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ADDENDA

Addendum A: Ethical approval 2005


YUNIBESITHI YA BOKONE-BOPHIRIMA
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Etiëkkomitee
 Tel (018) 299 2558
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2 September 2004

Dr A Kruger
 Bussie 594
 Noordwes-Universiteit
 (Potchefstroomkampus)

Geagte dr Kruger

GOEDKEURING VIR EKSPERIMENTERING MET MENSE

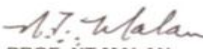
Hiermee wens ek u in kennis te stel dat u projek getiteld "PURE study (Prospective Urban and Rural Epidemiology study)" deur die Etiëkkomitee goedgekeur is met nommer 04M10.

Gebruik asseblief die nommer genoem in paragraaf 1 in alle korrespondensie rakende bogenoemde projek en let daarop dat daar van projekteleiers verwag word om jaarliks in Junie aan die Etiëkkomitee verslag te doen insake etiese aspekte van hulle projekte asook van publikasies wat daaruit voortgespruit het. U sal in Mei 2005 die dokumentasie hieroor ontvang.

Goedkeuring van die Etiëkkomitee is vir 'n termyn van hoogstens 5 jaar geldig (volgens Senaatsbesluit van 4 November 1992, art 9.13.2). Vir die voortsetting van projekte na verstryking van hierdie tydperk moet opnuut goedkeuring verkry word.

Die Etiëkkomitee wens u alle voorspoed met u werk toe.

Vriendelike groete


PROF. NT MALAN
VOORSITTER: ETIEKKOMITEE



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Addendum B: Ethical approval 2010


NORTH-WEST UNIVERSITY
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2010-02-23

ETHICS APPROVAL OF PROJECT

This is to certify that the next project was approved by the NWU Ethics Committee:

Project title : *PURE study (Prospective Urban and Rural Epidemiology study)*

Project leader / Student : Prof Annamari Kruger

Ethics number:

NWU-00016-10-A1
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Expiry date: 20/01/2015

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

The formal Ethics approval certificate will be sent to you as soon as possible.

Yours sincerely


Me. Marietjie Halgryn
NWU Ethics Secretariate

Addendum C: Information to communities 2005

PURE-SA project

INFORMATION TO COMMUNITIES

Dear Participant

Thank you for being willing to help us in this very important project. We are sure that the project will contribute to improve health of all the people of the North West Province.

The aim of the project is to get enough information regarding the development of chronic diseases like Diabetes, Stroke, Lung disease and heart disease with urbanisation to plan appropriate health and nutrition intervention strategies.

For this study we need 2 000 subjects whom we can follow for 12 years. The baseline survey will be done from April 2005 to November 2005. The subjects must be from rural as well as urban communities. Therefore, 500 subjects from 4 different levels of urbanisation will be needed. Ganyesa and Tlakgameng were chosen for the rural and semi-rural areas because they are still under tribal law with a good infra structure and stability. We also spoke to Chief M. Letlhogile and the mayor Mr. E. Tladinyane and both gentlemen gave us permission to do the research in these two communities. Ikageng and the informal Ikageng were chosen as they are convenient and near the University. Cllr GG Megalanyane and Cllr Mahesh Roopa are informed about the study.

All the questionnaires will be filled out at your houses by trained research field workers who are from your communities. After a household survey and a family census on most of the households in your community to give us an overview of the total community, 250 men and 250 women from all four sites (Ganyesa, Tlakgameng, Ikageng, and the Informal Ikageng) will be asked to proceed with the study. These subjects should be:

- Older than 35 years
- Healthy – which means that they must not be aware of any disease and do not take any chronic medication.

These 2 000 subjects will be asked to fill out the adult questionnaire, the food frequency questionnaire, the health questionnaire and the physical activity questionnaire. We will also make an appointment with each subject to take some measurements such as weight, height, skinfold thicknesses, ECG (test for heart abnormalities), lung functions, blood pressure, blood glucose, blood samples and a urine sample.

It is very important that we gather quality data and knowledge. Because HIV/AIDS is such a devastating illness and affects almost all aspects of health, it is necessary to know if HIV is absent before we analyse the data. Therefore, we will ask questions about your HIV status which you are allowed not to answer.

It is also very important to us that you feel free to participate in this study and that you understand what the study is all about. The fieldworker will ask you to sign this form after you have read and understood it.

Kind regards

Dr ANNAMARIE KRUGER

Contact details: 082 7715778 / 018 2994037(W) / 018 2907024(H)

Addendum D: Information to communities 2010



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PURE Follow-up Project INFORMATION FORM

Part 1

School/Institute: Faculty of Health Sciences
Title of project/trial: PURE (Prospective Urban and Rural Epidemiology) Follow-up 2008
Full names, surname and qualifications of project leader: Annamarie Kruger,
Ph D (Nutrition)
Full names, surname and qualifications of project co-leader: Carla Fourie, MSc
(Physiology)
Rank/position of project leader: Research Manager

Aim of this project

PURE's aim is that understanding the different lifestyle and health transitions of individuals in response to societal changes will elucidate societal and individual adaptive strategies that could diminish the adverse health effects of industrialization and urbanization on health, while retaining its benefits.

Explanation of the nature of all procedures, including identification of new procedures:

Each participant will have to fill in a number of questionnaires (Annual follow-up and biodiversity questionnaire, diet questionnaire and psycho social questionnaire) with the help of field workers. A blood sample will be taken. Physical measures will be performed, including anthropometric measures (such as weight, height, and waist circumference), blood pressure, PWV measurements and a sonar will be performed.

Description of the nature of discomfort or hazards of probable permanent consequences for the subjects which may be associated with the project:

It will take each participant quite a while (about an hour or more) to complete the questionnaires and discomfort may be experienced with the taking of blood samples. No measures will have permanent damage or consequences for the participants.

Precautions taken to protect the subjects:

The research nurse will be present at all times, and will be responsible for the blood sampling. She is very experienced and has performed these procedures numerous times in previous studies.

Description of the benefits which may be expected from this project:

When measures with immediate results are taken, such as blood glucose levels or blood pressure, the information will be communicated to the individual to seek professional help. Since this study is a longitudinal study, subjects that are high at risk will be identified from the dataset and personal feedback will be given.

Alternative procedures which may be beneficial to the subjects:

There will be tested for HIV/AIDS, therefore pre-test counselling will be given. If the subject wants to know his/her status and he/her tests positive, post counselling will also be given.



