

Codebook for Elderly Study

Variable	Question text	Value								
starttime	System generated	Timestamp of form open								
startdate	System generated	Date of form open								
endtime	System generated	Timestamp of form save								
enddate	System generated	Date of form save								
deviceid	System generated	IMEI								
gps	Record your GPS coordinates.	User Input								
language	What is the language chosen for the interview?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Malay</td> <td>1</td> </tr> <tr> <td>Chinese</td> <td>2</td> </tr> <tr> <td>English</td> <td>3</td> </tr> </tbody> </table>	Text	Value	Malay	1	Chinese	2	English	3
Text	Value									
Malay	1									
Chinese	2									
English	3									
name	What is the participant's full name?	User Input								
contact_1	Could the participant be contacted?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
contact_2	Why couldn't the person be contacted?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Unavailable (Temporarily)</td> <td>1</td> </tr> <tr> <td>Moved</td> <td>2</td> </tr> <tr> <td>Passed away</td> <td>3</td> </tr> </tbody> </table>	Text	Value	Unavailable (Temporarily)	1	Moved	2	Passed away	3
Text	Value									
Unavailable (Temporarily)	1									
Moved	2									
Passed away	3									

Variable	Question text	Value						
contact_3	Will he/she will be available in next 2 weeks?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
contact_4	His/her age atleast 50 years?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
gender	What is the participant's gender?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>1</td> </tr> <tr> <td>Female</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Male	1	Female	2
Text	Value							
Male	1							
Female	2							
ic_1	Does the participant have a NRIC	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
ic_3	MyKAD Data	User Input						
ic_4	Were you able to scan the participant's NRIC?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
ic_5	Enter NRIC number	User Input						
ic_6	Enter NRIC number (repeat)	User Input						

Variable	Question text	Value											
ic_7	What other identification does the participant have?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Other Malaysian government issued ID</td> <td>1</td> </tr> <tr> <td>Foreign passport</td> <td>2</td> </tr> <tr> <td>Other</td> <td>3</td> </tr> <tr> <td>ID missing</td> <td>4</td> </tr> </tbody> </table>	Text	Value	Other Malaysian government issued ID	1	Foreign passport	2	Other	3	ID missing	4	
Text	Value												
Other Malaysian government issued ID	1												
Foreign passport	2												
Other	3												
ID missing	4												
ic_8	Please specify other	User Input											
ic_9	Please enter the ID number	User Input											
address	Verify the address	User Input											
birthday_1	What is the Date of Birth?	User Input											
birthday_2	What was the age at last birthday?	User Input											
inclusion_1	Please check if the patient;	User Input											
inclusion_2	a) Has severe visual impairment/ blindness	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2					
Text	Value												
Yes	1												
No	2												
inclusion_3	b) Has severe hearing impairment/ deafness	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2					
Text	Value												
Yes	1												
No	2												
inclusion_4	c) Is incapable due to acute illness	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2					
Text	Value												
Yes	1												
No	2												

Variable	Question text	Value							
inclusion_5	d) Is incapable due to chronic illness	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
inclusion_6	e) Is incapable for another reason: please specify	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
inclusion_7	Please specify:	User Input							
consent_2	Do you think that the participant can comprehend and summarize well and give a valid consent?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
consent_3	Are you willing to participate in this study later after assessment by a doctor?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
consent_4	Are you willing to be interviewed by the same data collector.	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
consent_6	Is the participant willing to participate in the interview now?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								

Variable	Question text	Value								
consent_7	What is the reason?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Not willing to be interviewed by this data collector</td> <td>1</td> </tr> <tr> <td>Inconvenience due to time</td> <td>2</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Not willing to be interviewed by this data collector	1	Inconvenience due to time	2	Refused to answer	-9
Text	Value									
Not willing to be interviewed by this data collector	1									
Inconvenience due to time	2									
Refused to answer	-9									
consent_11	Do you prefer a signed consent form or a video recording?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Signed consent form</td> <td>1</td> </tr> <tr> <td>Video recording</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Signed consent form	1	Video recording	2		
Text	Value									
Signed consent form	1									
Video recording	2									
consent_13	Please answer the following questions based on the recorded video	User Input								
consent_14	To have my near relative/caretaker to be asked few questions pertaining my memory	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
consent_15	To have my ECG recorded	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
consent_16	To have my finger prick blood sample taken for analysis of certain health conditions	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									

Variable	Question text	Value						
consent_17	To have my blood sample stored by SEACO for future analysis	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
consent_18	Do you consent for the following?	User Input						
consent_19	To be interviewed by the researcher	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
consent_20	To allow the interview to be audio-taped and/or video-taped	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
consent_21	To have my physical measurements and assessment to be undertaken	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
consent_22	To have my near relative/caretaker to be asked few questions pertaining my memory	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
consent_23	To have my ECG recorded	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							

Variable	Question text	Value	
consent_24	To have my finger prick blood sample taken for analysis of certain health conditions	Text	Value
		Yes	1
		No	2
consent_25	To have my blood sample stored by SEACO for future analysis	Text	Value
		Yes	1
		No	2
consent_26	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way	Text	Value
		Yes	1
		No	2
consent_27	I understand that any data collected and used in reports or published findings will not, under any circumstances, contain names or identifying characteristics.	Text	Value
		Yes	1
		No	2
consent_28	I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.	Text	Value
		Yes	1
		No	2
consent_29	I understand that the data will be kept in secure storage and accessible to the research team.	Text	Value
		Yes	1
		No	2

Variable	Question text	Value																			
consent_30	I understand that data may be released for analysis to other researchers after identifying information has been removed.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1137 311">Text</th> <th data-bbox="1137 237 1428 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1137 385">Yes</td> <td data-bbox="1137 311 1428 385">1</td> </tr> <tr> <td data-bbox="895 385 1137 459">No</td> <td data-bbox="1137 385 1428 459">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2												
Text	Value																				
Yes	1																				
No	2																				
demographic_1	What is your ethnicity? (Please verify the response)	<table border="1"> <thead> <tr> <th data-bbox="895 535 1273 609">Text</th> <th data-bbox="1273 535 1428 609">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 609 1273 683">Malay</td> <td data-bbox="1273 609 1428 683">1</td> </tr> <tr> <td data-bbox="895 683 1273 757">Indian</td> <td data-bbox="1273 683 1428 757">2</td> </tr> <tr> <td data-bbox="895 757 1273 831">Chinese</td> <td data-bbox="1273 757 1428 831">3</td> </tr> <tr> <td data-bbox="895 831 1273 904">Bumiputera</td> <td data-bbox="1273 831 1428 904">4</td> </tr> <tr> <td data-bbox="895 904 1273 978">Orang Asli</td> <td data-bbox="1273 904 1428 978">8</td> </tr> <tr> <td data-bbox="895 978 1273 1052">Other</td> <td data-bbox="1273 978 1428 1052">5</td> </tr> <tr> <td data-bbox="895 1052 1273 1126">Don't Know</td> <td data-bbox="1273 1052 1428 1126">-8</td> </tr> <tr> <td data-bbox="895 1126 1273 1200">Refused to answer</td> <td data-bbox="1273 1126 1428 1200">-9</td> </tr> </tbody> </table>		Text	Value	Malay	1	Indian	2	Chinese	3	Bumiputera	4	Orang Asli	8	Other	5	Don't Know	-8	Refused to answer	-9
Text	Value																				
Malay	1																				
Indian	2																				
Chinese	3																				
Bumiputera	4																				
Orang Asli	8																				
Other	5																				
Don't Know	-8																				
Refused to answer	-9																				

