GACD Data Dictionary							
Anthropometry							
BP							
WHO STEPS protocol: Full instructions here on page 3-3-5 Suggested method for all teams to use is STEPS, if not included in full protocol use STEPS for a proportion of your study population to allow cross site comparison **Equipment required:** • Digital automatic blood pressure monitor, e.g. OMRON • Appropriate size cuffs. Participant to rest for 15 minutes with legs uncrossed. Three blood pressure measurements should be taken with three minutes of rest between readings. Calculate the mean of the second and third readings. Measure blood pressure in mmHg. Collect pulse rate along with blood pressure measurements. Calculate the mean of the second and third readings. Measure the pulse rate in beats per minute. Inform the participant the blood pressure readings only after the whole process is completed.							
Field Name	**Code**	**Description**	**Question Guide**	**Answer Code**	**Acceptable Range/ Field type**	**Req'd**	**Source**
DEVICEID	CLIN1	BP Device ID	Record Device ID	NNNNNNNNN	string		WHO STEPS
CUFF SIZE	CLIN2	Cuff size	Select appropriate cuff size by arm circumference Small = arm circumference 17- 22cm Medium = arm circumference 22-32cm Large = arm circumference >32 cm Extra-large = arm circumference too big for large cuff	Small = 1 Medium = 2 Large= 3 Extra-large = 4	numeric	Y	WHO STEPS

GACD

BPSYS	CLIN3	Systolic Blood pressure	Mean of second and third reading Reading 1_ NNN Reading 2_ NNN Reading 3_ NNN	NNN mmHg	40 - 300	Y	WHO STEPS
BPDIA	CLIN4	Diastolic Blood Pressure	Mean of second and third reading Reading 1_ NNN Reading 2_ NNN Reading 3_ NNN	NNN mmHg	30 - 200	Y	WHO STEPS
PULSE	CLIN5	Pulse rate	Mean of second and third reading (beats per minute) Reading 1_ NNN Reading 2_ NNN Reading 3_ NNN	NNN BPM	30 - 200	Y	WHO STEPS

GACD

Height

WHO STEPS protocol: Full instructions here on page 3-3-8

Equipment required:

- **A portable height/length measuring board**

Ask participant to remove their footwear and any head gear. (If it would be insensitive to seek removal of a scarf or veil, the measurement may be taken over light fabric). Participant to stand with their feet together, heels against the backboard and knees straight. Participant to look straight ahead, not tilt their head up and ensure eyes level with ears. Move the measure arm gently down onto the participant's head and request that they breathe in and stand tall, measure once in centimetres.

Field Name	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd	Source
Device ID	CLIN6	Stadiometer/ measure ID	Record Device ID	NNNNNNNNN	string		WHO STEPS
HGT	CLIN7	Participant height	Record participant height in cm with one decimal point	NNN. N (cm)	75 – 220 Numeric	y	WHO STEPS

OGACD

Hip Circumference

WHO STEPS protocol: Full instructions here on page 3-3-13

Equipment required:

- Constant tension tape (for example, Figure Finder Tape Measure)
- Pen
- Chair or coat stand for participants to place their clothes.

This measurement should be taken in a private area, either without clothing or over light clothing.

Measure around the maximum circumference of the buttocks. Participant to stand with feet together and hold their arms relaxed at the sides. Check that the tape is placed horizontally.

Measure hip circumference once to the nearest 0.1 cm.

Field	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd	Source
Device ID	CLIN12	Hip circumference - Scale ID	Record Device ID	NNNNNNNNN	string		WHO STEPS
HIPCIR	CLIN13	Participant hip Circumference	Record participant hip circumference in cm with one decimal point	NNN.N (cm)	30 – 300 numeric	Y	WHO STEPS

⟳ G A C D

Waist Circumference

WHO STEPS protocol: Full instructions here on page 3-3-11

Equipment required:

- **Constant tension tape (for example, Figure Finder Tape Measure)**
- **Pen**
- **Chair or coat stand for participants to place their clothes.**

This measurement should be taken in a private area, either without clothing or over light clothing.

Measure at the midpoint of the last palpable rib and top of hip bone. Check that the tape is placed horizontally.

Participant to stand with their feet together and hold the arms in a relaxed position by their sides. Participant should breathe normally for a few breaths, and then make a normal expiration.

Measure waist circumference once to the nearest 0.1 cm.

Field	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd	Source
Device ID	CLIN10	Waist circumference - Scale ID	Record Device ID	NNNNNNNNN	string		WHO STEPS
WACIR	CLIN11	Participant waist circumference	Record participant waist circumference in cm with one decimal point	NNN.N (cm)	$30 - 300$ numeric	Y	WHO STEPS

GACD

Weight

WHO STEPS protocol: Full instructions here on page 3-3-9

Equipment required:

- **Portable electronic weighing scale**
- **A stiff wooden board to place under the scales (to reduce effects of uneven surfaces)**
- **Power supply or batteries for the scales**

Place the scale on a firm, flat surface. Participant to remove their footwear and socks and step onto the scale. Ensure the participant stands still, faces forward, places arms by their side. Measure the weight once and record in kilograms.

Field	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd	Source
Device ID	CLIN8	Weight - Scale ID	Record Device ID	NNNNNNNNN	string		WHO STEPS
WGT	CLIN9	Participant weight	Record participant weight in kg with one decimal point If too large for scale 777.7	NNN.N (kg)	20.0 – 200.0 or 777.7 Numeric	Y	WHO STEPS

GACD

GACD Data Dictionary							
Behavioural Measures							
Tobacco Use: *available* here *page 5-3-3 These questions are from* http://www.itcproject.org/surveys *International Tobacco Control Policy evaluation project*							
Field Name	**Code**	**Description**	**Question Guide**	**Answer Code**	**Acceptable Range/ Field type**	**Req'd**	**Source**
CIGCURR1	SMK1	Smoking/chewing tobacco use 1	Do you currently smoke cigarettes *(filtered manufactured)/ hand rolled tobacco/ bidis (or local alternative eg cheroots, gurkha)* *Yes* *No if NO go to SMK4* *Refused* *Don't know* *[INSERT EXAMPLES] (USE SHOWCARD)*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric	Y	ITC Project
TOBACCURR2	SMK2	Smoking/chewing tobacco use 2	Do you currently use smokeless tobacco / chewing tobacco/ snuff*YesNo if NO go to SMK4Refused Don't know [INSERT EXAMPLES] (USE SHOWCARD)*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99numeric	Y	ITC Project

