

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE - WDF PROJECT**  
**FOLLOW - UP SURVEY ON LIFESTYLE FACTORS AMONG WDF CLINIC ATTENDEES**

**1.0 IDENTIFICATION INFORMATION and CONSENT**

1.1 FIELD WORKER'S CODE	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
1.2 DATE OF INTERVIEW (DD/MM/YYYY)	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
1.3 RESPONDENT'S ID (DSS)	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
<b>(FW: IF RESPONDENT IS NOT IN DSS FILL IN 999999999999999)</b>		
1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
1.5 RESPONDENT'S SEX	<b>(F=Female; M=Male)</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
1.6 RESPONDENT'S FULL NAME	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
1.7 VILLAGE WHERE RESPONDENT LIVES	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
1.8 TELEPHONE CONTACT	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
1.9 DATA COLLECTION ROUND	B=Baseline; S=Six months Follow up; O=1-Year Follow-up <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">O</div>	

**INTRODUCTION AND CONSENT**

Hello, my name is \_\_\_\_\_ and I work with the African Population and Health Research Centre. We are conducting a follow up survey to people who attend our CVD clinics in this community, to understand how they have been fairing since they started receiving healthcare in management and control of diabetes, hypertension or both conditions. Specifically we would like to know when you were diagnosed and where you were getting treatment before joining this clinic. In addition to that, we would also like to know about changes if any that you may have experienced as a result of services you have been getting from this clinic especially knowledge acquired in management and control of your condition either through diet, increased physical activity or avoidance of risky health related behaviours. The results of this study will be given to those involved in decision making with the intension that this information will help improve care for chronic diseases in the community and the coutry.

If you feel uncomfortable with certain questions you can choose not to answer them and also note that failure to participate in this study will not in any way diqualify you from receiving treatment from this clinic. We however hope that you will participate in this survey since your views are important. We will take measurements as usual. You will not be paid for participating in the study but in case you are found with a chronic condition you will be facilitated to get treatment at a government health facility. This interview will take about 1 hour of your time.

1.10 Do you accept to participate in the study? **(Y=YES; N=NO; IF "NO" SKIP TO 1.11)**

1.11 IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study.

**Respondent's Signature**.....  
 0= REFUSES TO SIGN      1= SIGNS      2= WILLING BUT UNABLE TO SIGN

1.12 FINAL RESULT OF INTERVIEW **(CODE SHEET A<sup>7</sup>)**

1.14 DATA ENTRY CLERK'S CODE

**2.0 MEDICAL HISTORY**

**2.1a CHECK IF RESPONDENT IS ALREADY KNOWN DIABETIC FROM BASELINE**  
**If 1 skip to 2.9a**

2.1 Are you Diabetic?	Yes.....	1	
	No.....	2	→ <b>2.9</b>

2.9a CHECK IF RESPONDENT IS ALREADY KNOWN HYPERTENSIVE FROM BASELINE		<input style="width: 100%;" type="checkbox"/>	
If 1 skip to 2.17			
2.9 Are you Hypertensive?		Yes..... 1 No ..... 2	→ 2.17

  

2.17 Have you ever been diagnosed with any of the following?	<b>YES</b> 1 1 1 1 1 1 1 1	<b>NO</b> 2 2 2 2 2 2 2 2	2.18 If <b>YES</b> , Where was the diagnosis made (Year)? <table border="1" style="width: 100%; text-align: center;"> <tr> <th>Y</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Y	Y	Y	Y	Y																																								
Y	Y	Y	Y	Y																																												
HEART DISEASE - HEART ATTACK HEART DISEASE - ANGINA HEART DISEASE - ANY OTHER KIDNEY DISEASE STROKE LIVER DISEASE CANCER OF ANY TYPE TUBERCULOSIS																																																

  

2.19 FW: DOES THE PATIENT CURRENTLY HAVE ANY OF THE FOLLOWING COMPLICATIONS? <b>(CONSULT CLINICIAN)</b>	<b>YES</b> 1 1 1 1 1 1 1	<b>NO</b> 2 2 2 2 2 2 2	<b>DK</b> 9 9 9 9 9 9 9
PERIPHERAL NEUROPATHY POOR VISION AMPUTATION KIDNEY PROBLEMS CHEST PAIN BODY SWELLING (ABDOMINAL OR PEDAL OEDEMA) OTHER COMPLICATION (SPECIFY)			

  

**3.0 HEALTH BEHAVIOUR**

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, what you eat and physical activity. Let's start with tobacco.