Variable	Question text	Value	
demographic_2	How many years of formal schooling have you completed ?	Text	Value
		Primary year 1	1
		Primary year 2	2
		Primary year 3	3
		Primary year 4	4
		Primary year 5	5
		Primary year 6	6
		Secondary form 1	7
		Secondary form 2	8
		Secondary form 3	9
		Secondary form 4	10
		Secondary form 5	11
		Secondary form 6/Pre-university	12
		College/University	13
None	14		

Variable	Question text	Value																					
demographic_3	What is your current marital status?	<table border="1"> <thead> <tr> <th data-bbox="895 237 1275 311">Text</th> <th data-bbox="1275 237 1431 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1275 385">Never married</td> <td data-bbox="1275 311 1431 385">1</td> </tr> <tr> <td data-bbox="895 385 1275 459">Married</td> <td data-bbox="1275 385 1431 459">2</td> </tr> <tr> <td data-bbox="895 459 1275 533">Separated</td> <td data-bbox="1275 459 1431 533">3</td> </tr> <tr> <td data-bbox="895 533 1275 607">Divorced</td> <td data-bbox="1275 533 1431 607">4</td> </tr> <tr> <td data-bbox="895 607 1275 680">Widow(er)</td> <td data-bbox="1275 607 1431 680">5</td> </tr> <tr> <td data-bbox="895 680 1275 754">Cohabiting</td> <td data-bbox="1275 680 1431 754">6</td> </tr> <tr> <td data-bbox="895 754 1275 828">Other</td> <td data-bbox="1275 754 1431 828">7</td> </tr> <tr> <td data-bbox="895 828 1275 902">Refused to answer</td> <td data-bbox="1275 828 1431 902">-9</td> </tr> </tbody> </table>		Text	Value	Never married	1	Married	2	Separated	3	Divorced	4	Widow(er)	5	Cohabiting	6	Other	7	Refused to answer	-9		
Text	Value																						
Never married	1																						
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Widow(er)	5																						
Cohabiting	6																						
Other	7																						
Refused to answer	-9																						
demographic_4	What work did you do over the past 30 days?	<table border="1"> <thead> <tr> <th data-bbox="895 976 1303 1050">Text</th> <th data-bbox="1303 976 1431 1050">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1050 1303 1124">Housewife/Househusband</td> <td data-bbox="1303 1050 1431 1124">1</td> </tr> <tr> <td data-bbox="895 1124 1303 1198">Not working</td> <td data-bbox="1303 1124 1431 1198">2</td> </tr> <tr> <td data-bbox="895 1198 1303 1272">Casual job</td> <td data-bbox="1303 1198 1431 1272">3</td> </tr> <tr> <td data-bbox="895 1272 1303 1346">Working part-time</td> <td data-bbox="1303 1272 1431 1346">4</td> </tr> <tr> <td data-bbox="895 1346 1303 1420">Working full-time</td> <td data-bbox="1303 1346 1431 1420">5</td> </tr> <tr> <td data-bbox="895 1420 1303 1494">Pensioners/pensions</td> <td data-bbox="1303 1420 1431 1494">6</td> </tr> <tr> <td data-bbox="895 1494 1303 1568">Self employed</td> <td data-bbox="1303 1494 1431 1568">7</td> </tr> <tr> <td data-bbox="895 1568 1303 1641">Do not know</td> <td data-bbox="1303 1568 1431 1641">-8</td> </tr> <tr> <td data-bbox="895 1641 1303 1715">Refused to answer</td> <td data-bbox="1303 1641 1431 1715">-9</td> </tr> </tbody> </table>		Text	Value	Housewife/Househusband	1	Not working	2	Casual job	3	Working part-time	4	Working full-time	5	Pensioners/pensions	6	Self employed	7	Do not know	-8	Refused to answer	-9
Text	Value																						
Housewife/Househusband	1																						
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Self employed	7																						
Do not know	-8																						
Refused to answer	-9																						
smoking_1	Now, you will be asked about your habits	User Input																					

Variable	Question text	Value											
smoking_2	Do you currently smoke?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2					
Text	Value												
Yes	1												
No	2												
smoking_3	Do you use non smoked tobacco?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2					
Text	Value												
Yes	1												
No	2												
smoking_4	Do you currently use alcohol?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2					
Text	Value												
Yes	1												
No	2												
smoking_5	Have you ever smoked a whole cigarette	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Refused to answer</td> <td>3</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Refused to answer	3			
Text	Value												
Yes	1												
No	2												
Refused to answer	3												
smoking_6	How old were you when you had your first whole cigarette?	User Input											
smoking_7	Currently do you smoke tobacco everyday, less than everyday or not at all?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Everyday</td> <td>1</td> </tr> <tr> <td>Less than everyday</td> <td>2</td> </tr> <tr> <td>Not at all</td> <td>3</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Everyday	1	Less than everyday	2	Not at all	3	Refused to answer	-9	
Text	Value												
Everyday	1												
Less than everyday	2												
Not at all	3												
Refused to answer	-9												

Variable	Question text	Value														
smoking_8	In the past did you smoke tobacco everyday, less than everyday, or not at all?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Everyday</td> <td>1</td> </tr> <tr> <td>Less than everyday</td> <td>2</td> </tr> <tr> <td>Not at all</td> <td>3</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Everyday	1	Less than everyday	2	Not at all	3	Refused to answer	-9				
Text	Value															
Everyday	1															
Less than everyday	2															
Not at all	3															
Refused to answer	-9															
smoking_9	How many years ago did you stop smoking?	User Input														
smoking_10	How old were you when you started smoking everyday?	User Input														
smoking_11	Of the following tobacco products, which ones did you smoke in the past month (select that apply)	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Manufactured cigarettes excluding kretek</td> <td>1</td> </tr> <tr> <td>Hand rolled cigarettes</td> <td>2</td> </tr> <tr> <td>Kretek</td> <td>3</td> </tr> <tr> <td>Other</td> <td>4</td> </tr> <tr> <td>Don't Know</td> <td>-8</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Manufactured cigarettes excluding kretek	1	Hand rolled cigarettes	2	Kretek	3	Other	4	Don't Know	-8	Refused to answer	-9
Text	Value															
Manufactured cigarettes excluding kretek	1															
Hand rolled cigarettes	2															
Kretek	3															
Other	4															
Don't Know	-8															
Refused to answer	-9															
smoking_12	On average, how many manufactured cigarettes do you smoke a day?	User Input														
smoking_13	On average, how many hand rolled cigarettes do you smoke a day?	User Input														
smoking_14	On average, how many kretek do you smoke a day?	User Input														

Variable	Question text	Value	
smoking_15	Do you think you are addicted to cigarettes?	Text	Value
		Yes	1
		No	2
		Refused to answer	-9
smoking_16	How difficult would you find it to quit smoking?	Text	Value
		Very Easy	1
		Easy	2
		Possible but not easy	3
		Difficult	4
		Very Difficult	5
		Impossible	6
		Don t Know	-8
		Refused to answer	-9
smoking_17	Have you ever tried to quit smoking?	Text	Value
		Yes	1
		No	2
		Refused to answer	-9

