician, nurse, etc)
8. Small business owner
### Questionnaire Content Report

<table>
<thead>
<tr>
<th>Question</th>
<th>Occupation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is your occupation?</strong></td>
<td>(1) Agricultural, fishery, or related worker (2) Production, transport equipment operator, or related worker (3) Commercial or service personnel (4) Legislator, senior official, or manager (5) Office staff (6) Professional and technical personnel (IT personnel, lawyer, researcher, etc.) (7) Medical profession (e.g., Physician, nurse) (8) Small business owner (9) Military personnel (10) Student (11) Unemployed (12) Housewife/husband (13) Retired (14) Other</td>
</tr>
</tbody>
</table>

#### Important Reminder:

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

Enable if :current.hh_consent = 1

Please provide any comments you have about Section 2: Introduction and Consent.
### 3. Knowledge, Attitude and Practices Label

**Instructions for interviewer**

- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.

All questions are programmed with -1: *Don't Know*, or -2: *Decline to respond* as a standard response value.

Never read the options *Don't Know*, or *Decline to respond*, only fill those in when indicated by the respondent.

**Say to the participant:**

I would now like to ask you about emergency situations.
3. Knowledge, Attitude and Practices Q.1

You see that a stranger is lying on the floor. The person is not breathing and you suspect a heart arrest. What do you think should be done?

Do not read responses aloud
(SELECT ALL THAT APPLY)

(1) Call an ambulance
(2) Call a doctor
(3) Chest compressions
(4) Artificial respiration (mouth to mouth)
(5) Give them CPR
(6) Give them medicine
(0) Don't take any action
(-1) Other
(-2) Decline to respond


You see a family member is lying on the floor. They are not breathing and you suspect a heart arrest. What do you think should be done?

Do not read responses aloud
(SELECT ALL THAT APPLY)

(1) Call an ambulance
(2) Call a doctor
(3) Chest compressions
(4) Artificial respiration (mouth to mouth)
(5) Give them CPR
(6) Give them medicine
(0) Don't take any action
(-1) Other
(-2) Decline to respond


What number would you call for an ambulance?

Do not read responses aloud

(1) 108
(2) Hospital
(3) Doctor
(5) Other
(0) Don't know
(-2) Decline to respond

3. Knowledge, Attitude and Practices Q.4

Do you know what CPR is?

Do not read responses aloud

(1) Yes
(0) No

Please click ‘CPR definition’ button before proceeding with interview if participant does not know what CPR is.

SCREEN 3.1: CPR definition

Enable if: current.know_cpr = 0

CPR definition Label

Read definition of CPR aloud before continuing:

Cardiopulmonary Resuscitation (CPR) consists of mouth-to-mouth respiration and chest compressions. CPR allows oxygenated blood to circulate to vital organs such as the brain and heart.

END SCREEN 3.1: CPR definition


perform_cpr BGL_HHS

When should CPR be performed?

Read responses aloud
(SELECT ALL THAT APPLY)

(1) If person has fainted.
(2) If there’s no response or pulse.
(3) Under any emergency circumstances.

(1) Don’t know.
(2) Decline to respond.

surveybe...
### 3. Knowledge, Attitude and Practices Label


**Who can perform CPR?**

Read responses aloud (SELECT ALL THAT APPLY)

<table>
<thead>
<tr>
<th align="left">(1) Anyone with CPR training  ಸಿಪಿಆರ್ ತ್ರಬೇತ್ತಯನ್ನು ಪ್ಡದಿದಿದರಾ</th>
<th align="left">(2) Health professionals (Doctors and nurses)  ಆರೋಗಯವಿದೆ ಮತ್ತು ವೈಧಯರು</th>
<th align="left">(3) Police officer  ಪೋಲ್ಲೋಸ್ ಅಧಿಕಾರಿ</th>
<th align="left">(4) Fire fighter  ಪೈರ್ಪೈಟರ್</th>
<th align="left">(0) Anyone  ಯಾರಾದರೂ ಸಹ</th>
</tr>
</thead>
<tbody>
<tr>
<td align="left">Yes</td>
<td align="left">No</td>
<td align="left">Don't know</td>
<td align="left">Decline to respond</td>
<td align="left"></td>
</tr>
</tbody>
</table>


If a family member required resuscitation on an ambulance, would you authorize ambulance paramedics to perform CPR?

<table>
<thead>
<tr>
<th align="left">(1) Yes</th>
<th align="left">(0) No</th>
<th align="left">Don't know</th>
<th align="left">Decline to respond</th>
</tr>
</thead>
</table>

#### 3. Knowledge, Attitude and Practices Q.8

If a family member required resuscitation in the hospital, would you authorize doctors to perform CPR?

<table>
<thead>
<tr>
<th align="left">(1) Yes</th>
<th align="left">(0) No</th>
<th align="left">Don't know</th>
<th align="left">Decline to respond</th>
</tr>
</thead>
</table>


Have you ever received CPR training?

<table>
<thead>
<tr>
<th align="left">(1) Yes</th>
<th align="left">(0) No</th>
<th align="left">Don't know</th>
<th align="left">Decline to respond</th>
</tr>
</thead>
</table>

#### 3. Knowledge, Attitude and Practices Q.10

Have you heard of CPR training before today?

<table>
<thead>
<tr>
<th align="left">(1) Yes</th>
<th align="left">(0) No</th>
<th align="left">Don't know</th>
<th align="left">Decline to respond</th>
</tr>
</thead>
</table>
### 3. Knowledge, Attitude and Practices Q.11

**Where have you heard about a CPR training?**

**Read responses aloud**

**Select all that apply**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>सಿಪಿಆರ್</td>
<td></td>
</tr>
<tr>
<td>ತ್ರಬೇತ್ತಯ</td>
<td></td>
</tr>
<tr>
<td>ಬಗೆೆ</td>
<td></td>
</tr>
<tr>
<td>ಎಲ್ಲ ಿ</td>
<td></td>
</tr>
<tr>
<td>ಕೇಳಿರುವಿರಿ</td>
<td></td>
</tr>
<tr>
<td>ಉತ್ ಿ ರಗಳನ್ನು</td>
<td></td>
</tr>
<tr>
<td>ಜೀರಾಗಿ ಓದಿಹೇಳಿ</td>
<td></td>
</tr>
<tr>
<td>(1) Required for work ಕೆಲ್ಸಕಾೆ ಗಿ ಅಗತ್ಯ ವಿದೆ</td>
<td></td>
</tr>
<tr>
<td>(2) Friend or family ಸೆು ಹಿತ್ ಅಥವಾ ಕುಟ್ಟಾಂಬ</td>
<td></td>
</tr>
<tr>
<td>(3) Billboard ಬಿಲ್ಡಬೋರ್ಡೇ</td>
<td></td>
</tr>
<tr>
<td>(4) Radio ರೇಡಿಯೋ</td>
<td></td>
</tr>
<tr>
<td>(5) Other advertisement ಇತ್ತು ಜಾಹಿರಾತ್ತ</td>
<td></td>
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<tr>
<td>(5) Other ಇತ್ತು</td>
<td></td>
</tr>
<tr>
<td>(1) Don't Know ಗೊತ್ತ ಲ್ ಿ</td>
<td></td>
</tr>
<tr>
<td>(2) Decline to respond ಪ್ರ ತ್ತರ್ಕ ರ ಯ್ಕೆನ್ನಿದರು</td>
<td></td>
</tr>
</tbody>
</table>

**Enable if :current.train_cpr = 1**

---

### 3. Knowledge, Attitude and Practices Label

### 3. Knowledge, Attitude and Practices Q.12

**When was the most recent time that you received CPR training?**

**when_train**

<table>
<thead>
<tr>
<th>Time frame</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the last 6 months ಕಳೆದ 6 ತ್ತಾಂಗಳಿನ ಒಳಗೆ</td>
<td></td>
</tr>
<tr>
<td>7-12 months ago 7-12 ತ್ತಾಂಗಳಿನ ಹಿಾಂದೆ</td>
<td></td>
</tr>
<tr>
<td>2-4 years ago 2-4 ವರ್ೇಗಳ ಹಿಾಂದೆ</td>
<td></td>
</tr>
<tr>
<td>5-7 years ago 5-7 ವರ್ೇಗಳ ಹಿಾಂದೆ</td>
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</tr>
<tr>
<td>8+ years ago 8+ ಕ್ಯೆ ಹೆಚ್ಚು ವರ್ೇಗಳಿಗೂ ಹಿಾಂದೆ</td>
<td></td>
</tr>
<tr>
<td>(1) Don't know ಗೊತ್ತ ಲ್ ಿ</td>
<td></td>
</tr>
<tr>
<td>(2) Decline to respond ಪ್ರ ತ್ತರ್ಕ ರ ಯ್ಕೆನ್ನಿದರು</td>
<td></td>
</tr>
</tbody>
</table>

**Enable if :current.rec_train = 1**

---

### 3. Knowledge, Attitude and Practices Label

### 3. Knowledge, Attitude and Practices Q.13

**Where did you receive CPR training for the most recent time?**

**where_train**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace ಕೆಲ್ಸದ ಸಥ��</td>
<td></td>
</tr>
<tr>
<td>Red Cross ರೆರ್ಡ್ ಕಾರ್ ಸ್</td>
<td></td>
</tr>
<tr>
<td>EMS ಇಎಾಂಎಸ್</td>
<td></td>
</tr>
<tr>
<td>Hospital ಆಸಾತೆ ರ ಗೆ</td>
<td></td>
</tr>
<tr>
<td>College/University ಕಾಲೇಜ್/ವಿಶ್ವವಿದ್ಯಾನಿಲ್ಯ</td>
<td></td>
</tr>
<tr>
<td>Residential committee/community health service ರೆಸಿಡನಿ ಯಲ್ಡ ಕಮಟ್ಟ</td>
<td></td>
</tr>
<tr>
<td>(5) Other organization ಇತ್ತು ಸಂಸೆಥ</td>
<td></td>
</tr>
<tr>
<td>(1) Don't know ಗೊತ್ತ ಲ್ ಿ</td>
<td></td>
</tr>
<tr>
<td>(2) Decline to respond ಪ್ರ ತ್ತರ್ಕ ರ ಯ್ಕೆನ್ನಿದರು</td>
<td></td>
</tr>
</tbody>
</table>

**Enable if :current.rec_train = 1**

---

### 3. Knowledge, Attitude and Practices Label

### 3. Knowledge, Attitude and Practices Q.14

**What motivated you to learn CPR?**

**motive**

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal interest ಕೆಲ್ಸದ ಸರ್ಕ ಆಸರ್ಕ ಆಸರ್ಕ</td>
<td></td>
</tr>
<tr>
<td>Professional requirement ಕೆಲ್ಸದ ಸರ್ಕ ಅವಶಯ ಕತೆ</td>
<td></td>
</tr>
<tr>
<td>Nature of work ಕೆಲ್ಸದ ಸವ ರೂಪ್</td>
<td></td>
</tr>
<tr>
<td>Friend or family member ಸೆು ಹಿತ್ ಅಥವಾ ಕುಟ್ಟಾಂಬಸದ ಸದಸಯ</td>
<td></td>
</tr>
<tr>
<td>Offered at work ಕೆಲ್ಸದಲ್ಲ ಿ  ಒದಗಿಸಿದುದ</td>
<td></td>
</tr>
<tr>
<td>Offered at school ಶಾಲೆಯಲ್ಲ ಿ  ಒದಗಿಸಿದುದ</td>
<td></td>
</tr>
<tr>
<td>(5) Other organization ಇತ್ತು ಸಂಸೆಥ</td>
<td></td>
</tr>
<tr>
<td>(1) Don't know ಗೊತ್ತ ಲ್ ಿ</td>
<td></td>
</tr>
<tr>
<td>(2) Decline to respond ಪ್ರ ತ್ತರ್ಕ ರ ಯ್ಕೆನ್ನಿದರು</td>
<td></td>
</tr>
</tbody>
</table>

**Enable if :current.rec_train = 1**

---

### 3. Knowledge, Attitude and Practices Label
### 3. Knowledge, Attitude and Practices Q.15

**why_no_train**  
BGL_HHS  
Enable if :current.rec_train < 1

*Is there any reason that you have not received CPR training?*

**Do not read responses aloud**

*SELECT ALL THAT APPLY*

1. Do not know where to receive training
2. Do not have time
3. Do not think it is useful
4. Cost of training is high
5. Location of training is inconvenient
6. Not interested
7. Other

---

### 3. Knowledge, Attitude and Practices Q.16

**plan_to_train**  
BGL_HHS  
Enable if :current.rec_train IN (0, -1, -2)

*Do you plan to become CPR trained?*

1. Yes
2. No
3. Don’t know
4. Decline to respond

---

### 3. Knowledge, Attitude and Practices Q.17

**plan_retrain**  
BGL_HHS  
Enable if :current.rec_train = 1

*Do you plan to be re-trained for CPR?*

1. Yes
2. No
3. Don’t know
4. Decline to respond

---

### 3. Knowledge, Attitude and Practices Q.18

**agencies_train**  
BGL_HHS

*Which agencies provide CPR training?*

*Read responses aloud*  
*SELECT ALL THAT APPLY*

1. Workplace
2. Red Cross
3. EMS
4. Hospital
5. College/University
6. Residential committee/community health service
7. Other

---

### 3. Knowledge, Attitude and Practices Q.19

**comments_3**  
BGL_HHS

*Please provide any comments you have about Section 3: Knowledge, Attitude, and Practices.*

---

### Important Reminder:
### 3. Knowledge, Attitude and Practices Label

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

### END SCREEN 3: Knowledge, Attitude and Practices

### SCREEN 4: Scenarios Related to Implementing CPR

Enable if :current.rec_train = 1

#### Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.

Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

### 4. Scenarios Related to Implementing CPR Label
### 4. Scenarios Related to Implementing CPR Label

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Determine unresponsive</strong></td>
<td>(1) They will not respond to shouts or shakes and are not breathing&lt;br&gt;(2) They make strange noises&lt;br&gt;(3) They appear to be asleep and their complexion does not look normal&lt;br&gt;(4) They are breathing heavily but say they are okay&lt;br&gt;(5) Other</td>
</tr>
<tr>
<td><strong>Don't know</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Decline to respond</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Say to the participant:** I would now like to ask you questions about scenarios related to implementing CPR.
### 4. Scenarios Related to Implementing CPR Q.2

**help_person**  
BGL_HHS  

If someone is found unresponsive, what should an individual do first to help that person?

*Read responses aloud except for the options "Don't know" and "Decline to respond"*

<table>
<thead>
<tr>
<th>Situation</th>
<th>Help Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Call an ambulance</td>
</tr>
<tr>
<td>(1) Call an ambulance</td>
<td>(2) Pinch philtrum</td>
</tr>
</tbody>
</table>

### 4. Scenarios Related to Implementing CPR Q.3

**help_number**  
BGL_HHS  

What number would you call for an ambulance?

*Do not read responses aloud*

<table>
<thead>
<tr>
<th>Help Number</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) 108</td>
</tr>
<tr>
<td></td>
<td>(2) Hospital</td>
</tr>
<tr>
<td></td>
<td>(3) Doctor</td>
</tr>
<tr>
<td></td>
<td>(4) 120</td>
</tr>
<tr>
<td></td>
<td>(5) Other</td>
</tr>
</tbody>
</table>

### 4. Scenarios Related to Implementing CPR Q.4

**cpr_rate**  
BGL_HHS  

What is the correct rate of chest compressions when performing CPR?

*Read responses aloud except for the options "Don't know" and "Decline to respond"*

<table>
<thead>
<tr>
<th>Rate</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 compressions per minute</td>
<td>60 compressions per minute</td>
</tr>
<tr>
<td>80 compressions per minute</td>
<td>80 compressions per minute</td>
</tr>
<tr>
<td>100 compressions per minute</td>
<td>100 compressions per minute</td>
</tr>
<tr>
<td>120 compressions per minute</td>
<td>120 compressions per minute</td>
</tr>
</tbody>
</table>

### 4. Scenarios Related to Implementing CPR Q.5

**comments_4**  
BGL_HHS  

Please provide any comments you have about Section 4: Scenarios related to Implementing CPR.
4. Scenarios Related to Implementing CPR Label

**Important Reminder:**
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**Instructions for Interviewer**

All text highlighted in yellow are directions for you and should not be read aloud. All text highlighted in green are observations only. All questions are programmed with -1 = Don’t Know, or -2 = Decline to respond as a standard response value. Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

---

**SCREEN 5: AED**

Enable if: `current.hh_consent = 1`

---

**5. AED Label**

**Instructions for Interviewer**

All text highlighted in yellow are directions for you and should not be read aloud. All text highlighted in green are observations only. All questions are programmed with -1 = Don’t Know, or -2 = Decline to respond as a standard response value. Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

---
### Questionnaire Content Report

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. AED Label</td>
<td><strong>Say to the participant:</strong> I would now like to ask you about your knowledge of an emergency rescue device and its proper usage.</td>
</tr>
<tr>
<td>5. AED Q.1</td>
<td>Do you know what this is?</td>
</tr>
<tr>
<td>know_defib</td>
<td><strong>Interviewer points to picture of an AED</strong></td>
</tr>
<tr>
<td>5. AED Label</td>
<td><strong>Read definition of AED aloud to all participants before continuing survey</strong></td>
</tr>
<tr>
<td>5. AED Q.2</td>
<td>What is this used for?</td>
</tr>
<tr>
<td>aed_used_for</td>
<td><strong>Read responses aloud</strong></td>
</tr>
<tr>
<td>Enable if:</td>
<td>current.know_defib = 1</td>
</tr>
</tbody>
</table>

#### AED Label

**5. AED Q.1**

Do you know what this is?