GACD

TOBACFREQ	SMK3	Smoking/chewing tobacco use 3	On average how often do you use tobacco (smoking or smokeless) *Less than once a week* *Once a week* *Twice a week* *3 -5 times a week* *Every day or almost every day* *More than once a day* *Refused* *Don't know*	Less than once a week = 1 Once a week = 2 Twice a week = 3 3 -5 times a week = 4 Every day or almost every day = 5 More than once a day = 6 Refused = 88 Don't know = 99	1 - 6, 88 or 99 numeric	N	ITC Project
TOBACEVER	SMK4	Smoking/chewing tobacco use 4	Have you smoked 100 or more cigarettes or use smokeless tobacco 100 times or more over your lifetime? *Yes* *No* *Refused* *Don't know*	Yes = 1 No = 2 88 Refused 99 Don't know	1 - 2, 88 or 99 numeric		ITC Project
TOBACPASSIVE	SMK5	Exposure to passive smoke	Is there anyone else living at home with you who smokes? *Yes* *No* *Refused* *Don't know*	Yes = 1 No = 2 88 Refused 99 Don't know	1 -2 , 88, 99 numeric		ITC Project

G A C D

ALCOHEVER	ALC1	Alcohol use 1	Have you EVER consumed any alcohol (beer, wine, spirits [INSERT LOCAL EXAMPLES]) *Yes* *No* *Refused* *Don't know* (USE SHOWCARD) *Ask the participant to think of any drinks that contain alcohol, with the exception of alcohol based medication that is taken due to health reasons* *If Yes answer ALC 2 & ALC 3* *If No go to next section*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric	Y	WHO STEPS
ALCOH12mth	ALC2	Alcohol use 2	Have you consumed any alcohol (beer, wine, spirits [INSERT LOCAL EXAMPLES]) within the past 12 months *Yes* *No if NO go to ALC 4* *Refused* *Don't know* (USE SHOWCARD) *Ask the participant to think of any drinks that contain alcohol, with the exception of alcohol based medication that is taken due to health reasons* *If Yes answer ALC 2* *If No answer ALC3*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric	Y	WHO STEPS
ALCOHfreq12mth	ALC3	Alcohol use 3	During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD) *For those that have consumed alcohol in the past 12months. A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits.*	Daily = 15 – 6 days/week = 21 - 4 days/week= 31 – 2 days/week = 41 - 3 days /month= 5Less than once/month = 6Refused = 88Don't know = 99	1 – 6, 88 or 99numeric	Y	WHO STEPS

◎ GACD

ALCOHstop	ALC4	Alcohol cessation	Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker? *Yes* *No* *This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric	Y	WHO STEPS
FOOTEXdr	FTEX1	Foot exam HC professional	Have you had your feet examined by a health care professional in the past year? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		Derived from SDSCA
FOOTEXslf	FTEX2	Foot exam self	In the last 7 days, did you examine your feet to check for signs of potential problems related to diabetes? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		Derived from SDSCA
BGL	BGL1	Blood sugar self	On how many of the last 7 days did you test your blood sugar? 0 1 2 3 4 5 6 7	0 - 7	0 - 7 numeric		SDSCA
OPTH	OPTH1	Eye exam professional	Have you had your eyes examined by a health care professional in the past year? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		

GACD

GACD Data Dictionary

Biochemical Measures

Field Name	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd	Source
FBGL	BGL1	Fasting blood glucose measure 1	During the past 12 hours have you had anything to eat or drink other than plain water? **_Essential that fasting sample collected, if "Yes", do not proceed._** *Yes* *No* *Refused* *Don't know*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric	Y	WHO STEPS
FBGL	BGL2	Fasting blood glucose measure 2	Device ID	NNN	string	Y	WHO STEPS
FBGL	BGL3	Fasting blood glucose measure 3	Time of day specimen collected Record time sample collected	HH:MM Hours: minutes	numeric	Y	WHO STEPS
FBGL	BGL4	Fasting blood glucose measure 4	Fasting Blood glucose measureChoose units appropriate for device (mmol/L or mg/dL)Essential that fasting sample collected, do not proceed if participant has not fasted	NN.NN mmol/LNNNN.N mg/dL	numeric	Y	WHO STEPS
FBGL	BGL5	Fasting blood glucose measure 5	Today have you taken insulin or any other drugs (medications) that have been prescribed by a doctor or health worker for raised blood glucose (high sugars)	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric	Y	WHO STEPS
URINE	URN1	24 hr Urine 1	What is the 24 urine volume	NNNN.NN ml	0 - 50000	Y	

⊙ GACD

URINE	URN2	24 hr urine 2	How complete is the 24 hour collection? *Complete* *Missed 1 collection* *Missed 2-4 collection* *Missed 5 -7 collections* *Refused* *Don't know*	Complete = 1 Missed 1 collection = 2 Missed 2-4 collection = 3 Missed 5 -7 collections = 4 Refused = 88 Don't know = 99	1-4, 88 or 99 numeric	Y	
URINE	URN3	Naconc	What is the Na concentration	NNN.NN mEq/L/day	numeric		
OGTT	OGTT1	Baseline time (blood glucose conc.)	Time of day in 24hr clock baseline sample collected	HH:MM hours:minutes	numeric		
OGTT	OGTT2	Baseline glucose concentration	Baseline glucose concentration (mg/dL or mmol/L) Choose units appropriate for device	NN.NN mmol/L NNNN.N mg/dL	numeric		
OGTT	OGTT3	Total oral glucose load	Total oral glucose load given to participants (g)	NNN g	numeric		
OGTT	OGTT4	Time of 1hr blood draw	Time of day in 24hr clock for 1hr blood draw	HH:MM hours:minutes	numeric		
OGTT	OGTT5	1hr glucose concentration	1hr glucose concentration (mg/dL or mmol/L) Choose units appropriate for device	NN.NN mmol/L NNNN.N mg/dL	numeric		
OGTT	OGTT6	Time of 2hr blood draw	Time of day in 24hr clock for 2hr blood draw	HH:MM hours:minutes	numeric		
OGTT	OGTT7	2hr glucose concentration	2hr glucose concentration (mg/dL or mmol/L) Choose units appropriate for device	NN.NN mmol/L NNNN.N mg/dL	numeric		
HBA1C	HBA1C	Glycated hemoglobin concentration	HbA1c concentration	0-99.9 NN.N (mmol/mol)	numeric		