Variable	Question text	Value																	
smoking_18	In the past 12 months how many times did you try to quit smoking?	<table border="1"> <thead> <tr> <th data-bbox="895 237 1286 311">Text</th> <th data-bbox="1286 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1286 385">Once</td> <td data-bbox="1286 311 1430 385">1</td> </tr> <tr> <td data-bbox="895 385 1286 459">Twice</td> <td data-bbox="1286 385 1430 459">2</td> </tr> <tr> <td data-bbox="895 459 1286 533">Three times</td> <td data-bbox="1286 459 1430 533">3</td> </tr> <tr> <td data-bbox="895 533 1286 607">More than three time</td> <td data-bbox="1286 533 1430 607">4</td> </tr> <tr> <td data-bbox="895 607 1286 680">None</td> <td data-bbox="1286 607 1430 680">5</td> </tr> <tr> <td data-bbox="895 680 1286 754">Don't Know</td> <td data-bbox="1286 680 1430 754">-8</td> </tr> <tr> <td data-bbox="895 754 1286 828">Refused to answer</td> <td data-bbox="1286 754 1430 828">-9</td> </tr> </tbody> </table>		Text	Value	Once	1	Twice	2	Three times	3	More than three time	4	None	5	Don't Know	-8	Refused to answer	-9
Text	Value																		
Once	1																		
Twice	2																		
Three times	3																		
More than three time	4																		
None	5																		
Don't Know	-8																		
Refused to answer	-9																		
drinking_1	Have you consumed an alcoholic drink within the past 30 days?	<table border="1"> <thead> <tr> <th data-bbox="895 902 1276 976">Text</th> <th data-bbox="1276 902 1430 976">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 976 1276 1050">Yes</td> <td data-bbox="1276 976 1430 1050">1</td> </tr> <tr> <td data-bbox="895 1050 1276 1124">No</td> <td data-bbox="1276 1050 1430 1124">2</td> </tr> <tr> <td data-bbox="895 1124 1276 1198">Refused to answer</td> <td data-bbox="1276 1124 1430 1198">-9</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2	Refused to answer	-9								
Text	Value																		
Yes	1																		
No	2																		
Refused to answer	-9																		
drinking_2	During the pass 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	<table border="1"> <thead> <tr> <th data-bbox="895 1274 1299 1348">Text</th> <th data-bbox="1299 1274 1430 1348">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1348 1299 1422">Always with a meal</td> <td data-bbox="1299 1348 1430 1422">1</td> </tr> <tr> <td data-bbox="895 1422 1299 1496">Usually with the meal</td> <td data-bbox="1299 1422 1430 1496">2</td> </tr> <tr> <td data-bbox="895 1496 1299 1570">Half the time with a meal</td> <td data-bbox="1299 1496 1430 1570">3</td> </tr> <tr> <td data-bbox="895 1570 1299 1644">Rarely with a meal</td> <td data-bbox="1299 1570 1430 1644">4</td> </tr> <tr> <td data-bbox="895 1644 1299 1718">Never with a meal</td> <td data-bbox="1299 1644 1430 1718">5</td> </tr> </tbody> </table>		Text	Value	Always with a meal	1	Usually with the meal	2	Half the time with a meal	3	Rarely with a meal	4	Never with a meal	5				
Text	Value																		
Always with a meal	1																		
Usually with the meal	2																		
Half the time with a meal	3																		
Rarely with a meal	4																		
Never with a meal	5																		

Variable	Question text	Value									
drinking_3	During the pass 30 days, have you drunk so much that you woke up somewhere without remembering how you got there?	<table border="1"> <thead> <tr> <th data-bbox="895 237 1275 311">Text</th> <th data-bbox="1275 237 1431 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1275 385">Yes</td> <td data-bbox="1275 311 1431 385">1</td> </tr> <tr> <td data-bbox="895 385 1275 459">No</td> <td data-bbox="1275 385 1431 459">2</td> </tr> <tr> <td data-bbox="895 459 1275 533">Refused to answer</td> <td data-bbox="1275 459 1431 533">-9</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value										
Yes	1										
No	2										
Refused to answer	-9										
bp_2	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	<table border="1"> <thead> <tr> <th data-bbox="895 607 1275 680">Text</th> <th data-bbox="1275 607 1431 680">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 680 1275 754">Yes</td> <td data-bbox="1275 680 1431 754">1</td> </tr> <tr> <td data-bbox="895 754 1275 828">No</td> <td data-bbox="1275 754 1431 828">2</td> </tr> <tr> <td data-bbox="895 828 1275 902">Refused to answer</td> <td data-bbox="1275 828 1431 902">-9</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value										
Yes	1										
No	2										
Refused to answer	-9										
bp_3	Have you been told this in the past 12 months?	<table border="1"> <thead> <tr> <th data-bbox="895 976 1275 1050">Text</th> <th data-bbox="1275 976 1431 1050">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1050 1275 1124">Yes</td> <td data-bbox="1275 1050 1431 1124">1</td> </tr> <tr> <td data-bbox="895 1124 1275 1198">No</td> <td data-bbox="1275 1124 1431 1198">2</td> </tr> <tr> <td data-bbox="895 1198 1275 1272">Refused to answer</td> <td data-bbox="1275 1198 1431 1272">-9</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value										
Yes	1										
No	2										
Refused to answer	-9										
bp_4	Have you taken any drugs (medication not TCM) in the past 2 weeks for your blood pressure?	<table border="1"> <thead> <tr> <th data-bbox="895 1346 1275 1420">Text</th> <th data-bbox="1275 1346 1431 1420">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1420 1275 1494">Yes</td> <td data-bbox="1275 1420 1431 1494">1</td> </tr> <tr> <td data-bbox="895 1494 1275 1568">No</td> <td data-bbox="1275 1494 1431 1568">2</td> </tr> <tr> <td data-bbox="895 1568 1275 1641">Refused to answer</td> <td data-bbox="1275 1568 1431 1641">-9</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value										
Yes	1										
No	2										
Refused to answer	-9										
bp_5	In the past 12 months have you seen a traditional healer or TCM practitioner for raised blood pressure or hypertension?	<table border="1"> <thead> <tr> <th data-bbox="895 1715 1275 1789">Text</th> <th data-bbox="1275 1715 1431 1789">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1789 1275 1863">Yes</td> <td data-bbox="1275 1789 1431 1863">1</td> </tr> <tr> <td data-bbox="895 1863 1275 1937">No</td> <td data-bbox="1275 1863 1431 1937">2</td> </tr> <tr> <td data-bbox="895 1937 1275 2011">Refused to answer</td> <td data-bbox="1275 1937 1431 2011">-9</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value										
Yes	1										
No	2										
Refused to answer	-9										

Variable	Question text	Value								
bp_6	In the past 12 months are you currently taking any herbal or traditional remedy for raised blood pressure or hypertension?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value									
Yes	1									
No	2									
Refused to answer	-9									
bp_7	Which arm will you use for BP measurement, it should be the left	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>1</td> </tr> <tr> <td>Left</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Right	1	Left	2		
Text	Value									
Right	1									
Left	2									
bp_8	If right side, what is the reason?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Injury or fracture of left arm.</td> <td>1</td> </tr> <tr> <td>Paralysis of left hand.</td> <td>2</td> </tr> <tr> <td>Others</td> <td>3</td> </tr> </tbody> </table>	Text	Value	Injury or fracture of left arm.	1	Paralysis of left hand.	2	Others	3
Text	Value									
Injury or fracture of left arm.	1									
Paralysis of left hand.	2									
Others	3									
bp_9	If others, please specify:	User Input								
bp_10	Arm circumference (cm)	User Input								
bp_11	Cuff size	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Small</td> <td>1</td> </tr> <tr> <td>Medium</td> <td>2</td> </tr> <tr> <td>Large</td> <td>3</td> </tr> </tbody> </table>	Text	Value	Small	1	Medium	2	Large	3
Text	Value									
Small	1									
Medium	2									
Large	3									
bp_12	Systolic 1 (mmHg)	User Input								