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PURE Follow-up Project INFORMATION FORM

Part 2

To the subject signing the consent:

You are invited to participate in a research project. It is important that you read/listen to and understand the following general principles, which apply to all participants in our research project:

- Participation in this project is voluntary.
- It is possible that you personally will not derive any benefit from participation in this project, although the knowledge obtained from the results may be beneficial to other people.
- You will be free to withdraw from the project at any stage without having to explain the reasons for your withdrawal. However, we would like to request that you would rather not withdraw without a thorough consideration of your decision, since it may have an effect on the statistical reliability of the results of the project.
- The nature of the project, possible risk factors, factors which may cause discomfort, the expected benefits to the subjects and the known and the most probable consequences which may follow from your participation in this project, are discussed in Part 1 of this document.
- We encourage you to ask questions at any stage about the project and procedures to the project leader or the personnel, who will readily give more information. They will discuss all procedures with you.
- The University staff will use standardised procedures and take all possible precaution to protect you from risks. We require that you indemnify the University from any liability due to detrimental effects of treatment by University staff or students or other subjects to yourself or anybody else. We also require indemnity from liability of the University regarding any treatment to yourself or another person due to participation in this project, as explained in Part 1. Lastly it is required to abandon any claim against the University regarding treatment of yourself or another person due to participation in this project as described in Part 1.
- If you are married, it is required that your spouse abandon any claims that he/she could have against the University regarding treatment or death of yourself due to the project explained in Part 1.
- All information will be kept CONFIDENTIAL.

Addendum E: Informed consent form 2005-phase 1

PURE-SA Project INFORMED CONSENT FORM (PHASE 1)
--

I, the undersigned(full names)
understand that the only information that will be asked from me is the family census and household questionnaires. I understand that a field worker from the PURE-study will ask me the questions and that all the information gained from me will be kept confidential.

I indemnify the University, also any employee or student of the University, of any liability against myself, which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

.....
(Signature of the subject)

Signed at on

Witnesses

1.

2.

Signed at on

Addendum F: Informed consent form 2005-phase 2

PURE-SA Project INFORMED CONSENT FORM (Phase 2)
--

I, the undersigned(full names) read / listened to the information on the project in PART 1 and PART 2 of this document and I declare that I understand the information. I had the opportunity to discuss aspects of the project with the project leader and I declare that I participate in the project as a volunteer. I hereby give my consent to be a subject in this project.

I agree to be tested for HIV	Yes	No
I want to know my HIV-status	Yes	No
I agree to give a blood sample	Yes	No

I hereby also declare that I am aware that:

1. this blood sample will be used for the purpose of
 - a. Isolating DNA to look at genetic factors that are currently associated with Type 2 Diabetes (i.e. the Calpain10, Adiponectin, Leptin and Leptin Receptor genes), or genetic factors that may be associated with non-communicable diseases in the future. We give the assurance that all genetic tests and experiments will only focus on genotypes suspected to contribute to an increased risk of non-communicable diseases of lifestyle.
 - b. Testing for liver function by determining liver enzymes such as AST, GGT.
 - c. Analyses of other than genetic parameters for Diabetes Mellitus such as HbA_{1c}, Blood glucose and Insulin
 - d. Analyses of clotting factors and hypertension markers
 - e. Analyses of bone health, iron and nutrition status
 - f. And may be stored until such time as the above measurements/analyses will be done.
2. A two hour glucose tolerance test will be done
3. Body measurements such as height, weight, skinfold thicknesses, arm and leg circumferences will be taken
4. Electrocardiograph be taken
5. Blood pressure to be taken
6. Pulse wave velocity measurements will be made
7. A urine sample to be collected to analyse for the presence of heavy metals such as lead and mercury,
8. A Spirometer test to be performed to determine lung function
9. A handgrip test to be performed to test muscle strength
10. A hair sample to be taken to test for fumonisin mycotoxins.

.....
(Signature of the subject)

Signed at ... Potchefstroom / Ganyesa ... (delete not applicable option) on/...../ 2005

Witnesses

1. 2.

Signed at ... Potchefstroom / Ganyesa ... (delete not applicable option) on/...../ 2005

Addendum F (Continued)

PART 1

1. **School/Institute:**
Faculty of Health Sciences, North-West University
2. **Title of project/trial:**
PURE: Prospective Urban and Rural Epidemiological study
3. **Full names, surname and qualifications of project leader:**
Dr. Annamarie Kruger, Ph.D. (Nutrition)
4. **Rank/position of project leader:**
Research Manager
- 5.. **Aim of this project**

PURE's aim is that understanding the different lifestyle and health transitions of individuals in response to societal changes will elucidate societal and individual adaptive strategies that could diminish the adverse health effects of industrialisation and urbanisation on health, while retaining its benefits.
6. **Explanation of the nature of all procedures, including identification of new procedures:**

Each participant will have to fill in a number of questionnaires (Adult questionnaire, Physical activity questionnaire, Food frequency questionnaire, Health questionnaire) with the help of field workers. A blood and urine sample will be taken. Physical measures will be performed, including anthropometric measures (such as weight, height, and waist circumference), blood pressure, lung capacity and lung volume and an ECG will be performed.
7. **Description of the nature of discomfort or hazards of probable permanent consequences for the subjects which may be associated with the project: (Including possible side-effects of and interactions between drugs or radio-active isotopes which may be used.)**

It will take each participant quite a while (about two hours) to complete all the tests and discomfort may be experienced with the taking of blood samples. No measures will have permanent damage or consequences for the participants.
8. **Precautions taken to protect the subjects:**

The research nurse will be present at all times, and will be responsible for the blood sampling. She is very experienced and has performed these procedures numerous times in previous studies.
9. **Description of the benefits which may be expected from this project:**

When measures with immediate results are taken, such as blood glucose levels or blood pressure, the information will be communicated to the individual to seek professional help. Since this study is a longitudinal study, subjects that are high at risk will be identified from the dataset and personal feedback will be given.
10. **Alternative procedures which may be beneficial to the subjects:**

There will be tested for HIV/AIDS, therefore pre-test counselling will be given. If the subject wants to know his/her status and he/she tests positive, post counselling will also be given.

