

Non-communicable diseases risk factors and predictors of hypertension among ex-Gurkha soldiers in Nepal: a community based cross-sectional study

Participant ID:

Step I: Survey information

1. Ward number:
2. Consent given: 1. Yes2. No.....
3. Family surname.... (not to be included for analysis)

Additional information that may be helpful

4. Contact phone number: (not to be included for analysis)
5. Did you involved in any types of war or insurgency in your service period?
1. Yes..... If yes where.....2. No.....
6. In which country did you served as an army?
1. British Gurkha 2. Indian Gurkha
7. What was your position at the time of retirement?
8. Service period:

STEP II: Demographic information

9. Age:
10. Highest level of education:
11. Ethnic background:
a. Dalit b) Janajati c) Madhesi d) Muslim
e) Brahman/Chhetri f) Others
12. Marital status:

STEP III: Behavioral measurements

A. Tobacco use: Now I am going to ask you some questions about tobacco use.

1. Do you currently smoke any tobacco products; such a cigarettes cigar pipes, *bidis*, *hukahs* or *tamakhus*?
1. Yes 2. No

2. Do you currently smoke tobacco products daily?
 1. Yes
 2. No
3. How old were you when you first started smoking?
 1. Age (years)..... Don't know 77
4. During the past 12 months, have you tried to stop smoking?
 1. Yes
 2. No
5. During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?
 1. Yes
 2. No
 3. No visit during the past 12 months
6. In the past, did you **ever smoke** any tobacco products?
 1. Yes
 2. No
7. In the past, did you **ever smoke daily**?
 1. Yes
 2. No
8. How old were you when you stopped smoking?

Age.....years if known go to 29
9. How **long ago** did you stop smoking?.....
10. Do you **currently use any smokeless tobacco**?
 1. Yes
 2. No
11. Do you **currently use smokeless tobacco products daily**?
 1. Yes
 2. No
12. 36. In the past, did you ever use smokeless tobacco products?
 1. Yes
 2. No
13. In the past, did you **ever use** smokeless tobacco products daily?
 1. Yes
 2. No

B. Alcohol Consumption:

1. Have you **ever** consumed an alcoholic drink such as beer, wine, spirits, fermented cider or *jaad, raksi, tungba*?
 1. Yes
 2. No
2. Have you consumed an alcoholic drink within the **past 12 months**?
 1. Yes
 2. No
3. During the past 12 months, **how frequently** have you had at least one alcoholic drink?
 1. Daily
 2. 5-6 days/week
 3. 1-4 days/week

4. 1-3 days/month 5. Less than once a month
4. Have you consumed an alcoholic drink within the **past 30 days**? 1. Yes 2. No
5. During the past 30 days, what was **the largest number** of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?
 __ __ (largest no.) Don't know 77
6. During the past 30 days, when you consumed an alcoholic drink, how often was it with meals?
 1. Usually with meals 2. Sometimes with meals 3. Rarely with meals
 4. Never with meals
7. During each of the past 7 days, how many standard alcoholic drinks did you have each day
 Sunday__ __ Monday__ __ Tuesday__ __ Wednesday__ __ Thursday__ __
 Friday__ __ Saturday__ __

C. Diet:

1. In a typical week, on how many days do you eat fruit? __ __ (no. of days) Don't know 77
2. In a typical week, on how many days do you eat vegetables?
 __ __ (no. of days) Don't know 77
3. How many servings of fruits and vegetables do you eat on one of those days?
 __ __ no. of servings Don't know 77
4. What type of oil or fat is most often used for meal preparation in your household?
 1. Mustard oil 2. Refined vegetable oil 3. Lard or suet 4. Butter/ghee
 5. Noodles oil 6. Other (*specify*) __ __ __ __ __ 7. None in particular 8. None used
 77.d/k
5. On average how many meals per week do you eat that were not prepared at home?
 By meal, I mean breakfast, lunch and dinner. __ __ (no. of days) Don't know 77
6. How much of the oil or ghee identified in 45 does your household consume? Fill only one option.
 _____ milliliters in a day/week/month Don't know 77
7. How many people of following age groups live in your household? (Record for all the options available)
 <3 yrs__ __ 3-5yrs__ __ 5-7yrs__ __ 7-9yrs__ __
 9-12yrs__ __ 12-21yrs__ __ >21yrs__ __

D. Physical activity:

1. Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate [carrying or lifting heavy loads, digging or construction work, running or sports] for at least 10 minutes continuously?
1. Yes 2. No
2. In a typical week, on how many days do you do vigorous-intensity activities as part of your work? ___no. of days
3. How much time do you spend doing vigorous intensity activities at work on a typical day? ___
_hrs: _ _mins
4. Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate [brisk walking, carrying light loads, manual washing clothes, mopping of floor, gardening at home, fitness or recreational activities] for at least 10 minutes continuously?
1. Yes 2. No
5. In a typical week, on how many days do you do moderate-intensity activities as part of work? ___
___no. of days
6. How much time do you spend doing moderate-intensity activities at work on a typical day? ___
_hrs.: _ _mins

E. Travel to and from places:

1. Do you walk or use a bicycle (*pedal cycle*) for at least 10 mins continuously to get to and from places?
1. Yes 2. No
2. How much time do you spend walking or bicycling for travel on a typical day? _ _hrs : _
_mins

F. Sedentary behavior:

1. How much time do you usually spend sitting or reclining on a typical day?
_ _hrs : _ _mins

- Have you ever had your blood pressure measured by a doctor or other health worker?
 - Yes
 - No
- Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?
 - Yes
 - No
- Have you been told in the past 12 months?
 - Yes
 - No
- Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?

Drugs (medication) that you have taken in the past 2 weeks?	1.Yes	2.No
Advice to reduce salt intake	1.Yes	2. No
Advice or treatment to lose weight	1.Yes	2. No
Advice or treatment to stop smoking	1.Yes	2. No
Advice or treatment to start or do more exercise	1.Yes	2. No
- Have you ever seen a traditional healer for raised blood pressure or hypertension?
 - Yes
 - No
- Are you currently taking any herbal or traditional remedy for your raised blood pressure?
 - Yes
 - No

1. Have you ever had your blood glucose measured by a doctor or other health workers?
 1. Yes
 2. No
2. Have you ever been told by a doctor or other health worker that you have raised blood glucose or diabetes?
 1. Yes
 2. No
3. Have you been told in the past 12 months?
 1. Yes
 2. No

4. Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?

Insulin	1.Yes	2.No
Drugs (medication) that you have taken in the past 2 weeks?	1. Yes	2.No
Special prescribed diet	1.Yes	2.No
Advice or treatment to lose weight	1.Yes	2.No
Advice or treatment to stop smoking	1.Yes	2.No
Advice or treatment to start or do more exercise	1.Yes	2.No

5. Have you ever seen a traditional healer for diabetes or raised blood glucose?

1. Yes 2. No

6. Are you currently taking any herbal or traditional remedy for your diabetes?

1. Yes 2. No

STEP VI: Physical Measurements

1. Height-..... 2.Weight-.....

3. Waist circumference-.....

4. Blood Pressure:

Reading 1:..... Reading 2..... Reading 3.....

5. Hip circumference