GACD

ACR	ACR1	Albumin:creatinine ratio (urine spot collection)	Ratio of urine albumin to creatinine (mcg/mg creatinine)	NN.NN mcg/mg creatinine	numeric		
CHOL	CHOL1	Total cholesterol	Total cholesterol	NN.NN mmol/L	numeric		WHO STEPS
CHOL	CHOL2	High-density lipoprotein (HDL)	High-density lipoprotein (HDL)	NN.NN mmol/L	numeric		WHO STEPS
CHOL	CHOL3	Low-density lipoprotein (LDL)	Low-density lipoprotein (LDL)	NN.NN mmol/L	numeric		WHO STEPS
CHOL	CHOL4	Cholesterol:High-density lipoprotein ratio	Cholesterol:High-density lipoprotein ratio	N.NN	numeric		WHO STEPS

GACD Data Dictionary

Demographic Measures

WHO STEPS protocol main source: http://www.who.int/chp/steps/instrument/Q-by-Q_STEPS_Instrument_V3.0.pdf							
Field	**Code**	**Description**	**Question Guide**	**Answer Code**	**Acceptable Range/ Field type**	**Req'd?**	**Source**
SIDNO	DEM0	Site ID number	Site Identification - assigned by GACD	NNN	numeric		WHO STEPS
PIDNO	PIDNO	Participant ID Number	Unique participant ID number assigned by study site	NNNN	numeric	Y	WHO STEPS
PAGE_Yr	DEM1	Participant Age in years	How old are you? *Don't know code 99* *Record age in years as stated by respondent*	NNN	numeric		WHO STEPS
PAGE_DOB	DEM1A	Participant Date of Birth	What is your date of birth? *Don't know code 99* *Record date of birth as stated by respondent*	DD/MM/YYYY	date		WHO STEPS
PAGE_PROXY	DEM1B	Participant age estimated	Based on significant event calendar? *Record age in years as calculated based on age at significant event*	NNN	numeric		WHO STEPS
SEX	DEM2	Participant sex	Sex of Participant – Male/female*Record sex of respondent as observed*	Male=1 Female =2	1 - 2numeric	Y	WHO STEPS
EDUC	DEM3	Highest participant education	In total, how many years have you spent at school or in full time study (excluding pre-school)? *Record total number of years of education excluding pre-school and kindergarten)*	NNN	numeric	Y	WHO STEPS

GACD

HSESIZE	DEM4	Household size	How many people older than 18 years, including yourself live in your household?	NN	1 – 100 numeric	Y	WHO STEPS
HSEINC	DEM5a DEM5b DEM5c DEM5d	Household Income	Taking the past year, can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3) *Enter the average earnings of the household by week (DEM5a), month (DEM5b), or year (DEM5c).* *If refused to answer, code 88 (DEM5d).*	NNNNNNN Week NNNNNNN Month NNNNNNN Year Refused = 88 Don't know = 99	DEM5a DEM5b DEM5c numeric		WHO STEPS
OCCUP	OCCU1	Employment	Are you currently employed?	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		
OCCUP	OCCU2	Occupation	If yes, what is your occupation?	NNNNNNNNNNN	string		

GACD

GACD Data Dictionary

Dietary Measures

Source - Guidelines for measuring household and individual dietary diversity http://www.fao.org/docrep/014/i1983e/i1983e00.pdf
SHOWCARDS available at - http://www.who.int/chp/steps/Part5_Section3.pdf

Field	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd?	Source
SALT	DIET1	Added salt 1	Do you add salt to your food/drinks at the table before eating/ drinking? *Never* *Rarely* *Sometimes* *Often* *Always* *Refused* *Don't know*	Never = 1 Rarely = 2 Sometimes = 3 Often = 4 Always = 5 Refused = 88 Don't know = 99	1 - 5, 88 or 99 numeric		FAO Guidelines
SALT	DIET2	Added salt 2	In the food you eat at home salt is added in cooking: *Never* *Rarely* *Sometimes* *Often* *Always* *Refused* *Don't know*	Never = 1 Rarely = 2 Sometimes = 3 Often = 4 Always = 5 Refused = 88 Don't know = 99	1 - 5, 88 or 99 numeric		FAO Guidelines
SALT	DIET3	Added salt 3	How many times per day do you eat salty food or snacks?	NN times Don't know = 99	0 – 50 or 99 numeric	Y	FAO Guidelines

GACD

SALT	DIET4	Added salt 4	How much salt do you think you consume? (READ LIST) *Far too much* *Too much* *Just the right amount* *Too little* *Far too little* *Don't Know* *Refused*	Far too much = 1 Too much = 2 Just the right amount = 3 Too little = 4 Far too little = 5 Refused = 88 Don't Know = 99	1 - 5, 88 or 99 numeric		FAO Guidelines
SALT	DIET5	Added salt 5	On average how many teaspoons of salt do you add to your food each day before eating (count salt in sauces and spices if possible)? *Use level standard teaspoon measure (approx. 5ml) to demonstrate amount of all the salt participant adds in total to their meals over the day.*	NNN tsp	0 – 20 or 99 numeric		FAO Guidelines
NUTRI	DIET6	Fruit consumption 1	In a typical week, on how many days do you eat fruit? (USE SHOWCARD) *Ask the participant to think of any fruit on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events.* *Ask the participant to not report an average over a period.* *If 0 days go to DIET4*	NN days Don't Know = 99	0 – 7 or 99 numeric	Y	FAO Guidelines
NUTRI	DIET7	Fruit consumption 2	How many servings of fruit do you eat on one of those days (USE SHOWCARD) *Ask the participant to think of one day they can recall easily. Refer to the showcard for serving sizes*	NN servings Don't Know = 99	0 – 7 numeric	Y	FAO Guidelines