PART 2

To the subject signing the consent:

You are invited to participate in a research project. It is important that you read/listen to and understand the following general principles, which apply to all participants in our research project:

1. Participation in this project is voluntary.
2. It is possible that you personally will not derive any benefit from participation in this project, although the knowledge obtained from the results may be beneficial to other people.
3. You will be free to withdraw from the project at any stage without having to explain the reasons for your withdrawal. However, we would like to request that you would rather not withdraw without a thorough consideration of your decision, since it may have an effect on the statistical reliability of the results of the project.
4. The nature of the project, possible risk factors, factors which may cause discomfort, the expected benefits to the subjects and the known and the most probable permanent consequences which may follow from your participation in this project, are discussed in Part 1 of this document.
5. We encourage you to ask questions at any stage about the project and procedures to the project leader or the personnel, who will readily give more information. They will discuss all procedures with you.
6. The University staff will use standardised procedures and take all possible precaution to protect the subject from risks.
7. All information will be kept CONFIDENTIAL and no personal information will be published without my consent.

Dr ANNAMARIE KRUGER

Contact details: 082 7715778 / 018 2994037(W) / 018 2907024(H)

Addendum G: Informed consent form 2010



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: +27 18 299-1111/2222
Web: <http://www.nwu.ac.za>

PURE Follow-up Project INFORMED CONSENT FORM

I, the undersigned (full names)

read / listened to the information on the project in of this document and I declare that I understand the information. I had the opportunity to discuss aspects of the project and I declare that I participate in the project as a volunteer. I understand that the information that will be asked from me will be anonymous. I understand that a field worker from the PURE-study will ask me the questions and that all the information gained from me will kept confidential. I indemnify the University, also any employee or student of the University, of any liability against myself, which may arise during the course of the project.

I hereby give my consent to be a subject in this project.

I agree to be tested for HIV	Yes	No
I want to know my HIV-status	Yes	No
I agree to give a blood sample	Yes	No

I hereby also declare that I am aware that:

- this blood sample will be used for the purpose of
 - Testing for HIV status
 - Testing for liver function by determining liver enzymes such as AST, GGT,
 - Analyses of other parameters for Diabetes Mellitus such as HbA_{1c}, Blood glucose and Insulin
 - Analyses of clotting factors and other cardiovascular risk markers
 - And may be stored until such time as the above measurements/analyses will be done.
- Body measurements such as height, weight, waist and hip circumferences will be taken
- Blood pressure to be taken
- Pulse wave velocity measurements will be made
- Sonar to be taken from the carotid artery.

.....
(Signature of the subject)

Signed at ... Potchefstroom / Ganyesa ... (delete not applicable option) on/...../ 2008

Witnesses

1. 2.

Signed at ... Potchefstroom / Ganyesa ... (delete not applicable option) on/...../ 2008

Addendum H: Family census questionnaire

PURE/South Africa

We are very grateful to you for your participation in this study. All information given by you will be held in strict confidence, and will be used for the purpose of this study only after removing any personal identifying information.

Family Census Questionnaire

INSTRUCTIONS

Please answer EACH question by marking
an X in ONE BOX on each line:
(unless otherwise instructed)



OR

By writing number(s) in the spaces provided:



OR

By specifying the answer on the line(s) provided

Mar 7, 2005

Family Census Questionnaire Page 1

Centre # Community # Household #

Today's date:

--	--

--	--

--	--

year month day

1. Number of individuals living in the household:

2. For each individual living in the household provide the following:

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

HTN Stroke DM CHD TB Malaria Cancer HIV Injury

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

[illegible]

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

[illegible]

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

[illegible]

Family Census Questionnaire Page 2

Centre # Community # Household #

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

HTN Stroke DM CHD TB Malaria Cancer HIV Injury

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

[illegible]

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

☐	☐	☐	☐	☐	☐	☐	☐	
HTN	Stroke	DM	CHD	TB	Malaria	Cancer	HIV	Injury

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
							☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

[illegible]

PURE**Family Census Questionnaire** Page

Please photocopy as needed

Household ID

Centre # Community # Household #

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
	_____						☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

HTN	Stroke	DM	CHD	TB	Malaria	Cancer	HIV	Injury
☐	☐	☐	☐	☐	☐	☐	☐	☐

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
	_____						☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

HTN	Stroke	DM	CHD	TB	Malaria	Cancer	HIV	Injury
☐	☐	☐	☐	☐	☐	☐	☐	☐

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
	_____						☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

HTN	Stroke	DM	CHD	TB	Malaria	Cancer	HIV	Injury
☐	☐	☐	☐	☐	☐	☐	☐	☐

Household Member #	Name	Age	Relation	Sex	Tobacco use	Education	Consent
	_____						☐ No ☐ Yes

Please indicate all current medical problems (check all that apply)

HTN	Stroke	DM	CHD	TB	Malaria	Cancer	HIV	Injury
☐	☐	☐	☐	☐	☐	☐	☐	☐

Family Census Questionnaire**Cause of Death codes**

1= Heart Attack/ MI

2= Stroke

3= Cancer

4= Accident

5= Other

6= Unknown

PURE**Family Census Questionnaire Page 3**

Household ID

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Centre # Community # Household #

3. Did any individual living in this house, die within the last 2 years? ☐ No → Go to question #4
☐ Yes → Complete below

For any individual who was living in the house and died within the last 2 years:

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

PURE**Family Census Questionnaire Page 4**

Household ID

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Centre # Community # Household #

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name	Age (at death)	Relation	Sex	Tobacco use	Education	Cause of death

						Other (please specify) _____

Indicate medical condition if present in the last 12 months prior to death

HTN Stroke DM CHD TB Malaria Cancer HIV

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Family Census Questionnaire Page 5

Centre # Community # Household #

4. Do you plan on living here for at least 4 more years? ☐ No ☐ Yes

To be eligible the household has to answer "Yes" to question 4

2nd Rescheduling:

20

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--	--

year month day

20
year month day

20
year month day

5. Name of Interviewer: _____
(please print) First Initial Last Name

Interviewer Code:

--	--	--

Page 6

Centre # Community # Household #

Date of Information: 20
year month day

Store contact details locally in patient file

6. Household Head's Name (please print)

Given Names

Last Name _____

Home address: _____
 Apt. No. _____ Street _____ Postal/Zip Code/Box No. _____

Town/City

Province/State

Country

Tel.: Home _____ Work _____

7. Work address: _____
 Apt. No. _____ Street _____ Postal/Zip Code/Box No. _____

Town/City

Province/State

Country

8. Contact Person #1 (close family member or friend not living in the same household)

First Name

Last Name

Apt. No.