**Interviewer points to picture of an AED**

- (1) Yes
- (0) No

#### AED Q.2

What is this used for?

**Read responses aloud**

- (1) To restore the heart to its normal rhythm with an electric shock
- (2) To shock the lungs to return to a normal breathing pattern
- (3) To stimulate the muscles to combat paralysis
- (4) To slow the heart down when it is beating too quickly with an electric shock
- (-1) Don't know
- (-2) Decline to respond

---

**AED stands for Automatic External Defibrillator. An AED is a device that shocks the heart to restore its normal heart rhythm.**
5. AED Label

During the CPR training that you received, was use of an AED explained?

- Yes
- No
- Don't know
- Decline to respond

Enable if: current.rec_train = 1

5. AED Label

Have you ever seen one of these in a public space?

- Yes
- No
- Don't know
- Decline to respond

5. AED Label

Who do you think is allowed to use a publicly available AED?

- Anyone with AED training
- Health professionals (Doctors and nurses)
- Police officer
- Fire fighter
- Anyone
- Other

Enable if: allowed_defib = 1

5. AED Label

Would you use such an AED in a medical emergency where a defibrillator is needed?

- Yes
- No
- Don't know
- Decline to respond

Enable if: would_use_defib = 1

5. AED Label

Would you use such an AED on family members specifically?

- Yes
- No
- Don't know
- Decline to respond

Enable if: use_defib_family = 1
5. AED Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

5. AED Label

6. Acute Cardiovascular Disease

**Instructions for interviewer**

- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.
- All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
- Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

**Notes for interviewer:**

End Screen 5: 5. AED

Screen 6: 6. Acute Cardiovascular Disease

End Screen 6: 6. Acute Cardiovascular Disease
### 6. Acute Cardiovascular Disease Label

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1 Do you know the difference between a heart attack (myocardial infarction) and cardiac arrest?</td>
<td>1) Yes, 0) No</td>
</tr>
</tbody>
</table>

**Say to the participant:** I would now like to ask you questions regarding cardiac disease, prevention, and general questions about your health and habits.
6. Acute Cardiovascular Disease Q.3

What are the symptoms of myocardial infarction? A myocardial infarction (heart attack) is a condition in which there is a sudden deprivation of circulating blood to the heart muscle (myocardium) caused by a clot. This can lead to death of heart tissue.

Do not read responses aloud

(SELECT ALL THAT APPLY)

1. Arm/shoulder pain
2. Back pain
3. Jaw pain
4. Neck pain
5. Chest pain
6. Radiation of chest pain to jaw, neck, shoulder, arm or back
7. Numbness in hands
8. Vomiting
9. Nausea
10. Chest discomfort
11. Shortness of breath
12. Sweating
13. Weakness/fatigue
14. Dizziness
15. Syncope/loss of consciousness
16. Impairment of cognitive function

- Other
- Don’t know
- Decline to respond

6. Acute Cardiovascular Disease Q.4

What are the risk factors for cardiovascular disease? Cardiovascular disease is a general term used to refer to conditions that can lead to potential heart attacks, chest pain (angina) or stroke. Other heart conditions that also affect the heart’s muscles, valves or rhythm fall under this general term as well.

Do not read responses aloud

(SELECT ALL THAT APPLY)

1. Smoking
2. Hyperlipidemia (High cholesterol)
3. Hypertension (High blood pressure)
4. Hyperglycemia (High blood glucose)
5. Physical inactivity
6. Alcohol consumption
7. Being overweight or obese
8. Diet

- Other
- Don’t know
- Decline to respond

---

Read the following instructions before asking the question:

---
### 6. Acute Cardiovascular Disease Label

**attitude and behavior. You’ll be given a 5 point scale to represent your perspective.**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know</td>
<td>Decline to respond</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the next two questions, please respond using the following scale:

1) Very likely
2) Somewhat likely
3) Neither likely nor unlikely
4) Somewhat unlikely
5) Not at all likely

### 6. Acute Cardiovascular Disease Q.5

**How likely is it that you would call an ambulance if you were experiencing symptoms of a heart attack?**

1) Very likely
2) Somewhat likely
3) Neither likely nor unlikely
4) Somewhat unlikely
5) Not at all likely

### 6. Acute Cardiovascular Disease Q.6

**What number would you most likely call for an ambulance?**

1) 108
2) Hospital
3) Doctor
4) Other
5) Decline to respond

### 6. Acute Cardiovascular Disease Q.7

**How likely is it that you would take an aspirin if you were experiencing symptoms of a heart attack?**

1) Very likely
2) Somewhat likely
3) Neither likely nor unlikely
4) Somewhat unlikely
5) Not at all likely

---

*Read the following instructions before asking the question:*

**ಕೆಲ್ಲೆಗಳನ್ನು ಪ್ರತಿಭಾಪರಿಸಲು ಆಗ್ರಹಿಸಲು ವಿವರಿಸಿಕೊಂಡರು.**
6. Acute Cardiovascular Disease Label

When you think of heart disease, you most often think of someone having a heart attack.

6. Acute Cardiovascular Disease Q.8

When you think of heart disease, you most often think of someone having a heart attack.

6. Acute Cardiovascular Disease Q.9

It is easy for you to find accurate and easy to understand information about heart disease.

6. Acute Cardiovascular Disease Q.10

There are things you can do to help prevent heart disease.

6. Acute Cardiovascular Disease Q.11

You are comfortable talking with your health care provider about heart health.

6. Acute Cardiovascular Disease Q.12

Compared to your peers of similar age, your risk for developing heart disease is lower.
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Acute Cardiovascular Disease Q.13</td>
<td>Readily available fruit and vegetables can improve your health.</td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, (1) Don’t know, (2) Decline to respond</td>
</tr>
<tr>
<td>fruit_avail</td>
<td>BGL_HHS</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.14</td>
<td>Readily available gym equipment in your community can improve your health.</td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, (1) Don’t know, (2) Decline to respond</td>
</tr>
<tr>
<td>gym_avail</td>
<td>BGL_HHS</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.15</td>
<td>Smoking prohibition can improve your health.</td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, (1) Don’t know, (2) Decline to respond</td>
</tr>
<tr>
<td>prohib_smoking</td>
<td>BGL_HHS</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.16</td>
<td>More education regarding cardiovascular disease can improve your health.</td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, (1) Don’t know, (2) Decline to respond</td>
</tr>
<tr>
<td>edu_cvdisease</td>
<td>BGL_HHS</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.17</td>
<td>The more health care institutions there are the better.</td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, (1) Don’t know, (2) Decline to respond</td>
</tr>
<tr>
<td>more_instit_health</td>
<td>BGL_HHS</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Q.18</td>
<td>The more health promoting volunteers there are the better.</td>
<td>1) Agree strongly, 2) Agree somewhat, 3) Neither agree or disagree, 4) Disagree somewhat, 5) Strongly disagree, (1) Don’t know, (2) Decline to respond</td>
</tr>
<tr>
<td>more_volunteers</td>
<td>BGL_HHS</td>
<td></td>
</tr>
<tr>
<td>6. Acute Cardiovascular Disease Label</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 6. Acute Cardiovascular Disease Label

**Important Reminder:**
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

### 7. Health Behaviors Label

**Instructions for interviewer**
- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.
- All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.
- Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.
7. Health Behaviors Label

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>BGL_HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="#" alt="Screen7.1:Tobacco Use" /></td>
<td><img src="#" alt="Instructions for interviewer" /></td>
</tr>
</tbody>
</table>

**Tobacco Use**

<table>
<thead>
<tr>
<th>Instructions for interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>All text highlighted in yellow are directions for you and should not be read aloud.</td>
</tr>
<tr>
<td>All text highlighted in green are observations only.</td>
</tr>
<tr>
<td>All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.</td>
</tr>
<tr>
<td>Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.</td>
</tr>
</tbody>
</table>

**SCREEN7.1:Tobacco Use**

- Enable if :current.smoker_status_ever > 0

**Tobacco Use**

<table>
<thead>
<tr>
<th><img src="#" alt="Select button below" /></th>
</tr>
</thead>
</table>

**Have you ever smoked tobacco products in your life?**

(tobacco products include cigarettes, bidis, hukka, etc.)

- 1= Yes
- 0= No
- -1= Don't know
- -2= Decline to respond

Never read the options Don't know, or Decline to respond, only fill those in when indicated by the respondent.
### Tobacco Use ಸೂಚಕಸಂದರ್ಶಕವೆ ರಾಜಕೀಯ Label

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Type</th>
<th>Enable Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q.1</strong> Do you currently smoke tobacco on a daily basis, less than daily or not at all?</td>
<td>smoker_status</td>
<td>BGL_HHS&lt;br&gt;Enable if :current.smoker_status_ever = 1</td>
</tr>
<tr>
<td><strong>Q.2</strong> How old were you when you first started smoking?</td>
<td>start_smoking</td>
<td>BGL_HHS&lt;br&gt;Enable if :current.smoker_status = 1 OR current.smoker_status = 2</td>
</tr>
<tr>
<td><strong>Q.3</strong> What types of tobacco products do you currently smoke?</td>
<td>smoke_type</td>
<td>BGL_HHS&lt;br&gt;Enable if :current.smoker_status = 1 OR current.smoker_status = 2</td>
</tr>
<tr>
<td><strong>Q.4</strong> On average, how many cigarettes do you smoke per day?</td>
<td>cigs_per_day</td>
<td>BGL_HHS&lt;br&gt;Enable if :current.smoker_status = 1 AND array_contains(current.smoke_type, 1)</td>
</tr>
<tr>
<td><strong>Q.5</strong> On average, how many cigarettes do you smoke per week?</td>
<td>cigs_per_week</td>
<td>BGL_HHS&lt;br&gt;Enable if :current.smoker_status = 2 AND array_contains(current.smoke_type, 1)</td>
</tr>
</tbody>
</table>

### Current Smoking

**Say to the participant:** I would now like to ask you questions regarding your history of tobacco usage.

**Label**

**Tobacco Use**

**Tobacco Use**

**Tobacco Use**

**Tobacco Use**

---

**Tobacco Use**

**Tobacco Use**

**Tobacco Use**

---

**Tobacco Use**

**Tobacco Use**

---

**Tobacco Use**

---
Tobacco Use タバコの使用 Q.6
bid_per_day BGL_HHS
Enable if :current.smoker_status = 1 AND array_contains(current.smoke_type, 2)
On average, how many bidis do you smoke per day?
(1) 1 to 4,(2) 5 to 9,(3) 10 to 14,(4) 15 to 19,(5) 20 to 24,(6) 25+,(7) Don't know,(8) Decline to respond
(enable if :current.smoker_status = 1 AND array_contains(current.smoke_type, 2))

Tobacco Use タバコの使用 Q.7
bid_per_week BGL_HHS
Enable if :current.smoker_status = 2 AND array_contains(current.smoke_type, 2)
On average, how many bidis do you smoke per week?
(1) 1 to 4,(2) 5 to 9,(3) 10 to 14,(4) 15 to 19,(5) 20 to 24,(6) 25+,(7) Don't know,(8) Decline to respond
(enable if :current.smoker_status = 2 AND array_contains(current.smoke_type, 2))

Tobacco Use タバコの使用 Q.8
huk_per_day BGL_HHS
Enable if :current.smoker_status = 1 AND array_contains(current.smoke_type, 3)
On average, how many times do you smoke hukka per day?
(1) 1 to 4,(2) 5 to 9,(3) 10 to 14,(4) 15 to 19,(5) 20 to 24,(6) 25+,(7) Don't know,(8) Decline to respond
(enable if :current.smoker_status = 1 AND array_contains(current.smoke_type, 3))

Tobacco Use タバコの使用 Q.9
huk_per_week BGL_HHS
Enable if :current.smoker_status = 2 AND array_contains(current.smoke_type, 3)
On average, how many times do you smoke hukka per week?
(1) 1 to 4,(2) 5 to 9,(3) 10 to 14,(4) 15 to 19,(5) 20 to 24,(6) 25+,(7) Don't know,(8) Decline to respond
(enable if :current.smoker_status = 2 AND array_contains(current.smoke_type, 3))

Tobacco Use タバコの使用 Label
Cessation セッション
Say to the participant: I would now like to ask you questions regarding any attempts you have made to quit smoking.

Tobacco Use タバコの使用 Q.10
ever_attempt_quit BGL_HHS
Enable if :current.smoker_status <> 3
Have you ever attempted to quit smoking?
(This only refers to times where you have seriously considered quitting smoking and have taken steps towards cessation)
(1) Yes(2) No(3) Don't know(4) Decline to respond
(enable if :current.smoker_status <> 3)

Tobacco Use タバコの使用 Q.11
past_attempts BGL_HHS
Enable if :current.ever_attempt_quit = 1
Was your last attempt to quit smoking within the past 12 months?
(1) Yes(2) No(3) Don't know(4) Decline to respond
(enable if :current.ever_attempt_quit = 1)

Tobacco Use タバコの使用 Q.12
when_quit_smoking BGL_HHS
Do you plan to quit smoking within the next 12 months?
(1) Yes(2) No(3) Don't know(4) Decline to respond
(enable if :current.ever_attempt_quit = 1)
**Tobacco Use**

**How long had it been since you stopped smoking?**

<table>
<thead>
<tr>
<th>START ROSTER 7.1.1: Quit Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quit Smoking</strong></td>
</tr>
<tr>
<td><strong>Q.13</strong></td>
</tr>
<tr>
<td><strong>ss_unit</strong>        cessation_smoking</td>
</tr>
<tr>
<td>Enable if : (select ever_attempt_quit from BGL_HHS) = 1</td>
</tr>
</tbody>
</table>

**Select unit: (days/weeks/months/years):**

(1) Days (2) Weeks (3) Months (4) Years Don't know (5) Decline to respond

| **Quit Smoking**               |
| **Q.14**                       |
| **ss_enter_amount** cessation_smoking |
| Enable if : current.ss_unit > 0 |

**Enter the amount of time (days/weeks/months/years):**

**END ROSTER 7.1.1: Quit Smoking**

---

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**Mahanū nereyathum:**

1. (ರೆಡ್ಎಕ್ಸ್)ನಿ ವಿಫಲತೆಗಾಗಿ "ನೋಡು ಬಂದಾಗಿದ್ದಾಗ" ಎಂದು ಸಹಾಯ ಸ್ಪೂದಿಸಿ.
2. (ಹಸಿರುಚೆಕ್ಸ್) ನಿ ವಿಫಲತೆಗಾಗಿ "ನೋಡು ಬಂದಾಗಿದ್ದಾಗ" ಎಂದು ಸಹಾಯ ಸ್ಪೂದಿಸಿ.
3. (ಬಟಮ್ರೈಟ್ಸ್) ನಿ ವಿಫಲತೆಗಾಗಿ "ನೋಡು ಬಂದಾಗಿದ್ದಾಗ" ಎಂದು ಸಹಾಯ ಸ್ಪೂದಿಸಿ.
**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**End Screen 7.1: Tobacco Use**

**Screen 7.2: Second-Hand Smoke**

**Second-Hand Smoke**

**Passive Smoking**

*Say to the participant: I would now like to ask you questions regarding smoking and related diseases.*

*Second-hand smoke definition:* Environmental tobacco smoke that is inhaled involuntarily or passively by someone who is not smoking. For example, smoke when near friends or family members who smoke or smoke in public places.

**Say to the participant:** I would now like to ask you questions regarding smoking and related diseases.

**Passive Smoking**

*Say to the participant: I would now like to ask you questions regarding smoking and related diseases.*

**Second-hand smoke definition:** Environmental tobacco smoke that is inhaled involuntarily or passively by someone who is not smoking. For example, smoke when near friends or family members who smoke or smoke in public places.

*Say to the participant:* I would now like to ask you questions regarding smoking and related diseases.

**Passive Smoking**

*Say to the participant: I would now like to ask you questions regarding smoking and related diseases.*

**Second-hand smoke definition:** Environmental tobacco smoke that is inhaled involuntarily or passively by someone who is not smoking. For example, smoke when near friends or family members who smoke or smoke in public places.

*Say to the participant:* I would now like to ask you questions regarding smoking and related diseases.