Variable	Question text	Value						
bp_13	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_14	Diastolic 1 (mmHg)	User Input						
bp_15	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_16	Heart rate 1 (per minute)	User Input						
bp_17	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_18	Any problems with BP measurement 1(e.g., misplaced cuff)?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_19	If yes, please state.	User Input						
bp_20	Systolic 2 (mmHg)	User Input						
bp_21	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_22	Diastolic 2 (mmHg)	User Input						

Variable	Question text	Value						
bp_23	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_24	Heart rate 2 (per minute)	User Input						
bp_25	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_26	Any problems with BP measurement 2(e.g., misplaced cuff)	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_27	If yes, please state.	User Input						
bp_28	Systolic 3 (mmHg)	User Input						
bp_29	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_30	Diastolic 3 (mmHg)	User Input						
bp_31	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
bp_32	Heart rate 3 (per minute)	User Input						

Variable	Question text	Value								
bp_33	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
bp_34	Any problems with BP measurement 3(e.g., misplaced cuff)	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
bp_35	If yes, please state.	User Input								
bp_36	During the past 2 weeks have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value									
Yes	1									
No	2									
Refused to answer	-9									
referral_1	Is there a need to refer for high Blood pressure?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
anthropometry_1	In the last 1 year, have you experienced an unintentional loss of weight	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value									
Yes	1									
No	2									
Refused to answer	-9									

Variable	Question text	Value								
anthropometry_2	Do you experience diminution of desire for food	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Refused to answer	-9
Text	Value									
Yes	1									
No	2									
Refused to answer	-9									
anthropometry_3	How has your appetite been like?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Less than usual</td> <td>1</td> </tr> <tr> <td>As usual</td> <td>2</td> </tr> <tr> <td>More than usual</td> <td>3</td> </tr> </tbody> </table>	Text	Value	Less than usual	1	As usual	2	More than usual	3
Text	Value									
Less than usual	1									
As usual	2									
More than usual	3									
anthropometry_4	Can move and stand on the weighing scales without assistance	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
anthropometry_5	Enter device ID for height and weight	User Input								
anthropometry_6	Height (cm)	User Input								
anthropometry_7	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
anthropometry_8	Weight (kg)	User Input								
anthropometry_9	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									

Variable	Question text	Value										
cognitive_1	Do you have any problems with your memory?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Don't know</td> <td>-8</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Don't know	-8	Refused to answer	-9
Text	Value											
Yes	1											
No	2											
Don't know	-8											
Refused to answer	-9											
cognitive_2	If yes, do you feel that your memory is worsening over the last one year?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Don't know</td> <td>-8</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Don't know	-8	Refused to answer	-9
Text	Value											
Yes	1											
No	2											
Don't know	-8											
Refused to answer	-9											
cognitive_3	Do you think your memory is worse compared to others of your same age?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Don't know</td> <td>-8</td> </tr> <tr> <td>Refused to answer</td> <td>-9</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	Don't know	-8	Refused to answer	-9
Text	Value											
Yes	1											
No	2											
Don't know	-8											
Refused to answer	-9											
mini_mental_b	Now I am going to ask you certain simple questions and make you perform certain tasks, in order to assess your memory. You will be scored based on your answers and will help you know if you have some indications of a decline in your memory.	User Input										
mini_mental_c	Can you tell me the following	User Input										
mini_mental_1	Year	User Input										

Variable	Question text	Value
a	Score:	User Input
mini_mental_1b	Total score: /1	User Input
mini_mental_2	Time	User Input
b	Score:	User Input
mini_mental_2b	Total score: /1	User Input
mini_mental_3	Date	User Input
c	Score:	User Input
mini_mental_3b	Total score: /1	User Input
mini_mental_4	Day	User Input
d	Score:	User Input
mini_mental_4b	Total score: /1	User Input
mini_mental_5	Month	User Input
e	Score:	User Input
mini_mental_5b	Total score: /1	User Input
mini_mental_6	State	User Input
f	Score:	User Input
mini_mental_6b	Total score: /1	User Input
mini_mental_7	Country	User Input
g	Score:	User Input
mini_mental_7b	Total score: /1	User Input
mini_mental_8	Town	User Input
h	Score:	User Input
mini_mental_8b	Total score: /1	User Input
mini_mental_9	Street	User Input
j	Score:	User Input

Variable	Question text	Value						
mini_mental_9b	Total score: /1	User Input						
mini_mental_10	Room	User Input						
k	Score:	User Input						
mini_mental_10b	Total score: /1	User Input						
mini_mental_11	Now I will tell you 3 objects. Please listen to them carefully. I will not repeat it. You have to repeat the three words to me after that. The words are Lemon, Key, Balloon. Please try to repeat back.	User Input						
l	Score:	User Input						
mini_mental_11b	Total score: /3	User Input						
mini_mental_11c	If the score is below than 3, please repeat the words until the patient can remember all of the 3 words and please insert the number of trial.	User Input						
mini_mental_11d	Number of trials (maximum 6)	User Input						
mini_mental_11e	Please remember the words. I will ask you sometime later.	User Input						
mini_mental_12a	Ask the patient to begin with 100 and count backward by 7. Stop after 5 subtractions (93, 86, 79, 72, 65). Score the total number of correct answers.	User Input						
mini_mental_12ab	Score: /5	User Input						
mini_mental_12b	Please spell the word WORLD backwards	User Input						
mini_mental_12bb	Score: /5	User Input						
mini_mental_12c	Which activity between Calculation and Attention having the higher score?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Calculation</td> <td>1</td> </tr> <tr> <td>Attention</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Calculation	1	Attention	2
Text	Value							
Calculation	1							
Attention	2							

Variable	Question text	Value
mini_mental_12d	Please key in the score.	User Input
m	Score:	User Input
mini_mental_12e	Total score: /5	User Input
mini_mental_13	Can you now recall the three words which I told you earlier?	User Input
n	Score:	User Input
mini_mental_13b	Total score: /3	User Input
media	jr://images/Pencil.jpg	User Input
o	Score:	User Input
mini_mental_14b	Total score: /1	User Input
media	jr://images/Watch.jpg	User Input
p	Score:	User Input
mini_mental_15b	Total score: /1	User Input
mini_mental_16	Now I will read out a phrase. Please listen carefully . I will not repeat. You have to repeat it exactly the same. "No, ifs, ands, or buts"	User Input
q	Score:	User Input
mini_mental_16b	Total score: /1	User Input
mini_mental_17	Please follow a 3 stage command I am going to tell you. Take a paper in your right hand, fold it in half, and put it on the floor.	User Input
r	Score:	User Input
mini_mental_17b	Total score: /3	User Input
s	Score:	User Input
mini_mental_18b	Total score: /1	User Input
mini_mental_19	Please READ the instruction and do what it says.	User Input

Variable	Question text	Value						
mini_mental_19b	CLOSE YOUR EYES.	User Input						
t	Score:	User Input						
mini_mental_19c	Total score: /1	User Input						
u	Score:	User Input						
mini_mental_20b	Total score: /1	User Input						
mini_mental_21	MMSE total score is:	User Input						
total_score	/30	User Input						
referral_2	Is there a need to refer for impaired cognitive function?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
handgrip_2	Which is your dominant side?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>1</td> </tr> <tr> <td>Left</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Right	1	Left	2
Text	Value							
Right	1							
Left	2							
handgrip_3	Is there any disability of the right arm?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
handgrip_4	Reason for disability	User Input						
handgrip_5	Can perform the test on the right side?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
handgrip_6	Right trial 1 (kg/m ²)	User Input						

