

ID	Station	Data Field	Database Field ID	Mandatory (Yes / No)	Data format	Unit (if applicable)	Valid range
Enu1	Enumeration	Name of interviewer	team_member_name	Yes	Free text		N/A
Enu2	Enumeration	ID of interviewer	collected_by	Yes	Alphanumeric		N/A
Enu3 + Enu4	Enumeration	Enumeration start time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Enu5 / Reg 3	Enumeration + Registration	Surveillance Site name	surveillance_site_name	Yes			N/A
Enu6 / Reg 4	Enumeration + Registration	Surveillance Site ID	surveillance_site_id	Yes	XXX-XXXX (COUNTRY-SITE NUMBER)		N/A
Enu32	Enumeration	Enumeration end time	end_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Enu18 / Reg 12	Enumeration	Invitation ID	enumeration_id	No	Alphanumeric (EXX-XXXX-X)		N/A
Enu8	Enumeration	Household Address: Street	address_street	Yes	Free text		N/A
Enu9	Enumeration	Household Address: Area / District / Village	address_locality	Yes	Free text		N/A
Enu33	Enumeration	Household Address: Country	address_country	Yes	Free text		N/A
Enu10	Enumeration	Household Address: Postcode	address_postcode	Yes	Free text		N/A
Enu11a	Enumeration	Household Location Latitude	location_latitude	No	Numbers only XX.XXXXXX (GPS 6 decimal format)		N/A
Enu11b	Enumeration	Household Location Longitude	location_longitude	No	Numbers only XX.XXXXXX (GPS 6 decimal format)		N/A
Enu7	Enumeration	Household Unique Identifier	location_identifier	No	Free text		N/A
Enu34	Enumeration	Household Radius	location_accuracy_radius	No	xxxx	meters	N/A
Enu14a	Enumeration	Household member first name	given_name	Yes	Free text		N/A
Enu14b	Enumeration	Household member last name	family_name	Yes	Free text		N/A
Enu14c	Enumeration	Household member preferred name	preferred_name	No	Free text		N/A
Enu15	Enumeration	Reason for non-enumeration	cancel_reasons	No	Free text		N/A
Enu22	Enumeration	Is member the primary contact	primary_contact	No	Fixed Options: Yes / No		Fixed options
Enu23	Enumeration	Age	age	Yes	Numbers only		> 17
Enu24	Enumeration	Gender	gender	Yes	Fixed Options: Male / Female / Other		Fixed options
Enu25a	Enumeration	Date of Birth: Day	birth_date_day	Yes	Numbers only		01 to 31
Enu25c	Enumeration	Date of Birth: Year	birth_date_year	Yes	Numbers only		< 1998
Enu25b	Enumeration	Date of Birth: Month	birth_date_month	Yes	Numbers only		01 to 12
Enu26	Enumeration	Provider of information for this household member	info_source	Yes	Fixed Options: Direct / Via Contact		Fixed options
Enu27	Enumeration	Contact number	contact_number	Yes	Numbers only		India: 10 digits Pakistan: Bangladesh: 8 / 10 digits Sri Lanka:10 digits
Enu28	Enumeration	Alternate contact number	contact_number_alternate	No	Numbers only		India: 10 digits Pakistan: Bangladesh: 8 / 10 digits Sri Lanka:10 digits
Enu29	Enumeration	Ability to attend proposed screening dates	unavailability	Yes	Fixed Options: Yes / No		Fixed options
Enu30	Enumeration	Reasons for inability to attend		No	Free text		N/A
Enu31	Enumeration	Agreed Screening Appointment Date	appointment_date	No	Numbers (DD/MM/YY)		Date
Reg6 + Reg7	Registration	Registration start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Reg36+37	Registration	Registration end date / time	registration_completed_date_and_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Reg1	Registration	Name of researcher	team_member_name	Yes	Free text		N/A
Reg2	Registration	Researcher ID	collected_by	Yes	Alphanumeric		N/A
Enu18 / Reg 12	Enumeration + Registration	Invitation ID	enumeration_id	No	Alphanumeric (EXX-XXXX-X)		N/A
Reg13	Registration	Participant ID	screening_id	Yes	Alphanumeric (PXX-XXXX-X)		N/A
Reg15	Registration	Participant first name	first_name	Yes	Free text		N/A
Reg16	Registration	Participant last name	last_name	Yes	Free text		N/A
Reg42	Registration	Participant preferred name	preferred_name	No	Free text		N/A
Reg18	Registration	Date of birth	dob	Yes	Numbers (DD/MM/YY)		Date
Reg19	Registration	Age (in years)	age_in_years	Yes	Numbers only		>17

Reg17	Registration	Gender	gender	Yes	Fixed Options: Male / Female / Other		Fixed options
Reg24	Registration	Household Address: Street	address_street	Yes	Free text		N/A
Reg25	Registration	Household Address: Area / District / Village	address_locality	Yes	Free text		N/A
Reg41	Registration	Household Address: Country	address_country	Yes	Free text		N/A
Reg26	Registration	Household Address: Postcode	address_postcode	Yes	Free text		N/A
Reg22	Registration	National ID number	id_number	Yes	Alphanumeric		India: digits Pakistan: Bangladesh: 9 / 12 digits Sri Lanka:10 digits
Reg20	Registration	Number of hours fasted	hours_fasted	Yes	Numbers		>7
Reg27	Registration	Preferred phone number	phone_number_preferred	Yes	Numbers		India: 10 digits Pakistan: Bangladesh: 8 / 10 digits Sri Lanka:10 digits
Reg28	Registration	Alternate phone number	phone_number_alternate	No	Numbers		India: 10 digits Pakistan: Bangladesh: 8 / 10 digits Sri Lanka:10 digits
Reg29	Registration	Email address	email	No	Free text		Valid e-mail format
Reg39	Registration	Additional Comments (if any)	comment	No	Free text		N/A
Reg31	Registration	Contact person name	contact_name	Yes	Free text		N/A
Reg32	Registration	Contact Relationship	contact_relationship	Yes	Free text		N/A
