

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)**  
**Vadu Health and Demographic Surveillance System (Vadu HDSS)**  
**MORBIDITY AND RISK FACTORS QUESTIONNAIRE**  
*(Responses to following questions to be entered directly into electronic tablet)*

|  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>○ <i>Begin interviewing an adult respondent in the family. In addition to this initial respondent, you may feel free to directly ask the person who was ill or a direct caregiver of ill person as the case may be.</i></li> <li>○ <i>If response to a question is positive for any household member, the response will be linked to the member's HDSS ID in Vadu HDSS database for data on his/her age, gender and other characteristics</i></li> <li>○ <i>In case of questions with multiple response options, each response will be linked to individual member for whom the response is true</i></li> </ul> |   |  |
| Interview start time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)   |   |  |
| Q0001  | Household (HH) number   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Village      Wadi      Household number  |
| Q0002  | Name of head of the household<br><br>Village name<br><br>Wadi name<br><br>Landmark<br><br>Phone number  | <hr/><br><hr/><br><hr/><br><hr/><br><hr/>  |
| Q0003  | Name of the respondent <i>(Respondent should be an adult member of the household)</i>   | <hr/>  |
| Q0004  | Did any member of your household have any of the following symptoms <b>along with fever</b> , measured by you or a health professional, anytime in the last two weeks?<br><br><i>(If no one had fever, mark response 1 and go to Q.5)</i> | 1. No one had fever    2. Cough<br>3. Running nose      4. Fast breathing<br>5. Jaundice            6. Loose motions<br>7. Chills                8. Severe joint/body pain<br>9. Stiff neck          10. Burning micturition<br>11. Rash anywhere on the body<br>12. Injury/abscess<br>13. Any other (specify) .....<br>14. Only fever |
| Q0005  | Did any member of your household have diarrhoea (3 or more than 3 looser than normal stools in a 24-  | 1. Yes<br>2. No  |

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|         | hour period) anytime in the last two weeks?   |  |
| Q0006   | Did any member of your household have any of the following anytime in the last two weeks? | 1. Cough<br>2. Cough with fast breathing and short, rapid breaths<br>3. Difficult breathing, noisy breathing                                     |
| Q0007   | Has any member of your household ever been diagnosed with hypertension?                   | 01 Yes<br>02 No<br>03 Don't Know   |
| Q0008   | If Yes to Q7, since how long?   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>year month days |
| Q0009   | Has any member of your household ever been diagnosed with Diabetes mellitus?              | 01 Yes<br>02 No<br>03 Don't Know   |
| Q0010   | If Yes to Q9, since how long?   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>year month days |
| Q0011   | Has any member of your household ever been diagnosed with asthma or asthma like illness?  | 01 Yes<br>02 No<br>03 Don't Know   |
| Q0012   | If Yes to Q11, since how long?  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>year month days |
| Q0013   | Has any household member ever been diagnosed with any type of cancer?                     | _____  |
| Q0013.1 | If yes to Q0013, write name of the cancer:  | _____  |

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|         |   |  |
| Q0013.2 | If Yes to Q0013, since how long?  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>year   month   days |
| Q0014   | Has any household member been hospitalized for more than 24 hours/overnight within the last 6 months? <b>(Other than childbirth)</b>      | 01 Yes<br>02 No<br>03 Don't Know   |
| Q0015   | If yes to Q0014, can you give reason for hospitalization?   | 1. Accident/injury<br>2. Heart problem/stroke<br>3. Illness with fever<br>4. Cancer<br>5. Any other (please specify)<br>_____                        |
| Q0016   | Does any member from your household suffer with any disease/illness not asked above, that you think is major? If yes what is the illness? | _____<br>_____   |
| Q0017   | Has any member from your household been diagnosed with any mental illness?  | 01 Yes<br>02 No<br>03 Don't Know   |
| Q0018   | Has any child less than 15 years old in your household been diagnosed with developmental or mental retardation?                           | 01 Yes<br>02 No<br>03 Don't Know   |
| Q0019   | In general, how would you rate your health today? <b>(Ask only the respondent)</b>  | 1 Very good<br>2 Good<br>3 Moderate<br>4 Bad<br>5 Very bad   |

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|  |                  |   |
|--|------------------|---|
| Interview end time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs) |                  |   |
| Interviewer name: _____  | Signature: _____ | Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Data entry by: _____   | Signature: _____ | Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |