LANDING SCREEN
Lot Quality Assurance Sampling Questionnaire for
Assessing coverage, inequalities, and frontline provider workflows for hypertension and diabetes screening, treatment, and follow-up in two Indian states
Enter Password here to proceed in English

लोट क्वालिटी अशरन्स साम्प्लिंग प्रश्नावली :
दो भारतीय राज्यों में गैर संक्रामिक बीमारियों की जाँच और देखभाल की व्याप्ति, असमानता, और समुदायिक स्वास्थ्य कार्यकर्ता की गठिविधियों के ऊपर शोध
हिंदी में आगे बढ़ने के लिए, यहाँ पैस्वर्ड भरिए
### SCREEN 1

#### A. BACKGROUND

|   |   |   |
|---|---|---|
| **1** | Date (day/month/year): |   |
| **2** | **Location** | Delhi – Central  | 1 |
|   |   | Delhi – South  | 2 |
|   |   | UP – Shravasti- Sirsa  | 3 |
|   |   | UP – Jhansi -Bhojia  | 4 |
| **3** | **SHC/ANM Code /** |   |
| **4** | **Name of Surveyor** |   |
|   |   |   |
| **5** | **Supervisor ID** |   |
| **6** | **Sampling group** |   |
|   | Female | 1 |
|   | Male  | 2 |
|   | APL   | 3 |
|   | BPL   | 4 |
| **7** | **Asha Name** |   |
| **8** | **Have you shared a participant information sheet?** | Yes | 1 |
|   |   | No |   |
|   |   | 0 - STOP POPUP - “You cannot proceed without sharing the sheet” |   |
| **9** | **Have you completed the written informed consent sheet?** | Yes | 1 |
|   |   | No |   |
|   |   | 0- STOP POPUP - “you cannot proceed without having proof of written informed consent” |   |
### SCREEN 2

#### B. Individual Information

| Sl.No | Question and Filters                | Code Response Categories                  | Skip To |
|-------|-------------------------------------|------------------------------------------|---------|
| 1     | Gender                              | Female                                   | 1       |
|       |                                     | Male                                     | 2       |
|       |                                     | Transgender                              | 3       |
| 2     | What is your age                    | Number of years                           |         |
| 3     | What is your level of education?    | Not literate (cannot read and write)      | 0       |
|       |                                     | Primary or below                         | 1       |
|       |                                     | Secondary or below                       | 2       |
|       |                                     | Secondary and higher                     | 3       |
| 4     | What religion do you belong to?     | Hindu                                    | 1       |
|       |                                     | Muslim                                   | 2       |
|       |                                     | Christian                                | 3       |
|       |                                     | Other, please specify                    | 88      |

*If 88, activate short text field*
### SCREEN 3

#### B. Individual Information Continued

|   | Question                                      | Options                                                                 |
|---|-----------------------------------------------|-------------------------------------------------------------------------|
| 5 | What caste do you belong to?                  | General 1, Other Backward Class 2, Schedule Caste 3, Schedule Tribe 4, Don't know/Won't say 99 |
| 6 | Are you married?                              | No 0, Married 1, Separated/Divorced 2                                    |
| 7 | Do you have a government-issued BPL card?     | No card 0, (VERIFY) Below Poverty Line (BPL) 1, Are Below Poverty Line but no card 2, Other, explain 88 |
| 8 | What is your profession? What kind of work do you do? | Unemployed 0, Agriculture - self - employed 1, Agriculture – labor 2, Non-agriculture labor/casual labor 3, Non-agricultural - Self-employed 4, Service/salaried 5, Home maker 6, Other, explain 88 |
| Question                                      | Option 1 | Option 2 | Option 3 | Option 4 |
|----------------------------------------------|----------|----------|----------|----------|
| 9. Do you smoke or consume smokeless products like gutka or khaini?/ | Never    | Used to consume in the past/sometimes now | Daily    |
| 10. Do you consume alcohol daily?             | No       | Yes      |          |
| 11. May I please have your waist measurement? | Female   | Male     |          |
| Confirm using inch tape (only men should measure men and women should measure women) | <80 cm   | <90 cm   | 0        |
|                                              | 80-90 cm | 90-100 cm| 1        |
|                                              | >90 cm   | >100 cm  | 2        |
|                                              | Permission not given | | 99 |
| 12. You described your work earlier. In a given week, would you say you spend 2.5 hours or more moving around and doing physical activity - like walking a lot or lifting or carrying things? | No       | Yes      |          |
| 13. Does any family member (parents or siblings) have high blood pressure, diabetes, or heart disease? | No       | Yes      |          |
|   | D. Interaction with ASHA/ANM & Screening |
|---|------------------------------------------------|
| 14 | **Do you know the name of the ASHA working in your area?** |
|   | No | 0 |
|   | Yes – same as A7 (is correct) | 1 |
|   | Yes – but name is different from A7 (is incorrect) | 99 |
| 15 | **Has this ASHA visited your area in the past year? / (Mark all that apply.)** |
|   | No | 0 |
|   | Yes | 1 |
|   | Don’t know | 99 |
| 16 | **Has anyone from the nearby health facility (or an ASHA) come to speak to members of your household over the age of 30 in your family in the past year?** |
|   | No | 0 |
|   | Yes | 1 |
|   | Don’t know | 99 |