Reg33	Registration	Contact Address	contact_address	Yes	Alphanumeric		N/A
Reg38	Registration	Contact E-mail address	contact_email	No	Free text		Valid e-mail format
Reg34	Registration	Contact phone number 1	contact_phone_preferred	Yes	Numbers		India: 10 digits Pakistan: Bangladesh: 8 / 10 digits Sri Lanka:10 digits
Reg35	Registration	Contact phone number 2	contact_phone_alternate	No	Numbers		India: 10 digits Pakistan: Bangladesh: 8 / 10 digits Sri Lanka:10 digits
Reg9	Registration	Consent Language	consent_language	Yes	Fixed Options: Bangla / English / Hindi / Malayalam / Pashto / Punjabi / Sinhalese / Tamil / Telugu / Urdu / Other		Fixed options
Reg9b	Registration	Consent Language	consent_language_other	No	Free text		N/A
Reg10	Registration	Video watched	video_watched_status	Yes	Fixed Options: Yes / No		Fixed options
Abp1	Anthropometry: BP	BP Station start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Abp2	Anthropometry: BP	BP Station end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Abp3	Anthropometry: BP	Researcher ID	collected_by	Yes	Alphanumeric		N/A
Abp4	Anthropometry: BP	Comments (if any)	comment	No	Free text		N/A
Abp5	Anthropometry: BP	BP measurement was skipped / cancelled	is_cancelled	No	Fixed Options: Yes / No		N/A
Abp6	Anthropometry: BP	Reason for BP measurement skip / cancellation	reason	No	Fixed Options: Participant factor / Technical problem / Other		N/A
Abp6a	Anthropometry: BP	Reason for BP measurement skip / cancellation (if other)	reason_other	No	Free text		N/A
Abp7	Anthropometry: BP	BP Device ID	device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Abp8	Anthropometry: BP	Arm used for BP Measurement (mutiple measurements required)	arm	Yes	Fixed Options: Left / Right		Fixed options
Abp9	Anthropometry: BP	Systolic Blood Pressure (mutiple measurements required)	systolic (SBP)	Yes	Numbers	mmHg	60 - 260
Abp10	Anthropometry: BP	Diastolic Blood Pressure (mutiple measurements required)	diastolic (DBP)	Yes	Numbers	mmHg	40 - 180
Abp11	Anthropometry: BP	Heart rate (mutiple measurements required)	pulse	Yes	Numbers	bpm	
Abp12	Anthropometry: BP	BP Station completion status	status	Yes	Fixed Options: Not started / Complete		Fixed options
Abm1	Anthropometry: BM	BM Station start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock

Abm2	Anthropometry: BM	BM Station end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Abm3	Anthropometry: BM	Researcher ID	collected_by	Yes	Alphanumeric		N/A
Abm4	Anthropometry: BM	BM Comments (if any)	comment	No	Free text		N/A
Abm5	Anthropometry: BM	BM measurements were skipped / cancelled	is_cancelled	No	Fixed Options: Yes / No		Fixed options
Abm6	Anthropometry: BM	Reason for BM measurement skip / cancellation	reason	No	Fixed Options: Participant factor / Technical problem / Other		N/A
Abm6a	Anthropometry: BM	Reason for BM measurement skip / cancellation (if other)	reason_other	No	Free text		N/A
Abm7	Anthropometry: BM	Height	height_value	Yes	Numbers	cm	50 - 250
Abm8	Anthropometry: BM	Unit of height measurement	height_unit	Yes	Fixed Options: cm / ft		Fixed options
Abm9	Anthropometry: BM	Height Device ID	height_device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Abm10	Anthropometry: BM	Height Comments (if any)	height_comment	No	Free text		N/A
Abm11	Anthropometry: BM	Reason for height measurement skip	height_skip_reason	No	Fixed Options: Participant factor / Technical problem / Other		Fixed options
Abm11a	Anthropometry: BM	Reason for height measurement skip (if other)	height_skip_reason_other	No	Free text		N/A
Abm12	Anthropometry: BM	Height skip comments	height_skip_comment	No	Free text		N/A
Abm13	Anthropometry: BM	Hip circumference measurement	hnw_hip_value	Yes	Numbers	cm	50 - 200
Abm14	Anthropometry: BM	Unit of hip circumference measurement	hnw_hip_unit	Yes	Fixed Options: cm / in		Fixed options
Abm15	Anthropometry: BM	Waist circumference measurement	hnw_waist_value	Yes	Numbers	cm	50 - 200
Abm16	Anthropometry: BM	Waist of hip circumference measurement	hnw_waist_unit	Yes	Fixed Options: cm / in		Fixed options
Abm17	Anthropometry: BM	Hip and Waist Device ID	hnw_device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Abm18	Anthropometry: BM	Hip and Waist Comments (if any)	hnw_comment	Yes	Free text		N/A
Abm19	Anthropometry: BM	Reason for hip and wist measurement skip	hnw_skip_reason	No	Fixed Options: Participant factor / Equipment factor / Other		Fixed options
Abm20	Anthropometry: BM	Hip and Waist skip comments (if any)	hnw_skip_comment	No	Free text		N/A
Abm21	Anthropometry: BM	Muscle composition measurement	bc_muscle_value	Yes	Numbers	%	2 - 60
Abm22	Anthropometry: BM	Unit of Muscle composition measurement	bc_muscle_unit	Yes	Free text		N/A
Abm23	Anthropometry: BM	Weight measurement	bc_weight_value	Yes	Numbers	kg	20 - 250
Abm24	Anthropometry: BM	Unit of Weight measurement	bc_weight_unit	Yes	Fixed Options: kg / lb		Fixed options
Abm25	Anthropometry: BM	Visceral fat measurement	bc_visceral_value	Yes	Numbers	%	2 - 60
Abm26	Anthropometry: BM	Unit of Visceral fat measurement	bc_visceral_unit	Yes	Free text		N/A
Abm27	Anthropometry: BM	Body fat composition measurement	bc_fat_composition_value	Yes	Numbers	%	2 - 60