Street

Postal/Zip Code/Box No.

Town/City

Province/State

Country

Tel.: Home _____ Work _____

9. Contact Person #2 (close family member or friend not living in the same household)

First Name

Last Name

Apt. No. _____

Street

Postal/Zip Code/Box No.

Town/City

Province/State

Country

Tel.: Home _____ Work _____

Addendum I: Household questionnaire**PURE/South Africa**

To be completed by a knowledgeable household member

We are very grateful to you for your participation in this study. All information given by you will be held in strict confidence, and will be used for the purpose of this study only after removing any personal identifying information.

Household Questionnaire

INSTRUCTIONS

Please answer EACH question by marking
an X in ONE BOX on each line:
(unless otherwise instructed)



OR

By writing number(s) in the spaces provided:



OR

By specifying the answer on the line(s) provided

Feb 16, 2005

Household Questionnaire

Household income

5a) For income document only gross income (the entire amount of income before any deductions are made) for employed subjects.

PURE

Household Questionnaire

Page 1

Household ID

Centre # Community # Household #

Subject
 Initials
 F M L

Type of House

Today's date:
 year month day

1. Type of roof on the main house (check one only)

☐ Thatch ☐ Tiles ☐ Reinforced concrete ☐ Slate ☐ Fibrocement sheets/carton sheets
☐ Galvanized iron sheets ☐ Asbestos sheets ☐ Other _____

2 a) Does the house have electricity? ☐ No ☐ Yes

b) Primary fuel used for cooking (check one only)

☐ Kerosene ☐ Charcoal ☐ Coal ☐ Gas ☐ Wood ☐ Agriculture/crop
☐ Electricity ☐ Animal dung ☐ Shrub/grass ☐ Other _____

c) Primary heating source during the cold/rainy season (check one only)

☐ Coal open fire ☐ Wood open fire ☐ Gas furnace ☐ Portable heater
☐ None ☐ Electricity ☐ Other _____

Water Facilities

3. Primary drinking water source (check one only)

☐ Household well ☐ Community well ☐ Bore well ☐ Hand pump ☐ Collected rain water
☐ Artificial tank ☐ Natural lake ☐ River ☐ Piped water ☐ Bottled/package water

Labour and Time Saving Devices

4. Does the household own any of the following? (check all that apply)

☐ Moped/motorbike ☐ Car/jeep → # owned ☐ Other four-wheeler/tractor ☐ Bicycle
☐ Livestock cart ☐ Computer → # owned ☐ Washing machine ☐ Kitchen mixer
☐ Refrigerator ☐ TV → # owned ☐ Stereo/transistor radio ☐ Telephone

Household Questionnaire

Subject Initials- F= first letter of first name
M= first letter of middle name
L= first letter of last name

Household ID
Centre # Community # Household #
Subject Initials F M L

Household Income

5 a) Current average monthly household income:

b) How much money is spent in one month on food for the entire household?

6 a) Does the household own any cultivable land? No Yes (answer 6b, c)

b) How much cultivable land does the household own?: acres hectares Sq meters

8. Name of Interviewer: First Initial Last Name Interviewer Code:

Addendum J: Adult questionnaire

PURE/South Africa

We are very grateful to you for your participation in this study. All information given by you will be held in strict confidence, and will be used for the purpose of this study only after removing any personal identifying information.

Adult Questionnaire

INSTRUCTIONS

Please answer EACH question by marking an X in ONE BOX on each line:
(unless otherwise instructed)



OR

By writing number(s) in the spaces provided:



OR

By specifying the answer on the line(s) provided

April 28, 2005

Adult Questionnaire

Subject Initials- F= first letter of first name
M= first letter of middle name
L= first letter of last name

3. National I.D#

If not applicable please mark the N/A box

Ethnicity Codes

- 01 - South Asian (India, Sri Lanka, Pakistan, Bangladesh)
- 02 - Chinese (China, Hong Kong, Taiwan)
- 03 - Japanese
- 04 - Malays
- 05 - Other Asian (Korea, Malaysia, Papua New Guinea, Thailand, Philippines, Indonesia, Nepal, Vietnam, Cambodia, Laos, Myanmar/Burma, Bhutan, Singapore)
- 06 - Persian
- 07 - Arab
- 08 - Black African
- 09 - Coloured African (Subsaharan African only)
- 10 - European
- 11 - Native North/South American or Australian Aborigine
- 12 - Latin American (Latino)
- 13 - Bantu/Semi Bantu
- 14 - Hemitic/Semi Hemitic
- 15 - Nilotic/Hausa
- 16 - Pygmie
- 17 - Swahili
- 18 - Other (any other ethnoracial group not listed above)

PURE**Adult Questionnaire****Page 1****Subject ID**

Centre # Community# Household # Subject #

Subject Initials

F M L

Today's date:

year month day

1. Name: _____

Given name Surname

2. Not applicable in South Africa

3. National identity # or equivalent: _____ **N/A** ☐

4. DOB: **OR** **Age** **yrs**

year month day

5. Sex: ☐ Female ☐ Male

6. Marital status: (check one only)

☐ Never married ☐ Currently married ☐ Common law/Living with partner
☐ Widowed ☐ Separated ☐ Divorced

7. Ethnicity: → (Please refer to facing page for codes)

8. Caste/Tribe: _____

9. What level of formal education have you completed? (check highest level only):

- ☐ None
☐ Primary
☐ Secondary/highschool/higher secondary
☐ Trade School
☐ College/University
☐ Unknown

Adult Questionnaire**11. Occupation****Group 1: Legislators, senior officials and managers**

Legislators and senior officials
 Corporate managers
 General managers
 Businessman

Group 2: Professionals

Physical, mathematical and engineering science professionals
 Life science and health professionals
 Teaching professionals
 Other professionals

Group 3: Technicians and associate professionals

Physical, mathematical and engineering-
 science associate professionals/technicians
 Life science and health associate professionals/technicians
 Teaching associate professionals/technicians
 Other associate professionals/technicians

Group 4: Clerks

Clerks
 Customer service clerks

Group 5: Service workers and shop and market sales workers

Personal and protective services workers
 Models, salespersons and demonstrators

Group 6: Skilled agricultural and fishery workers

Market-oriented skilled agricultural and fishery workers
 Subsistence agricultural and fishery workers

Group 7: Craft and related trade workers

Extraction and building trade workers
 Metal, machinery and related trades workers
 Precision, handcraft, printing and
 related trades workers
 Other craft and related trades workers

Group 8: Plant and machine operators and assemblers

Stationary plant and related operators
 Machine operators and assemblers
 Drivers and mobile plant operators

Group 9: Elementary occupations

Sales and services elementary occupations
 Agricultural, fishery and related labourers
 Labourers in mining, construction,
 manufacturing and transport

Group 10: Armed forces

Armed forces

Group 11: Homemaker

Housewife/Househusband

PURE

Adult Questionnaire

Page 2

Subject ID

Centre # Community# Household # Subject #

Subject
 Initials
 F M L

10. Not applicable in South Africa

11a) Not applicable in South Africa

b) Please indicate which group best describes your main occupation.