Variable	Question text	Value						
handgrip_7	Right trial 2 (kg/m ²)	User Input						
handgrip_8	Is there any disability of the left arm?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
handgrip_9	Reason for disability	User Input						
handgrip_10	As you stated previously, the BP cannot be recorded on left side, Are you sure that you want to record hand grip strenght.	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
handgrip_11	Can perform the test on the left side?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
handgrip_12	Left trial 1 (kg/m ²)	User Input						
handgrip_13	Left trial 2 (kg/m ²)	User Input						
handgrip_14	Was there any problem in completing the task?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
handgrip_15	If Yes, state the reason	User Input						
gait_speed2	Can you walk independently?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							

Variable	Question text	Value										
gait_speed3	Do you feel any imbalance on walking?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2				
Text	Value											
Yes	1											
No	2											
gait_speed4	Do you need the help of walking aid?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2				
Text	Value											
Yes	1											
No	2											
gait_speed5	Do you feel safe to perform this task?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2				
Text	Value											
Yes	1											
No	2											
gait_speed6	Can you proceed with the task?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2				
Text	Value											
Yes	1											
No	2											
gait_speed7	If no, why?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Patient not confident enough</td> <td>1</td> </tr> <tr> <td>Patient cannot walk due to disability in walking</td> <td>2</td> </tr> <tr> <td>Patient has other disabilities</td> <td>3</td> </tr> <tr> <td>Patient is not willing</td> <td>4</td> </tr> </tbody> </table>	Text	Value	Patient not confident enough	1	Patient cannot walk due to disability in walking	2	Patient has other disabilities	3	Patient is not willing	4
Text	Value											
Patient not confident enough	1											
Patient cannot walk due to disability in walking	2											
Patient has other disabilities	3											
Patient is not willing	4											
media	jr://images/Walking.jpg	User Input										
gait_speed10	Time record 1 (time from B to C) (seconds)	User Input										

Variable	Question text	Value						
gait_speed11	Time record 2 (time from B to C) (seconds)	User Input						
gait_speed12	Was there any problem in completing the task?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
gait_speed13	If yes, why? Please state the reason	User Input						
bathing	BATHING	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity (1 mark)</td> <td>1</td> </tr> <tr> <td>Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing (0 mark)</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity (1 mark)	1	Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing (0 mark)	2
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dressing	DRESSING	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes</td> <td>1</td> </tr> <tr> <td>Needs help with dressing self or needs to be completely dressed</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes	1	Needs help with dressing self or needs to be completely dressed	2
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Variable	Question text	Value							
toileting	TOILETING	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Goes to toilet, gets on and off, arranges clothes, cleans genital area without help</td> <td>1</td> </tr> <tr> <td>Needs help transferring to the toilet, cleaning self or uses bedpan or commode</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Goes to toilet, gets on and off, arranges clothes, cleans genital area without help	1	Needs help transferring to the toilet, cleaning self or uses bedpan or commode	2	
Text	Value								
Goes to toilet, gets on and off, arranges clothes, cleans genital area without help	1								
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transferring	TRANSFERRING	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable</td> <td>1</td> </tr> <tr> <td>Needs help in moving from bed to chair or requires a complete transfer</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable	1	Needs help in moving from bed to chair or requires a complete transfer	2	
Text	Value								
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continence	CONTINENCE	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Exercises complete self control over urination and defecation</td> <td>1</td> </tr> <tr> <td>Is partially or totally incontinent of bowel or bladder</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Exercises complete self control over urination and defecation	1	Is partially or totally incontinent of bowel or bladder	2	
Text	Value								
Exercises complete self control over urination and defecation	1								
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feeding	FEEDING	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Gets food from plate into mouth without help. Preparation of food may be done by another person</td> <td>1</td> </tr> <tr> <td>Needs partial or total help with feeding or requires parenteral feeding.</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Gets food from plate into mouth without help. Preparation of food may be done by another person	1	Needs partial or total help with feeding or requires parenteral feeding.	2	
Text	Value								
Gets food from plate into mouth without help. Preparation of food may be done by another person	1								
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Variable	Question text	Value	
functional_1	For the past 6 months at least, to what extent has you been limited because of a health problem in activities people usually do?	Text	Value
		Not limited	1
		Moderately limited	2
		Severely limited	3
functional_2	How would you rate your general health status?	Text	Value
		Excellent	1
		Very good	2
		Good	3
		Fair	4
		Poor	5
functional_3	Have you felt that everything you did was an effort/ you could not get going – for at least 3 days during the last week	Text	Value
		Yes	1
		No	2
functional_4	How often do you engage in activities that require a low or moderate level of energy such as gardening, cleaning the car, or going for a walk?	Text	Value
		Almost daily	1
		2-3 times a week	2
		At least once a week	3
		One to three times a month	4
		Hardly ever	5
		Never	6

Variable	Question text	Value	
lifestyle_1	Have you ever been diagnosed with Diabetes?	Text	Value
		Yes	1
		No	2
lifestyle_2	Have you ever been diagnosed with Hypertension?	Text	Value
		Yes	1
		No	2
lifestyle_3	Have you ever been diagnosed with Stroke?	Text	Value
		Yes	1
		No	2
lifestyle_4	Have you ever been diagnosed with Cancer?	Text	Value
		Yes	1
		No	2
lifestyle_5	Have you ever been diagnosed with COPD/ asthma?	Text	Value
		Yes	1
		No	2
lifestyle_6	Have you ever been diagnosed with Heart disease?	Text	Value
		Yes	1
		No	2