Abm28	Anthropometry: BM	Unit of body fat composition measurement	bc_fat_composition_unit	Yes	Free text		N/A
Abm29	Anthropometry: BM	Body Composition Device ID	bc_device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Abm30	Anthropometry: BM	Body Composition Comments (if any)	bc_comment	No	Free text		N/A
Abm31	Anthropometry: BM	Reason for body composition measurement skip	bc_skip_reason	No	Fixed Options: Participant factor / Equipment factor / Other		Fixed options
Abm32	Anthropometry: BM	Body composition skip comments (if any)	bc_skip_comment	No	Free text		N/A
Abm33	Anthropometry: BM	BP Station completion status	status	Yes	Fixed Options: Not started / Complete		Fixed options
Ecg1	ECG	ECG station start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Ecg2	ECG	ECG station end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Ecg3	ECG	ECG station Researcher ID	collected_by	Yes	Alphanumeric		N/A
Ecg4	ECG	ECG Comments (if any)	comment	No	Free text		N/A
Ecg5	ECG	ECG station was skipped / cancelled	is_cancelled	No	Fixed Options: Yes / No		N/A
Ecg6	ECG	Reason for ECG skip / cancellation	reason	No	Fixed Options: Participant factor / Technical problem / Other		N/A
Ecg6a	ECG	Reason for ECG skip (if other)	reason_other	No	Free text		N/A
Ecg7	ECG	ECG Device ID	device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Ecg8	ECG	Staus of ECG trace of printed report	ecg_flag	Yes	Fixed Options: Normal / Abnormal		Fixed options
Ecg9	ECG	ECG PDF Report asset location	ecg_assets_pdf	Yes	Alphanumeric		N/A
Ecg10	ECG	ECG XML file asset location	ecg_assets_xml	Yes	Alphanumeric		N/A
Ecg11	ECG	ECG Station completion status	status	Yes	Fixed Options: Not started / In-Progress / Complete		Fixed options
Ecg12	ECG	P Axis		Yes	Alphanumeric	deg	
Ecg13	ECG	R Axis		Yes	Alphanumeric	R_Axis_Units	
Ecg14	ECG	T Axis		Yes	Alphanumeric	deg	

Ecg15	ECG	PP interval		Yes	Alphanumeric	ms	
Ecg16	ECG	PR interval		Yes	Alphanumeric	ms	
Ecg17	ECG	QT interval		Yes	Alphanumeric	ms	
Ecg18	ECG	RR interval		Yes	Alphanumeric	ms	
Ecg19	ECG	QRS Duration		Yes	Alphanumeric	ms	
Ecg20	ECG	QT corrected		Yes	Alphanumeric	ms	
Ecg21	ECG	AveRRInterval		Yes		ms	
Spr1	Spirometry	Spiro station start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Spr2	Spirometry	Spiro station end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Spr3	Spirometry	Spiro station Researcher ID	collected_by	Yes	Alphanumeric		N/A
Spr4	Spirometry	Spiro Comments (if any)	comment	No	Free text		N/A
Spr5	Spirometry	Spiro station was skipped / cancelled	is_cancelled	No	Fixed Options: Yes / No		Fixed options
Spr6	Spirometry	Reason for Spirometry skip / cancellation	reason	No	Fixed Options: Participant factor / Technical problem / Other		N/A
Spr6a	Spirometry	Reason for Spirometry skip (if other)	reason_other	No	Free text		N/A
Spr7	Spirometry	Does participant have active and productive cough	active_cough	Yes	Fixed Options: Yes / No		Fixed options
Spr8	Spirometry	Spiro Device ID	device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Spr9	Spirometry	Spiro Turbine ID	turbine_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Spr10	Spirometry	Flow curve raw data	device_data	Yes	JSON		N/A
Spr11	Spirometry	FEV1 (multiple measurements required)	fev_actual	Yes	Number	Liters	1 - 20
Spr12	Spirometry	FVC (multiple measurements required)	fvc_actual	Yes	Number	Liters	1 - 20
Spr13	Spirometry	FEV1/FVC (multiple measurements required)	fev_fvc_ratio	Yes	Number	N/A	0.2 - 1.5
Spr14	Spirometry	PEFR (multiple measurements required)	pefr	Yes	Number	L/s	3 - 12
Spr15	Spirometry	Test number (multiple measurements required)	test_number	Yes	Number		< 10
Spr16	Spirometry	Spirometry Station completion status	status	Yes	Fixed Options: Not started / Complete		Fixed options
Spr17	Spirometry	Session Grading	grading	Yes	Fixed Options: A/B/C/D/E/F		Fixed options
Fun1	Fundoscopy	Fundoscopy station start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Fun2	Fundoscopy	Fundoscopy station end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Fun3	Fundoscopy	Fundoscopy station Researcher ID	collected_by	Yes	Alphanumeric		N/A
Fun4	Fundoscopy	Fundoscopy Comments (if any)	comment	No	Free text		N/A
Fun5	Fundoscopy	Fundoscopy station was skipped / cancelled	is_cancelled	No	Fixed Options: Yes / No		Fixed options
Fun6	Fundoscopy	Reason for Fundoscopy skip / cancellation	reason	No	Fixed Options: Participant factor / Technical problem / Other		N/A
Fun6a	Fundoscopy	Reason for Fundoscopy skip (if other)	reason_other	No	Free text		N/A
Fun7	Fundoscopy	Fundoscopy Device ID	device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Fun8	Fundoscopy	Did participant require pupil dilation	pupil_dilation	Yes	Fixed Options: Yes / No		Fixed options
Fun9	Fundoscopy	Fundoscopy asset location	fundoscopy_assets	Yes	Alphanumeric		N/A
Fun10	Fundoscopy	Fundoscopy Station completion status	status	Yes	Fixed Options: Not started / In-Progress / Complete		Fixed options
Bio1	Biological samples	Bio station start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Bio2	Biological samples	Bio station end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)		Date / 24 hr clock