(Please refer to facing page for definitions of groups and instruction manual for detailed definitions)

☐ Group 1 ☐ Group 2 ☐ Group 3 ☐ Group 4 ☐ Group 5
☐ Group 6 ☐ Group 7 ☐ Group 8 ☐ Group 9 ☐ Group 10 ☐ Group 11

c) Not applicable in South Africa

d) What is your main source of income? _____

If occupation is group 11 (homemaker) go to question 13

12. Are you currently employed?

☐ No → (answer 12a - 12b) ☐ Yes → Go to #13
a) Are you retired/stopped work from your primary occupation due to old age? ☐ No ☐ Yesb) Have you stopped working due to illness? ☐ No ☐ Yes

PURE

Adult Questionnaire

Page 3

Subject ID

Centre # Community# Household # Subject #

Subject
 Initials
 F M L

13. CURRENT DISABILITY:

	No	Yes
a) Do you have any problems using your fingers to grasp or handle?	☐	☐
b) Do you have any trouble walking about?	☐	☐
c) Do you have any trouble bending down and picking up an object from the floor?	☐	☐
d) Do you require a walking stick cane/walker to move about?	☐	☐
e) Do you have any trouble reading or seeing the individual grains of rice/corn on your plate? (with glasses worn)	☐	☐
f) Do you have trouble seeing a person from across the room? (12 feet/3.5 meters) (with glasses worn)	☐	☐
g) Do you have trouble speaking and being understood?	☐	☐
h) Do you have any trouble hearing what is said in a normal conversation?	☐	☐

Subject Medical History

14. Have you experienced any of the following in the last six months?

	No	Yes		No	Yes
a) Chest pain or tightness with usual activity	☐	☐	i) Vomiting	☐	☐
If Yes, → does the pain spread to the back, neck or inner border of arm	☐	☐	j) Loss of appetite	☐	☐
b) Breathlessness with usual activity	☐	☐	k) Painful or bleeding teeth/gums	☐	☐
c) Cough for at least 2 weeks	☐	☐	l) Jaundice	☐	☐
d) Any sputum while coughing	☐	☐	m) Burning while passing urine	☐	☐
e) Blood in sputum	☐	☐	n) Swelling of feet	☐	☐
f) Wheezing or whistling in the chest	☐	☐	o) Swelling of face	☐	☐
g) Early morning cough with chest tightness	☐	☐	p) Blood in urine	☐	☐
h) Loose stools/diarrhea for at least 3 days	☐	☐	q) Involuntary weight loss of > 3kg	☐	☐

15. Not applicable in South Africa

16a) Do you use glasses/spectacles/contact lenses at present? No ☐ Yes ☐b) Do you use a hearing aid? No ☐ Yes ☐

Adult Questionnaire

Cancer Sites

- 1= Mouth
- 2= Esophagus
- 3= Stomach
- 4= Small intestine
- 5= Large intestine including rectum
- 6= Pancreas
- 7= Liver
- 8= Lung
- 9= Breast
- 10= Cervical/uterine/ovarian
- 11= Prostate
- 12= Head and neck
- 13= Other, specify

PURE

Adult Questionnaire

Page 4

Subject ID

Centre # Community# Household # Subject #

Subject
 Initials
 F M L

17. Have you ever been diagnosed with any of the following?(check all that apply)

	No	Yes	#of yrs since diagnosis		No	Yes	#of yrs since diagnosis
a) Diabetes	☐	☐		i) COPD	☐	☐	
b) Hypertension/ high blood pressure	☐	☐		j) Asthma	☐	☐	
c) Stroke	☐	☐		k) Tuberculosis	☐	☐	
d) Angina/heart attack/ Coronary artery disease	☐	☐		l) Malaria	☐	☐	
e) Heart failure	☐	☐		m) Chagas	☐	☐	
f) Other heart disease	☐	☐		n) HIV/AIDS	☐	☐	
h) Hepatitis/Jaundice	☐	☐		Not answered	☐	☐	
g) Cancer	☐	☐					

Please refer to facing page for cancer sites
 site other, specify

18. Have you been taking any medications regularly (ie. at least once per week) in the last month? ☐ No → go to 19 ☐ Yes

a) If yes, for what conditions:

	No	Yes
Blood pressure	☐	☐
Cholesterol lowering drugs	☐	☐
Stroke	☐	☐
Diabetes	☐	☐
Asthma	☐	☐
Chinese medicine	☐	☐
Others	☐	☐
Unknown	☐	☐

→ If Yes, specify _____

Adult Questionnaire

18b) If name of medication is unknown, please list as unknown.

PURE

Adult Questionnaire

Page 5

Subject ID

Centre # Community# Household # Subject #

Subject
 Initials
 F M L

18b) List all the medications you are currently consuming at least once a week for the last month?