**Tobacco use**

3.1a CHECK IF RESPONDENT IS A KNOWN <b>SMOKER</b> FROM BASELINE		<input style="width: 100%;" type="checkbox"/>
If 2 skip to 3.6a		
3.1 Have you smoked tobacco in the last 6 months?	YES.....1 NO.....2	→ 3.6
3.2 Do you <u>currently smoke</u> any tobacco products, such as cigarettes, cigars or pipes?	YES.....1 NO.....2	→ 3.6
3.3a <b>DAILY SMOKER AT BASELINE</b>		→ 3.6
If 2 skip to 3.5		
3.3 Do you currently smoke tobacco products <u>daily</u> ?	YES.....1 NO.....2	→ 3.6
3.5 How long ago did you stop smoking daily? <b>RECORD IN ONLY ONE UNIT, (Y=Years, M=Months, W=Weeks)</b>	UNIT <input style="width: 40px;" type="text"/> Number of units <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Ago	
3.6a CHECK IF RESPONDENT WAS USING SMOKELESS TOBACCO AT BASELINE		<input style="width: 50px;" type="checkbox"/>
If 2 skip to Alcohol consumption		
3.6 Have you used smokeless tobacco such as [snuff, chewing tobacco, betel] In the last 6 months?	YES.....1 NO.....2	→ 3.10
3.7 Do you <u>currently use</u> any <u>smokeless tobacco</u> such as [snuff, chewing tobacco, betel]?	YES.....1 NO.....2	

3.8 Do you currently use smokeless tobacco products <u>daily</u> ?		YES.....1 NO.....2	→ 3.10
<b>Alcohol Consumption</b> 3.10a <b>CHECK IF RESPONDENT CONSUMED ALCOHOL DURING BASELINE</b> If 1 skip to 3.14			
Now I am going to ask you some questions about the consumption of alcohol.			
3.10 Have you consumed alcohol (such as beer, spirits, chang'aa, busa, muratina, kumi-kumi or other alcoholic drink within the <b>past 6 months</b> ) (USE SHOWCARD OR SHOW EXAMPLES)		YES.....1 NO.....2	→ Diet
3.14 Have you consumed alcohol (such as beer, wine, spirits, fermented cider or chaag'a) within the <b>past 30 days</b> ?		YES.....1 NO.....2	→ 3.16
3.16 When did you last take an alcoholic drink?		Y   Y   Y   Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.17 What was the reason(s) why you stopped taking alcohol			
CIRCLE ALL THAT APPLY	RELIGIOUS/MORAL REASONS ADVICE BY DOCTOR/HEALTH WORKER HEALTH REASONS - TO BE HEALTHY HEALTH REASONS - BCOZ OF ILLNESS FAMILY/SOCIAL REASONS ECONOMIC REASONS STILL DRINKING	A B C D E F G	
<b>Diet</b> The next questions ask about the fruits and vegetables and other things that you eat and drink. As you answer these questions please think of a typical week in the last six months			
3.32 In the last six months, have you changed anything about your <b>fruit</b> consumption? IF NO SKIP TO 3.52		YES.....1 NO.....2	→ 3.34
3.33 If yes, what have you changed?	<b>Increased</b> number of <b>days</b> on which I eat fruit <b>Decreased</b> number of <b>days</b> on which I eat fruit <b>Increased</b> number of fruit <b>servings</b> per day <b>Decreased</b> number of fruit <b>servings</b> per day Made no changes in number of <b>days</b> on which I eat fruit Made no changes in number of fruit servings per day Made other changes (specify)	A B C D E F G	
<b>DO NOT READ OUT RESPONSES BUT PROBE FOR LAST 3 OPTIONS!</b>  CIRCLE ALL THAT APPLY			
3.34 In the last six months, have you changed anything about your <b>vegetable</b> consumption? IF NO SKIP TO 3.54		YES.....1 NO.....2	→ 3.36