Bio3	Biological samples	Bio station Researcher ID	collected_by	Yes	Alphanumeric		N/A
Bio4	Biological samples	Bio station Comments (if any)	comment	No	Free text		N/A
Bio5	Biological samples	Bio station was skipped / cancelled	is_cancelled	No	Fixed Options: Yes / No		Fixed options
Bio6	Biological samples	Reason for Bio station skip / cancellation	reason	No	Fixed Options: Participant factor / Technical problem / Other		N/A
Bio6a	Biological samples	Reason for Bio station skip (if other)	reason_other	No	Free text		N/A
Bio7	Biological samples	Sample ID	sample_id	Yes	Alphanumeric (SXX-XXXX-X)		N/A
Bio8	Biological samples	Laboratory ID	storage_id	Yes	Alphanumeric (CXX-XXXX-X)		N/A
Bio9	Biological samples	Freezer ID	freezer_id	Yes	Alphanumeric (FXX-XXXX-X)		N/A
Bio10	Biological samples	Fasting blood glucose measurement	fbg_value	Yes	Number	mg/dL	54 - 540
Bio11	Biological samples	FBG Device ID	fbg_device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Bio12	Biological samples	FBG Lot ID	fbg_lot_id	Yes	Alphanumeric		N/A
Bio13	Biological samples	FBG measurement Comments (if any)	fbg_comment	No	Free text		N/A
Bio14	Biological samples	2H OGTT measurement	hogtt_value	No	Number	mg/dL	54 - 540

Bio15	Biological samples	2H OGTT Device ID	hogtt_device_id	No	Alphanumeric (DID-xxxx-x)		N/A
Bio16	Biological samples	2H OGTT Lot ID	hogtt_lot_id	No	Alphanumeric		N/A
Bio17	Biological samples	2H OGTT measurement Comments (if any)	hogtt_comment	No	Free text		N/A
Bio18	Biological samples	HbA1c measurement	hbA1c_value	No	Number	%	3 - 20
Bio19	Biological samples	HbA1c Device ID	hbA1c_device_id	No	Alphanumeric (DID-xxxx-x)		N/A
Bio20	Biological samples	HbA1c Lot ID	hbA1c_lot_id	No	Alphanumeric		N/A
Bio21	Biological samples	HbA1c measurement Comments (if any)	hbA1c_comment	No	Free text		N/A
Bio22	Biological samples	HDL measurement	hdl_value	No	Number	mg/dL	9 - 162
Bio23	Biological samples	HDL Device ID	hdl_device_id	No	Alphanumeric (DID-xxxx-x)		N/A
Bio24	Biological samples	HDL Lot ID	hdl_lot_id	No	Alphanumeric		N/A
Bio25	Biological samples	HDL measurement Comments (if any)	hdl_comment	No	Free text		N/A
Bio26	Biological samples	Total Cholesterol measurement	tc_value	Yes	Number	mg/dL	63 - 350
Bio27	Biological samples	Total Cholesterol Device ID	tc_device_id	Yes	Alphanumeric (DID-xxxx-x)		N/A
Bio28	Biological samples	Total Cholesterol Lot ID	tc_lot_id	Yes	Alphanumeric		N/A
Bio29	Biological samples	Total Cholesterol measurement Comments (if any)	tc_comment	No	Free text		N/A
Bio30	Biological samples	Triglycerides measurement	tri_value	No	Number	mg/dL	18 - 600
Bio31	Biological samples	Triglycerides Device ID	tri_device_id	No	Alphanumeric (DID-xxxx-x)	N/A	N/A
Bio32	Biological samples	Triglycerides Lot ID	tri_lot_id	No	Alphanumeric	N/A	N/A
Bio33	Biological samples	Triglycerides measurement Comments (if any)	tri_comment	No	Free text	N/A	N/A
Bio34	Biological samples	Biological Samples Station completion status	status	Yes	Fixed Options: Not started / In-progress / Processed / Complete	N/A	Fixed Options
Act1	Activity tracker	Activity start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)	N/A	Date / 24 hr clock
Act2	Activity tracker	Activity end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)	N/A	Date / 24 hr clock
Act3	Activity tracker	Activity Researcher ID	collected_by	Yes	Alphanumeric	N/A	N/A
Act4	Activity tracker	Activity Comments (if any)	comment	No	Free text	N/A	N/A
Act5	Activity tracker	Activity was skipped / cancelled	is_cancelled	No	Fixed Options: Yes / No	N/A	Fixed options
Act6	Activity tracker	Reason for Activity skip / cancellation	reason	No	Fixed Options: Faulty device / Participant Leave / Other	N/A	N/A
Act6a	Activity tracker	Reason for Activity station skip (if other)	reason_other	No	Free text	N/A	N/A
Act7	Activity tracker		device_id	No	Free text	N/A	N/A
Act8	Activity tracker	Session ID	serial_id	Yes	Alphanumeric	N/A	N/A
Act9	Activity tracker	Activity Station completion status	status	Yes	Fixed Options: Not started / Complete	N/A	Fixed options
Act10	Activity tracker	Dominant wrist	wrist	Yes	Fixed Options: Left / Right	N/A	Fixed options
Rep1	Report	Report start date / time	start_time	Yes	Numbers (DD/MM/YY HH:MM)	N/A	Date / 24 hr clock
Rep2	Report	Report end date / time	end_time	Yes	Numbers (DD/MM/YY HH:MM)	N/A	Date / 24 hr clock
Rep3	Report	Activity Researcher ID	collected_by	Yes	Alphanumeric	N/A	N/A
Admin3	HLQ	Interviewer name	IntName	Yes	Free text	N/A	N/A
Admin4	HLQ	Interviewer ID	IntID	Yes	Alphanumeric	N/A	N/A
Admin5	HLQ	Date and Time HLQ started	DateStart	Yes	Numbers (DD/MM/YY HH:MM)	N/A	Valid date
Demo2	HLQ	Your country of Birth [based on current boundaries]	BornCountry	Yes	Fixed Options: Region specific	N/A	Fixed options
Demo2a	HLQ	Your country of Birth [based on current boundaries] (if other)	BornCountry	No	Free text	N/A	N/A
Demo3	HLQ	State AND District where you were born	BornState	Yes	Fixed Options: Region specific	N/A	Fixed options
Demo3a	HLQ	State AND District where you were born (if other)	BornState	No	Free text	N/A	N/A
Demo4	HLQ	Father's country of Birth [based on current boundaries]	FBornCountry	Yes	Fixed Options: Region specific	N/A	Fixed options