**Passive Smoking**

*Say to the participant: I would now like to ask you questions regarding smoking and related diseases.*

**Second-hand smoke definition:** Environmental tobacco smoke that is inhaled involuntarily or passively by someone who is not smoking. For example, smoke when near friends or family members who smoke or smoke in public places.
Q.1 Generally, how many days are you exposed to second hand smoke every week? (second hand smoke means the breath of the smoker or the smoke of the cigarettes)

(1) Everyday, (2) On average 4-6 days per week, (3) On average 1-3 days per week, (4) Or less than once a week, (5) Don't know, (6) Decline to respond.

Q.2 Smoking can cause...

(1) Yes, (0) No.

START ROSTER 7.2.1: Smoking Q1

Roster Contents: (1) Apoplexy (stroke, cerebral thrombosis or blood clot), (2) Heart attack, (3) Lung cancer.

Q.2 Smoking can cause...

(1) Yes, (0) No.

END ROSTER 7.2.1: Smoking Q1
that list which you believe can be caused by secondhand smoke.

Can secondhand smoke cause any of the following things on this list?

- Heart disease in adults
- Lung disease in children
- Lung cancer in adults

Q.3 Do you think that low-tar (mild or light) cigarettes less harmful than regular cigarettes?

Q.4 Have you ever consumed alcohol in your life?
SCREEN7.3: Alcohol Consumption

Enable if: current.alc_status_ever = 1

**Instructions for interviewer**
- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.
- All questions are programmed with -1 = Don’t Know, or -2 = Decline to respond as a standard response value.
- Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

**Say to the participant:** I would now like to ask you questions regarding your history of alcohol usage.

**Q. 1** Have you consumed any alcohol within the past 30 days?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>-1</td>
<td>I don’t know</td>
</tr>
<tr>
<td>-2</td>
<td>Decline to respond</td>
</tr>
</tbody>
</table>

**Q. 2** In the past 30 days, on average, how frequently have you had alcoholic beverages?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>5-6 days/week</td>
</tr>
<tr>
<td>3</td>
<td>2-4 days/week</td>
</tr>
<tr>
<td>4</td>
<td>1-2 days/week</td>
</tr>
<tr>
<td>5</td>
<td>1-2 days/month</td>
</tr>
<tr>
<td>6</td>
<td>&lt;1 day/month</td>
</tr>
<tr>
<td>-1</td>
<td>I don’t know</td>
</tr>
<tr>
<td>-2</td>
<td>Decline to respond</td>
</tr>
</tbody>
</table>

**Important Reminder:**
Alcohol Consumption  ಆಲೆ ೋಹಾಲ್ಡ ಬಳಕೆ

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

7. Health Behaviors Label

Screen 7.4: Diet ಡೀಟ

Select button below to answer questions about participants diet.

Instructions for interviewer
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

ಸಂದರ್ಶಕರಿಗೆ ಸೂಚನೆಗಳು:
ಹಳದಿಯಲ್ಲ ಹೈಲೈಟ್ ಆಗಿರುವ ಎಲ್ಲ ಟಕ್ಸ್ ಟ ನಿಮಗೆ ನಿರ್ದೇಶನಗಳು ಆಗಿವೆ ಮತ್ತು ಅವುಗಳನ್ನು ಜೋರಾಗಿ ಓದಬಾರದು.
Say to the participant: I would now like to ask you questions regarding your diet.

I'm going to read you a list of foods. Please indicate whether or not you have eaten this food in the past 30 days.

---

**Start Roster 7.4.1: Diet**

<table>
<thead>
<tr>
<th>Diet</th>
<th>Label</th>
<th>Important Reminder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1</td>
<td>ate_food</td>
<td>1. Select &quot;Remove Disabled Values&quot; button below (red X).</td>
</tr>
</tbody>
</table>

---

**End Roster 7.4.1: Diet**
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with 1= Don't know, or 2= Decline to respond as a standard response value.

Never read the options Don't know, or Decline to respond, only fill those in when indicated by the respondent.

Select button below to answer questions about participants physical activity.
### Physical Activity Label

#### Section 7a Physical activity at work

**Instructions for interviewer**

- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.
- All questions are programmed with -1 = Don’t Know, or -2 = Decline to respond as a standard response value.
- Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

**Read the following instructions before proceeding to the following questions:**

Now I’m going to ask you some questions about your physical activity at work.

- **Vigorous-intense activity** is activity that requires a large amount of effort and causes rapid breathing and a substantial increase in heart rate.
- **Moderate-intense activity** is activity that requires a moderate amount of effort and noticeably accelerates the heart rate.
Sec. 7a Physical activity at work

Q.1

During the last 7 days, on how many days did your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like (carrying or lifting heavy loads, digging or construction work) for at least 10 minutes continuously?

Vigorous-intensity physical activities at work may include heavy shoveling or moving heavy loads (>20kg) Please enter the number of days.

**BGL_HHS**

Activity Q1

Q.2

Select unit: (minutes/hours)

Enable if: (select week_vig_work from BGL_HHS) > 0

Activity Q1

Q.3

Enter amount of time (minutes/hours):

Enable if: current.unit_spent_vig IN (1, 2)
END ROSTER 7.5.1.1: Activity Q1

Sec. 7a Physical activity at work

During the last 7 days, on how many days did your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking (or carrying light loads) for at least 10 minutes continuously?

Moderate-intensity physical activities at work may include brisk walking, gardening, housework, and carrying or moving moderate loads. Please enter the number of days.

On a typical day that you do these activities at work, how much time do you spend doing moderate-intensive activities?

Important Reminder:

START ROSTER 7.5.1.2: Activity Q2

Activity Q2
Q.5
unit_spent_mod
Enable if: (select week_mod_work from BGL_HHS) > 0

Activity Q2
Q.6
amount_spent_mod
Enable if: current.unit_spent_mod IN (1, 2)

END ROSTER 7.5.1.2: Activity Q2

Important Reminder:
Sec. 7a Physical activity at work

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

END SCREEN 7.5.1:Sec. 7a Physical activity at work

SCREEN 7.5.2:Sec. 7b Physical activity during recreation

Instructions for interviewer
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.
Read the following instructions before proceeding to the following questions:

Now I’m going to ask you some questions about your physical activity during recreation.

- **Vigorous-intense activity** is activity that requires a large amount of effort and causes rapid breathing and a substantial increase in heart rate.
- **Moderate-intense activity** is activity that requires a moderate amount of effort and noticeably accelerates the heart rate.

During the last 7 days, on how many days did you do vigorous-intense sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate (like running or football) for at least 10 minutes continuously?

*Vigorous-intensity physical activities may include running, swimming, carrying or moving heavy loads (>20kg), and competitive sports such as badminton, volleyball, and cricket.*

Please enter the number of days.
Sec. 7b Physical activity during recreation
ಮನರಂಜನೆ ಸಮಯದಲ್ಲಿ ದೈಹಿಕ ಚಟ್ಟವಟ್ಟಕೆ

**On typical day that you do these activities, how much time do you spend doing vigorous-intense activities for sports, fitness or recreation?**

ನ ಸಂಖ್ಯೆಯ ಗಾರಿಗೆ ಕಾರ್ಯಂ ಮಾಡುವ ಸಮಯದಲ್ಲಿ ದೈಹಿಕ ಚಟ್ಟವಟ್ಟಕೆ?

**Select unit (minutes/hours):**

- (1) Minutes ನಿಂದಗಳು (ನಿಮರ್ಗಳು / ಗಂಟೆಗಳು)
- (2) Hours ಗಂಟೆಗಳು (-1) Don't know ಗೊತ್ತಲ್ಲಿ (2) Decline to respond ಎಳೆಹೆನಿಸಿಕೆ

**Enter amount of time (minutes/hours):**

- (1) Minutes ನಿಂದಗಳು (ನಿಮರ್ಗಳು / ಗಂಟೆಗಳು):
- (2) Hours ಗಂಟೆಗಳು

**During the last 7 days, on how many days did you do moderate-intense sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate (such as brisk walking, cycling, swimming, volleyball) for at least 10 minutes continuously?**

**Moderate-intensity recreational physical activities may include brisk walking, dancing, or games and sports with children. Please enter the number of days.**

- 10 ಅಥವಾ ಮರ್ದರು ದಿನಗಳು (10), 100 ಅಥವಾ ಮರ್ದರು ದಿನಗಳು (100), 1000 ಅಥವಾ ಮರ್ದರು ದಿನಗಳು (1000) ಸಂಖ್ಯೆ(ಗಳು).
Sec. 7b Physical activity during recreation
On a typical day that you do these activities, how much time do you spend doing moderate-intense activities for sports, fitness or recreation?

Important Reminder:
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).
In the last 7 days, how much time did you spend sitting or reclining on a typical week day? (do not include time spent sleeping)

(Activity interviewer probe "What is the total amount of time you spent sitting last Wednesday?")

In the last 7 days, how much time did you spend sitting or reclining on a typical week day? (do not include time spent sleeping)

(Activity interviewer probe "What is the total amount of time you spent sitting last Wednesday?")

Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?

(Activity interviewer probe "Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?")
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?

**Please enter the number of days**

**If not done at all in a typical week, please enter 0.**

**Important Reminder:**
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
### Physical Activity Label

4. Fix any "Errors" below (red circle).

1. (Red X) The message "Please fill in the weight control section" is missing.
2. (Red X) The message "Select the appropriate option" is missing.
3. (Red X) The message "Select the appropriate option" is missing.

### END SCREEN 7.5: Physical Activity Label

7. Health Behaviors Label

#### Weight Control Label

Select button below to answer questions about participants weight control.

### SCREEN 7.6: Weight Control Label

**Instructions for interviewer**

- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.
- All questions are programmed with -1 = Don’t Know, or -2 = Decline to respond as a standard response value.
- Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

### Weight Control Label
Say to the participant: I would now like to ask you questions regarding your weight control.

Do you know your height?

- Yes
- No
- Decline to respond

Please enter weight in kg:

Please select:

- Slim
- Normal
- Overweight
- Obese
- Don't know
- Decline to respond

How do you feel about your current weight?

Read responses aloud except for the options Don’t know, or Decline to respond (SELECT ONE)
### Questionnaire Content Report

#### Weight Control (control_weight) BGL_HHS

**Q. 7** In the past 12 months, did you take any measures to control weight?

*Read responses aloud except for the options Don't know and Decline to respond*

- (1) Measures to lose weight
- (2) Measures to keep current weight
- (3) Measures to increase weight
- (0) No measures taken
- (-1) Don't know
- (-2) Decline to respond

#### Weight Control (lose_weight) BGL_HHS

**Q. 8** What measures have you taken to lose or maintain your weight?

*Enable if: ((current.control_weight) = 1) OR ((current.control_weight) = 2)*

- (1) Control diet
- (2) Exercise
- (3) Medication
- (-5) Others (specify)
- (-1) Don't know
- (-2) Decline to respond

---

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**ಮಖ್ಯ ನೆನಪಿಸುವಿಕೆ:**

1. (ಹಸಿರು ಚೆಕ್ ಮಾಕ್ಸ್ ಬಟನ್ಸ) ರಿಮೂಡಿಸೇಬಲ್ಡ ಬಟನ್ಸ ಆಯ್ಕೆಮಾಡಿ.
2. (ಹಸಿರು ಚೆಕ್ ಮಾಕ್ಸ್ ಬಟನ್ಸ) ವಾಯ ಲ್ಲಡೇಟ್ ಬಟನ್ಸ ಆಯ್ಕೆಮಾಡಿ.
3. (ಬಟಮ್ ರೈಟ್ ಬಟನ್ಸ) ಶೋ ಎರರ್ಡಿೋಟೇಲ್ಡ ಟಿಂಲಾಟ್ ಬಟನ್ಸ ಆಯ್ಕೆಮಾಡಿ.
4. (ಹಸಿರು ಚೆಕ್ ಮಾಕ್ಸ್ ಬಟನ್ಸ) ಪಿಕ್ಸ್ ಟೆನಿಂಲಾಟ್.
Ayurvedic, homeopathic or any home-made remedies

Instructions for interviewer
All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.
Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

Ayurvedic, homeopathic or any home-made remedies Q.1
Are you familiar with Ayurvedic, homeopathic or any home-made remedies?
(1)Yes (0)No

Ayurvedic, homeopathic or any home-made remedies Q.2
Have you used Ayurvedic, homeopathic or any home-made remedies in the past year?
(1)Yes (0)No (-1)Don't know (-2)Decline to respond

What illness/complaint did you use Ayurvedic, homeopathic or any home-made remedies for?
(SELECT ALL THAT APPLY)
Ayurvedic, homeopathic or any home-made remedies Label

| Ayurvedic, homeopathic or any home-made remedies Q.3 | BGL_HHS
alt_med_cond
Enable if :current.alt_med_yr = 1 |

Important Reminder:
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

What illness/complaint did you use Ayurvedic, homeopathic or any home-made remedies for?

(SELECT ALL THAT APPLY)

- Arthritis
- Epilepsy
- Hypertension (high blood pressure)
- Hypercholesterolemia (high cholesterol)
- Diabetes mellitus
- Depression
- Asthma
- ADD/ADHD
- Dyslexia
- Osteoporosis
- Thalassemia
- Cancer
- Sickle cell anemia
- Multiple sclerosis
- HIV/AIDS
- Hepatitis B
- Hepatitis C
- Polio
- Leprosy
- Chronic renal failure
- Congenital heart disease
- Congestive heart failure
- Cerebral infarction (stroke)
- Acute myocardial infarction (heart attack, STEMI, N-STEMI)
- Coronary heart disease (unstable angina)
- Atrial fibrillation
- Chronic obstructive pulmonary disease (COPD)
- Pertussis (whooping cough)
- Pneumonia
- Tuberculosis
- Malaria
- Syphilis
- Gonococcal infection
- Chlamydia
- Cholera
- Measles
- Typhoid and paratyphoid
- Tetanus
- Dengue fever (hemorrhagic fever)
- Other (-1) Don't Know (-2) Decline to respond
Ayurvedic, homeopathic or any home-made remedies Label

2. (ಕ್ಳ್ಯಾಕಿಟ್ "ಹಸಿರು ಚೆಕ್" ಮಾಕ್ಸ್) ಹಸಿರು "ಸ್ವಾಥ್ಯ ಗುಣಮಟ್ಟಕ" ವಾಯು ತಡೆಯಿಸಿ "ಹಸಿರು ಚೆಕ್ ಮಾಕ್ಸ್" ಮಾಡಿ.

3. (ಮಹಾತುಳ್ಳು ಬಂದು "ವಾಯು ಲ್ಯಾಂಡ್") ವಾಯು ಲ್ಯಾಂಡ್ "ವಾಯು ಲ್ಯಾಂಡ್" ಮಾಡಿ.

END SCREEN 7.7: Ayurvedic, homeopathic or any home-made remedies

7. Health Behaviors Label

Important Reminder:
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

ಉದ್ಧೀರ್ಣೆ ನೀಡಿಸುವಿಕೆ:
1. (ಹಸಿರು ಚೆಕ್) ನೀಡಿ "ಹಸಿರು ಚೆಕ್ "ಸ್ವಾಥ್ಯ ಗುಣಮಟ್ಟಕ" ವಾಯು ತಡೆಯಿಸಿ "ಹಸಿರು ಚೆಕ್ ಮಾಕ್ಸ್" ಮಾಡಿ.
2. (ಮಾಕ್ಸ್ ಬಂದು "ವಾಯು ಲ್ಯಾಂಡ್") ವಾಯು ಲ್ಯಾಂಡ್ "ವಾಯು ಲ್ಯಾಂಡ್" ಮಾಡಿ.
3. (ಮಹಾತುಳ್ಳು ಬಂದು "ವಾಯು ಲ್ಯಾಂಡ್") ವಾಯು ಲ್ಯಾಂಡ್ "ವಾಯು ಲ್ಯಾಂಡ್" ಮಾಡಿ.

END SCREEN 7.7: Health Behaviors

SCREEN8: Medical History
Enable if: current.hh_consent = 1
### Instructions for interviewer
All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with `-1= Don’t Know`, or `-2= Decline to respond` as a standard response value.

Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

---

#### 8. Medical History

**Say to the participant:** I would now like to ask you questions regarding your overall medical history.

#### Heart Condition History

**Please select button below to answer questions about your history with heart disease.**
8a. Heart Condition History

Have you ever been diagnosed with any of these conditions?

Read responses aloud (SELECT ALL THAT APPLY)

1. Heart disease
2. Angina (chest pain from heart disease)
3. Heart attack (Myocardial infarction (MI))
4. Heart failure
5. Stroke (cerebrovascular accident or incident)
6. High blood/sugar glucose
7. Chronic kidney disease
8. ST elevated myocardial infarction (STEMI)
9. Cardiac arrest (cardiopulmonary arrest, circulatory arrest, or sudden death)
10. Congestive heart failure (heart failure, cardiomyopathy or “weak” heart)
11. Atrial fibrillation (irregular rhythm or “A-Fib”, Irregular heart rhythm related to abnormal electrical conduction in the heart)
12. None
13. Don’t know
14. Decline to respond
At what age were you first diagnosed with this condition?