3.35 If yes, what have you changed?  <b>DO NOT READ OUT RESPONSES BUT PROBE FOR LAST 3 OPTIONS!</b>  CIRCLE ALL THAT APPLY _____	<b>Increased</b> number of <b>days</b> on which I eat vegetables A <b>Decreased</b> number of <b>days</b> on which I eat vegetables B <b>Increased</b> number of veg <b>servings</b> per day C <b>Decreased</b> number of veg <b>servings</b> per day D Made no changes in number of <b>days</b> on which I eat veg E Made no changes in number of veg servings per day F Made other changes (specify) G	
3.36 In the last six months, have you changed anything about your <b>salt</b> consumption? <b>IF NO SKIP TO 3.56</b>	YES.....1 NO.....2	→ 3.38
3.37 If yes, what have you changed?  <b>DO NOT READ OUT RESPONSES</b>  CIRCLE ALL THAT APPLY _____	<b>Increased</b> number of <b>times</b> I add salt <b>when eating</b> A <b>Decreased</b> number of <b>times</b> I add salt <b>when eating</b> B <b>Stopped</b> adding salt to food <b>when eating</b> C <b>Increased</b> amount of salt <b>for cooking</b> D <b>Decreased</b> amount of salt <b>for cooking</b> E <b>Stopped</b> adding salt to food <b>when cooking</b> F Made other changes (specify) G	
3.38 In the last six months, have you changed anything about your <b>red meat</b> consumption? <b>IF NO SKIP TO 3.58</b>	YES.....1 NO.....2	→ 3.40
3.39 If yes, what have you changed?  <b>DO NOT READ OUT RESPONSES</b>  CIRCLE ALL THAT APPLY _____	<b>Increased</b> number of <b>times</b> I eat red meat A <b>Decreased</b> number of <b>times</b> I eat red meat B <b>Stopped</b> eating red meat C <b>Increased</b> amount of red meat I eat D <b>Decreased</b> amount of red meat I eat E Made other changes (specify) F	
3.40 In the last six months, have you changed anything about your <b>sugar</b> consumption? <b>IF NO SKIP TO 3.60</b>	YES.....1 NO.....2	→ 3.42
3.41 If yes, what have you changed?  <b>DO NOT READ OUT RESPONSES</b>  CIRCLE ALL THAT APPLY _____	<b>Increased</b> number of <b>times</b> I use sugar in beverages A <b>Decreased</b> number of <b>times</b> I use sugar in beverages B <b>Stopped</b> using sugar C <b>Increased</b> amount of sugar I use in beverages D <b>Decreased</b> amount of sugar I use in beverages E <b>Increased</b> the amount of soft drinks I drink per day F <b>Decreased</b> the amount of soft drinks I drink per day G Made other changes (specify) H	
3.42 In the last six months, have you changed anything about your <b>water</b> consumption? <b>IF NO SKIP TO 3.62</b>	YES.....1 NO.....2	→ 3.44
3.43 If yes, what have you changed?  <b>DO NOT READ OUT RESPONSES</b>  CIRCLE ALL THAT APPLY _____	<b>Increased</b> number of <b>times</b> I use drink water in a day A <b>Decreased</b> number of <b>times</b> I drink water in a day B <b>Increased</b> amount of water I drink each time C <b>Decreased</b> amount of water I drink each time D Made no changes in number of <b>times</b> I <b>drink water</b> E Made no changes in amount of water I drink each time F Made other changes (specify) G	