GACD

NUTRI	DIET8	Vegetable consumption 1	In a typical week, on how many days do you eat vegetables? (USE SHOWCARD) *Tubers such as potatoes and cassava should not be included*Ask the participant to think of any vegetable on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period. If 0 days go to DIET6	NN daysDon't Know = 99	0 – 7numeric	Y	FAO Guidelines
NUTRI	DIET9	Vegetable consumption 2	How many servings of vegetables do you eat on one of those days (USE SHOWCARD) available here,5-3-7 Ask the participant to think of any vegetable on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.	NN days 99 don't know	0 – 7 or 99 numeric	Y	FAO Guidelines
NUTRI	DIET10	Vegetable consumption 3	How many meals per week contain fried vegetables?	NN meals Don't Know = 99	0 –25 or 99 numeric	Y	FAO Guidelines
NUTRI	DIET11	Protein consumption 1	How many meals per week do you eat meat and/or poultry (include organ meat, flesh meat)	NN meals Don't Know = 99	0 – 25 or 99 numeric	Y	FAO Guidelines
NUTRI	DIET12	Protein consumption 2	How many meals per week include fish (fresh, dried or shell fish)	NN meals Don't Know = 99	0 – 25 or 99 numeric	Y	FAO Guidelines
NUTRI	DIET13	Protein consumption 3	How many meals per week include nuts, legumes or seeds	NN meals Don't Know = 99	0 – 25 or 99 numeric	Y	FAO Guidelines
NUTRI	DIET14	Dairy consumption	How many times per week do you eat dairy products (milk, cheese, yogurt or other milk products)	NN times Don't Know = 99	0 – 50 or 99 numeric	Y	FAO Guidelines

GACD

NUTRI	DIET15	Fried food consumption	How many times per week do you eat deep fried foods, snacks or fast foods?	NN times Don't Know = 99	0 – 50 or 99 numeric	Y	FAO Guidelines
NUTRI	DIET16	Food Preparation	What type of oil or fat is most often used for meal preparation in your household? (SELECT ONLY ONE) Select the appropriate response	Vegetable Oil = 1 Lard or Suet = 2 Butter or Ghee = 3 Margarine = 4 Other = 5 (specify) None in particular = 6 None used = 7 Refused = 88 Don't know = 99	1 - 7, 88 or 99 numeric	Y	FAO Guidelines

GACD Data Dictionary							
Healthcare Utilisation							
Field Name	**Code**	**Description**	**Question Guide**	**Answer Code**	**Acceptable Range/ Field type**	**Req'd**	**Source**
MedAdvice12wks	HCU1a	Utilisation of Health Service 1	Have you sought medical treatment or advice as an outpatient from anyone in the last 12 weeks (3 months)? *Yes* *No* *if no go to HCU 2*	Yes = 1 No = 2 *if no go to HCU 2* Refused = 88 Don't know = 99	1 - 2 numeric	Y	Derived from WHO SAGE Study
TreatAdv12wksNo	HCU1b	Utilisation of Health Service 2	If yes, how many times did you seek treatment/advices in the past 12 weeks (3 months)? *NN times* *Record number of times participant sought treatment or advice as outpatient in last 12 weeks*	NN times	numeric	Y	Derived from WHO SAGE Study
TreatAdv4weeksNo	HCU1c	Utilisation of Health Service 3	If yes, how many times did you seek treatment/advices in the past 4 weeks (1 month)? *NN times* *Record number of times participant sought treatment or advice as outpatient in last 4 weeks*	NN times	numeric	Y	Derived from WHO SAGE Study

GACD

TreatSought_2 Multiple Options:	HCU1d	Utilisation of Health Service 4	From where did you seek treatment/advice (cross all that apply) Multiple Options:	Government/Public Hospital = 0 or 1 Community health centre = 0 or 1 Private Hospital/Clinic = 0 or 1 Primary health centre = 0 or 1 Sub centre = 0 or 1 Mobile clinic = 0 or 1 Government dispensary = 0 or 1 NGO/trust hospital/clinic = 0 or 1 Pharmacist/shop = 0 or 1	0 or 1 if selected numeric	Y	Derived from WHO SAGE Study

OGACD

| TreatSoughtwhom

Multiple options are: | HCU1e | Utilisation of Health Service 5 | From whom did you seek treatment/advice

(cross all that apply)

Multiple options are: | Doctor/physician = 0 or 1 Specialist Doctor/physician = 0 or 1 Community nurse = 0 or 1 RMP = 0 or 1 ASHA = 0 or 1 AYUSH (Ayurvedic, yoga & naturopathy, unani, siddha and homeopathy) practitioner = 0 or 1 Traditional medicine practitioner/faith healer = 0 or 1 | 0 or 1 if selected numeric | Y | Derived from WHO SAGE Study |
|---|---|---|---|---|---|---|---|
| PayMedTreat

PayMedTreat Other (txt)

Multiple Options are | HCU1f | Utilisation of Health Service 6 | If you sought medical treatment or advice over the last 4 weeks how did you pay for it?

(Cross all that apply)

Multiple Options are: | Savings = 0 or 1 Sale Assets = 0 or 1 Unsec Loan = 0 or 1 Mortgage Land = 0 or 1 Mortgage Oth = 0 or 1 Assistance/Gift= 0 or 1 None Govt = 0 or 1 None NGO = 0 or 1 Other = 0 or 1 PayAdmittedOther (txt) _____txt | 0 or 1 if selected numeric | Y | Derived from WHO SAGE Study |

							Derived from WHO SAGE Study
MedServUse12Mon	HCU2a	Utilisation of Health Service 7	Is your use of medical services over the last 4 weeks similar to its use for the last 12 months? *Yes = 1* *if YES go to HCU 3A* *No = 2* *if NO go to HCU 2B*	Yes = 1 *if YES go to HCU 3A* No = 2 *if NO go to HCU 2B* Refused = 88 Don't know = 99	1 - 2 numeric	Y	Derived from WHO SAGE Study

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MedServUseNot	HCU2b	Utilisation of Health Service 8	If no, did you seek care: *More regularly in the past four weeks than the past 12 months = 1* *Less regularly in the past four weeks than the past 12 months = 2*	More regularly in the past four weeks than the past 12 months = 1 Less regularly in the past four weeks than the past 12 months = 2	1 - 2 numeric		Derived from WHO SAGE Study
HospAdmt12mon	HCU3a	Utilisation of Health Service 9	Have you been admitted or stayed as an inpatient to any facility over the past 12 months? Yes = 1 No = 2 if NO go to HCU 4A	Yes = 1 No = 2 if NO go to HCU 4A Refused = 88 Don't know = 99	1 - 2 numeric	Y	Derived from WHO SAGE Study