Variable	Question text	Value													
dass_2	I found it hard to wind down.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1329 311">Text</th> <th data-bbox="1329 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1329 385">Did not apply to me at all</td> <td data-bbox="1329 311 1430 385">1</td> </tr> <tr> <td data-bbox="895 385 1329 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 385 1430 499">2</td> </tr> <tr> <td data-bbox="895 499 1329 613">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 499 1430 613">3</td> </tr> <tr> <td data-bbox="895 613 1329 728">Applied to me very much, or most of the time</td> <td data-bbox="1329 613 1430 728">4</td> </tr> <tr> <td data-bbox="895 728 1329 801">Refused to answer</td> <td data-bbox="1329 728 1430 801">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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dass_3	I was aware of dryness of my mouth.	<table border="1"> <thead> <tr> <th data-bbox="895 875 1329 949">Text</th> <th data-bbox="1329 875 1430 949">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 949 1329 1023">Did not apply to me at all</td> <td data-bbox="1329 949 1430 1023">1</td> </tr> <tr> <td data-bbox="895 1023 1329 1137">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 1023 1430 1137">2</td> </tr> <tr> <td data-bbox="895 1137 1329 1252">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 1137 1430 1252">3</td> </tr> <tr> <td data-bbox="895 1252 1329 1366">Applied to me very much, or most of the time</td> <td data-bbox="1329 1252 1430 1366">4</td> </tr> <tr> <td data-bbox="895 1366 1329 1440">Refused to answer</td> <td data-bbox="1329 1366 1430 1440">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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Variable	Question text	Value													
dass_4	I couldn't seem to experience any positive feeling at all.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1327 311">Text</th> <th data-bbox="1327 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1327 385">Did not apply to me at all</td> <td data-bbox="1327 311 1430 385">1</td> </tr> <tr> <td data-bbox="895 385 1327 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 385 1430 499">2</td> </tr> <tr> <td data-bbox="895 499 1327 613">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 499 1430 613">3</td> </tr> <tr> <td data-bbox="895 613 1327 728">Applied to me very much, or most of the time</td> <td data-bbox="1327 613 1430 728">4</td> </tr> <tr> <td data-bbox="895 728 1327 801">Refused to answer</td> <td data-bbox="1327 728 1430 801">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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dass_5	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion).	<table border="1"> <thead> <tr> <th data-bbox="895 873 1327 947">Text</th> <th data-bbox="1327 873 1430 947">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 947 1327 1021">Did not apply to me at all</td> <td data-bbox="1327 947 1430 1021">1</td> </tr> <tr> <td data-bbox="895 1021 1327 1135">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 1021 1430 1135">2</td> </tr> <tr> <td data-bbox="895 1135 1327 1249">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 1135 1430 1249">3</td> </tr> <tr> <td data-bbox="895 1249 1327 1364">Applied to me very much, or most of the time</td> <td data-bbox="1327 1249 1430 1364">4</td> </tr> <tr> <td data-bbox="895 1364 1327 1438">Refused to answer</td> <td data-bbox="1327 1364 1430 1438">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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Variable	Question text	Value													
dass_6	I found it difficult to work up the initiative to do things.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1329 311">Text</th> <th data-bbox="1329 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1329 385">Did not apply to me at all</td> <td data-bbox="1329 311 1430 385">1</td> </tr> <tr> <td data-bbox="895 385 1329 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 385 1430 499">2</td> </tr> <tr> <td data-bbox="895 499 1329 613">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 499 1430 613">3</td> </tr> <tr> <td data-bbox="895 613 1329 728">Applied to me very much, or most of the time</td> <td data-bbox="1329 613 1430 728">4</td> </tr> <tr> <td data-bbox="895 728 1329 801">Refused to answer</td> <td data-bbox="1329 728 1430 801">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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dass_7	I tended to over-react to situations.	<table border="1"> <thead> <tr> <th data-bbox="895 873 1329 947">Text</th> <th data-bbox="1329 873 1430 947">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 947 1329 1021">Did not apply to me at all</td> <td data-bbox="1329 947 1430 1021">1</td> </tr> <tr> <td data-bbox="895 1021 1329 1135">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 1021 1430 1135">2</td> </tr> <tr> <td data-bbox="895 1135 1329 1249">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 1135 1430 1249">3</td> </tr> <tr> <td data-bbox="895 1249 1329 1364">Applied to me very much, or most of the time</td> <td data-bbox="1329 1249 1430 1364">4</td> </tr> <tr> <td data-bbox="895 1364 1329 1438">Refused to answer</td> <td data-bbox="1329 1364 1430 1438">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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Variable	Question text	Value													
dass_8	I experienced trembling (eg, in the hands).	<table border="1"> <thead> <tr> <th data-bbox="882 228 1329 309">Text</th> <th data-bbox="1329 228 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="882 309 1329 383">Did not apply to me at all</td> <td data-bbox="1329 309 1431 383">1</td> </tr> <tr> <td data-bbox="882 383 1329 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 383 1431 499">2</td> </tr> <tr> <td data-bbox="882 499 1329 616">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 499 1431 616">3</td> </tr> <tr> <td data-bbox="882 616 1329 732">Applied to me very much, or most of the time</td> <td data-bbox="1329 616 1431 732">4</td> </tr> <tr> <td data-bbox="882 732 1329 797">Refused to answer</td> <td data-bbox="1329 732 1431 797">-9</td> </tr> </tbody> </table>	Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9	
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dass_9	I felt that I was using a lot of nervous energy.	<table border="1"> <thead> <tr> <th data-bbox="882 866 1329 947">Text</th> <th data-bbox="1329 866 1431 947">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="882 947 1329 1021">Did not apply to me at all</td> <td data-bbox="1329 947 1431 1021">1</td> </tr> <tr> <td data-bbox="882 1021 1329 1137">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 1021 1431 1137">2</td> </tr> <tr> <td data-bbox="882 1137 1329 1254">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 1137 1431 1254">3</td> </tr> <tr> <td data-bbox="882 1254 1329 1370">Applied to me very much, or most of the time</td> <td data-bbox="1329 1254 1431 1370">4</td> </tr> <tr> <td data-bbox="882 1370 1329 1435">Refused to answer</td> <td data-bbox="1329 1370 1431 1435">-9</td> </tr> </tbody> </table>	Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9	
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Refused to answer	-9														

Variable	Question text	Value	
dass_10	I was worried about situations in which I might panic and make a fool of myself.	Text	Value
		Did not apply to me at all	1
		Applied to me to some degree, or some of the time	2
		Applied to me to a considerable degree, or a good part of time	3
		Applied to me very much, or most of the time	4
		Refused to answer	-9
dass_11	I felt that I had nothing to look forward to.	Text	Value
		Did not apply to me at all	1
		Applied to me to some degree, or some of the time	2
		Applied to me to a considerable degree, or a good part of time	3
		Applied to me very much, or most of the time	4
		Refused to answer	-9