3.44 In the last six months, have you changed anything else about your eating or drinking habits? <b>IF NO SKIP TO 3.64</b>		YES.....1 NO.....2	<b>3.46</b>
3.45 If yes, what have you changed?  <b>DO NOT READ OUT RESPONSES BUT PROBE BY ASKING: WHAT ELSE?</b>  <b>CIRCLE ALL THAT APPLY</b>	Increased the amount of food I eat Decreased the amount of food I eat Reduced the amount of fat I use in my food Increased the amount of fat I use in my food Changed the type of fat used in my house (from solid fat to liquid) Stopped/reduced eating outside the home Reduced the amount of Mandazi I eat Reduced the amount of samosas I eat Reduced the amount of fried chicken I eat Reduced the amount of fried fish I eat Other changes (specify) Other changes (specify) Other changes (specify) Other changes (specify)	A B C D E F G H I J K L M N	
<b>Physical Activity</b> Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or seeking employment.			
3.46 In the last six months, have you changed anything about your physical activity, say in the way you travel to and from places, the kind of work you do or the way you spend your leisure time? <b>IF NO SKIP TO 5.0</b>		YES.....1 NO.....2	<b>5.0</b>
3.47 If yes, what have you changed?  <b>DO NOT READ OUT RESPONSES BUT PROBE BY ASKING: WHAT ELSE?</b> <b>CIRCLE ALL THAT APPLY</b>	<b>Increased</b> number of <b>times</b> I walk/cycle to places <b>Decreased</b> number of <b>times</b> I walk/cycle to places <b>Increased</b> number of times I take a leisure walk <b>Decreased</b> number of times I take a leisure walk <b>Increased</b> number of times I cycle/jog for leisure <b>Decreased</b> number of times I cycle/jog for leisure Increased the number of times I do exercises Decreased the number of times I do exercises Made other changes (specify) Made other changes (specify) Made other changes (specify)	A B C D E F G H I J K	
<b>5.0 ANTHROPOMETRICS AND BIOMARKERS</b>			
Now, we would like to measure a few things, like your general health, blood pressure, your weight and height.			
<b>General examination</b>			
5.0a Is the patients anaemic? (CHECK PALMS, EYES, TONGUE)		Yes..... 1 No..... 2	

5.0b Is the patient dehydrated? (CHECK EYES, SKIN, LIPS, TONGUE)		Yes..... 1	
		No..... 2	
5.0c Does the patient have pedal oedema?		Yes..... 1	5.1
		No..... 2	
5.0d What is the level of oedema? 1= Mild, 2=Moderate, 3=Severe			
<b>Blood Pressure</b>			
5.1 Blood Pressure on first visit	a Systolic	<input type="text"/> <input type="text"/> <input type="text"/>	
(FW: CHECK PATIENT'S RECORDS) (Pre-filled)	b Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>	
5.2 Blood Pressure on last visit	a Systolic	<input type="text"/> <input type="text"/> <input type="text"/>	
(FW: CHECK PATIENT'S RECORDS)	b Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>	
5.3 Blood pressure today	a Systolic	<input type="text"/> <input type="text"/> <input type="text"/>	
	b Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>Anthropometric measurements</b>			
5.4 Can respondent stand up?	YES.....1	5.10	
IF NO, SKIP TO 5.10	NO.....2		
5.6 Weight at first visit in Kg	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
(FW: CHECK PATIENT'S RECORDS)			
5.7 Weight today in Kg	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
(Pre-filled)			
5.8 Waist circumference	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
Hip Circumference	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
5.9 Body Impedance Assessment			
FW: ATTACH TANITA PRINT OUT TO THIS QUESTIONNAIRE			
<b>Blood measurements</b>			
5.10 Blood glucose	<input type="text"/> <input type="text"/> <input type="text"/> mg/100ml		
5.11 HBA1c measurement	<input type="text"/> <input type="text"/> <input type="text"/>		
FW: FILL IN 999 IF THIS IS FIRST ROUND OF INTERVIEW			
<b>END THE INTERVIEW BY THANKING THE RESPONDENT</b>			