⟲ GACD

FacilityAdmt12Mon FacilityAdmitOther Multiple Options: AdmitOther	HCU3b	Utilisation of Health Service 10	If yes, what kind of facility did you stay in? (Cross all that apply) *Private Hospital* *Private Nursing home* *Private Medical College* *Govt. District/Tertiary health (Taluk) Hospital* *Trust Hospital = 5* *Community health/rural Centre* *Primary health Centre* *RMP* *Other (specify)* *_____txt*	Multiple Options: PrivHosp = 0 or 1 PrivNH = 0 or 1 PrivMedColl = 0 or 1 GovtHosp = 0 or 1 TrustHosp = 0 or 1 Community HC = 0 or 1 PHC = 0 or 1 RMP = 0 or 1 Other = 0 or 1 FacilityAdmitOther _____txt	0 or 1 if selected numeric	Y	Derived from WHO SAGE Study

overnightAdmitted	HCU3c	Utilisation of Health Service 11	If yes, how long did you stay for? *Record number of overnight spent in facility*	NNN	Numeric # nights		Derived from WHO SAGE Study
PayAdmittedFee PayAdmittedOther (txt)	HCU3d	Utilisation of Health Service 12	If yes, how did you pay for staying in the facility? (Cross all that apply for stays over the last 12 months)	Multiple options: Savings = 0 or 1 Sale Assets = 0 or 1 Unsec Loan = 0 or 1 Mortgage Land = 0 or 1 Mortgage Oth = 0 or 1 Assistance/Gift= 0 or 1 None Govt = 0 or 1 None NGO = 0 or 1 Other = 0 or 1 PayAdmittedOther (txt) _____txt	0 or 1 if selected numeric	Y	Derived from WHO SAGE Study

LastRoutineCheckup	HCU4a	Utilisation of Health Service 13	About how long has it been since you visited a doctor for a <u>routine check-up</u> for diseases such as hypertension, heart disease, diabetes? *Regular visits* *Within the past 12 months* *From 1 - <2 year ago* *From 2 to <5 years ago* **More than 5 years ago go to HCU4b** *Don't know, not sure* *Never (go to HCU4b)*	Regular visits = 1 Within the past 12 months = 2 From 1 - <2 year ago = 3 From 2 to <5 years ago = 4 More than 5 years ago = 5 *go to HCU4b* Don't know, not sure = 6 Never = 7 *go to HCU4b*	1 - 7 numeric	Y	Derived from [WHO SAGE Study](#)
ReasonNocheckupOtherReasonNoCheckup	HCU4b	Utilisation of Health Service 14	In the past 5 years or longer why have you not had a routine medical examination?*Cost Distance to health care Not necessary Don't have time Other (specify) _____txt*	Cost = 1 Distance to health care = 2 Not necessary = 3 Don't have time = 4 Other (specify) – 5 OtherReasonNoCheckup _____txt Refused = 88 Don't know = 99	1 - 5 numeric	Y	Derived from [WHO SAGE Study](#)

HealthAccess	HCU5	Utilisation of Health Service 15	When you need to see a doctor about your health, how easy/difficult is it for you to get there? *Very easy* *Fairly easy* *Neither easy nor difficult* *Fairly difficult* *Very difficult*	Very easy = 1 Fairly easy = 2 Neither easy nor difficult = 3 Fairly difficult = 4 Very difficult = 5	1 - 5 numeric	Y	Derived from [WHO SAGE Study](#)
AccessMeans	HCU6	Utilisation of Health Service 16	What means of transportation do you normally use to access the healthcare centre? *Cross all that apply*	Multiple options: Walk = 0 or 1 Bike = 0 or 1 Personal Vehicle = 0 or 1 Bus = 0 or 1 MotorBike = 0 or 1 AutoRickshaw = 0 or 1	0 or 1 if selected numeric	Y	Derived from [WHO SAGE Study](#)
TimeToCareHrs TimeToCareMin	HCU7	Utilisation of Health Service 17	On average how long does it take you to get to the health care centre? *Record travel time from door to door in hours (HH) & minutes (MM)*	TimeToCareHrs = HH TimeToCareMin = MM	# hours, # minutes numeric	Y	Derived from [WHO SAGE Study](#)

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HealthInsurance	HCU8a	Utilisation of Health Service 18	Do you have any health care coverage such as health insurance? *Yes* *if yes go to HCU8b* *No* *Don't know* *If no or don't know go to next section*	Yes = 1 *if yes go to HCU8b* No = 2 Don't know = 99 *If no or don't know go to next section* *Refused = 88* *Don't know = 99*	1-2, 9 numeric	Y	Derived from [WHO SAGE Study](#)
HealthInsuranceType Multiple options are: Government_insurance Employer_insurance Private_insurance NGO_charity_insurance	HCU8b	Utilisation of Health Service 19	If Yes, what type of health insurance do you have Cross all that apply *Multiple options are:* *Government_insurance* *Employer_insurance* *Private_insurance* *NGO_charity_insurance*	Multiple options are: Government_insurance = 0 or 1 Employer_insurance = 0 or 1 Private_insurance = 0 or 1 NGO_charity_insurance = 0 or 1	0 or 1 if selected numeric	Y	Derived from [WHO SAGE Study](#)
HealthInsurancePay Multiple options: Govt_insur_pays	HCU8c	Utilisation of Health Service 20	If yes, who pays for your health insurance Cross all that apply *Multiple options:* *Govt_insur_pays* *Employer_insur_pays*	Multiple options: Govt_insur_pays = 0 or 1 Employer_insur_pays = 0 or 1 Salf_insur_pay = 0 or 1	0 or 1 if selected numeric	Y	Derived from [WHO SAGE Study](#)

Employer_insur_pays Salf_insur_pay NGO_charity_insur_pays			*Salf_insur_pay* *NGO_charity_insur_pays*	NGO_charity_insur_pays = 0 or 1			