Have a7 appear for interviewer here – allow them to check if same.
## SCREEN 6

### E. Interaction with ASHA/ANM & Screening Continued I

| 17 | What information has this person gathered from you? |  |
|----|---------------------------------|---|
|    | a. Name and details of family members | No 0 Yes 1 |
|    | b. Information about pregnancy | No 0 Yes 1 |
|    | c. Information about whether I use tobacco | No 0 Yes 1 |
|    | d. Information about whether I use alcohol | No 0 Yes 1 |
|    | e. My waist circumference | No 0 Yes 1 |
|    | f. Information about my family members having high blood pressure, diabetes, or heart disease | No 0 Yes 1 |
## SCREEN 7
### E. Interaction with ASHA/ANM & Screening Continued 2

| 18 | Did the ASHA give you any of the following information? |
|----|--------------------------------------------------------|
|    | a. What risk I have of getting chronic diseases        |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | b. What days there is screening for NCDs               |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | c. I should not smoke or chew tobacco, gutkha, khaini, etc. |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | d. I should not drink alcohol                           |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | e. I should reduce/maintain a healthy weight           |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | f. I should exercise                                   |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | g. I have risk of getting NCDs because of family history|
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | h. There is a “fixed day” or “screening day” where I can get tested for NCDs |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | i. I should go to a PHC and get my pressure or sugar checked |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | j. I should go to a hospital and get admitted           |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | k. I should see a private doctor                        |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | l. Gave me a card (verify that they have a family health card) |
|    | No 0                                                    |
|    | Yes 1                                                   |
|    | Other, explain                                          |
|    | 88                                                      |
| SCREEN 8 | F. NCD screening, testing and follow-up |
|----------|----------------------------------------|
| 19       | When have you had your blood pressure checked? | Never | 0 |
|          |                                         | Within the past year | 1 |
|          |                                         | More than a year ago | 2 |

If 0 skip to Screen 10
| 20 | Where/how did your blood pressure screening happen? | Got tested at a VHND | 1 |
|----|--------------------------------------------------|----------------------|---|
|    |                                                  | Attended an NCD screening day | 2 |
|    |                                                  | Went to a PHC to get pressure checked | 3 |
|    |                                                  | Went to see a private doctor | 4 |
|    |                                                  | Had an emergency and found out during careseeking for that | 5 |
|    |                                                  | Other, explain | 88 |
|   | F. NCD screening, testing and follow-up Continued 1b |
|---|-------------------------------------------------|
| 21 | When have you had your blood sugar checked? |
|    | Never                                             | 0 |
|    | Within the past year                              | 1 |
|    | More than a year ago                              | 2 |

If 0, go to screen 16
| SCREEN 11 |
|------------------|
| **F. NCD screening, testing and follow-up Continued 2a** |

| 22 | Where/how did your blood sugar screening happen? | Got tested at VHND | 1 |
|     |                                                | Attended an NCD screening day | 2 |
|     |                                                | Went to a PHC to get sugar checked | 3 |
|     |                                                | Went to see a private doctor | 4 |
|     |                                                | Had an emergency and found out during careseeking for that | 5 |
|     | Other, explain                                 | 88 |

| 23 | Do you have high blood pressure/hypertension or diabetes? | Have neither | 0 |
|    |                                                             | Have diabetes only | 1 |
|    |                                                             | Have hypertension only | 2 |
|    |                                                             | Have both | 3 |
|    |                                                             | Don’t know | 99 |