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dass_12	I found myself getting agitated.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1327 311">Text</th> <th data-bbox="1327 237 1428 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1327 385">Did not apply to me at all</td> <td data-bbox="1327 311 1428 385">1</td> </tr> <tr> <td data-bbox="895 385 1327 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 385 1428 499">2</td> </tr> <tr> <td data-bbox="895 499 1327 613">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 499 1428 613">3</td> </tr> <tr> <td data-bbox="895 613 1327 728">Applied to me very much, or most of the time</td> <td data-bbox="1327 613 1428 728">4</td> </tr> <tr> <td data-bbox="895 728 1327 801">Refused to answer</td> <td data-bbox="1327 728 1428 801">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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dass_13	I found it difficult to relax.	<table border="1"> <thead> <tr> <th data-bbox="895 873 1327 947">Text</th> <th data-bbox="1327 873 1428 947">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 947 1327 1021">Did not apply to me at all</td> <td data-bbox="1327 947 1428 1021">1</td> </tr> <tr> <td data-bbox="895 1021 1327 1135">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 1021 1428 1135">2</td> </tr> <tr> <td data-bbox="895 1135 1327 1249">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 1135 1428 1249">3</td> </tr> <tr> <td data-bbox="895 1249 1327 1364">Applied to me very much, or most of the time</td> <td data-bbox="1327 1249 1428 1364">4</td> </tr> <tr> <td data-bbox="895 1364 1327 1438">Refused to answer</td> <td data-bbox="1327 1364 1428 1438">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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Variable	Question text	Value													
dass_14	I felt down-hearted and blue.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1327 311">Text</th> <th data-bbox="1327 237 1428 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1327 385">Did not apply to me at all</td> <td data-bbox="1327 311 1428 385">1</td> </tr> <tr> <td data-bbox="895 385 1327 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 385 1428 499">2</td> </tr> <tr> <td data-bbox="895 499 1327 613">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 499 1428 613">3</td> </tr> <tr> <td data-bbox="895 613 1327 728">Applied to me very much, or most of the time</td> <td data-bbox="1327 613 1428 728">4</td> </tr> <tr> <td data-bbox="895 728 1327 801">Refused to answer</td> <td data-bbox="1327 728 1428 801">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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dass_15	I was intolerant of anything that kept me from getting on with what I was doing.	<table border="1"> <thead> <tr> <th data-bbox="895 873 1327 947">Text</th> <th data-bbox="1327 873 1428 947">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 947 1327 1021">Did not apply to me at all</td> <td data-bbox="1327 947 1428 1021">1</td> </tr> <tr> <td data-bbox="895 1021 1327 1135">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 1021 1428 1135">2</td> </tr> <tr> <td data-bbox="895 1135 1327 1249">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 1135 1428 1249">3</td> </tr> <tr> <td data-bbox="895 1249 1327 1364">Applied to me very much, or most of the time</td> <td data-bbox="1327 1249 1428 1364">4</td> </tr> <tr> <td data-bbox="895 1364 1327 1438">Refused to answer</td> <td data-bbox="1327 1364 1428 1438">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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Variable	Question text	Value													
dass_16	I felt I was close to panic.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1327 311">Text</th> <th data-bbox="1327 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1327 385">Did not apply to me at all</td> <td data-bbox="1327 311 1430 385">1</td> </tr> <tr> <td data-bbox="895 385 1327 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 385 1430 499">2</td> </tr> <tr> <td data-bbox="895 499 1327 613">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 499 1430 613">3</td> </tr> <tr> <td data-bbox="895 613 1327 728">Applied to me very much, or most of the time</td> <td data-bbox="1327 613 1430 728">4</td> </tr> <tr> <td data-bbox="895 728 1327 801">Refused to answer</td> <td data-bbox="1327 728 1430 801">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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dass_17	I was unable to become enthusiastic about anything.	<table border="1"> <thead> <tr> <th data-bbox="895 875 1327 949">Text</th> <th data-bbox="1327 875 1430 949">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 949 1327 1023">Did not apply to me at all</td> <td data-bbox="1327 949 1430 1023">1</td> </tr> <tr> <td data-bbox="895 1023 1327 1137">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 1023 1430 1137">2</td> </tr> <tr> <td data-bbox="895 1137 1327 1252">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 1137 1430 1252">3</td> </tr> <tr> <td data-bbox="895 1252 1327 1366">Applied to me very much, or most of the time</td> <td data-bbox="1327 1252 1430 1366">4</td> </tr> <tr> <td data-bbox="895 1366 1327 1440">Refused to answer</td> <td data-bbox="1327 1366 1430 1440">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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Variable	Question text	Value	
dass_18	I felt I wasn't worth much as a person.	Text	Value
		Did not apply to me at all	1
		Applied to me to some degree, or some of the time	2
		Applied to me to a considerable degree, or a good part of time	3
		Applied to me very much, or most of the time	4
		Refused to answer	-9
dass_19	I felt that I was rather touchy.	Text	Value
		Did not apply to me at all	1
		Applied to me to some degree, or some of the time	2
		Applied to me to a considerable degree, or a good part of time	3
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Variable	Question text	Value													
dass_20	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat).	<table border="1"> <thead> <tr> <th data-bbox="882 228 1329 309">Text</th> <th data-bbox="1329 228 1430 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="882 309 1329 383">Did not apply to me at all</td> <td data-bbox="1329 309 1430 383">1</td> </tr> <tr> <td data-bbox="882 383 1329 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 383 1430 499">2</td> </tr> <tr> <td data-bbox="882 499 1329 616">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 499 1430 616">3</td> </tr> <tr> <td data-bbox="882 616 1329 732">Applied to me very much, or most of the time</td> <td data-bbox="1329 616 1430 732">4</td> </tr> <tr> <td data-bbox="882 732 1329 797">Refused to answer</td> <td data-bbox="1329 732 1430 797">-9</td> </tr> </tbody> </table>	Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9	
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dass_21	I felt scared without any good reason.	<table border="1"> <thead> <tr> <th data-bbox="882 864 1329 947">Text</th> <th data-bbox="1329 864 1430 947">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="882 947 1329 1021">Did not apply to me at all</td> <td data-bbox="1329 947 1430 1021">1</td> </tr> <tr> <td data-bbox="882 1021 1329 1137">Applied to me to some degree, or some of the time</td> <td data-bbox="1329 1021 1430 1137">2</td> </tr> <tr> <td data-bbox="882 1137 1329 1254">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1329 1137 1430 1254">3</td> </tr> <tr> <td data-bbox="882 1254 1329 1370">Applied to me very much, or most of the time</td> <td data-bbox="1329 1254 1430 1370">4</td> </tr> <tr> <td data-bbox="882 1370 1329 1435">Refused to answer</td> <td data-bbox="1329 1370 1430 1435">-9</td> </tr> </tbody> </table>	Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9	
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Variable	Question text	Value													
dass_22	I felt that life was meaningless.	<table border="1"> <thead> <tr> <th data-bbox="895 237 1327 311">Text</th> <th data-bbox="1327 237 1428 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1327 385">Did not apply to me at all</td> <td data-bbox="1327 311 1428 385">1</td> </tr> <tr> <td data-bbox="895 385 1327 499">Applied to me to some degree, or some of the time</td> <td data-bbox="1327 385 1428 499">2</td> </tr> <tr> <td data-bbox="895 499 1327 613">Applied to me to a considerable degree, or a good part of time</td> <td data-bbox="1327 499 1428 613">3</td> </tr> <tr> <td data-bbox="895 613 1327 728">Applied to me very much, or most of the time</td> <td data-bbox="1327 613 1428 728">4</td> </tr> <tr> <td data-bbox="895 728 1327 801">Refused to answer</td> <td data-bbox="1327 728 1428 801">-9</td> </tr> </tbody> </table>		Text	Value	Did not apply to me at all	1	Applied to me to some degree, or some of the time	2	Applied to me to a considerable degree, or a good part of time	3	Applied to me very much, or most of the time	4	Refused to answer	-9
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lifestyle_7	Do you have hearing loss?	<table border="1"> <thead> <tr> <th data-bbox="895 873 1139 947">Text</th> <th data-bbox="1139 873 1428 947">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 947 1139 1021">Yes</td> <td data-bbox="1139 947 1428 1021">1</td> </tr> <tr> <td data-bbox="895 1021 1139 1095">No</td> <td data-bbox="1139 1021 1428 1095">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2						
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lifestyle_8	Do you have difficulty hearing when someone speaks in a whisper?	<table border="1"> <thead> <tr> <th data-bbox="895 1171 1236 1245">Text</th> <th data-bbox="1236 1171 1428 1245">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1245 1236 1319">Never</td> <td data-bbox="1236 1245 1428 1319">1</td> </tr> <tr> <td data-bbox="895 1319 1236 1393">Occasionally</td> <td data-bbox="1236 1319 1428 1393">2</td> </tr> <tr> <td data-bbox="895 1393 1236 1467">Sometimes</td> <td data-bbox="1236 1393 1428 1467">3</td> </tr> <tr> <td data-bbox="895 1467 1236 1541">Often</td> <td data-bbox="1236 1467 1428 1541">4</td> </tr> <tr> <td data-bbox="895 1541 1236 1615">Always</td> <td data-bbox="1236 1541 1428 1615">5</td> </tr> </tbody> </table>		Text	Value	Never	1	Occasionally	2	Sometimes	3	Often	4	Always	5
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lifestyle_9	Do you have difficulty hearing someone speak when there is background noise?	<table border="1"> <thead> <tr> <th data-bbox="895 237 1236 311">Text</th> <th data-bbox="1236 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1236 385">Never</td> <td data-bbox="1236 311 1430 385">1</td> </tr> <tr> <td data-bbox="895 385 1236 459">Occasionally</td> <td data-bbox="1236 385 1430 459">2</td> </tr> <tr> <td data-bbox="895 459 1236 533">Sometimes</td> <td data-bbox="1236 459 1430 533">3</td> </tr> <tr> <td data-bbox="895 533 1236 607">Often</td> <td data-bbox="1236 533 1430 607">4</td> </tr> <tr> <td data-bbox="895 607 1236 680">Always</td> <td data-bbox="1236 607 1430 680">5</td> </tr> </tbody> </table>		Text	Value	Never	1	Occasionally	2	Sometimes	3	Often	4	Always	5
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lifestyle_10	Do you have difficulty hearing someone speak when you cannot see their face?	<table border="1"> <thead> <tr> <th data-bbox="895 754 1236 828">Text</th> <th data-bbox="1236 754 1430 828">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 828 1236 902">Never</td> <td data-bbox="1236 828 1430 902">1</td> </tr> <tr> <td data-bbox="895 902 1236 976">Occasionally</td> <td data-bbox="1236 902 1430 976">2</td> </tr> <tr> <td data-bbox="895 976 1236 1050">Sometimes</td> <td data-bbox="1236 976 1430 1050">3</td> </tr> <tr> <td data-bbox="895 1050 1236 1124">Often</td> <td data-bbox="1236 1050 1430 1124">4</td> </tr> <tr> <td data-bbox="895 1124 1236 1198">Always</td> <td data-bbox="1236 1124 1430 1198">5</td> </tr> </tbody> </table>		Text	Value	Never	1	Occasionally	2	Sometimes	3	Often	4	Always	5
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lifestyle_11	Has a family member or close friend ever suggested you were going deaf?	<table border="1"> <thead> <tr> <th data-bbox="895 1272 1137 1346">Text</th> <th data-bbox="1137 1272 1430 1346">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1346 1137 1420">Yes</td> <td data-bbox="1137 1346 1430 1420">1</td> </tr> <tr> <td data-bbox="895 1420 1137 1494">No</td> <td data-bbox="1137 1420 1430 1494">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2						
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Yes	1														
No	2														
lifestyle_12	Do you wear any form of hearing aid?	<table border="1"> <thead> <tr> <th data-bbox="895 1568 1137 1641">Text</th> <th data-bbox="1137 1568 1430 1641">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 1641 1137 1715">Yes</td> <td data-bbox="1137 1641 1430 1715">1</td> </tr> <tr> <td data-bbox="895 1715 1137 1789">No</td> <td data-bbox="1137 1715 1430 1789">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2						
Text	Value														
Yes	1														
No	2														