- [1] Don't know
- [2] Decline to respond

Have you taken measures to control this condition?

- [1] Yes
- [0] No
- [1] Don't know
- [2] Decline to respond

What kind of measures have you taken to control this condition?

- [1] Control diet
- [2] Exercises
- [3] Blood pressure monitoring
- [4] Blood sugar monitoring
- [5] Blood lipid monitoring
- [6] Insulin treatment
- [7] Taking drugs as prescribed
- [8] Self-medicating
- [9] Other
- [99] Don't know
- [2] Decline to respond

Important Reminder:
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
What kind of measures? Label

4. Fix any "Errors" below (red circle).

1. (adero X) UI "RIndia"

2. (adero Y) UI "Removable"

3. (adero Z) UI "Removable"

END SCREEN 8.1.1.1: What kind of measures?

END ROSTER 8.1.1: Medical History P.1

START ROSTER 8.1.2: Medical History P.2

Have you taken any of these measures in the past two weeks?

(1) Yes
(0) No
(-1) Don't know
(-2) Decline to respond

Medical History P.2

START ROSTER 8.1.2: Medical History P.2

Medical History P.2

Have you taken any of these measures in the past two weeks?

(1) Yes
(0) No
(-1) Don't know
(-2) Decline to respond

Medical History P.2

Medical History P.2

Have you taken any of these measures in the past two weeks?

(1) Yes
(0) No
(-1) Don't know
(-2) Decline to respond
In the past 30 days, have you taken any medication for this condition?

1. Yes (0) No

What medications have you taken for this condition?

- Aspirin
- Statin
- Beta blockers
- Calcium channel blockers
- Lipid lowering agents
- Other
- Don't know
- Decline to respond

Do you know if your heart attack was a ST Elevated Myocardial Infarction (STEMI)?

1. Yes, it was STEMI
2. Yes, it was not STEMI
3. No, I do not know
4. Decline to respond

When was the last time your blood pressure was measured? This could have been anyone including yourself.

1. Within 7 days
2. Within the last month
3. 1-6 months ago
4. 7-12 months ago
5. 11 months ago
6. Never had blood pressure measured
7. Don't know
8. Decline to respond

Have you been diagnosed as hypertensive?

1. Yes
2. No
3. Don't know
4. Decline to respond
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Description</th>
<th>Enable Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a. Heart Condition History</td>
<td>control_bp</td>
<td>Have you taken any measures to control your blood pressure?</td>
<td>Enable if: current.diag_hypertensive = 1</td>
</tr>
<tr>
<td></td>
<td>bp_meds</td>
<td>Did you take blood pressure lowering medication in the past 2 weeks?</td>
<td>Enable if: array_contains(current.what_control_bp, 1) OR array_contains(current.what_control_bp, 2)</td>
</tr>
<tr>
<td></td>
<td>diag_diabetes</td>
<td>Have you been diagnosed with diabetes? (not including gestational diabetes)</td>
<td>Enable if: current.diag_diabetes = 1</td>
</tr>
<tr>
<td></td>
<td>control_diabetes</td>
<td>Have you taken measures to control your blood glucose levels?</td>
<td>Enable if: current.diag_hypertensive = 1</td>
</tr>
<tr>
<td></td>
<td>what_control_diabetes</td>
<td>What kind of measures did you take to control your blood glucose?</td>
<td>Enable if: current.control_diabetes = 1</td>
</tr>
<tr>
<td></td>
<td>diab_meds</td>
<td>Did you take diabetes medication in the past 2 weeks?</td>
<td>Enable if: array_contains(current.what_control_diabetes, 1) OR array_contains(current.what_control_diabetes, 2)</td>
</tr>
<tr>
<td>Question</td>
<td>Answer Options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a. Heart Condition History</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a. Heart Condition History</strong></td>
<td>Have you been diagnosed with dyslipidaemia? <em>(Dyslipidaemia is when there are abnormal amounts of lipids and lipoproteins in the blood)</em>&lt;br&gt;निवूड्यापावणीच्या आकड्यानुसार, तुमच्या स्वास्थ्यात कोणती अवरोधाची दागिने? (डॉसपावणीचे आकड्यातून, तुमच्या रक्तात दागिन्याच्या आकड्यातून अवरोधाची दागिने?)&lt;br&gt;<strong>(1) Yes <strong>&lt;br&gt;</strong>(0) No &lt;br&gt;</strong>(1) Don't know &lt;br&gt;**(2) Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a. Heart Condition History</strong></td>
<td>Have you taken measures to control your blood lipid levels?&lt;br&gt;निमने झाला तुमच्या रक्तात दागिन्याच्या आकड्यातून भर येईल?&lt;br&gt;<strong>(1) Yes <strong>&lt;br&gt;</strong>(0) No &lt;br&gt;</strong>(1) Don't know &lt;br&gt;**(2) Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a. Heart Condition History</strong></td>
<td>What kind of measures did you take to control your blood lipid?&lt;br&gt;तुम्ही कसा विधी अद्यावधी तुमच्या रक्तात दागिन्याच्या आकड्यातून भर येत असेल?&lt;br&gt;<strong>(1) Take drugs according to doctor's prescription&lt;br&gt;</strong>(2) Control diet&lt;br&gt;<strong>(3) Exercises&lt;br&gt;</strong>(4) Blood lipid monitoring&lt;br&gt;<strong>(5) Other&lt;br&gt;</strong>(1) Don't know &lt;br&gt;**(2) Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a. Heart Condition History</strong></td>
<td>Did you take lipid lowering medication in the past 2 weeks?&lt;br&gt;तुम्ही आतापर्यंत 2 वर्षांच्या अंतरात कोणत्या अवरोधाच्या दागिन्याच्या आकड्यातून बुधवारे खालीलेच्या नजीकी उपचारे तपासला असेल? नाही&lt;br&gt;<strong>(1) Yes <strong>&lt;br&gt;</strong>(0) No &lt;br&gt;</strong>(1) Don't know &lt;br&gt;**(2) Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a. Heart Condition History</strong></td>
<td>Have you taken aspirin in the last 30 days?&lt;br&gt;तुम्ही आतापर्यंत 30 दिवसात असपर्यंत कायला निरुपेक्षात द्राक्षे वाचला असेल? नाही&lt;br&gt;<strong>(1) Yes <strong>&lt;br&gt;</strong>(0) No &lt;br&gt;</strong>(1) Don't know &lt;br&gt;**(2) Decline to respond</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a. Heart Condition History</strong></td>
<td>Are you taking aspirin to prevent or treat heart disease?&lt;br&gt;तुम्ही कायला असपर्यंत ड्राक्षे वाचला असेल, कायला निरुपेक्षात द्राक्षे वाचता तुम्ही निरुपेक्षात आधारानुसार तुमच्या आहाराच्या आकड्यातून भर येत असेल? नाही&lt;br&gt;<strong>(1) Yes <strong>&lt;br&gt;</strong>(0) No &lt;br&gt;</strong>(1) Don't know &lt;br&gt;**(2) Decline to respond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8a. Heart Condition History

In the past 30 days, have you taken any type of statin (Lovastatin/Simvastatin/Atorvastatin or any other statin)?

(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond

Enable if: current.taken_statin = 1

Important Reminder:
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).
8. Medical History Label

In the last 12 months, have you called for an ambulance?

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Don't know</td>
<td>-1</td>
</tr>
<tr>
<td>Decline to respond</td>
<td>-2</td>
</tr>
</tbody>
</table>

In the last 12 months, how many times did you call for an ambulance?

If necessary, enter the following codes: -1 = Don't know or -2 = Decline to respond

Please select button below to answer further questions about your experience calling an ambulance.

Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.

Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

START ROSTER 8.2.1: Ambulance Calls P.1

| Roster Contents | (1) First call <br> (2) Second call <br> (3) Third call <br> (4) Fourth call <br> (5) Fifth call |
Ambulance Calls P.1 Q.1

**What number did you call?**

Do not read responses aloud

1. Hospital
2. Doctor
3. Other
4. Don't know
5. Decline to respond

Ambulance Calls P.1 Q.2

**Was your ambulance call for yourself or another person?**

1. Myself
2. Other person
3. Don't know
4. Decline to respond

Ambulance Calls P.1 Q.3

**If you called an ambulance for another person, did you accompany the patient?**

1. Yes
2. No
3. Don't know
4. Decline to respond

Ambulance Calls P.1 Q.4

**What was the primary reason for your call?**

1. High fever, severe diarrhea
2. Cough, flu, bronchitis, pneumonia
3. Immunization
4. Antenatal consultation
5. Childbirth
6. Family planning
7. Dental care
8. Arthritis
9. Diabetes
10. Cancer
11. Hypertension
12. Asthma
13. Bodily injury/accident
14. Minor surgery
15. Other
16. Don't know
17. Decline to respond

Ambulance Calls P.1 Q.5

**Did you/the patient receive any treatment in the ambulance?**

1. Yes
2. No
3. Don't know
4. Decline to respond

END ROSTER 8.2.1: Ambulance Calls P.1

START ROSTER 8.2.2: Ambulance Calls P.2

Roster Contents:
1. First call
2. Second call
3. Third call
4. Fourth call
5. Fifth call

Ambulance Calls P.2 Q.6

**Were you or the individual that you called an ambulance for transported to a facility?**

1. Yes
2. No
3. Don't know
4. Decline to respond
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Label</th>
<th>Instructions for interviewer</th>
<th>Enable if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who decided on the facility?</td>
<td>who_decided</td>
<td>call_ambulance</td>
<td><strong>Who decided on the facility?</strong>&lt;br&gt;Who decided on the facility?&lt;br&gt;(1) EMS staff on board (driver, nurse, doctor) (2) Patient/relative (3) Family (4) Other&lt;br&gt;(5) Don't know&lt;br&gt;(-2) Decline to respond</td>
<td>:current.taken_to_facility = 1</td>
</tr>
<tr>
<td>Which facility?</td>
<td>ambulance</td>
<td>call_ambulance</td>
<td><strong>Instructions for interviewer</strong>&lt;br&gt;All text highlighted in yellow are directions for you and should not be read aloud.&lt;br&gt;All text highlighted in green are observations only.&lt;br&gt;All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.&lt;br&gt;Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.</td>
<td>:current.taken_to_facility = 1</td>
</tr>
<tr>
<td>Which facility? Q.1</td>
<td>ambulance</td>
<td>public_private</td>
<td><strong>Which facility? Q.1</strong>&lt;br&gt;Which facility? Q.1&lt;br&gt;Were you taken to a public or private facility?&lt;br&gt;(1) Public (2) Private&lt;br&gt;(-1) Don't know&lt;br&gt;(-2) Decline to respond</td>
<td>:current.ambulance_public_private = 1</td>
</tr>
<tr>
<td>Which facility? Q.2</td>
<td>ambulance</td>
<td>public_fac</td>
<td><strong>Which facility? Q.2</strong>&lt;br&gt;Which facility? Q.2&lt;br&gt;What was the type of public health you went to for emergency care?&lt;br&gt;(1) District hospital (DH) (2) Civil hospital (CH) (3) Medical teaching hospital (4) Community Health Center (CHC) (5) Primary Health Centre (PHC) (6) Sub Health Centre (7) Other&lt;br&gt;(-1) Don't know&lt;br&gt;(-2) Decline to respond</td>
<td>:current.ambulance_public_private = 2</td>
</tr>
<tr>
<td>Which facility? Q.3</td>
<td>ambulance</td>
<td>private_fac</td>
<td><strong>Which facility? Q.3</strong>&lt;br&gt;Which facility? Q.3&lt;br&gt;What was the type of private health facility that you went to for emergency care?&lt;br&gt;(1) Private Hospital (2) Private Medical Teaching Hospital (3) Nursing Home (4) Corporate Hospital (5) Private Clinic (6) Other&lt;br&gt;(-1) Don't know&lt;br&gt;(-2) Decline to respond</td>
<td>:current.ambulance_public_private = 2</td>
</tr>
<tr>
<td>Questionnaire Content Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td></td>
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<tr>
<td>Which facility? Q.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ambulance_fac_name</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>call_ambulance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enable if :current.ambulance_public_private &gt; 0 AND (current.ambulance_public_fac &gt; 0 OR current.ambulance_private_fac &gt; 0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What was the name of the facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಸೌಲ್ಭಯ ದಹೆರು ಏನಾಗಿತ್ತು?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Important Reminder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select &quot;Remove Disabled Values&quot; button below (red X).</td>
</tr>
<tr>
<td>2. Select &quot;Validate&quot; button below (green check mark).</td>
</tr>
<tr>
<td>3. Select &quot;Show Error Details&quot; button below (bottom right button).</td>
</tr>
<tr>
<td>4. Fix any &quot;Errors&quot; below (red circle).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>END SCREEN 8.2.2.1:Which facility?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SCREEN8.2.2.2:Call Wait Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Call Wait Time Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>About how long did it take for your call to be answered?</td>
</tr>
<tr>
<td>ಉತ್ತರವನ್ನು ತೆಗೆದುಕಂಡಿತ್ತು ಎಷ್ಟು?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>START ROSTER 8.2.2.1:Call Wait Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Select unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)Minutes ಮಿನಿಟ್ಸ್ ತೊಂದರು, (2)Hours ಎಂಜಿನವೇ ತೊಂದರು, (1)Don't know ಹುದ್ದೆ, (2)Decline to respond ಅನುಮತಿ ನೀಡಲಾಗದು</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Call Wait Time Q.1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>unit_call</strong></td>
</tr>
<tr>
<td><strong>time_ambulance</strong></td>
</tr>
<tr>
<td>Call Wait Time</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Q.2</td>
</tr>
<tr>
<td>amount_call</td>
</tr>
<tr>
<td>time_ambulance</td>
</tr>
</tbody>
</table>

Enable if :current.unit_call >0

---

**Important Reminder:**
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

---

<table>
<thead>
<tr>
<th>Ambulance Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>About how long did it take for the ambulance to get to your location?</td>
<td></td>
</tr>
<tr>
<td>START ROSTER 8.2.2.3.1:Ambulance Wait Time</td>
<td></td>
</tr>
</tbody>
</table>

RosterContents :(1)Time

<table>
<thead>
<tr>
<th>Ambulance Wait Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1</td>
<td>Select unit:</td>
</tr>
<tr>
<td>unit_amb_wait</td>
<td>ಆಂಬುಲೆನ್ಸ್ ತೆಗೆದುಕಂಡನ್ನು ನಿಮರ್ಗಳು/ಗಂಟೆಗಳು</td>
</tr>
<tr>
<td>time_ambulance</td>
<td>(1)Minutes ಗಂಟೆಗಳು,(2)Hours ಗಂಟೆಗಳು,(-1)Don't know ಗಂಟೆಗಳು,(-2)Decline to respond ಗಂಟೆಗಳು</td>
</tr>
</tbody>
</table>
Ambulance Wait Time

**Q.2**

Enter amount of time (minutes/hours):

Enable if :current.unit_amb_wait > 0

---

**Ambulance Time Label**

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

---

**Screen 8.2.2.4: Travel time to hospital**

**Travel time to hospital Label**

About how long did it take for you to arrive at the hospital?

---

**Screen 8.2.2.3: Ambulance Wait Time**

---

**Screen 8.2.2.1: Hospital Travel Time**

RosterContents : (1) Time<br>
**Hospital Travel Time**

**Q.1**

Select unit:

- ಯೂನಿಟ್ ಟ (ನಿಮರ್ಗಳು/ಗಂಟೆಗಳು)
- ಆರಿಸಿ (ನಿಮರ್ಗಳು/ಗಂಟೆಗಳು)
- Don't know (-1)
- Decline to respond (-2)

**unit_ambulance**

**time_ambulance**

Enable if: current.unit_ambulance > 0

**Hospital Travel Time**

**Q.2**

Enter amount of time (minutes/hours):

**amount_ambulance**

**time_ambulance**

Enable if: current.unit_ambulance > 0

---

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**Travel time to hospital Label**

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

---

**END ROSTER 8.2.2.4.1: Hospital Travel Time**

**END SCREEN 8.2.2.4: Travel time to hospital**

**END ROSTER 8.2.2: Ambulance Calls P.2**

**START ROSTER 8.2.3: Ambulance Calls P.3**

RosterContents:

1. First call
2. Second call
3. Third call
4. Fourth call
5. Fifth call
Ambulance Calls P.3 Q.8

Did you get admitted to the emergency department upon arrival at the facility?

Enable if: current.accompany_patient = 1 OR current.self_other = 1

(1) Yes (2) No (-1) Don't know (-2) Decline to respond

SCREEN8.2.3.1: Wait for medical attention

Enable if: current.admitted_ambulance = 1

How long did the patient have to wait before receiving medical attention upon arrival at the facility?

Select unit:

Select: (1) Minutes, (2) Hours, (-1) Don't know, (-2) Decline to respond

Enter amount of time (minutes/hours):

Enable if: current.unit_wait_ambulance > 0

END ROSTER 8.2.3.1.1: How long did the patient have to wait before receiving medical attention upon arrival at the facility?