- i) _____ ii) _____
 iii) _____ iv) _____
 v) _____ vi) _____
 vii) _____ viii) _____

Men go to question #23

For Women Only (Questions 19 - 22)

19. Are you currently pregnant ? ☐ No ☐ Yes → Go to #21

20. Do you still have periods? ☐ No → (answer 20a) ☐ Yes → Go to #21

a) How many years since you stopped menstruating? years

21. Have you ever used an oral/ injectable contraceptive? ☐ No ☐ Yes

22a) How many live children have you given birth to? Boys Girls

b) Did you breast feed any of your children? ☐ No ☐ Yes

Adult Questionnaire

23. Accidents and Injuries

Location of Injury

- 1= Factory/industrial place
- 2= Office
- 3= Agriculture field/farm
- 4= Home
- 5= Road
- 6= Sport/game e.g. track, court, field, etc.
- 7= Public building
- 8= Mine/quarry
- 9= Construction site e.g. building, road-works, etc.
- 10 = Other

Type of Injury

- 1= Burns
- 2= Scalds
- 3= Fractures
- 4= Muscle and ligament sprains/tears
- 5= Cuts and lacerations
- 6= Bruises and abrasions
- 7= Suffocation
- 8= Head injury (where person did not lose consciousness)
- 9= Head injury (where person lost consciousness for some time)

PURE

Adult Questionnaire

Page 6

Subject ID

Centre # Community# Household # Subject #

Subject
 Initials
 F M L

23. During the past 12 months, have you had any injuries that were serious enough to limit your normal activities? (check all that apply)

☐ No → Go to #24 ☐ Yes → (answer 23a - 23s)

If yes, please provide details:

Please refer to facing page for Location and Type Codes
 Absence from work or usual activities (Days)

Cause of injury			Location	Type	Absence from work or usual activities (Days)
a) Motor vehicle accident (as a passenger)	☐ No ☐ Yes	→			
b) Motor vehicle accident (as a pedestrian)	☐ No ☐ Yes	→			
c) Struck by an object	☐ No ☐ Yes	→			
d) Explosion	☐ No ☐ Yes	→			
e) Natural/environmental factors (gales/cyclones/lightning, etc.)	☐ No ☐ Yes	→			
f) Suffocation	☐ No ☐ Yes	→			
g) Poisoning	☐ No ☐ Yes	→			
h) Snake/scorpion bite	☐ No ☐ Yes	→			
i) Fall	☐ No ☐ Yes	→			
j) Fire/flames, resultant fumes	☐ No ☐ Yes	→			
k) Physical assault (gun, kidnapping, etc.)/violent crime	☐ No ☐ Yes	→			
l) Domestic violence (beaten by a family member)	☐ No ☐ Yes	→			
m) Drowning/submersion	☐ No ☐ Yes	→			
n) Hot or corrosive liquids/floods/substances	☐ No ☐ Yes	→			
o) Crush injuries (boulders, building materials, etc.)	☐ No ☐ Yes	→			
p) Accident caused by machinery	☐ No ☐ Yes	→			
q) Attempted suicide	☐ No ☐ Yes	→			
r) Armed conflict	☐ No ☐ Yes	→			
s) Other(specify) _____	☐ No ☐ Yes	→			

Adult Questionnaire

Location of Fractures

- 1= Hip/pelvis
2= Thigh
3= Leg
4= Forearm
5= Wrist
6= Hand/finger
7= Vertebrae (back)
8= Other

Fractures: In situations where subjects are in a cast and cannot differentiate between ligament tear or fracture, include as fracture only if doctor confirmed it as a broken bone

25c) Tobacco: Regular use is defined as consuming at least one tobacco product per day.

Duration of use:

For those that have consumed tobacco for <1 year, please enter "0"

PURE

Adult Questionnaire

Page 7

Subject ID

Centre # Community# Household # Subject #

Subject Initials F M L

24. Have you ever fractured a bone? ☐ No (go to #25) ☐ Yes (if yes, answer a),b) and c)

- a) Number of fractures
b) Years since last fracture (yrs)
c) Bone (s) broken in the most recent fracture(if more than 3, list most severe sites) (location) If other, specify
Please refer to facing page for fracture locations

Tobacco

25. Which best describes your history of tobacco use?

- a) ☐ Formerly used tobacco products ☐ Currently use tobacco products ☐ Never used tobacco products → Go to #26

b) At what age did you start? yrs

c) Have you ever regularly used any of the following tobacco products? (check all that apply)

	Average amount/day	Duration (years)	When Stopped (years ago)	If less than 1 yr (months ago)
(i) Cigarettes (all kinds)	number			
(ii) Beedies	number			
(iii) Cigars	number			
(iv) Pipes	number			
(v) Sheesha/water pipe Hookah	# of times			
(vi) Chewing tobacco	# of times			
(vii) Snuff	# of times			

(x) Other

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Question 26 to be answered by non-smokers and former smokers only

26. During the past 12 months, have you been regularly (at least once per week) exposed to other people's tobacco smoke?
("Exposed" is defined as a minimum of 5 consecutive minutes, during which you inhale other people's smoke.)

☐ No

→ Go to #27

☐ Yes

→ Please answer questions 26a

a) Over the past 12 months, what has been your typical exposure to other peoples smoke?
("Exposed" is defined as a minimum of 5 consecutive minutes, during which you inhale other peoples smoke)

Select ONE only

☐ 1-2 times/week

☐ 3-6 times/week

☐ at least once a day

☐ 2-3 times/day

☐ 4 or more times/day

27. Not applicable in South Africa

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28c) Alcoholic Beverage: Regular use is defined as at least once a month.

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28. Which best describes your history of alcohol use?

a) ☐ Formerly used alcohol products ☐ Currently use alcohol products ☐ Never used alcohol products → Go to #29

b) At what age did you start? yrs

c) What forms of alcohol have you regularly used? (check all that apply)

Form of Alcohol	Approx. size of one "drink"	Frequency			Average # of drinks	Duration (years)	Past users only When Stopped (years ago)
		Daily	Weekly	Monthly			
(i) Spirits(rum,whisky, gin,vodka etc)	30ml	☐	☐	☐			
(ii) Wine	125ml	☐	☐	☐			

(vi) Beer	375ml	☐	☐	☐			
(vii) Country liquor/arrack/sugar cane spirit	30ml	☐	☐	☐			

d) At least once a month, do you consume >5 alcoholic drinks/day? ☐ No → Go to #29 ☐ Yes

↓ If yes,(i,ii)

i) How many times per month do you consume >5 alcoholic drinks in a day?

ii) What is the average number of drinks that you consume each time?

29 a) During your longest or nocturnal sleep period, what time do you normally go to bed? :
(00:00-23:59)

b) During your longest or nocturnal sleep period, what time do you normally wake up? :
(00:00-23:59)

c) Do you usually take naps/siestas? ☐ No ☐ Yes → Total nap duration → mins

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33. Civic organization: are defined as non-profit, voluntary organization societies, self help groups and clubs.

Religious organization: are defined as different types of formal and informal groups set up on a religious basis.

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30. Are you a member of any of the following:

How often do you participate in the activities of this group?