Demo4a	HLQ	Father's country of Birth [based on current boundaries] (if other)	FBornCountry	No	Free text	N/A	N/A
Demo5	HLQ	Father's State or District of Birth	FBornState	Yes	Fixed Options: Region specific	N/A	Fixed options
Demo5a	HLQ	Father's State or District of Birth (if other)	FBornState	No	Free text	N/A	N/A
Demo6	HLQ	Mother's country of Birth [based on current boundaries]	MBornCountry	Yes	Fixed Options: Region specific	N/A	Fixed options
Demo6a	HLQ	Mother's country of Birth [based on current boundaries] (if other)	MBornCountry	No	Free text	N/A	N/A
Demo7	HLQ	Mother's State or District of Birth	MBornState	Yes	Fixed Options: Region specific	N/A	Fixed options

Demo7a	HLQ	Mother's State or District of Birth (if other)	MBornState	No	Free text	N/A	N/A
Demo8	HLQ	In total, how many years have you spent at school in full-time study (excluding pre-school)?	SchoolYears	Yes	Number	years	0 - 30
Demo9	HLQ	What is the highest level of education you have completed?	Education	Yes	Fixed options: No formal schooling Less than primary school Primary school completed Secondary school completed High school completed College/University completed Post graduate degree	N/A	Fixed options
Demo10	HLQ	What is your marital status?	MaritalStatus	Yes	Fixed options: Never Married Currently married Separated Divorced Widowed Cohabiting	N/A	Fixed options
Demo11	HLQ	Which of the following best describes your main work status over the past 12 months?	Occupation	Yes	Fixed Options: Government employee Non-government employee Self-employed Non-paid Student Homemaker Retired Unemployed (able to work) Unemployed (unable to work)	N/A	Fixed options
Demo12	HLQ	What is your "mother tongue"	Language	Yes	Fixed Options: Bangla English Hindi Malayalam Pashto Punjabi Sinhalese Tamil Telugu Urdu Other - specify	N/A	Fixed options
Demo12a	HLQ	What is your "mother tongue" (if other)	Language	Yes	Free text	N/A	N/A
Demo13	HLQ	What is your religion	Religion	Yes	Fixed Options: Buddhist Christian Hindu Jain Jewish Muslim Parsi Sikh No religion Other - specify	N/A	Fixed options
Demo13a	HLQ	What is your religion (if other)	Religion	Yes	Free text	N/A	N/A
Eq1	HLQ	Does your household have electricity	Electricity	Yes	Fixed Options: Yes / No	N/A	Fixed options
Eq2	HLQ	Does your household have a television?	Television	Yes	Fixed Options: Yes / No	N/A	Fixed options
Eq3	HLQ	Does your household have an electric fan?	Fan	Yes	Fixed Options: Yes / No	N/A	Fixed options

Eq4	HLQ	Does household have an almirah/wardrobe?	Wardrobe	Yes	Fixed Options: Yes / No	N/A	Fixed options
Eq5	HLQ	Does your household have a refrigerator?	Fridge	Yes	Fixed Options: Yes / No	N/A	Fixed options
Eq6	HLQ	What is the main material of the floor in your household?	Floor	Yes	Fixed Options: Bamboo Cement Earth or sand Plank Other - specify Free text	N/A	Fixed options
Eq6a	HLQ	What is the main material of the floor in your household? (If other)	Floor	No	Free text	N/A	N/A
Eq7	HLQ	What is the main material of the exterior walls in your household?	Walls	Yes	Fixed Options: Bricks Bamboo Cardboard/Plywood Concrete Blocks Clay Polythene Plank Corrugated tin No wall Other - specify Free text	N/A	Fixed options
Eq7a	HLQ	What is the main material of the exterior walls in your household? (If other)	Floor	No	Free text	N/A	N/A
Eq8	HLQ	How many people 18+ years old, live in your household, include yourself?	Residents	Yes	Number	people	1 - 20
Eq9	HLQ	Taking the past year, what was the average earning of your household per month (local currency)?	Income	Yes	Number	Local currency units	N/A
Fuel1	HLQ	What is the primary source of light your home uses when it is dark?	Light	Yes	Fixed Options: Candles Electricity Oil Torch Other - specify Free text	N/A	Fixed options
Fuel1a	HLQ	What is the primary source of light your home uses when it is dark? (If other)	Light	No	Free text	N/A	N/A
Fuel2	HLQ	Where do people cook in your living space?	CookWhere	Yes	Fixed Options: In a room used for living or sleeping In a separate room In a separate building Outdoors No cooking at home Not known Other - specify Free text	N/A	Fixed options
Fuel2a	HLQ	Where do people cook in your living space? (if other)	CookWhere	No	Free text	N/A	N/A
Fuel3	HLQ	What ventilation is there in the area where the cooking is done?	CookVent	Yes	Fixed Options:Stove has chimney or exhau	N/A	Fixed options
Fuel3a	HLQ	What ventilation is there in the area where the cooking is done? (if other)	CookVent	No	Free text	N/A	N/A

Fuel4	HLQ	What is the primary fuel used for cooking in your household?	CookFuel	Yes	Fixed options: Biogas Charcoal Coal/Lignite Cowdung Electricity Kerosene LPG Natural Gas Wood Other - specify	N/A	Fixed options
Fuel4a	HLQ	What is the primary fuel used for cooking in your household? (if other)	CookFuel	No	Free text	N/A	N/A
Fuel5	HLQ	How many days did you cook a meal during the last week?	CookFreq	Yes	Numbers	days	0 - 7
Fuel6	HLQ	How many hours per day do you usually spend cooking meals?	CookTime	Yes	Numbers	hours	0 - 24
Fuel7	HLQ	How many days of the week are you exposed to burning incense (eg at home or in the temple)?	Incense	Yes	Numbers	days	0 - 7