Important Reminder:

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

Start Roster 8.2.3.1.1: How long did the patient have to wait before receiving medical attention upon arrival at the facility?
8.2.3.1: Wait for medical attention

**Questionnaire Content Report**

**Wait for medical attention Label**

1. "Вай ಲ್ಯಯ ಸ್" ಬಟನ್ಸ ಅನ್ನು ಆಯ್ಕೆ ಮಾಡಿ.

2. "ಹಸಿರುಚೆಕ್ಕ್ಸ್ರಾಕ್ಸ್" ಬಟನ್ಸ ಆಯ್ಕೆ ಮಾಡಿ.

3. "ವಾಯ ಲ್ಲಡೇಟ್" ಬಟನ್ಸ ಆಯ್ಕೆ ಮಾಡಿ.

4. "ರೆರ್ಡಸಕೇಲ್ಡ" ಬಟನ್ಸ ಆಯ್ಕೆ ಮಾಡಿ.

**Ambulance Calls P.3 Q.9**

**total_cost_ambulance** **call_ambulance**

How much was the total ambulance service?

(Includes both the amount paid by the patient as well as any costs paid by an insurance company)

If necessary, use the following codes: -1 Don't know or -2 Decline to respond.

Enable if :current.accompany_patient = 1 OR current.self_other = 1

**Ambulance Calls P.3 Q.10**

**out_pocket_ambulance** **call_ambulance**

Of the total ambulance service costs, how much did you/the patient have to pay for the service?

If necessary, use the following codes: -1 Don't know or -2 Decline to respond.

Enable if :current.accompany_patient = 1 OR current.self_other = 1

**END ROSTER 8.2.3: Ambulance Calls P.3**

**8b. Ambulance Experience**

**8b. Ambulance Experience Label**

Read the following instructions before asking the question:

Please respond to each of the questions using the following scale 1) Very good, 2) Good, 3) Moderate, 4) Bad, 5) Very bad

The following questions refer to the last time you called an ambulance.

1) ಕೆಟ್ಟಿದ ನಾಂತ್ರಕೃತ ಪರಿಸರದಲ್ಲಿ, ಮಾಡುವ ಕೆಲಸಕ್ಕೆ ಮೌಲ್ವಿ?
2) ಕೆಟ್ಟಿದ ನಾಂತ್ರಕೃತ ಪರಿಸರದಲ್ಲಿ, ಮಾಡುವ ಪರಿಸರದಲ್ಲಿ, ಮೌಲ್ವಿ?
3) ಕೆಟ್ಟಿದ ನಾಂತ್ರಕೃತ ಪರಿಸರದಲ್ಲಿ, ಮಾಡುವ ಪರಿಸರದಲ್ಲಿ, ಮೌಲ್ವಿ?
4) ಕೆಟ್ಟಿದ ನಾಂತ್ರಕೃತ ಪರಿಸರದಲ್ಲಿ, ಮಾಡುವ ಪರಿಸರದಲ್ಲಿ, ಮೌಲ್ವಿ?
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Rating Options</th>
<th>Label</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8b.11</td>
<td>How would you rate the time for the call to be answered?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond</td>
<td>call_answered</td>
<td>BGL_HHS</td>
</tr>
<tr>
<td>8b.12</td>
<td>How would you rate the way in which you were respected by the dispatcher over the phone?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond</td>
<td>respect_dispatch</td>
<td>BGL_HHS</td>
</tr>
<tr>
<td>8b.13</td>
<td>Did the dispatcher provide guidance and support to your specific situation?</td>
<td>(1) Yes, (2) No, (3) Don't know, (4) Decline to respond</td>
<td>dispatch_support</td>
<td>BGL_HHS</td>
</tr>
<tr>
<td>8b.14</td>
<td>How would you rate the professionalism of the dispatcher in providing over the phone guidance and support for handling your situation?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond</td>
<td>rate_dispatch_support</td>
<td>BGL_HHS</td>
</tr>
<tr>
<td>8b.15</td>
<td>How would you rate the time for the vehicle to arrive?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond</td>
<td>vehicle_arrive</td>
<td>BGL_HHS</td>
</tr>
<tr>
<td>8b.16</td>
<td>How would you rate the professionalism of the ambulance staff?</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (6) Don't know, (7) Decline to respond</td>
<td>staff_attitude</td>
<td>BGL_HHS</td>
</tr>
</tbody>
</table>
### 8b. Ambulance Experience

**How would you rate the clarity with which the ambulance staff who treated you explained things to you/your family?**

1. Very good
2. Good
3. Moderate
4. Bad
5. Very bad

If you don't know, select the option that best describes your response.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very good</td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Bad</td>
</tr>
<tr>
<td>5</td>
<td>Very bad</td>
</tr>
</tbody>
</table>

*Equivalent in Kannada: ಅಂಬ್ಯಾಲ್ಂಸ್ ಲೆನ್ಸ್ ಟ್ಯುಂಭಾವ ಒಂದು ಭಾಗ ಅನ್ನಭವ Q.17*

---

**Were you transported by the ambulance?**

1. Yes
2. No
3. Don't know
4. Decline to respond

---

**How would you rate the cleanliness of the vehicles?**

1. Very good
2. Good
3. Moderate
4. Bad
5. Very bad

If you don't know, select the option that best describes your response.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very good</td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Bad</td>
</tr>
<tr>
<td>5</td>
<td>Very bad</td>
</tr>
</tbody>
</table>

---

**Were any treatments or procedures performed on you in the ambulance?**

1. Yes
2. No
3. Don't know
4. Decline to respond

---

**How would you rate the quality of the treatments/procedures performed in the ambulance?**

1. Very good
2. Good
3. Moderate
4. Bad
5. Very bad

If you don't know, select the option that best describes your response.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very good</td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Bad</td>
</tr>
<tr>
<td>5</td>
<td>Very bad</td>
</tr>
</tbody>
</table>

---

**Did you receive any information about the treatments/procedures performed in the ambulance?**

1. Yes
2. No
3. Don't know
4. Decline to respond

---

**How would you rate the quality of the information you received about treatment/procedure performed in the ambulance?**

1. Very good
2. Good
3. Moderate
4. Bad
5. Very bad

If you don't know, select the option that best describes your response.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very good</td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Bad</td>
</tr>
<tr>
<td>5</td>
<td>Very bad</td>
</tr>
</tbody>
</table>
### Questionnaire Content Report

**8b. Ambulance Experience**

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Label</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate your level of confidence Emergency Medical Service</td>
<td>trust_em</td>
<td>BGL_HHS</td>
<td>Read the following instructions before asking the question: I am going to read aloud a statement, please respond using the following scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1) Very high (2) High (3) Moderate (4) Low (5) Very low (-1) Don't know (-2) Decline to respond</td>
</tr>
<tr>
<td>How reasonable do you think the Emergency Medical Service fee is?</td>
<td>fee_fair</td>
<td>BGL_HHS</td>
<td>How reasonable do you think the Emergency Medical Service fee is? (including both transportation and medical costs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1) Very inexpensive or free (2) Somewhat inexpensive (3) Moderate (4) Somewhat expensive (5) Very expensive</td>
</tr>
<tr>
<td>Please rate the overall quality of Emergency Medical Service from 1 being the best to 5 being the worst.</td>
<td>quality_ems</td>
<td>BGL_HHS</td>
<td>Please rate the overall quality of Emergency Medical Service from 1 being the best to 5 being the worst.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad (-1) Don't know (-2) Decline to respond</td>
</tr>
</tbody>
</table>

**Notes:**
- Q25 and Q26 were not included as per the instructions provided.
**Questionnaire Content Report**

**8b. Ambulance Experience 8b. ಅಂಬೆಂಸ್ ಅಂಬಲೇಯು ಅನ್ನಭವ**

If any, please indicate aspects for improvement in regards to the Emergency Medical Service you received.

Read responses aloud

*SELECT ALL THAT APPLY*

1. Technical level
2. Equipment
3. Variety of medication
4. Patient services
5. Service fee
6. Price of medicine
7. Flow and processing of services
8. Wait time
9. Overall environment
10. Unnecessary diagnosis, treatment and medication

(0) No area for improvement
(1) Don't know
(2) Decline to respond

---

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

---

**END SCREEN 8.2:8b. Ambulance Experience 8b. ಅಂಬೆಂಸ್ ಅಂಬಲೇಯು ಅನ್ನಭವ**
8. Medical History Label

Select button below to answer questions about your utilization and knowledge of health care.

8. Medical History Q.3

Have you ever visited a doctor or other health professional for a routine checkup? A routine checkup is a general physical exam, not an exam for specific injury, illness, or condition.

- (1) Yes
- (0) No
- (-1) Don't know
- (-2) Decline to respond

SCREEN8.3: 8c. Health Care Utilization

Enable if :current.routine_checkup = 1

8c. Health Care Utilization Label

Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don't know, or -2= Decline to respond as a standard response value.

Never read the options Don't know, or Decline to respond, only fill those in when indicated by the respondent.

8c. Health Care Utilization Label

Say to the participant: I would now like to ask you questions regarding your experience with routine health care checkups.
8c. Health Care Utilization Q.1

**last_routine_checkup**

**BGL_HHS**

*In what year did you most recently visit a doctor or other health professional for a routine checkup?*

(1) Within the last 11 months (2) 11-23 months (3) 2-4 years (4) 4-7 years (5) 7-10 years (6) 10 years or more

(1) Within the last 11 months (2) 11-23 months (3) 2-4 years (4) 4-7 years (5) 7-10 years (6) 10 years or more

8c. Health Care Utilization Q.2

**routine_public_private**

**BGL_HHS**

*Did you last visit a public or private facility for medical attention for routine care?*

(1) Public (2) Private (3) Private Teaching Hospital (4) Private Clinic (5) Other (specify)

8c. Health Care Utilization Q.3

**routine_public_fac**

**Enable if: current.routine_public_private = 1**

**BGL_HHS**

*What was the type of public health facility that you last visited for medical attention for a routine care?*

(1) District hospital (DH) (2) Civil hospital (CH) (3) Medical Teaching Hospital (4) Community Health Center (5) Primary Health Centre (6) Sub Health Centre

8c. Health Care Utilization Q.4

**routine_private_fac**

**Enable if: current.routine_public_private = 2**

**BGL_HHS**

*What was the type of private health facility that you last visited for medical attention for a routine care?*

(1) Private Hospital (2) Private Medical Teaching Hospital (3) Nursing Home (4) Corporate Hospital

8c. Health Care Utilization Q.5

**routine_fac_name**

**Enable if: current.routine_public_private > 0 AND current.routine_public_private > 0 OR current.routine_private_fac > 0**

**BGL_HHS**

*What was the name of the facility?*

8c. Health Care Utilization Q.6

**Label**

*What was the type of public health facility that you last visited for medical attention for a routine care?*
8c. Health Care Utilization | ಹೆಲೆ ಅನುಲಭ

facility_distance_gen | BGL_HHS

8c. Health Care Utilization | ಹೆಲೆ ಅನುಲಭ

8.3.1: Travel time

Q.6 | Enter distance in km

If necessary, use the following codes:
-1 = Don’t know or -2 = Decline to respond

8.3.1: Travel time

Q.7 | Select unit:

- Minutes (ಮನೆಯಾಂದ ಎಷ್ಟು ಸಮಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳದೊಯ್ಯುವುದಕ್ಷತೆ)
- Hours (ಗಂಟೆಗಳು)
- Days (ದಿನಗಳು)
-1 = Don’t know, -2 = Decline to respond

8.3.1: Travel time

Q.8 | Enter amount of time (minutes/days/hours):

Enable if :current.unit_gen > 0

Important Reminder:

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

Important Reminder:

1. (ರೆರ್ಡ X)ನ ಅಡಿಯಲ್ಲಿ "ರಿಮೂಡಿಸಿ ಲಯಯ ಸ್" ಬಟನ್ನು ಆಯ್ಕೆಮಾಡಿ.
2. (ಹಸಿರುಚೆಕ್ಸ್ ಮಾಕ್ಸ್)ಕೆಲಗಿನ "ವಿಕಲ್ಪ ಬಟನ್" (ಹಬಿಟನ್).
8c. Health Care Utilization

Emergency Department

Emergency means a sudden illness or sudden onset of chronic diseases that require immediate treatment for emergency treatment or treatment situation. Within the past 12 months, look at the number of emergency room visits, excluding emergency situations when the respondent was accompanied by others.

SCREEN 8.4: In the last 12 months, have you visited the emergency department?

enable if :current.visit_ed = 1

8. Medical History Label

Please select button below to answer further questions about your visits to the emergency department.
### Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.

Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

### Read the following before proceeding to the questions:

The following questions refer to the last time you visited the emergency department.

### Start Roster 8.4.1: Emergency Department P.1

Each row represents one of the participants visits.

RosterContents : (1) First visit<br> (2) Second visit<br> (3) Third visit<br> (4) Fourth visit<br> (5) Fifth visit

---

#### Emergency Department P.1

<table>
<thead>
<tr>
<th>Q.1</th>
<th>How did you go to the facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>transport_facility_ed</td>
<td>times_at_ed</td>
</tr>
<tr>
<td>(1) Ambulance</td>
<td>(2) Self-arranged transportation</td>
</tr>
<tr>
<td>(1) Don't know</td>
<td>(2) Decline to respond</td>
</tr>
</tbody>
</table>

Enable if :current.transport_facility_ed = 2

#### Emergency Department P.1

<table>
<thead>
<tr>
<th>Q.2</th>
<th>Why did you choose self arranged transportation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>self_transport_ed</td>
<td>times_at_ed</td>
</tr>
<tr>
<td>(1) Cheaper</td>
<td>(2) Don't want to wait for ambulance</td>
</tr>
<tr>
<td>(3) Other reasons</td>
<td></td>
</tr>
<tr>
<td>(1) Don't know</td>
<td>(2) Decline to respond</td>
</tr>
</tbody>
</table>

Enable if :current.transport_facility_ed = 2
### Emergency Department P.1

<table>
<thead>
<tr>
<th>Each row represents one of the participants visits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.3</td>
</tr>
<tr>
<td>primary_reason_ed</td>
</tr>
<tr>
<td>times_at_ed</td>
</tr>
</tbody>
</table>

#### What was the primary reason for your visit? (The reason why you visited the health facility)

1. High fever, severe diarrhea
2. Cough, flu, bronchitis, pneumonia
3. Immunization
4. Antenatal consultation
5. Childbirth
6. Family planning
7. Dental care
8. Arthritis
9. Diabetes
10. Cancer
11. Hypertension
12. Asthma
13. Heart disease
14. Bodily injury/accident
15. Minor surgery
16. Other

---

#### SCREEN8.4.1.1: What facility did you visit?

#### What facility did you visit? Label

**Instructions for interviewer**

*All text highlighted in yellow are directions for you and should not be read aloud.*

*All text highlighted in green are observations only.*

*All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.*

*Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.*

---

#### What facility did you visit? Q.1

<table>
<thead>
<tr>
<th>emergency_public_private</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

**Did you visit a public or private facility?**

1. Public
2. Private
3. Don’t Know
4. Decline to respond

---

#### What facility did you visit? Q.2

<table>
<thead>
<tr>
<th>emergency_public_fac</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

**What was the type of public health facility you went to for emergency care?**

1. District hospital (DH)
2. Civil hospital (CH)
3. Medical teaching hospital
4. Community Health Center (CHC)
5. Primary Health Centre (PHC)
6. Sub Health Centre
7. Other (specify)

---
### What facility did you visit? Q.3

<table>
<thead>
<tr>
<th>emergency_private_fac</th>
<th>times_at_ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if: current.emergency_public_private = 2</td>
<td></td>
</tr>
</tbody>
</table>

**What was the type of private health facility that you went to for emergency care?**

- (1) Private Hospital
- (2) Private Medical Teaching Hospital
- (3) Nursing Home
- (4) Corporate Hospital
- (5) Private Clinic
- Other (specify)
- Don't Know
- Decline to respond

### What facility did you visit? Q.4

<table>
<thead>
<tr>
<th>emergency_fac_name</th>
<th>times_at_ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if: current.emergency_public_private &gt; 0 AND (current.emergency_public_fac &gt; 0 OR current.emergency_private_fac &gt; 0)</td>
<td></td>
</tr>
</tbody>
</table>

**What was the name of the facility?**

### Important Reminder:

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**Māhāy Nēripyō: 1. (rēdr X) nē sañjēmbō "hōmba hēnįbaya aŋa ḍōyō" ayōn nēnī ḍōyō nāmē.**

**Māhāy Nēripyō: 2. (rēdr X) nē sañjēmbō "hōmba hēnįbaya aŋa ḍōyō" ayōn nēnī ḍōyō nāmē.**

**Māhāy Nēripyō: 3. (rēdr X) nē sañjēmbō "hōmba hēnįbaya aŋa ḍōyō" ayōn nēnī ḍōyō nāmē.**

---

**END SCREEN 8.4.1.1: What facility did you visit?**

**END ROSTER 8.4.1: Emergency Department P.1** Each row represents one of the participants visits.
Questionnaire Content Report

START ROSTER 8.4.2: Emergency Department P.2 Each row represents one of the participants visits.