GACD Data Dictionary							
Medical History							
Source: WHO STEPS protocol: Full instructions here on page 5-2-11 - 5-212							
Field Name	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Entry required	Source
HTNHIST	MED1	History of hypertension	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? Yes = 1 No = 2 If participant does not know or is unsure code = 7	Yes = 1 No = 2 Don't know/ unsure = 7	1 -2 or 7 numeric	Y	WHO STEPS
HTNMED	MED2	Hypertension Medication	In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? Yes = 1 No = 2 Ask the participant to only consider drugs for raised blood pressure prescribed by a doctor or other health worker, if possible interviewer to observe medication for confirmation If participant does not know or is unsure code = 7	Yes = 1 No = 2 Don't know/ unsure = 7	1 -2 or 7 numeric	Y	WHO STEPS
CVD	MED4a	History of CVD 1	Have you ever been told by a doctor or other health worker that you have heart problems? Yes = 1 if yes go to MED 4 b & MED 4c No = 2 if No go to MED 5 If participant does not know or is unsure code = 7	Yes = 1 No = 2 Don't know/ unsure = 99	1 -2 or 99 numeric	Y	WHO STEPS

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CVD	MED4b	History of CVD 2	Have you ever had coronary artery bypass surgery?	Yes = 1 No = 2 Don't know/ unsure = 99	1 -2 or 99 numeric	Y	WHO STEPS
CVD	MED4c	History of CVD 3	Have you ever had coronary angioplasty or a stent inserted	Yes = 1 No = 2 Don't know/ unsure = 99	1 -2 or 99 numeric	Y	WHO STEPS
Stroke	MED5	History of stroke	Have you ever been told by a doctor or other health worker that you have symptoms suggestive of a stroke? (eg weakness on one side of the body, visual disturbance, difficulty speaking or being understood)	Yes = 1 No = 2 Don't know/ unsure = 99	1 -2 or 99 numeric	Y	WHO STEPS
DIABHIST	MED3	History of Diabetes	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? Yes = 1 No = 2 If participant does not know or is unsure code = 7	Yes = 1 No = 2 Don't know/ unsure = 7	1 -2 or 7 numeric	Y	WHO STEPS
DiabetesDrugs	MED8	Diabetes medication	In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? Yes = 1 No = 2 Ask the participant to only consider drugs for diabetes prescribed by a doctor or other health worker	Yes = 1 No = 2 Don't know/unsure = 99	1-2 or 99 numeric		WHO STEPS

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DiabetesDrugs	MED9	Insulin use	Are you currently taking insulin for diabetes prescribed by a doctor or health worker? Ask the participant to only consider insulin that was prescribed by a doctor or other health worker	Yes = 1 No = 2 Don't know/unsure = 99	1-2 or 99 numeric		WHO STEPS
HTNKNOW	KNO1	Knowledge of HTN 1	What does the term Hypertension mean? If participant does not know or is unsure code = 99	High Blood Pressure =1 High level stress/ tension = 2 Nervous Condition =3 High Blood Sugar = 4 Overactivity = 5 Don't know = 99	1 -5 or 99 numeric	Y	Oliveria et al.
HTNKNOW	KNO2	Knowledge of HTN 2	How dangerous is hypertension to your health? If participant does not know or is unsure code = 99	Extremely =1 Somewhat = 2 Not at all =3 Don't know = 99	1 -3 or 99 numeric	Y	Oliveria et al.
HTNKNOW	KNO3	Knowledge of HTN 3	Would lowering high blood pressure improve a person's health? If participant does not know or is unsure code = 99	Yes =1 No = 2 Somewhat =3 Don't know = 99	1 -3 or 99 numeric	Y	Oliveria et al.
HTNAWARE	KNO4	Awareness of HTN 4 From Oliveria S etal 2005 JGenInternMed here	Have you ever been told by a doctor or health care provider what your own blood pressure reading should be? If participant does not know or is unsure code = 99	Yes =1 No = 2 Don't know = 99	1 -2 or 99 numeric	Y	Oliveria et al.

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HTNAWARE	KNO5	Knowledge of HTN 5 From Oliveria S etal 2005 JGenInternMed here	If told, what should your top number (systolic) be	<140 = 1 140 = 2 >140 = 3 Don't know = 99	1 -3 or 99 numeric	Y	WHO STEPS
HTNAWARE	KNO6	Knowledge of HTN 6From Oliveria S etal 2005 JGenInternMed here	If told, what should your bottom number (diastolic) be	>90 = 190 = 2<90 = 3Don't know = 99	1 -3 or 99numeric	Y	WHO STEPS
FOOTULC	FU01	Foot ulcer in past year	Have you developed any foot ulcers in the past year? Yes =1 No = 2 Don't know = 99	Yes =1 No = 2 Don't know = 99	1 -2 or 99 numeric	Y	
FOOTULC	FU02	Date of foot ulcer	If yes, what date did the ulcer appear? (If any fields are not known, mark with "00". E.g. 00/May/2015)	dd/mm/yyyy	Date (dd/mm/yyyy)	Y	
CKD	MED7	History of CKD	Have you ever been told by a doctor or other health worker that you have chronic kidney disease	Yes = 1 No = 2 Don't know/ unsure = 99	1 -2 or 99 numeric	Y	WHO STEPS

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GACD Data Dictionary							
Medication and Adherence **(Note: Be disease specific when phrasing questions).**							
Field Name	**Code**	**Description**	**Question Guide**	**Answer Code**	**Acceptable Range/ Field type**	**Req'd**	**Source**
ADHR		Adherence to medication	<u>INSTRUCTIONS:</u> Thinking about the medications PRESCRIBED to you by your doctor(s), please answer the following questions:				
ADHR	ADHR1	Adherence to medication 1	Do you ever forget to take your [condition] medicine? Yes/No	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		MMAS-4
ADHR	ADHR2	Adherence to medication 2	Are you careless at times about taking your [condition] medicine? Yes/No	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		MMAS-4
ADHR	ADHR3	Adherence to medication 3	Sometimes, if you feel worse when you take the [condition] medicine, do you stop taking it? Yes/No	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		MMAS-4
ADHR	ADHR4	Adherence to medication 4	When you feel better, do you sometimes stop taking your [condition] medicine? Yes/No	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		MMAS-4