Variable	Question text	Value						
blood_2	Do you want to be informed if there is any abnormal finding?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
blood_3	Please scan the barcode number of the card	User Input						
blood_4	Blood drop from the finger prick sample will be used to make dried spots on 4 circles in the labeled blood spot card.	User Input						
blood_5	Could you collect blood on all the circles in the spot card ?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
blood_6	How long ago did you have anything to eat or drink other than water? (Hours)	User Input						
blood_7	Enter device id for blood glucose	User Input						
blood_8	Blood Glucose:	User Input						
blood_9	Are you sure you have entered the correct reading?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
blood_10	Did you face any difficulty in blood sample collection ?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
blood_11	If yes, what?	User Input						

Variable	Question text	Value										
referral_3	Is there a need to refer for high random blood sugar?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2				
Text	Value											
Yes	1											
No	2											
ecg_1	Do you consume any medication for heart disease ?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2				
Text	Value											
Yes	1											
No	2											
ecg_3	Please make sure that you save the recording in pdf format.	User Input										
ecg_4	What is the id number of ECG?	User Input										
ecg_5	What is the diagnosis given by the app?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Normal</td> <td>1</td> </tr> <tr> <td>Atrial fibrillation</td> <td>2</td> </tr> <tr> <td>Unreadable</td> <td>3</td> </tr> <tr> <td>Other</td> <td>4</td> </tr> </tbody> </table>	Text	Value	Normal	1	Atrial fibrillation	2	Unreadable	3	Other	4
Text	Value											
Normal	1											
Atrial fibrillation	2											
Unreadable	3											
Other	4											
ecg_6	If other, what?	User Input										
ecg_7	Was there any problem in recording the ECG?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2				
Text	Value											
Yes	1											
No	2											
ecg_8	If yes, what?	User Input										

Variable	Question text	Value							
referral_4	Is there a need to refer for abnormal ECG recording?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
relative_2	Do you prefer a signed consent form or a video recording?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Signed consent form</td> <td>1</td> </tr> <tr> <td>Video recording</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Signed consent form	1	Video recording	2	
Text	Value								
Signed consent form	1								
Video recording	2								
relative_4	I consent to the following:	User Input							
relative_5	To be interviewed by the researcher	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
relative_6	To allow the interview to be audio-taped and/or video-taped	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
relative_7	I further understand that:	User Input							
relative_8	My participation is voluntary and I may withdraw from the data collection at any time without any penalty or disadvantage.	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								

Variable	Question text	Value	
relative_9	I may withdraw from the study at any future time. On my withdrawal, all my identifying information on the database will be destroyed, but my anonymised, non-identifying, data will remain and may be used in future research.	Text	Value
		Yes	1
		No	2
relative_10	Any information I provide is confidential. Without my express permission, no information arising from the research that could lead to my identification will be disclosed in any reports or publications, or to any other party	Text	Value
		Yes	1
		No	2
relative_12	The data will be kept in secure storage and only accessible to the research team.	Text	Value
		Yes	1
		No	2
relative_13	Data may be released for analysis to other researchers after identifying information has been removed	Text	Value
		Yes	1
		No	2
relative_15	Have you ever observed that the patient has some problem with the memory?	Text	Value
		Yes	1
		No	2
relative_16	Has it been declining over the past one year?	Text	Value
		Yes	1
		No	2

Variable	Question text	Value						
referal_1b	Is there a need to refer for high Blood pressure?	User Input						
referal_2b	Is there a need to refer for impaired cognitive function?	User Input						
referal_3b	Is there a need to refer for high random blood sugar?	User Input						
referal_4b	Is there a need to refer for abnormal ECG recording?	User Input						
summary_2	Please make sure that you have :	User Input						
summary_3	Completed the questionnaire	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
summary_4	Collected the dried blood sample	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
summary_5	Scanned the barcode of the DBS card	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
summary_6	Recorded and saved the ECG	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							

Variable	Question text	Value							
summary_7	Provided the referral as needed	<table border="1"> <thead> <tr> <th data-bbox="895 237 1137 311">Text</th> <th data-bbox="1137 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 311 1137 385">Yes</td> <td data-bbox="1137 311 1430 385">1</td> </tr> <tr> <td data-bbox="895 385 1137 459">No</td> <td data-bbox="1137 385 1430 459">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2
Text	Value								
Yes	1								
No	2								
summary_8	Issued the token to the participant	<table border="1"> <thead> <tr> <th data-bbox="895 535 1137 609">Text</th> <th data-bbox="1137 535 1430 609">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="895 609 1137 683">Yes</td> <td data-bbox="1137 609 1430 683">1</td> </tr> <tr> <td data-bbox="895 683 1137 757">No</td> <td data-bbox="1137 683 1430 757">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2
Text	Value								
Yes	1								
No	2								

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