RosterContents:
(1) First visit - (2) Second visit - (3) Third visit - (4) Fourth visit - (5) Fifth visit

SCREEN 8.4.2.1 : Travel time to hospital

START ROSTER 8.4.2.1.1: About how long did it take for you to arrive at the hospital? (Emergency Department)

RosterContents:
(1) First visit - (2) Second visit - (3) Third visit - (4) Fourth visit - (5) Fifth visit

About how long did it take for you to arrive at the hospital? (Emergency Department)

Select unit:
- Minutes (ೆಂಂಬೆಯುಲುಗಳು)
- Hours (ೆಂಂದ ಕೊಟ್ಟಿಲುಗಳು)
- Don't know
- Decline to respond

Enter amount of time (minutes/hours):

Unit_ed: time_emc

Enable if: current.unit_ed > 0

END ROSTER 8.4.2.1.1: About how long did it take for you to arrive at the hospital? (Emergency Department)

Emergency Department P.2 Each row represents one of the participants visits.

Q.4 med_attn_ed times_at_ed

How long did it take for you to receive medical attention after arriving at the emergency department?

Select:
- Was seen immediately
- 0 - 14 minutes
- 15 - 29 minutes
- 30 - 59 minutes
- 60 - 89 minutes
- 90 - 119 minutes
- 120+ minutes
- Don't know
- Decline to respond

If necessary, please use the following codes:

-1 Don't know or -2 Decline to respond

END SCREEN 8.4.2.1: Travel time to hospital

Emergency Department P.2 Each row represents one of the participants visits.

Q.5 total_cost_ed times_at_ed

How much was the total emergency medical expense?

Enter amount of time (minutes/hours):

Total_cost_ed: times_at_ed

If necessary, please use the following codes:

-1 Don't know or -2 Decline to respond

End
### Questionnaire Content Report

**Emergency Department P.2** Accommodation Visit

**Q.6** Of the total emergency medical expense, how much did you / the patient pay for medical services, not including medication costs?

If necessary, please use the following codes:

-1 Don’t know or -2 Decline to respond.

<table>
<thead>
<tr>
<th>out_pocket_ed</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

**Q.7** How much was the total of non-medical expenses associated with the emergency visit? (e.g. transportation, lodging, personal care etc.)

If necessary, please use the following codes:

-1 Don’t know or -2 Decline to respond.

<table>
<thead>
<tr>
<th>total_non_med_ed</th>
<th>times_at_ed</th>
</tr>
</thead>
</table>

**8d. Emergency Department**

Read the following instructions before asking the question:

Please respond to each of the questions using the following scale 1) Very good, 2) Good, 3) Moderate, 4) Bad, 5) Very bad

The following questions refer to the last time you were admitted to the emergency department when self transported.

- How would you rate the amount of time you had to wait before you received professional medical attention at the emergency department?

<table>
<thead>
<tr>
<th>wait_med_attn</th>
<th>BGL_HHS</th>
</tr>
</thead>
</table>

- How would you rate the amount of time you had to wait before you received professional medical attention at the emergency department?

<table>
<thead>
<tr>
<th>wait_med_attn</th>
<th>BGL_HHS</th>
</tr>
</thead>
</table>

---

END ROSTER 8.4.2: Emergency Department P.2 Each row represents one of the participants visits.
### 8d. Emergency Department

<table>
<thead>
<tr>
<th>Question</th>
<th>Label</th>
<th>Description</th>
</tr>
</thead>
</table>

#### Q.9
**How would you rate the time to you received to ask all of your questions about your health problem or the treatment?**

(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

- (1) Don't know
- (2) Decline to respond

---

#### Q.10
**How would you rate the way in which you were respected by health facility staff?**

(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

- (1) Don't know
- (2) Decline to respond

---

#### Q.11
**How would you rate the way in which your privacy was respected during the physical exams and treatment?**

(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

- (1) Don't know
- (2) Decline to respond

---

#### Q.12
**How would you rate the clarity with which the medical professional who treated you explained treatments or procedures to you?**

(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

- (1) Don't know
- (2) Decline to respond
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Possible Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.13</td>
<td>Were alternative treatment options discussed with you?</td>
<td>(1) Yes (2) No (3) Don't know (4) Decline to respond</td>
</tr>
<tr>
<td>Q.14</td>
<td>How would you rate the ease with which you were able to speak in private with the doctors or nurses?</td>
<td>(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad (6) Don't know (7) Decline to respond</td>
</tr>
<tr>
<td>Q.15</td>
<td>How would you rate the freedom you had in choosing the people who gave you medical attention?</td>
<td>(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad (6) Don't know (7) Decline to respond</td>
</tr>
<tr>
<td>Q.16</td>
<td>How would you rate the cleanliness of the rooms in the emergency department?</td>
<td>(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad (6) Don't know (7) Decline to respond</td>
</tr>
<tr>
<td>Q.17</td>
<td>How would you rate the amount of space you had in the Emergency Department?</td>
<td>(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad (6) Don't know (7) Decline to respond</td>
</tr>
<tr>
<td>Label</td>
<td>Question</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td><strong>8d. Emergency Department</strong>&lt;br&gt;Were you allowed to have family visit you?&lt;br&gt;Q.18&lt;br&gt;fam_visit</td>
<td>(1) Yes&lt;br&gt;(0) No&lt;br&gt;(-1) Don't know&lt;br&gt;(-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td><strong>8d. Emergency Department</strong>&lt;br&gt;Please rate your level of trust of emergency department service.&lt;br&gt;Q.19&lt;br&gt;trust_ed</td>
<td>(1) Very high&lt;br&gt;(2) High&lt;br&gt;(3) Moderate&lt;br&gt;(4) Low&lt;br&gt;(5) Very low&lt;br&gt;(-1) Don't know&lt;br&gt;(-2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td><strong>Read the following instructions before asking the question:</strong>&lt;br&gt;<strong>I am going to read aloud a statement, please respond using the following scale:</strong>&lt;br&gt;1) very inexpensive or free&lt;br&gt;2) somewhat inexpensive&lt;br&gt;3) moderate&lt;br&gt;4) somewhat expensive&lt;br&gt;5) very expensive&lt;br&gt;<strong>ed_fee_fair</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8d. Emergency Department</strong>&lt;br&gt;How would you rate the cost of services and fees you paid for the emergency department visit?&lt;br&gt;Q.20&lt;br&gt;ed_fee_fair</td>
<td>(1) Very inexpensive or free&lt;br&gt;(2) Somewhat inexpensive&lt;br&gt;(3) Moderate&lt;br&gt;(4) Somewhat expensive&lt;br&gt;(5) Very expensive&lt;br&gt;(-1) Don't know&lt;br&gt;(-2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>
**8d. Emergency Department**

<table>
<thead>
<tr>
<th>Question</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.21</td>
<td>Please rate the overall quality of your emergency department visit from 1 being the best to 5 being the worst.</td>
</tr>
<tr>
<td>Q.22</td>
<td>Would you prefer Traditional or Western medicine when it comes to emergency care?</td>
</tr>
<tr>
<td>Q.23</td>
<td>Would you prefer homeopathic, ayurvedic, or other traditional medicine when it comes to emergency care?</td>
</tr>
<tr>
<td>Q.24</td>
<td>If any, please indicate aspects for improvement in regards to your emergency department visit. <strong>Read responses aloud (SELECT ALL THAT APPLY)</strong></td>
</tr>
</tbody>
</table>

**Important Reminder:**

1. Select "Remove Disabled Values"
8. Medical History Label

Outpatient Care
Doctors at the hospital or clinic where the patient has gone have given a diagnosis or prescribed medication without hospitalization. This does not include emergency and also does not include check-up or routine hypertension, diabetes, or hyperlipidemia disease monitoring. Asked in the past 12 months, I look at the number of clinics surveyed, excluding outpatient cases accompanied by others.

In the last 12 months, did you seek outpatient healthcare? (That is, that you went to the clinic or hospital without having to be admitted for care) in the past 12 months. Answer choices include: Yes (1), No (0), Don't know (-1), Decline to respond (-2).
8. Medical History Q.7

In the last 12 months, how many times did you seek outpatient healthcare?

If necessary, use the following codes:
- 1 = Don't know or
- 2 = Decline to respond

-times_seek_op
Enable if :current.seek_op = 1

8. Medical History Label

Please select button below to answer further questions about your outpatient care experience.

SCREEN 8.5:8e. Outpatient Care

Enable if :current.seek_op = 1

8e. Outpatient Care

Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1 = Don't Know, or -2 = Decline to respond as a standard response value.

Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

Read the following before proceeding to the questions:

The following questions refer to the last time you received outpatient care.

Each row represents one of the participants visits.
Each row represents one of the participants visits.

### Q.1 How did you go to the facility?

1. Ambulance (transport_facility_op)
2. Self-arranged transportation
3. Don’t know
4. Decline to respond

### Q.2 Why did you choose self-arranged transportation?

1. Cheaper
2. Don’t want to wait for ambulance
3. I was close to the facility
4. Don’t know
5. Decline to respond

### Q.3 What was the primary reason for seeking outpatient care?

1. High fever, severe diarrhea
2. Cough, flu, bronchitis, pneumonia
3. Immunization
4. Antenatal consultation
5. Childbirth
6. Dental care
7. Arthritis
8. Diabetes
9. Cancer
10. Hypertension
11. Heart disease
12. Asthma
13. Minor surgery
14. Bodily injury/accident
15. Surgery
16. Don’t know
17. Decline to respond

### SCREEN8.5.1.1: What facility did you visit?

**Instructions for interviewer**

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with - 1 = Don’t Know, or - 2 = Decline to respond as a standard response value.

Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

### What facility did you visit? Q.1

1. Public
2. Private
3. Don’t know
4. Decline to respond
### Questionnaire Content Report

**What facility did you visit? Q.2**

<table>
<thead>
<tr>
<th>opc_public_fac</th>
<th>seek_opc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if :current.opc_public_private = 1</td>
<td></td>
</tr>
</tbody>
</table>

**What was the type of public health facility you went to for outpatient care?**

(1) District hospital (DH) ಜಿಲ್ಲಾ ಎಣ್ಣಲೆ ಕೇಂದ್ರ (2) Civil hospital (CH) ಸಿವಿಲ್ ಎಣ್ಣಲೆ ಕೇಂದ್ರ (3) Medical teaching hospital ವೈಧಯ ರ್ಕೋಯ ಬೋಧನೆ ಕೇಂದ್ರ (4) Community Health Center (CHC) ಸಮದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರ (5) Primary Health Centre (PHC) ಪ್ರಥಮ ಆರೋಗ್ಯ ಕೇಂದ್ರ (6) Sub Health Centre ಉಪ ಆರೋಗ್ಯ ಕೇಂದ್ರ

(5) Other (specify)

- 1) Don’t Know
- 2) Decline to respond

---

**What facility did you visit? Q.3**

<table>
<thead>
<tr>
<th>opc_private_fac</th>
<th>seek_opc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if :current.opc_public_private = 2</td>
<td></td>
</tr>
</tbody>
</table>

**What was the type of private health facility that you went to for outpatient care?**

(1) Private Hospital ಖಾಸಗಿೋ ಎಣ್ಣಲೆ (2) Private Medical Teaching Hospital ವೈಧಯ ರ್ಕೋಯ ಬೋಧನೆ (3) Nursing Home ನಸಿೇಂಗ್ ಹೋಮ್ (4) Corporate Hospital ಕಾಪ್ೇರೇಟ್ ಎಣ್ಣಲೆ (5) Private Clinic ಖಾಸಗಿೋ ರ್ಕ ನಿಕ್ (5) Other (specify)

- 1) Don’t Know
- 2) Decline to respond

---

**What facility did you visit? Q.4**

<table>
<thead>
<tr>
<th>opc_fac_name</th>
<th>seek_opc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable if :current.opc_public_private &gt; 0 AND (current.opc_public_fac &gt; 0 OR current.opc_private_fac &gt; 0)</td>
<td></td>
</tr>
</tbody>
</table>

**What was the name of the facility?**

---

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**ಮಖ್ಯ ನೆನಪಿಸುವಿಕೆ:**

1. (ರೆರ್ಡ್ X)ನಿನ ಅಳವಡಿ "ರಿಮೂಡಿಸೇಬಲ್ಡ" ವಾಯ ಲ್ಯಾಂಡ್ ಬಟನ್ಸ ಆಯ್ಕೆ." Karnataka Survey Be..."
SCREEN 8.5.1.1: What facility did you visit?

SCREEN 8.5.1.2: Travel time to hospital

START ROSTER 8.5.1.2.1: About how long did it take for you to arrive at the hospital/facility? (OP)

- Enter amount of time (minutes/hours):

END ROSTER 8.5.1.2.1

END SCREEN 8.5.1.2: Travel time to hospital

START ROSTER 8.5.2: Outpatient Care P.2

Each row represents one of the participants visits.

Roster Contents: (1) First visit, (2) Second visit, (3) Third visit, (4) Fourth visit, (5) Fifth visit

END ROSTER 8.5.2: Outpatient Care P.2
Who provided you with medical treatment?

- (1) Doctor
- (2) Nurse
- (3) Traditional medicine practitioner
- (4) Dentist
- (5) Physiotherapist or chiropractor
- (6) Other

Select unit:

- (1) Minutes
- (2) Hours

Enter amount of time (minutes/hours):

If necessary, please use the following codes:

- (1) Don’t know
- (2) Decline to respond

How much was the total outpatient medical care expenses? (Includes both amount paid by the patient as well as any costs paid by an insurance company)

If necessary, please use the following codes:

- (1) Don’t know
- (2) Decline to respond
Outpatient Care P.2 Each row represents one of the participants visits.

Q.7
out_pocket_op seek_opc

Of the total outpatient medical expenses, how much did you / the patient pay for medical services, not including medication costs?

If necessary, please use the following codes: -1 Don't know or -2 Decline to respond

Outpatient Care P.2 Each row represents one of the participants visits.

Q.8
total_non_med_op seek_opc

How much was the total non-medical expenses associated with the outpatient care? (e.g. transportation, lodging, personal care etc.)

If necessary, please use the following codes: -1 Don't know or -2 Decline to respond

END ROSTER 8.5.2: Outpatient Care P.2 Each row represents one of the participants visits.

8e. Outpatient Care
ಸರ್ವಾಗತಾದೋಯಿಸಿದ್ದು ಈಗಿನ ವೇಧಕಾರದ ಚರ್ಚ್ಚೆಗಳಿಗೆ ಸೇರಿಸಬೇಡಿ

Say to the participant: The following questions refer to the last time you received outpatient care.

The last time you received medical attention (most recent entry into outpatient care), were you prescribed medication?

Where did you get the medications?

Enable if:current.prescribed_meds = 1

Where did you get the medications?

Enable if:current.get_meds = 1

END ROSTER 8.5.2: Outpatient Care P.2 Each row represents one of the participants visits.
8e. Outpatient Care

Of the medications you were prescribed (most recent entry into outpatient care), how many were you able to acquire?

- (1) All of them
- (2) Most of them
- (3) Some
- (4) Very few
- (5) None
- (-1) Don’t know
- (-2) Decline to respond

8e. Outpatient Care

What was the primary reason that you didn’t obtain all of the medications?

- (1) Could not afford
- (2) Could not find all medicines
- (3) Did not believe all the medications were needed
- (4) Started to feel better
- (5) Already had some of the medicines at home
- (-1) Other
- (-2) Decline to respond

8e. Outpatient Care

Did you take the drugs as prescribed? This is considered as taking the medication exactly as prescribed by the medical professional who administered the prescription.

- (1) Yes
- (0) No
- (-1) Don’t know
- (-2) Decline to respond

8e. Outpatient Care

Read the following instructions before asking the question:

I am going to read aloud a list of statements about the most recent time you were admitted to outpatient care. Please respond using the following scale 1) Very good, 2) Good, 3) Moderate, 4) Bad, 5) Very bad

The following questions refer to the last time you were admitted for outpatient care.
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Code</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.14</td>
<td>How would you rate the way in which you were treated with respect?</td>
<td>opc_respect</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.15</td>
<td>How would you rate the way in which your privacy was respected during the physical exams and treatment?</td>
<td>opc_privacy</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.16</td>
<td>How would you rate the clarity with which the medical professional who treated you explained procedures or treatments to you?</td>
<td>opc_clarity</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.17</td>
<td>How would you rate the time you received to ask all of your questions about your health problem or the treatment?</td>
<td>opc_interaction</td>
<td>(1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad, (-1) Don't know, (-2) Decline to respond</td>
</tr>
<tr>
<td>Q.18</td>
<td>Were alternative treatment options discussed with you?</td>
<td>opc_info</td>
<td>(1) Yes, (0) No, (-1) Don't know, (-2) Decline to respond</td>
</tr>
</tbody>
</table>

8e. Outpatient Care
8e. Outpatient Care
How would you rate the experience of obtaining information on the different types of treatment or tests?