Travel1	HLQ	How do you normally get from place to place, including any transportation for your work	Transport	Yes	Fixed options: Autorickshaw Bicycle Bus Car Motorbike Truck Walking Other	N/A	Fixed options
Travel1a	HLQ	How do you normally get from place to place, including any transportation for your work (if other)	Transport	No	Free text	N/A	N/A
Travel 2	HLQ	How many minutes per day do you normally spend travelling from place to place	TravelTime	Yes	Numbers	minutes	0 - 1440
Tob2	HLQ	Do you currently smoke any tobacco products daily, such as cigarettes, cigars or pipes?	SmokeNow	Yes	Fixed Options: Yes / No	N/A	N/A
Tob3	HLQ	How old were you when you first started smoking?	AgeStart	Yes	Number	Years	3 - 90
Tob5	HLQ	On average, how many of the following products do you use each day? Manufactured cigarettes	ManCigarettes	Yes	Number	Units	0 - 100
Tob6	HLQ	Hand-rolled cigarettes	RolledCigarettes	Yes	Number	Units	0 - 100
Tob7	HLQ	Pipes full of tobacco	Pipes	Yes	Number	Units	0 - 100
Tob8	HLQ	Cigars, cheroots, cigarillos	Cigars	Yes	Number	Units	0 - 100
Tob9	HLQ	Number of Shisha sessions	Shisha	Yes	Number	Units	0 - 100
Tob10	HLQ	During the past 12 months, have you tried to stop smoking?	TryStopSmoke	Yes	Fixed Options: Yes / No	N/A	Fixed options
Tob11	HLQ	In the past, did you ever smoke any tobacco products daily?	SmokePast	Yes	Fixed Options: Yes / No	N/A	Fixed options
Tob12	HLQ	How old were you when you first started smoking?	AgeStartEx	Yes	Number	Years	3 - 90
Tob13	HLQ	How old were you when you stopped smoking?	AgeStopEx	Yes	Number	Years	3 - 90
Tob14	HLQ	Do you currently use any snuff, chewing tobacco or betel	SmokelessTobaccoNow	Yes	Fixed Options: Yes / No	N/A	Fixed options
Tob15	HLQ	How old were you when you first started using these?	AgeStartSmokeless	Yes	Number	Years	3 - 90
Tob18	HLQ	On average, how many of the following products do you use each day? Snuff, by mouth	SnuffMouth	Yes	Number	Units	0 - 100

Tob19	HLQ	Snuff, by nose	SnuffNose	Yes	Number	Units	0 - 100
Tob20	HLQ	Chewing tobacco	ChewingTob	Yes	Number	Units	0 - 100
Tob21	HLQ	Betel with tobacco	BetelTob	Yes	Number	Units	0 - 100
Tob22	HLQ	Betel without tobacco	BetelNoTob	Yes	Number	Units	0 - 100
Tob23	HLQ	In the past, did you ever use snuff, chewing tobacco, or betel daily?	SmokelessTobaccoEx	Yes	Fixed Options: Yes / No	N/A	Fixed options
Tob24	HLQ	How old were you when you first started using snuff, chewing tobacco, or betel daily?	AgeStartSmokelessEx	Yes	Number	Years	3 - 90
Tob25	HLQ	How old were you when you stopped using snuff, chewing tobacco, or betel daily?	AgeStopSmokelessEx	Yes	Number	Years	3 - 90
Tob26	HLQ	During the last week, did someone smoke tobacco in your home?	PassiveHome	Yes	Fixed Options: Yes / No	N/A	Fixed options
Tob27	HLQ	Over the last week, how many days did someone smoke tobacco in your home?	PassiveHomeDays	Yes	Number	Days	0 - 7
Tob28	HLQ	In a typical day how many hours are you exposed to tobacco smoke in your home?	PassiveHomeHours	Yes	Number	Hours	0 - 24
Tob29	HLQ	During the last week, did someone smoke near you, in a closed area of your workplace (eg in the building)?	PassiveWork	Yes	Fixed Options: Yes / No	N/A	Fixed options
Tob30	HLQ	Over the last week, how many days was someone smoking tobacco near you at your workplace?	PassiveWorkDays	Yes	Number	Days	0 - 7
Tob31	HLQ	In a typical day how many hours are you exposed to tobacco smoke at work	PassiveWorkHours	Yes	Number	Hours	0 - 24
Alc2	HLQ	Do you consume any alcoholic products (such as beer, wine, whisky, brandy, rum, vodka or locally prepared alcoholic drinks)?	DrinkAlcohol	Yes	Fixed Options: Yes / No	N/A	Fixed options
Alc3	HLQ	How frequently have you had at least one standard drink?	AlcoholFreq	Yes	Fixed Options: Less than 1 per month / 1 to 3 days per month / 1 to 4 days per week / 5 to 7 days per week	N/A	Fixed options
Alc4	HLQ	When you drink alcohol, on average, how many standard drinks do you have during one day?	AlcoholNumberDrinks	Yes	Number	Drinks	1 - 50
Alc5	HLQ	Have you consumed an alcoholic drink within the past 7 days?	AlcoholThisWeek	Yes	Fixed Options: Yes / No	N/A	N/A
Alc7	HLQ	During each of the past 7 days, how many standard drinks of any alcoholic drink did you have each day? Monday	AlcMon	Yes	Number	Drinks	0 - 100
Alc8	HLQ	Tuesday	AlcTue	Yes	Number	Drinks	0 - 100
Alc9	HLQ	Wednesday	AlcWed	Yes	Number	Drinks	0 - 100
Alc10	HLQ	Thursday	AlcThur	Yes	Number	Drinks	0 - 100
Alc11	HLQ	Friday	AlcFri	Yes	Number	Drinks	0 - 100
Alc12	HLQ	Saturday	AlcSat	Yes	Number	Drinks	0 - 100
Alc13	HLQ	Sunday	AlcSun	Yes	Number	Drinks	0 - 100
Alc14	HLQ	How old were you when you started consuming alcohol regularly?	AlcAgeStart	Yes	Number	Years	3 - 90
Diet2	HLQ	In a typical week, on how many days do you eat fruit?	FruitDays	Yes	Number	Days	0 - 7
Diet3	HLQ	How many servings of fruit do you eat on one of those days?	FruitServings	Yes	Number	Servings	0 - 50
Diet4	HLQ	In a typical week, on how many days do you eat vegetables?	VegDays	Yes	Number	Days	0 - 7
Diet5	HLQ	How many servings of vegetables do you eat on one of those days	VegServings	Yes	Number	Servings	0 - 50

PA2	HLQ	Does 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?	ActivityWorkVig	Yes	Fixed Options: Yes / No	N/A	Fixed Options