Per Month OR Per Year

- (i) Self help group, Co-operative, Social club, Sports club, ☐ No ☐ Yes →
- (ii) Religious Group (e.g: church group, etc.) ☐ No ☐ Yes →
- (iii) Other Specify ☐ No ☐ Yes →

31. Please answer the following: (choose only one option for each)

- | | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (i) People are generally honest and want to help others. | ☐ | ☐ | ☐ | ☐ | ☐ |
| (ii) If I do nice things for someone, I can anticipate that they will respect me and treat me just as well as I treat them. | ☐ | ☐ | ☐ | ☐ | ☐ |
- 32a) The television, radio, newspaper or magazine advertisements help me decide to buy the type of: (choose only one option for each)
- | | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (i) Cooking oil | ☐ | ☐ | ☐ | ☐ | ☐ |
| (ii) Flour | ☐ | ☐ | ☐ | ☐ | ☐ |
| (iii) Rice/ Maize meal | ☐ | ☐ | ☐ | ☐ | ☐ |

b) The television, radio, newspaper or magazine advertisements influence whether I buy: (choose only one option for each)

- | | | | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (i) Soft drinks | ☐ | ☐ | ☐ | ☐ | ☐ |
| (ii) Snacks | ☐ | ☐ | ☐ | ☐ | ☐ |
| (iii) Cigarettes | ☐ | ☐ | ☐ | ☐ | ☐ |
| (iv) Alcohol | ☐ | ☐ | ☐ | ☐ | ☐ |

33. In a difficult situation, whose help can you count on from?(Please see facing page for definitions)

(i) Civic organizations: specify _____

☐ none ☐ little ☐ moderate/average ☐ a great deal

(ii) Religious organizations: specify _____

☐ none ☐ little ☐ moderate/average ☐ a great deal

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34. Have you experienced any of the following events during the last 12 months?

- | | No response | No | Yes |
|---|--------------------------|--------------------------|---|
| (i) Loss of job | ☐ | ☐ | ☐ |
| (ii) Retirement | ☐ | ☐ | ☐ |
| (iii) Loss of crop/business failure | ☐ | ☐ | ☐ |
| (iv) Household break in | ☐ | ☐ | ☐ |
| (v) Marital separation/divorce | ☐ | ☐ | ☐ |
| (vi) Other major intra-family conflict | ☐ | ☐ | ☐ → Please specify _____ |
| (vii) Major personal injury or illness | ☐ | ☐ | ☐ |
| (viii) Violence | ☐ | ☐ | ☐ |
| (ix) Armed conflict/war | ☐ | ☐ | ☐ |
| (x) Death of a spouse | ☐ | ☐ | ☐ |
| (xi) Death/major illness of another close family member | ☐ | ☐ | ☐ |
| (xii) Other major stress | ☐ | ☐ | ☐ → Please specify _____ |
| (xiii) Wedding of family member | ☐ | ☐ | ☐ |
| (xiv) New job | ☐ | ☐ | ☐ |
| (xv) Birth in the family | ☐ | ☐ | ☐ |
| (xvi) Separation from family | ☐ | ☐ | ☐ |
| (xvii) Unavailability of food/ food insecurity | ☐ | ☐ | ☐ |

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35. Please answer the following: (Choose only one option for each)

For the following question, stress is defined as feeling irritable or filled with anxiety, or as having sleeping difficulties as a result of conditions at work or at home.

- | | No
response | Never
Experienced
Stress | Some
Period
of Stress | Several
Periods
of Stress | Permanent
Stress |
|---|--------------------------|--------------------------------|-----------------------------|---------------------------------|--------------------------|
| a) How often have you felt stress at work in the last 12 months?
(Mark here if not applicable: i.e. no longer working ☐) | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) How often have you felt stress at home in the last 12 months? | ☐ | ☐ | ☐ | ☐ | ☐ |

36. What level of financial stress have you felt in the last 12 months?

☐ No response ☐ Little/none ☐ Moderate ☐ High/severe

37. During the past twelve months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

☐ No ☐ Yes → If yes, during those times, did you:

- | | No
response | No | Yes |
|--|--------------------------|--------------------------|--------------------------|
| a) Lose interest in most things like hobbies, work or activities that usually give you pleasure? | ☐ | ☐ | ☐ |
| b) Feel tired or low on energy? | ☐ | ☐ | ☐ |
| c) Gain or lose weight? | ☐ | ☐ | ☐ |
| d) Have more trouble falling asleep than you usually do? | ☐ | ☐ | ☐ |
| e) Have more trouble concentrating than usual? | ☐ | ☐ | ☐ |
| f) Think a lot about death (either your own, someone else's, or death in general) | ☐ | ☐ | ☐ |
| g) Feel down on yourself, no good or worthless? | ☐ | ☐ | ☐ |

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38. Please answer the following: (Choose only one option for each)

- | | Strongly
Disagree | Somewhat
Disagree | Somewhat
Agree | Strongly
Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) I can do most of my regular shopping (food, household necessities, etc.) at stores within easy walking distance (less than 15 minutes) of my home. | ☐ | ☐ | ☐ | ☐ |
| b) Walking or bicycling in my neighbourhood is difficult because of the speed and/or amount of traffic. | ☐ | ☐ | ☐ | ☐ |
| c) My neighbourhood is generally free from pollution (litter, air pollution and noise pollution). | ☐ | ☐ | ☐ | ☐ |
| d) My neighbourhood streets are well lit at night. | ☐ | ☐ | ☐ | ☐ |
| e) I can see other people when I am walking in my neighbourhood. | ☐ | ☐ | ☐ | ☐ |
| f) I can speak to other people when I am walking in my neighbourhood. | ☐ | ☐ | ☐ | ☐ |
| g) There is a high crime rate in my neighbourhood. | ☐ | ☐ | ☐ | ☐ |
| h) There is a problem with unattended dogs in my neighbourhood. | ☐ | ☐ | ☐ | ☐ |

PURE**Adult Questionnaire****Page 14****Subject ID**

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38a) Please answer the following: (Please check all that apply)

i) Has your household been a victim of the following crime(s) in the last 12 months?