(1) Very good
(2) Good
(3) Moderate
(4) Bad
(5) Very bad

8f. Outpatient Care
How would you rate the ease with which you were able to speak in private with the doctors or nurses?

(1) Very good
(2) Good
(3) Moderate
(4) Bad
(5) Very bad

8g. Outpatient Care
How would you rate the way in which they maintained confidentiality about your personal information?

(1) Very good
(2) Good
(3) Moderate
(4) Bad
(5) Very bad

8h. Outpatient Care
Did you choose the people who gave you medical attention?

(1) Yes
(0) No

8i. Outpatient Care
How would you rate the cleanliness of the rooms and facilities, including the bathrooms?

(1) Very good
(2) Good
(3) Moderate
(4) Bad
(5) Very bad

8j. Outpatient Care
Would you recommend this hospital to others?

(1) Yes
(0) No

8k. Outpatient Care
How satisfied are you with this hospital?

(1) Very satisfied
(2) Satisfied
(3) Neutral
(4) Dissatisfied
(5) Very dissatisfied

8l. Outpatient Care
How easy was it for you to get medical care?

(1) Very easy
(2) Easy
(3) Neutral
(4) Difficult
(5) Very difficult
8e. Outpatient Care

How would you rate the amount of space in the waiting area?

opc_wait_space

BGL_HHS

1) Very good
2) Good
3) Moderate
4) Bad
5) Very bad

(-1) Don’t know
(-2) Decline to respond

---

How would you rate the amount of space in the examination area?

opc_exam_space

BGL_HHS

1) Very good
2) Good
3) Moderate
4) Bad
5) Very bad

(-1) Don’t know
(-2) Decline to respond

---

Were you allowed to have family visit you in outpatient care?

opc_fam_visit

BGL_HHS

1) Yes
0) No

(-1) Don’t know
(-2) Decline to respond

---

How would you rate the ability to communicate with friends and family while in outpatient care?

opc_connection

BGL_HHS

1) Very good
2) Good
3) Moderate
4) Bad
5) Very bad

(-1) Don’t know
(-2) Decline to respond

---

Please rate your level of trust of health care providers.

opc_trust

BGL_HHS

1) Very good
2) Good
3) Moderate
4) Bad
5) Very bad

(-1) Don’t know
(-2) Decline to respond

---

Read the following instructions before asking the question:
I am going to read aloud a statement, please respond using the following scale
1) Very inexpensive or free
2) Somewhat inexpensive
3) Moderate
4) Bad
5) Very bad

(-1) Don’t know
(-2) Decline to respond
### 8e. Outpatient Care

**Questionnaire Content Report**

**Label**

<table>
<thead>
<tr>
<th>Q.29</th>
<th>How would you rate the cost of services and fees you paid for the outpatient visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very inexpensive or free</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat inexpensive</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Somewhat expensive</td>
</tr>
<tr>
<td>5</td>
<td>Very expensive</td>
</tr>
</tbody>
</table>

**Label**

<table>
<thead>
<tr>
<th>Q.30</th>
<th>Please rate the overall quality of your outpatient visit from 1 being the worst to 5 being the best.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very bad</td>
</tr>
<tr>
<td>2</td>
<td>Bad</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Good</td>
</tr>
<tr>
<td>5</td>
<td>Very good</td>
</tr>
</tbody>
</table>

**Label**

<table>
<thead>
<tr>
<th>Q.31</th>
<th>Would you prefer Traditional or Western medicine when it comes to outpatient care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Traditional</td>
</tr>
<tr>
<td>2</td>
<td>Western</td>
</tr>
<tr>
<td>3</td>
<td>Both</td>
</tr>
<tr>
<td>4</td>
<td>Don’t know</td>
</tr>
<tr>
<td>5</td>
<td>Decline to respond</td>
</tr>
</tbody>
</table>

**Label**

<table>
<thead>
<tr>
<th>Q.32</th>
<th>Would you prefer homeopathic, ayurvedic, or other traditional medicine when it comes to outpatient care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Homeopathic</td>
</tr>
<tr>
<td>2</td>
<td>Ayurvedic</td>
</tr>
<tr>
<td>3</td>
<td>Other traditional medicine</td>
</tr>
<tr>
<td>4</td>
<td>Don’t know</td>
</tr>
<tr>
<td>5</td>
<td>Decline to respond</td>
</tr>
</tbody>
</table>

**Label**

**Enable if:**

---

**Note:** The content of the document includes questions related to the cost of services, overall quality of the visit, and preferences for traditional or other forms of medicine during outpatient care. The options provided for each question range from very inexpensive or free to very expensive, and from very bad to very good in terms of quality. Preferences for traditional or modern medicine are also included, with options ranging from traditional, Western, both, to don’t know or decline to respond.
If any, please indicate aspects for improvement in regards to the outpatient care you received.

**Read responses aloud**

*(SELECT ALL THAT APPLY)*

- Technical level
- Equipment
- Variety of medication
- Patient services
- Service fee
- Price of medicine
- Flow and processing of services
- Wait time
- Overall environment
- Unnecessary diagnosis, treatment and medication
- Others
- No area for improvement
- Don’t know
- Decline to respond

---

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

---

END SCREEN 8.5: 8e. Outpatient Care

**Label**

*BGL_HHS*

**Questionnaire Content Report**
8. Medical History Label

8. Medical History Label

**Inpatient Care**

8. Medical History Q.8

**admitted_ip**

BGL_HHS

_In the last 12 months, have you been admitted as an inpatient at any health facility?_

<table>
<thead>
<tr>
<th>(1) Yes</th>
<th>(0) No</th>
<th>(-1) Don't know</th>
<th>(-2) Decline to respond</th>
</tr>
</thead>
</table>

8. Medical History Q.9

**times_admitted_ip**

BGL_HHS

_How many times were you admitted as an inpatient?_

8. Medical History Q.10

**no_hospital**

BGL_HHS

_In the last 12 months, was it ever recommended that you stay in a hospital after being diagnosed with a condition, yet you did not stay in the hospital?_

<table>
<thead>
<tr>
<th>(1) Yes</th>
<th>(0) No</th>
<th>(-1) Don't know</th>
<th>(-2) Decline to respond</th>
</tr>
</thead>
</table>

8. Medical History Q.11

**times_no_hospital**

BGL_HHS

_How many times were you told to stay in the hospital but didn't?_

8. Medical History Q.12

**reason_no_stay**

BGL_HHS

_In the most recent case, what was the reason for not staying in the hospital?_

<table>
<thead>
<tr>
<th>(1) No effective treatment</th>
<th>(2) Financial difficulties</th>
<th>(3) Poor services</th>
<th>(4) No time</th>
<th>(5) No inpatient vacancy</th>
<th>(-5) Other (describe)</th>
<th>(-1) Don't know</th>
<th>(-2) Decline to respond</th>
</tr>
</thead>
</table>

8. Medical History Label

**Please select button below to answer further questions about your inpatient care experience.**

SCREEN8.6:8f. Inpatient Care ಒಳರೀಗಿಕ್ಕಳಜಿ/ಆಸಾ ತೆ ರಿಂದ ಒಳರೀಗಿಕಾಳಜಿ/ಆಸಾ ತೆಗಿಯಿರುವುದಕೆ ಆದರೂ ಸಹ ನಿೋಡಲು ತ್ತರಸೆ ರಿಸಿದರು

Enable if :current.admitted_ip = 1

8f. Inpatient Care ಒಳರೀಗಿಕ್ಕಳಜಿ/ಆಸಾ ತೆ ರಿಂದ ಒಳರೀಗಿಕಾಳಜಿ/ಆಸಾ ತೆಗಿಯಿರುವುದಕೆ ಆದರೂ ಸಹ ನಿೋಡಲು ತ್ತರಸೆ ರಿಸಿದರು

Enable if :current.admitted_ip = 1

**Instructions for interviewer**

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.
### 8f. Inpatient Care

**Label:**

**Questionnaire Content Report**

<table>
<thead>
<tr>
<th>Q.1</th>
<th>How did you go to the facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>transport_facility_ip</td>
<td>times_admitted</td>
</tr>
<tr>
<td>(1) Ambulance</td>
<td>(2) Self-arranged transportation</td>
</tr>
<tr>
<td>Don't know</td>
<td>Decline to respond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.2</th>
<th>Why did you choose self-arranged transportation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>self_transport_ip</td>
<td>times_admitted</td>
</tr>
<tr>
<td>(1) Cheaper</td>
<td>(2) Don't want to wait for ambulance</td>
</tr>
<tr>
<td>(3) I was close to the facility</td>
<td>Other reason</td>
</tr>
<tr>
<td>Don't know</td>
<td>Decline to respond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.3</th>
<th>What was the primary reason for seeking inpatient care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>primary_reason_ip</td>
<td>times_admitted</td>
</tr>
<tr>
<td>(1) High fever, severe diarrhea</td>
<td>(2) Cough, flu, bronchitis, pneumonia</td>
</tr>
<tr>
<td>(3) Immunization</td>
<td>(4) Antenatal consultation</td>
</tr>
<tr>
<td>(5) Immunization</td>
<td>(6) Family planning</td>
</tr>
<tr>
<td>(7) Dental care</td>
<td>(8) Arthritis</td>
</tr>
<tr>
<td>(9) Diabetes</td>
<td>(10) Cancer</td>
</tr>
<tr>
<td>(11) Hypertension</td>
<td>(12) Asthma</td>
</tr>
<tr>
<td>(13) Heart disease</td>
<td>(14) Bodily injury/accident</td>
</tr>
<tr>
<td>(15) Minor surgery</td>
<td>Other reason</td>
</tr>
<tr>
<td>Don't know</td>
<td>Decline to respond</td>
</tr>
</tbody>
</table>

**START ROSTER 8.6.1: Inpatient Care P.1**

RosterContents :(1) First visit, (2) Second visit, (3) Third visit, (4) Fourth visit, (5) Fifth visit
**What facility did you visit?**

<table>
<thead>
<tr>
<th>Q.1 What facility did you visit?</th>
<th>Label</th>
<th>Q.2 What facility did you visit?</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>ipc_public_private</td>
<td>times_admitted</td>
<td>ipc_public_fac</td>
<td>times_admitted</td>
</tr>
</tbody>
</table>

**Instructions for interviewer**

- All text highlighted in yellow are directions for you and should not be read aloud.
- All text highlighted in green are observations only.
- All questions are programmed with `-1` = Don't Know, or `-2` = Decline to respond as a standard response value.
- Never read the options Don't Know, or Decline to respond, only fill those in when indicated by the respondent.

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
What facility did you visit? Label

3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

1. (ರೆರ್ಡ್ X)ನ ಅಡಿಯಲ್ಲ "ಹೆಚ್ಚಿಸಿ" ಅಂಕಿಟ್ಟು ಅವಶ್ಯಕ
ಎಂದರೆ ನಮಗೆ.
2. (ಸಾರ್ವಜ್ನ ಲೈಬ್ರೇರಿ) ಎಡಗೆ "ಹೆಚ್ಚಿಸಿ" ಅಂಕಿಟ್ಟು ಅವಶ್ಯಕ
ಮಾಡಿ.
3. (ಅವೆಪಿಸುವ ಎಂಜಿನೆ) ಎಡಗೆ ಲಿಂಕ್ ಎಂಜಿನೆ.
Inpatient Care P.2
Q.4
trad_med_ip
times_admitted

Did you receive Traditional medicine during your inpatient care?
(1) Yes, (0) No, (-1) Don’t know, (-2) Decline to respond

Inpatient Care P.2
Q.5
med_attn_ip
times_admitted

Who gave you medical attention?
(1) Doctor, (2) Nurse, (3) Traditional medicine practitioner,
(4) Dentist, (5) Physiotherapist or chiropractor, (6) Other,
(-1) Don’t know, (-2) Decline to respond

Screen8.6.2.1: Wait for admission

START ROSTER 8.6.2.1: How long was the wait for admission? (This is regarding the wait time from diagnosis or finding out care is needed and receiving it)

How long was the wait for admission? (This is regarding the wait time from diagnosis or finding out care is needed and receiving it)

Select unit:
(1) Minutes, (2) Hours, (3) Days, (-1) Don’t know, (-2) Decline to respond

Enter amount of time (mins/hours/days):

Enable if: current.unit_adm_ip > 0

END ROSTER 8.6.2.1: How long was the wait for admission? (This is regarding the wait time from diagnosis or finding out care is needed and receiving it)
<table>
<thead>
<tr>
<th>Question</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was surgery performed?</strong></td>
<td>surgery_ip, times_admitted</td>
<td><strong>(1)Yes (2)No (3)Don't know (4)Decline to respond</strong></td>
</tr>
<tr>
<td><strong>Reason for discharge:</strong></td>
<td>discharge_ip, times_admitted</td>
<td><strong>(1)In stable condition (2)Transferred to another facility (3)Not enough beds at facility (4)Other</strong></td>
</tr>
<tr>
<td><strong>Duration of stay (days):</strong></td>
<td>stay_ip, times_admitted</td>
<td></td>
</tr>
<tr>
<td><strong>How much was the total inpatient medical care expenses?</strong></td>
<td>total_cost_ip, times_admitted</td>
<td><strong>(Includes both the amount paid by the patient as well as any costs paid by an insurance company)</strong></td>
</tr>
<tr>
<td><strong>Of the total outpatient medical expenses, how much did you / the patient pay for services, not including medication costs?</strong></td>
<td>out_pocket_ip, times_admitted</td>
<td><strong>If necessary, please use the following codes: -1 Don't know or -2 Decline to respond</strong></td>
</tr>
</tbody>
</table>
### 8f. Inpatient Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Label</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.11</td>
<td>total_non_med_ip</td>
<td>How much was the total of non-medical expenses associated with the emergency visit (e.g. transportation, lodging, personal care etc.)? If necessary, please use the following codes: -1 Don't know or -2 Decline to respond.</td>
</tr>
<tr>
<td>Q.12</td>
<td>ip_wait_attn</td>
<td>How would you rate the amount of time you had to wait before you received professional medical attention at the facility? (1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad.</td>
</tr>
<tr>
<td>Q.13</td>
<td>ip_respect</td>
<td>How would you rate the way in which you were received, greeted and treated with respect? (1) Very good, (2) Good, (3) Moderate, (4) Bad, (5) Very bad.</td>
</tr>
</tbody>
</table>

---

END ROSTER 8.6.3: Inpatient Care P.3
8f. Inpatient Care

8f. Inpatient Care/Inpatient Care!

**Questionnaire Content Report**

8f. Inpatient Care

8f. Inpatient Care/Inpatient Care!

**How would you rate the way in which your privacy was respected during the physical exams and treatment?**

- Very good
- Good
- Moderate
- Bad
- Very bad
- Don't know
- Decline to respond

8f. Inpatient Care

8f. Inpatient Care/Inpatient Care!

**How would you rate the clarity with which the medical professional who treated you explained things to you?**

- Very good
- Good
- Moderate
- Bad
- Very bad
- Don't know
- Decline to respond

8f. Inpatient Care

8f. Inpatient Care/Inpatient Care!

**How would you rate the experience of having enough time to ask all of your questions about your health problem or the treatment?**

- Very good
- Good
- Moderate
- Bad
- Very bad
- Don't know
- Decline to respond

8f. Inpatient Care

8f. Inpatient Care/Inpatient Care!

**Were alternative treatment options discussed with you?**

- Yes
- No
- Don't know
- Decline to respond

8f. Inpatient Care

8f. Inpatient Care/Inpatient Care!