PA3	HLQ	In a typical week, on how many days do you do vigorous intensity activities as part of your work?	ActivityWorkVigDays	Yes	Number	Days	0 - 7
PA4	HLQ	How much time do you spend doing vigorous-intensity activities at work on a typical day?	ActivityWorkVigMins	Yes	Number	Minutes	0 - 1000
PA5	HLQ	Does 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?	ActivityWorkMod	Yes	Fixed Options: Yes / No	N/A	Fixed Options
PA6	HLQ	In a typical week, on how many days do you do moderate intensity activities as part of your work?	ActivityWorkModDays	Yes	Number	Days	0 - 7
PA7	HLQ	How much time do you spend doing moderate intensity activities at work on a typical day?	ActivityWorkModMins	Yes	Number	Minutes	0 - 1000
PA9	HLQ	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	ActivityTravel	Yes	Fixed Options: Yes / No	N/A	Fixed Options
PA10	HLQ	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?	ActivityTravelDays	Yes	Number	Days	0 - 7
PA11	HLQ	How much time do you spend walking or bicycling for travel on a typical day?	ActivityTravelMins	Yes	Number	Minutes	0 - 1000
PA13	HLQ	Do you do any vigorous intensity 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?	ActivityRecVig	Yes	Fixed Options: Yes / No	N/A	Fixed Options
PA14	HLQ	In a typical week, on how many days do you do vigorous intensity sports, fitness or recreational (leisure) activities?	ActivityRecVigDays	Yes	Number	Days	0 - 7
PA15	HLQ	How much time do you spend doing vigorous intensity sports, fitness or recreational activities on a typical day?	ActivityRecVigMins	Yes	Number	Minutes	0 - 1000
PA16	HLQ	Do you do any moderate intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball and] for at least 10 minutes continuously?	ActivityRecMod	Yes	Fixed Options: Yes / No	N/A	Fixed Options
PA17	HLQ	In a typical week, on how many days do you do moderate intensity sports, fitness or recreational (leisure) activities?	ActivityRecModDays	Yes	Number	Days	0 - 7
PA18	HLQ	How much time do you spend doing moderate intensity sports, fitness or recreational (leisure) activities on a typical day?	ActivityRecModMins	Yes	Number	Minutes	0 - 1000
PA20	HLQ	The following question is about sitting at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. How much time do you usually spend sitting or reclining on a typical day?	ActivitySittingMins	Yes	Number	Minutes	0 - 1440

PA22	HLQ	During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, chopping wood, or digging around the home or garden?	ActivityHomeVigDays	Yes	Number	Days	0 - 7
PA23	HLQ	How much time did you usually spend on one of those days doing vigorous physical activities in the garden or yard?	ActivityHomeVigMins	Yes	Number	Minutes	0 - 1000
PA24	HLQ	Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, scrubbing floors, sweeping, washing windows, and raking at home or in the garden?	ActivityHomeModDays	Yes	Number	Days	0 - 7
PA25	HLQ	How much time did you usually spend on one of those days doing moderate physical activities at home or in the garden?	ActivityHomeModMins	Yes	Number	Minutes	0 - 1000
Hx1	HLQ	In general how would you rate your health	HeathRating	Yes	Fixed options: Excellent Vgood Good Fair Poor	N/A	Fixed options
BPHx1	HLQ	When did you last have your blood pressure measured by a doctor or other health worker?	LastBPcheck	Yes	Fixed options: Never Over5years 1to5years 12months	N/A	Fixed options
BPHx2	HLQ	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	HTHx	Yes	Fixed Options: Yes / No	N/A	Fixed options
BPHx3	HLQ	In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	HTRx	Yes	Fixed Options: Yes / No	N/A	Fixed options
BPHx4	HLQ	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	HTOtherRx	Yes	Fixed Options: Yes / No	N/A	Fixed options
DMHx1	HLQ	When did you last have your blood sugar measured by a doctor or other health worker?	LastGlucCheck	Yes	Fixed options: Never Over5years 1to5years 12months	N/A	Fixed options
DMHx2	HLQ	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	DMHx	Yes	Fixed Options: Yes / No	N/A	Fixed options
DMHx3	HLQ	In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	DMRx	Yes	Fixed Options: Yes / No	N/A	Fixed options
DMHx4	HLQ	Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Insulin	Yes	Fixed Options: Yes / No	N/A	Fixed options
DMHx5	HLQ	Are you currently taking any herbal or traditional remedy for your diabetes?	DMOtherRx	Yes	Fixed Options: Yes / No	N/A	Fixed options
CholHx1	HLQ	When did you last have your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	LastCholCheck	Yes	Fixed options: Never Over5years 1to5years 12months	N/A	Fixed options

CholHx2	HLQ	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	CholHx	Yes	Fixed Options: Yes / No	N/A	Fixed options
CholHx3	HLQ	In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	CholRx	Yes	Fixed Options: Yes / No	N/A	Fixed options
CholHx4	HLQ	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	CholOtherRx	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx1	HLQ	In the past month, have you had any pain or discomfort in your chest?	ChestPain	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx2	HLQ	Do you get this pain when you walk uphill or hurry (exertion)?	ChestPainEffort	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx3	HLQ	Do you get this pain when you walk at an ordinary pace on level ground?	ChestPainWalk	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx4	HLQ	When you get pain or discomfort in your chest, what do you do?	ChestPainResponse	Yes	Fixed Options: Stop Slow down Continue	N/A	Fixed options