CLI_MON	CLI_MON	Clinical data collection month	Month of clinical data collection (if multiple, select earliest/site discretion)	MMM	String		Peers for Progress
CLI_YR	CLI_YR	Clinical data collection year	Year of clinical data collection	YYYY	Numeric		Peers for Progress
CLI1A	CLI1A	Clinical data collection 1	On injectables (insulin)? Yes/No	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		Peers for Progress
CLI1A	CLI1A	Clinical data collection 2	If yes, when started (year), x units, y times per day	YYYY/NN/NN	Numeric		Peers for Progress
CL1B	CL1B	Clinical data collection 3	On injectables other than insulin? Yes/No	Yes = 1No = 2Refused = 88Don't know = 99	1 - 2, 88 or 99numeric		Peers for Progress
CL1B	CL1B	Clinical data collection 4	If yes, what drug?	NNNNNNNNN	String		Peers for Progress
CL1B	CL1B	Clinical data collection 5	If yes, since when (year), x units, y times per day	NNNNNNNNN	Numeric		Derived from Peers for Progress
CLI2	CLI2	Clinical data collection 6	On oral hypoglycemic or antihyperglycemic agents? Yes/No	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 - 2, 88 or 99 numeric		Derived from Peers for Progress
CLI2	CLI2	Clinical data collection 7	If yes what oral hypoglcaemic medication and dose?	NNNNNNNNN	String		Derived from Peers for Progress

| CLI3 | CLI3 | Clinical data collection 8 | Traditional or complementary medicines? Yes/No | Yes = 1
No = 2
Refused = 88
Don't know = 99 | 1 - 2, 88 or 99
numeric | | Derived from Peers for Progress |
| CLI3 | CLI3 | Clinical data collection 9 | If yes what drugs and dose | NNNNNNNNN | String | | Derived from Peers for Progress |

GACD Data Dictionary							
Physical Activity							
Physical Activity: **WHO STEPS PHYSICAL ACTIVITY:** **Sedentary behaviour:** **The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.**							
Field Name	**Code**	**Description**	**Question Guide**	**Answer Code**	**Acceptable Range/ Field type**	**Req'd**	**Source**
GenPHYS	PHY1	Physical activity time	Are you physically active for more than 30 minutes 5 times a week or vigorously active 3 times per week? This includes physical activity during work, leisure or regular daily routine. *Yes* *No* *Refused* *Don't know* *[INSERT EXAMPLES] (USE SHOWCARD) .* *Ask the participant to think about all activities during work leisure or daily routine.*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2 or 99 numeric	Y	WHO STEPS

GACD

| GENPHYS | PHY2 | Walking/cycling | How much time do you spend walking or bicycling on a typical day?
Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in walking or cycling. | HH:MM
Don't knnow = 99 | 00:00 – 10:00
numeric | Y | WHO STEPS |
| SEDPHYS | PHY16 | Sedentary behaviour | How much time do you usually spend sitting or reclining on a typical day?
 [INSERT EXAMPLES] (USE SHOWCARD)
Ask the participant to consider total time spent sitting at work, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. The participant should not include time spent sleeping. | HH:MM
Don't knnow = 99 | 00:00 – 10:00
numeric | Y | WHO STEPS |

GACD Data Dictionary							
Quality of Life & Stress							
Field Name	**Code**	**Description**	**Question Guide**	**Answer Code**	**Acceptable Range/ Field type**	**Req'd**	**Source**
QOLStatus	QOL1	General perception	At this point of time in your life, in relation to your home situation, relationships, finances, work situation and other aspects of your life how would you describe it? *Excellent* *Very good* *Good* *Fair* *Poor*	Excellent = 1 Very good= 2 Good = 3 Fair = 4 Poor = 5 Refused = 88 Don't know = 99	1 -5, 88 or 99 numeric	Y	
HealthStatus	QOL2	Health assessment	Which of these best describes your health? *Excellent* *Very good* *Good* *Fair* *Poor*	Excellent = 1 Very good= 2 Good = 3 Fair = 4 Poor = 5 Refused = 88 Don't know = 99	1 -5, 88 or 99 numeric	Y	

GACD

Many people experience on-going problems in their everyday lives. Please tell us whether any of the following has been a problem for you. (Source: Jackson Heart study _Chronic Burden available from http://www.gacd.org/research/for-researchers/researcher-documents/jackson_heart_study_DD to measure on-going stress/ burden)							
SeriousOngoing Prob	QOL 3a	Ongoing problems	Serious on-going problem (yourself) *Yes* *No* *If no go to QOL4A*	Yes = 1 No = 2 *If no go to QOL4A* Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study
OngoingProb12 Months	QOL 3b	Ongoing problems - time	If yes has this been a problem for 12 months or more? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study
OngoingProbSo meone	QOL 4a	Ongoing problems - other	Serious on-going problem (someone close to you) *Yes* *No* *If no go to QOL5A*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study
SomeoneOngoi ngProb12Mont hs	QOL 4b	Ongoing problems - other time	If yes has this been a problem for 12 months or more? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study

GACD

FinancialStrain	QOL 6a	Ongoing problems finance	On-going financial strain/stress or difficulties *Yes* *No* *If no go to QOL7A*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study
FinancialStrain12Months	QOL 6b	Ongoing problems finance - time	If yes has this been a problem for 12 months or more? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study
DifficultRelationship	QOL 7a	Ongoing difficulties relationship	On-going difficulties in a relationship with someone close to you *Yes* *No* *If no go to QOL8*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study
DifficultRelationship12Months	QOL 7b	Ongoing difficulties relationship - time	If yes has this been a problem for 12 months or more? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study
StatusDifficultRelationship	QOL8a	Ongoing problems degree	If the participant has identified any problems above , ask Would you say this problem has been……… *Not very stressful* *Moderately stressful* *Very stressful*	Not very stressful = 1 Moderately stressful =2 Very stressful = 3 Don't know = 99	1 -3 or 99 numeric	Y	Jackson Heart Study

GACD

StressSocIsol StressLackEduc StressUnempl StressFamProb StressMarriage NoneAboveStress	QOL8b	Stress	Do any of the following cause stress in your life? Cross all that apply Social isolation Lack of education Unemployment Family problems Marriage/ relationships None of the above	StressSocIsol = 0 or 1 StressLackEduc = 0 or 1 StreeUnempl = 0 or 1 StressFamProb = 0 or 1 StressMarriage = 0 or 1 NoneAboveStress = 0 or 1	0 or 1 if selected numeric	Y	Jackson Heart Study
JobDifficulties	QOL 5a	Ongoing difficulties work	On-going difficulties with your job or ability to work *Yes* *No* *not applicable = 3* *If no go to QOL6A*	Yes = 1 No = 2 Not applicable = 3 Refused = 88 Don't know = 99	1 -3, 88 or 99 numeric	Y	Jackson Heart Study
JobDifficulties12Months	QOL 5b	Ongoing difficulties work - time	If yes has this been a problem for 12 months or more? *Yes* *No*	Yes = 1 No = 2 Refused = 88 Don't know = 99	1 -2, 88 or 99 numeric	Y	Jackson Heart Study