If 88, activate short text field. If 0 or 88 go to screen 16.
## SCREEN 12

### F. Confirmation, Treatment, Follow-up

| Question                                                                 | Options                                                                 |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| How did you find out about your most recent hypertension and/or diabetes diagnosis? | **Attended an NCD screening day** 1  
Went to a PHC to get pressure or sugar checked 2  
Went to see a private doctor 3  
Had an emergency and found out during careseeking for that 4  
Other, explain 88 |

| Question                                                                 | Options                                                                 |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Which of the following happened during, immediately before or after your most recent diagnosis? | **a. Got blood pressure checked** No 0  
Yes 1  
**b. Got blood sugar checked** No 0  
Yes 1  
**c. Received written diagnosis of hypertension**- VERIFY that doctor note says “htn” or hypertension No 0  
Yes 1  
**d. Received written diagnosis of diabetes**- VERIFY that doctor note says “DM” or diabetes mellitus No 0  
Yes 1  
**e. Received prescription for medication** - No 0  
Yes 1  
**f. Received medication** No 0  
Yes 1  
**g. Got referred to another facility** No 0  
Yes 1  
**h. Got referred for more tests** No 0  
Yes 1 |
| SCREEN 13                                      |                                     |                                    |                                     |
|-----------------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| F. Confirmation, Treatment, Follow-up Continued 1 |                                     |                                    |                                     |
| 26    | Was someone there to help you when you made your trip? | Nobody 0 | ASHA 1 | ANM 2 | ASHA and ANM 3 | Someone else (relative, etc.) 4 |
| 27    | Are you currently on diabetes or hypertension medication? | No 0    | Yes 1  |       |       |                                                                                                                                                           |
## SCREEN 14
### F. Confirmation, Treatment, Follow-up Continued 2

|   | Question                                                                 | Options                              |   |
|---|--------------------------------------------------------------------------|--------------------------------------|---|
| 28| How long have you been on medication?                                   | Less than a month 1, 1-3 months 2, 3 months or more 3, More than a year 4 | If 1 or 2, go to Screen 16 |

| 29| Have you had to stop any of your medication in the past three months?    | a. Hypertension related No 0, Yes 1 |   |
|   |                                                                         | b. Diabetes related No 0, Yes 1      |   |
|   |                                                                         | c. Both No 0, Yes 1                 |   |
|   | Question                                                                 | Option 1 | Option 2 | Option 3 |
|---|--------------------------------------------------------------------------|----------|----------|----------|
| 30| Can we please see the results of your most recent blood sugar and/or blood pressure test? | a. Hypertension is under control - VERIFY LAST 3 BP MEASUREMENTS BELOW 140/90 | No 0 | Yes 1 |
|   |                                                                         | b. Diabetes is under control - VERIFY HBA1C BELOW 8 | No 0 | Yes 1 |
| 31| Have you had to spend any of your own money on any of these health related activities in the past three months? | a. Travel | No 0 | Yes Enter amount |
|   |                                                                         | b. Medical Consultation (from Public) | No 0 | Yes Enter amount |
|   |                                                                         | c. Medical Consultation (from Private) | No 0 | Yes Enter amount |
|   |                                                                         | d. Diagnostic Tests (from Public) | No 0 | Yes Enter amount |
|   |                                                                         | e. Diagnostic Tests (from Private) | No 0 | Yes Enter amount |
|   |                                                                         | f. Medicines (from Public) | No 0 | Yes Enter amount |
|   |                                                                         | g. Medicines (from Private) | No 0 | Yes Enter amount |
|   |                                                                         | h. Hospitalisation | No 0 | Yes Enter amount |
|   |                                                                         | i. Other, explain | No 0 | Yes Enter amount |
| SCREEN 16 |
|-----------|
| Thank you for participating. All the best to you for your health! |