CVDHx5	HLQ	Does it subside when you stand still (Stop / Slow down)?	ChestPainRest	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx6	HLQ	How soon?	ChestPainDuration	Yes	Fixed Options: <10 minutes 10 minutes or more	N/A	Fixed options
CVDHx7	HLQ	Do you take any tablets / pill/spray under the tongue (such as nitrates) to relieve the pain?	ChestPainRx	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx8	HLQ	Have you ever had a heart attack?	MI	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx9	HLQ	Have you ever had a stroke (weakness or loss of use in an arm or leg lasting for 24 hours or more)?	Stroke	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx10	HLQ	Are you currently taking aspirin, clopidogrel or other blood thinning drugs regularly?	BloodThinner	Yes	Fixed Options: Yes / No	N/A	Fixed options
CVDHx11	HLQ	Are you currently taking statins or other cholesterol lowering drugs?	CholRx2	Yes	Fixed Options: Yes / No	N/A	Fixed options
RenalHx1	HLQ	Are you currently on dialysis or have you had a kidney transplant?	ESRF	Yes	Fixed Options: Yes / No	N/A	Fixed options
CaHx1	HLQ	Have you ever been diagnosed to have cancer?	Cancer	Yes	Fixed Options: Yes / No	N/A	Fixed options
CaHx2	HLQ	What was the cancer?	CancerType	Yes	Fixed Options: Bladder Breast Brain Cervical, uterine or ovarian Colon Esophagus Head and neck Liver Lung Mouth Pancreas Prostate Stomach Testis Other - specify	N/A	Fixed options
LungHx1	HLQ	Has a doctor ever said that you have a problem with your lungs or your breathing?	LungHx	Yes	Fixed Options: Yes / No	N/A	Fixed options

LungHx2	HLQ	What was the lung / breathing problem	LungDisease	Yes	Fixed Options: Asthma Chronic obstructive airways disease (COPD) Emphysema Lung cancer Lung fibrosis Other - specify	N/A	Fixed options
LungHx4	HLQ	In the last 6 months have you had any of the following: Breathlessness during normal activity	SOB	Yes	Fixed Options: Yes / No	N/A	Fixed options
LungHx5	HLQ	A cough that lasted at least 2 weeks	CoughLong	Yes	Fixed Options: Yes / No	N/A	Fixed options
LungHx6	HLQ	Sputum during coughing	Sputum	Yes	Fixed Options: Yes / No	N/A	Fixed options
LungHx7	HLQ	Blood in the sputum ***	SputumBlood	Yes	Fixed Options: Yes / No	N/A	Fixed options
LungHx8	HLQ	Wheezing or whistling in the chest	Wheeze	Yes	Fixed Options: Yes / No	N/A	Fixed options
LungHx9	HLQ	Early morning cough with chest tightness	CoughMorning	Yes	Fixed Options: Yes / No	N/A	Fixed options
Sleep2	HLQ	On average how many hours sleep do you get per day	SleepHours	Yes	Number	Hours	1 - 24
Sleep3	HLQ	Have you ever been told that you snore loudly?	SleepSnore	Yes	Fixed Options: Yes / No	N/A	Fixed options
Sleep4	HLQ	Has anyone told you that you stop breathing in your sleep?	SleepStopBreathe	Yes	Fixed Options: Yes / No	N/A	Fixed options
Sleep5	HLQ	Over the last week, how many days have you had problems with your sleep (trouble falling asleep, staying asleep, or sleeping too much)	SleepProblems	Yes	Number	days	0 - 7
Sleep6	HLQ	In the last week, how many days did you fall asleep during the day, without meaning to?	SleepDaytime	Yes	Number	days	0 - 7
OtherHx	HLQ	Do you have any other medical problems?	OtherPMH	Yes	Fixed Options: Yes / No	N/A	Fixed options
OtherHx	HLQ	Do you have any other medical problems? (If Yes, specify)	OtherPMH	Yes	Free text	N/A	N/A
Drug2	HLQ	Do you take any medications regularly (at least once a week)	TakeMedication	Yes	Fixed Options: Yes / No	N/A	Fixed options
Drug3	HLQ	Drug names and frequency (number of days per week)	Medication	Yes	JSON	days	0 - 7
LA1	HLQ	During the past 3 years, have you visited a doctor or other health worker?	VisitHealthWorker3Years	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA2	HLQ	During any of your visits to a doctor or other health worker in the past 3 years, were you advised to do any of the following?	IntroAdvice	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA3	HLQ	Quit using tobacco or don't start	AdviceTobacco	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA4	HLQ	Reduce salt in your diet	AdviceSalt	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA5	HLQ	Eat at least five servings of fruit and/or vegetables each day	AdviceFruitVeg	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA6	HLQ	Reduce fat in your diet	AdviceFat	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA7	HLQ	Start or do more physical activity	AdviceActivity	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA8	HLQ	Maintain a healthy body weight or lose weight	AdviceWeight	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA9	HLQ	Reduce sugary beverages in your diet	AdviceSugar	Yes	Fixed Options: Yes / No	N/A	Fixed options
LA10	HLQ	Reduce your alcohol consumption	AdviceAlcohol	Yes	Fixed Options: Yes / No	N/A	Fixed options
Exit1	HLQ	HLQ station end date/time	DateFinish	Yes	Numbers (DD/MM/YY HH:MM)	N/A	N/A