**How would you rate the ease with which you were able to speak in private with doctors or nurses?**

- Very good
- Good
- Moderate
- Bad
- Very bad
- Don't know
- Decline to respond
8f. Inpatient Care  ಒಳರೋಗಿಕಾಳಜಿ/ಅನ್ನಾ ಶಂಖ /ip_confidentiality BGL_HHS

**Question:** How would you rate the way in which they maintained confidentiality about your personal information?

1. Very good
2. Good
3. Moderate
4. Bad
5. Very bad

**Options:** Don't know, Decline to respond.

8f. Inpatient Care  ಒಳರೋಗಿಕಾಳಜಿ/ಅನ್ನಾ ಶಂಖ /ip_choose_staff BGL_HHS

**Question:** Did you choose the people who gave you medical attention?

1. Yes
2. No
3. Don't know
4. Decline to respond.

8f. Inpatient Care  ಒಳರೋಗಿಕಾಳಜಿ/ಅನ್ನಾ ಶಂಖ /ip_clean BGL_HHS

**Question:** How would you rate the cleanliness of the rooms and facilities, including the bathrooms?

1. Very good
2. Good
3. Moderate
4. Bad
5. Very bad

**Options:** Don't know, Decline to respond.

8f. Inpatient Care  ಒಳರೋಗಿಕಾಳಜಿ/ಅನ್ನಾ ಶಂಖ /ip_space_avail BGL_HHS

**Question:** How would you rate the amount of space you had?

1. Very good
2. Good
3. Moderate
4. Bad
5. Very bad

**Options:** Don't know, Decline to respond.

8f. Inpatient Care  ಒಳರೋಗಿಕಾಳಜಿ/ಅನ್ನಾ ಶಂಖ /ip_fam_visit BGL_HHS

**Question:** Were you allowed to have friends and family visit you?

1. Yes
2. No
3. Don't know
4. Decline to respond.

---

**Survey Software:** surveybe...
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Scale</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8f. Inpatient Care</strong></td>
<td>How would you rate the ability to communicate with friends and family while in inpatient care?</td>
<td>1) Very good, 2) Good, 3) Moderate, 4) Bad, 5) Very bad, (1) Don't know, (2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td><strong>8f. Inpatient Care</strong></td>
<td>Please rate your level of trust of health care providers.</td>
<td>1) Very high, 2) High, 3) Moderate, 4) Low, 5) Very low, (1) Don't know, (2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td><strong>8f. Inpatient Care</strong></td>
<td>Read the following instructions before asking the question: I am going to read aloud a statement, please respond using the following scale.</td>
<td>1) Very inexpensive or free, 2) Somewhat inexpensive, 3) Moderate, 4) Somewhat expensive, 5) Very expensive, (1) Don't know, (2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td><strong>8f. Inpatient Care</strong></td>
<td>How would you rate the cost of services and fees you paid for the inpatient visit?</td>
<td>1) Very inexpensive or free, 2) Somewhat inexpensive, 3) Moderate, 4) Somewhat expensive, 5) Very expensive, (1) Don't know, (2) Decline to respond</td>
<td></td>
</tr>
<tr>
<td><strong>8f. Inpatient Care</strong></td>
<td>Would you prefer Traditional or Western medicine when it comes to inpatient care?</td>
<td>1) Traditional, 2) Western, 3) Both, (1) Don't know, (2) Decline to respond</td>
<td></td>
</tr>
</tbody>
</table>
8f. Inpatient Care/ಸೇವಾ ಡಿಸ್ಪೆನ್ಸಿಂಗ್

Would you prefer homeopathic, ayurvedic, or other traditional medicine when it comes to inpatient care?

- Homeopathic
- Ayurvedic
- Other traditional medicine

**Enable if:** current.trad_west_ip = 1

**Select all that apply:**

- (1) Homeopathic
- (2) Ayurvedic
- (5) Other traditional medicine
- (1) Don’t Know
- (2) Decline to Respond

---

**Read the following instructions before asking the question:**

I am going to read aloud a statement, please respond using the following scale:

1) Very good
2) Good
3) Moderate
4) Bad
5) Very bad

---

8f. Inpatient Care/ಸೇವಾ ಡಿಸ್ಪೆನ್ಸಿಂಗ್

Please rate the overall quality of your hospital stay.

- Very good
- Good
- Moderate
- Bad
- Very bad

**Enable if:** current.trad_west_ip = 1

- (1) Very good
- (2) Good
- (3) Moderate
- (4) Bad
- (5) Very bad

**Select all that apply:**

- (1) Don’t know
- (2) Decline to respond

---

**Surveybe...**
8f. Inpatient Care

If any, please indicate aspects for improvement in regards to the inpatient care you received.

Read responses aloud
(SELECT ALL THAT APPLY)

- Technical level
- Equipment
- Variety of medication
- Patient services
- Service fee
- Price of medicine
- Flow and processing of services
- Wait time
- Overall environment
- Unnecessary diagnosis, treatment and medication
- Others
- No area for improvement
- Don't know
- Decline to respond

Important Reminder:
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

END SCREEN 8.6:8f. Inpatient Care
8. Medical History Label

Select button below to answer questions about your family medical history.

SCREEN 8.7:8g. Family History

Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don't Know, or -2= Decline to respond as a standard response value.

Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

Family Medical History

Q.1 Have any of your family members ever been diagnosed with the following:

- (1) Yes
- (0) No
- (-1) Don’t know
- (-2) Decline to respond

Enable if :current.family_diagnosed = 1

SCREEN 8.7.1.1: Family members with condition

Who in your family has a history of this condition?

- (1) Parent
- (2) Sibling
- (3) Child
- (4) Grandparent
- (5) Other
- (-1) Don’t know
- (-2) Decline to respond

Enable if :current.family_diagnosed = 1
Family members with condition Label

**Important Reminder:**
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

8g. Family History Label

**Important Reminder:**
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2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

**END SCREEN 8.7.1.1:** Family members with condition Label

**END ROSTER 8.7.1:** Family Medical History
8g. Family History Label

1. (ಸೀಪಿಸ್ಸ್) "ವಾಯು ಲ್ಯಾಂಗ್ಡ್" ಬಟನ್ನು ಆಯ್ಕೆಮಾಡಿ.
2. (ಕೆಳಗಿನ ವಾಯು ಲ್ಯಾಂಗ್ಡ್) ಬಟನ್ನು ಆಯ್ಕೆಮಾಡಿ.
3. (ಆಡಿಯಲ್ಲಿ) ಬಟನ್ನು ಆಯ್ಕೆಮಾಡಿ.

END SCREEN 8.7:8g. Family History

8. Medical History Label

8. Medical History Q.13

Please provide any comments you have about Section 8: Medical History.

comments_8

BGL_HHS

Important Reminder:
1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

ಈಗಿಂದ ನೀಡಲಾಗುವಂತೆ:
1. (ಉನ್ನತವಾದ "ಸೀಪಿಸ್") "ಟೈಪ್ ಡಿಸೇಬಲ್ ವಾಯು ಲ್ಯಾಂಗ್ಡ್" ಬಟನ್ ಆಯ್ಕೆಮಾಡಿ.
2. (ಕೆಳಗಿನ ವಾಯು ಲ್ಯಾಂಗ್ಡ್) ಬಟನ್ ಆಯ್ಕೆಮಾಡಿ.
3. (ಆಡಿಯಲ್ಲಿ) ಬಟನ್ ಆಯ್ಕೆಮಾಡಿ.
**Instructions for interviewer**

All text highlighted in yellow are directions for you and should not be read aloud.

All text highlighted in green are observations only.

All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.

Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

---

**Say to the participant:**

I would like to ask some questions about your general demographics such as educational level, ethnicity, and occupation.

**Ethnic group:**

Choose the appropriate answer, if participant’s ethnic group is not represented in the list below, select other and proceed to specify.

(1) Indo-Aryan, (2) Dravidian, (3) Mongoloid

(1) Indo-Aryan, (2) Dravidian, (3) Mongoloid

(1) Hindu, (2) Other

(1) Don’t know, (2) Decline to respond
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question Text</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Demographics Q.5</td>
<td>Do you have any children?</td>
<td>(1) Yes, (2) No, (3) Don't know, (4) Decline to respond</td>
</tr>
<tr>
<td>9. Demographics Q.6</td>
<td>How many children above the age of 18?</td>
<td></td>
</tr>
<tr>
<td>9. Demographics Q.7</td>
<td>How many children under the age of 18?</td>
<td></td>
</tr>
<tr>
<td>9. Demographics Q.8</td>
<td>Have any of them received CPR training ever?</td>
<td>(1) Yes, (2) No, (3) Don't know, (4) Decline to respond</td>
</tr>
</tbody>
</table>
## 9. Demographics Q.9

**Question:** What kind of medical insurance do you have?  
**Please read responses aloud**  
(SELECT ALL THAT APPLY)

1. **Basic medical insurance**
2. **Medical services at state expense**
3. **State Insurance Policy (BPL)**
4. **Private Medical Insurance**
5. **Company Medical Insurance**
6. **Commercial medical insurance**
7. **Other**
8. **No medical insurance**
9. **Don't know**
10. **Decline to respond**

---

## 9. Demographics Q.10

**Question:** Annual Income in Rupees:

1. **1,000**
2. **1,001 - 33,000**
3. **33,001 - 55,000**
4. **55,001 - 88,800**
5. **88,801 - 1,50,000**
6. **> 1,50,000**
7. **Don't know**
8. **Decline to respond**

---

## 9. Demographics Label

---

## 9. Demographics Q.11

**Question:** Please provide any comments you have about Section 9: Demographics.

---

## Important Reminder:

1. **Select "Remove Disabled Values" button below (red X).**
2. **Select "Validate" button below (green check mark).**
3. **Select "Show Error Details" button below (bottom right button).**
4. **Fix any "Errors" below (red circle).**

---

**Notes:**

1. **(Red X)**
2. **(Green check mark)**
3. **(Bottom right button)**
4. **(Red circle)**
Important Reminder:

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below (bottom right button).
4. Fix any "Errors" below (red circle).

Instructions for interviewer

All text highlighted in yellow are directions for you and should not be read aloud.
All text highlighted in green are observations only.
All questions are programmed with -1= Don’t Know, or -2= Decline to respond as a standard response value.
Never read the options Don’t Know, or Decline to respond, only fill those in when indicated by the respondent.

End Label
Complete all required sections before ending the survey.

End Label

End Q.1

Please leave any comments you have about this particular interview, and report any problems or difficulties that arose.

End Q.2

Visit 1 result:

Interviewer must enter visit information below:

This is the end of the Household Survey. Thank you very much for your time and participation.

End Label
**Visit 1:** Please select button to get date and time.

**Visit 2:** Please select button to get date and time.

For a re-visit, please click the button below and enter the most convenient time for re-visit.
SCREEN10.2: Return Date 2

**Return Date 2**

**What will be the best day to revisit this household?**

---

**START ROSTER 10.2.1: Time of revisit 2**

**RosterContents:** (1) Time

**Time of revisit 2 Q.2**

- **revisit2_hr**
- **revisit2_time**

**Time of revisit 2 Q.3**

- **revisit2_min**
- **revisit2_time**

---

**END ROSTER 10.2.1: Time of revisit 2**

---

**END SCREEN 10.2: Return Date 2**

---

**End Q.6**

**result_v3**

Enable if: current.result.v2 = 2 OR current.result.v2 = 4 OR current.result.v2 = 5 OR current.result.v2 = 6 OR current.result.v2 = 8

**Visit 3 result**

- (1) Interview completed
- (2) Partially completed
- (3) Interview was refused
- (4) Members of the household absent for extended period of time
- (5) Unoccupied house
- (6) Household address not found
- (7) Other member of the household refused the interview
- (8) Other

---

**End Q.7**

**date_v3**

Enable if: current.result.v2 = 2 OR current.result.v2 = 4 OR current.result.v2 = 5 OR current.result.v2 = 6 OR current.result.v2 = 8

**Visit 3: Please select button to get date and time.**

---

**Important Reminder:**

1. Select "File" in upper left corner of screen
2. Select "Validate Entire Interview"
3. Fix any "Errors"
4. "Save" and "Close"
5. "End" and "Submit"
End Label

SCREEN10.3: IHME ONLY

START ROSTER 10.3.1: Survey Version

[hidden] Survey Version

Survey version

survey_ver_q

survey_ver

END ROSTER 10.3.1: Survey Version

END SCREEN 10.3: IHME ONLY

END SCREEN 10: End

Validation rules

hhs_id_confirm

The Household ID entered does not match the Household ID given

current.household_id <> current.household_id_confirm

Validation rules

hh_age ineligible

If respondent is under the age of 18 they are not eligible to participate in the survey.

current.hh_age BETWEEN 0 and 17

Validation rules

hh_dob_yyyy ineligible

If respondent is under the age of 18 they are not eligible to participate in the survey.

current.hh_dob_yyyy > 1997

Validation rules

hh_age_gr ineligible

If respondent is under the age of 18 they are not eligible to participate in the survey.

current.hh_age_gr = 1

Validation rules

who_perform_cpr excl.

The “Decline to respond” response is mutually exclusive.

array_contains(current.who_perform_cpr, -2) AND array_length(current.who_perform_cpr) > 1

why_no_train excl.

The “Decline to respond” response is mutually exclusive.

array_contains(current.why_no_train, -2) AND array_length(current.why_no_train) > 1

agencies_train excl.

The “Decline to respond” response is mutually exclusive.

array_contains(current.agencies_train, -2) AND array_length(current.agencies_train) > 1

cpr_response excl.

The “Decline to respond” response

array_contains(current.cpr_response, 6) AND
<table>
<thead>
<tr>
<th>Field</th>
<th>Validation Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>perform_cpr excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
</tr>
<tr>
<td></td>
<td>array_contains(current.cpr_response, -1) AND array_contains(current.cpr_response, -2) AND array_length(current.cpr_response) &gt; 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
</tr>
<tr>
<td>allowed_defib excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
</tr>
<tr>
<td></td>
<td>array_contains(current.allowed_defib, -2) AND array_length(current.allowed_defib) &gt; 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
</tr>
<tr>
<td>sym_car_arrest excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
</tr>
<tr>
<td></td>
<td>array_contains(current.sym_car_arrest, -2) AND array_length(current.sym_car_arrest) &gt; 1</td>
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<tr>
<td>sym_acute_mi excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
</tr>
<tr>
<td></td>
<td>array_contains(current.sym_acute_mi, -2) AND array_length(current.sym_acute_mi) &gt; 1</td>
</tr>
<tr>
<td>risk_factors_cvd excl.</td>
<td>The “Decline to respond” response is mutually exclusive.</td>
</tr>
<tr>
<td></td>
<td>array_contains(current.risk_factors_cvd, -2) AND array_length(current.risk_factors_cvd) &gt; 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
</tr>
<tr>
<td>start_smoking excl.</td>
<td>1 years is not a valid response</td>
</tr>
<tr>
<td></td>
<td>current.start_smoking = 0</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
</tr>
<tr>
<td>days_ss_amount excl.</td>
<td>Days should be less than 7, otherwise select weeks as unit and enter appropriate response.</td>
</tr>
<tr>
<td></td>
<td>current.ss_unit = 1 AND current.ss_enter_amount &gt; 7</td>
</tr>
<tr>
<td>weeks_ss_amount excl.</td>
<td>Weeks should be less than 4, otherwise select months as unit and enter appropriate response.</td>
</tr>
<tr>
<td></td>
<td>current.ss_unit = 2 AND current.ss_enter_amount &gt; 4</td>
</tr>
<tr>
<td>months_ss_amount excl.</td>
<td>Months should be less than 12, otherwise select years as unit and enter appropriate response.</td>
</tr>
<tr>
<td></td>
<td>current.ss_unit = 3 AND current.ss_enter_amount &gt; 12</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
</tr>
<tr>
<td>minutes_amount_vig excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
</tr>
<tr>
<td></td>
<td>current.unit_spent_vig = 1 AND current.amount_spent_vig &gt; 60</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
</tr>
<tr>
<td>minutes_amount_mod excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
</tr>
<tr>
<td></td>
<td>current.unit_spent_mod = 1 AND current.amount_spent_mod &gt; 60</td>
</tr>
<tr>
<td>Validation rules</td>
<td></td>
</tr>
<tr>
<td>minutes_vig_recrl excl.</td>
<td>Minutes should be less than 60, otherwise select hours as unit and enter appropriate response.</td>
</tr>
<tr>
<td></td>
<td>current.unit_vig_recrl = 1 AND current.amount_vig_recrl &gt; 60</td>
</tr>
<tr>
<td>Validation rules</td>
<td>minutes_mod_recr excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>minutes_amount_pi excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>amount_walk_bike excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>lose_weight excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>what_measures excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>age_diagnosed excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>what_meds excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>what_control_bp excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>what_control_diabetes excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>what_control_dyslipid excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>improve_service excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>improve_service excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>time_called_ems excl.</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Validation rules</td>
<td>minutes_amount_gen excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>hours_amount_gen excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>amount_ed excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>improve_ed_emc excl. 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td>improve_ed_emc excl. 2</td>
</tr>
<tr>
<td>Validation rules</td>
<td>amount_op excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>amount_wait_op excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>opc_improve excl. 1</td>
</tr>
<tr>
<td>Validation rules</td>
<td>opc_improve excl. 2</td>
</tr>
<tr>
<td>Validation rules</td>
<td>amount_ip excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>amount_adm_ip excl. 1</td>
</tr>
<tr>
<td></td>
<td>amount_adm_ip excl. 2</td>
</tr>
<tr>
<td>Validation rules</td>
<td>ip_improve excl. 1</td>
</tr>
<tr>
<td></td>
<td>ip_improve excl. 2</td>
</tr>
<tr>
<td>Validation rules</td>
<td>fam_mem excl.</td>
</tr>
<tr>
<td>Validation rules</td>
<td>ethnicity excl.</td>
</tr>
<tr>
<td></td>
<td>med_insurance excl.</td>
</tr>
</tbody>
</table>