GACD

Over the last 2 weeks have you been bothered by the following problems? The following questions are derived from the GAD7 scale we altered the response for easier understanding of our participants							
ProbNervous	QOL11a	Nervous	Feeling nervous, anxious or on edge *No* *Yes, 1-3 days / week* *Yes, 4-5 days / week* *Yes, 6-7 days / week*	No = 1 Yes, 1-3 days / week = 2 Yes, 4-5 days / week = 3 Yes, 6-7 days / week = 4 Don't know = 99	1 -4 or 99 numeric	Y+A38:A1: G78	GAD7
ProbContWorry	QOL11b	Constant worry	Not being able to stop or control worrying *No* *Yes, 1-3 days / week* *Yes, 4-5 days / week =* *Yes, 6-7 days / week*	No = 1 Yes, 1-3 days / week = 2 Yes, 4-5 days / week = 3 Yes, 6-7 days / week = 4 Don't know = 99	1 -4 or 99 numeric	Y	GAD7
Probworry	QOL11c	Worry	Worrying too much about different things *No* *Yes, 1-3 days / week* *Yes, 4-5 days / week* *Yes, 6-7 days / week*	No = 1 Yes, 1-3 days / week = 2 Yes, 4-5 days / week = 3 Yes, 6-7 days / week = 4 Don't know = 99	1 -4 or 99 numeric	Y	GAD7

GACD

ProbRelax	QOL11d	Trouble relaxing	Trouble relaxing *No* *Yes, 1-3 days / week* *Yes, 4-5 days / week* *Yes, 6-7 days / week*	No = 1 Yes, 1-3 days / week = 2 Yes, 4-5 days / week = 3 Yes, 6-7 days / week = 4 Don't know = 99	1 -4 or 99 numeric	Y	GAD7
ProbRestless	QOL11e	Restless	Being so restless that it is hard to sit still *No* *Yes, 1-3 days / week* *Yes, 4-5 days / week* *Yes, 6-7 days / week*	No = 1 Yes, 1-3 days / week = 2 Yes, 4-5 days / week = 3 Yes, 6-7 days / week = 4 Don't know = 99	1 -4 or 99 numeric	Y	GAD7
ProbAnnoyed	QOL11f	Annoyed	Becoming easily annoyed or irritable *No* *Yes, 1-3 days / week* *Yes, 4-5 days / week* *Yes, 6-7 days / week*	No = 1 Yes, 1-3 days / week = 2 Yes, 4-5 days / week = 3 Yes, 6-7 days / week = 4 Don't know = 99	1 -4 or 99 numeric	Y	GAD7
ProbAfraid	QOL11g	Afraid	Feeling afraid as if something awful might happen *No* *Yes, 1-3 days / week* *Yes, 4-5 days / week* *Yes, 6-7 days / week*	No = 1 Yes, 1-3 days / week = 2 Yes, 4-5 days / week = 3 Yes, 6-7 days / week = 4 Don't know = 99	1 -4 or 99 numeric	Y	GAD7

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Field Name	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd	Source
ProbDifficulties	QOL11h	Difficulties	If participant has answered yes in any of QOL 11a - QOL11g , how difficult was it for them to do work, take care of things at home, or get along with other people. *Not at all difficult = 1* *Somewhat difficult = 2* *Very difficult = 3* *Extremely difficult = 4*	Not at all difficult = 1 Somewhat difficult = 2 Very difficult = 3 Extremely difficult = 4 Don't know = 99	1 -4 or 99 numeric	Y	GAD7

Support Systems

Field Name	Code	Description	Question Guide	Answer Code	Acceptable Range/ Field type	Req'd	Source
Think about the people you go to talk about a personal problem, how <u>HELPFUL</u> is each of the following people?							
GroupFriends	QOL9a	Support friends	Group of close friends *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from Seidman. Allen, Aber, et al.

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HusbandWife	QOL9b	Support spouse	Your Husband/wife *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from Seidman. Allen, Aber, et al.
FatherMother	QOL9c	Support parent	Your father/mother *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from Seidman. Allen, Aber, et al.
BrotherSister	QOL9d	Support sibling	Your brothers/sisters *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from Seidman. Allen, Aber, et al.

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YourRelatives	QOL9e	Support relative	Your relatives (including sons and daughters) *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from [Seidman. Allen, Aber, et al.](#)
When you need money and other things, how <u>HELPFUL</u> is each of the following people?							
MoneyGroupFriends	QOL10a	Financial Support friend	Group of close friends *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from [Seidman. Allen, Aber, et al.](#)
MoneyHusbandWife	QOL10b	Financial Support spouse	Your Husband/wife *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from [Seidman. Allen, Aber, et al.](#)
MoneyFatherMother	QOL10c	Financial Support parent	Your father/mother *Not at all = 1* *Somewhat = 2* *A great deal = 3* *Not applicable = 4*	Not at all = 1 Somewhat = 2 A great deal = 3 Not applicable = 4	1 -4 numeric	Y	Derived from [Seidman. Allen, Aber, et al.](#)

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| MoneyBrotherSister | QOL10d | Financial Support sibling | Your brothers/sisters
Not at all = 1
Somewhat = 2
A great deal = 3
Not applicable = 4 | Not at all = 1
Somewhat = 2
A great deal = 3
Not applicable = 4 | 1 -4 numeric | Y | Derived from Seidman. Allen, Aber, et al. |
| MoneyYourRelatives | QOL10e | Financial Support relative | Your relatives (including sons and daughters)
Not at all = 1
Somewhat = 2
A great deal = 3
Not applicable = 4 | Not at all = 1
Somewhat = 2
A great deal = 3
Not applicable = 4 | 1 -4 numeric | Y | Derived from Seidman. Allen, Aber, et al. |

GACD