	No	Yes
1. Armed robbery	☐	☐
2. Violent attacks	☐	☐
3. Murder	☐	☐
4. Vehicle hijacking	☐	☐
5. House breaking	☐	☐
6. Theft	☐	☐
7. Rape	☐	☐
8. Women abuse eg. (beat,swear-words,sexual) please specify _____	☐	☐
9. Child abuse eg. (burn,swear-words,rejection) please specify _____	☐	☐
10. Child sexual abuse	☐	☐
11. Other, please specify _____	☐	☐

ii) Do you think that crime in your area has increased in the past 5 years? ☐ No ☐ Yes

if yes, which of the following crime(s)?

- ☐ Armed robbery
☐ Violent attacks
☐ Murder
☐ Vehicle hijacking
☐ House breaking
☐ Theft
☐ Rape
☐ Women abuse
☐ Child abuse
☐ Child sexual abuse
☐ Other, please specify _____

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38b) Questions on HIV:

i) Do you know people who have HIV/AIDS? ☐ No ☐ Yes

if yes, which of these people: (please mark all that apply)

- ☐ Your children
☐ Your grandchildren
☐ Your spouse
☐ Your family members
☐ Your friends
☐ People in the community

ii) What would you consider the mean age of the people who are ill/have died of HIV/AIDS?

- ☐ Younger than 10 years ☐ Between 11-20 years ☐ Between 21-30 years
☐ Between 31-40 years ☐ Between 41-50 years ☐ Over 50 years

iii) If someone in your household is HIV positive, who is the primary caregiver?

- ☐ Spouse
☐ Parents
☐ Family member
☐ Child/children
☐ Friends
☐ Volunteer

38c) Do you care for any orphans in your family? ☐ No ☐ Yes

Adult Questionnaire

40b) Health History:

Cancer Sites

- 1= Mouth
- 2= Esophagus
- 3= Stomach
- 4= Small intestine
- 5= Large intestine including rectum
- 6= Pancreas
- 7= Liver
- 8= Lung
- 9= Breast
- 10= Cervical/uterine/ovarian
- 11= Prostate
- 12= Head and neck
- 13= Other, specify

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39. How long would it take you to get from your house to the nearest facility if you walked?

	Minutes	Don't know		Minutes	Don't know
i) grocery/convenience store		☐	iv) video store		☐
ii) bank		☐	v) non-fast food restaurant		☐
iii) post office		☐	vi) fast food restaurant		☐

40a) Total number of siblings

b) Health History: Complete for all parents and siblings, alive or dead

	Father			Mother			Siblings			# of siblings with the condition
	Unknown	No	Yes	Unknown	No	Yes	Unknown	No	Yes	
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐	☐	If yes →
Coronary Heart Disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	
High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Please refer to facing page for cancer sites if Yes, indicate site										
	Other, Specify			Other, Specify			Other, Specify			

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If subject refuses to provide any of the measures, enter a value of "0" into each of the boxes for that question

For more detailed instructions please refer to the instruction manual

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41. Physical Measurements

Sitting
a) Right arm blood pressure #1 mmHg
Systolic Diastolic
#2 mmHg
Systolic Diastolic

b) Heart Rate #1 beats/min
#2 beats/min

c) Waist #1 cm ☐ minimal/no clothing
#2 cm ☐ full clothing

d) Weight kg ☐ minimal/no clothing
☐ full clothing

e) Hip #1 cm ☐ minimal/no clothing
#2 cm ☐ full clothing

f) Height cm (without shoes)

42a) Circumference of mid upper right arm: cm

b) Circumference of right calf: cm

c) Head Circumference: cm

d) Upper flexed arm circumference cm

43a) Right arm triceps skinfold: #1 mm
#2 mm
#3 mm

b) Right calf skinfold: #1 mm
#2 mm
#3 mm

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c) Biceps skinfold #1 . mm
 #2 . mm
 #3 mm
 d) Subscapular skinfold #1 . mm
 #2 . mm
 #3 mm

e) Supra spinal skinfolds #1 . mm
 #2 . mm
 #3 mm

44 a) Humerous breadth . cm

b) Femur breadth . cm

45. Grip Strength (Maximal contraction):

a) Non-dominant hand: #1 kg.
 #2 kg.
 #3 kg.
 b) Dominant hand: #1 kg.
 #2 kg.
 #3 kg.

Adult Questionnaire

If subject refuses to provide any of the measures, enter a value of "0" into each of the boxes for that question

For more detailed instructions please refer to the instruction manual

46. Spirometry:

American Thoracic Society criteria for acceptable spirograms:
 Spirograms are acceptable if they are free from:

1. Cough during exhalation
2. Early termination or cut-off
3. Variable effort
4. Leaks
5. Obstructed mouth piece

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46. Spirometry:

a) FEV1 (Litre): #1 . #2 . #3 .

b) Does FEV1 obtained meet ATS criteria?

☐ No → (answer (i) to (iii)) ☐ Yes → Go to c)

Reasons for not meeting the ATS criteria: (check all that apply)

- i) Cough ☐
 ii) Values not within 0.2L of each other ☐
 iii) Less than 3 values ☐

c) FVC (Litre): #1 . #2 . #3 .

d) Does FVC obtained meet ATS criteria?

☐ No → (answer (i) to (iii)) ☐ Yes → Go to e)

Reasons for not meeting the ATS criteria: (check all that apply)

- i) Cough ☐
 ii) Values not within 0.2L of each other ☐
 iii) Less than 3 values ☐

e) PEFR (Litre/min): #1 #2 #3

f) Does PEFR obtained meet ATS criteria?

☐ No → (answer (i) to (ii)) ☐ Yes → Go to Q#47

Reasons for not meeting the ATS criteria: (check all that apply)

- i) Cough ☐
 ii) Less than 3 values ☐

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47. Not applicable in South Africa

48. ECG obtained? No ☐ → Go to #49 Yes ☐

a) 2 0
 year month day → Place ECG :File Label Here

b) Please print ECG label #:

49 a) Blood sample obtained? No ☐ → Go to #50 Yes ☐

b) ☐ Fasting sample ☐ Non-fasting sample

c) 2 0 Time . : . → Hours since any food/beverage consumed (excluding water) . .
 year month day (00:00-23:59)

d) Please print Blood label #:
 Place Blood label here

50 a) Urine sample obtained? No ☐ → Go to #51 Yes ☐

b) ☐ Fasting sample ☐ Non-fasting sample

c) Please print Urine label #:
 Place Urine label here

51. Name of Interviewer: (please print) First Initial Last Name Interviewer Code: . . .

In addition the following pages were added to the 2010 adult questionnaire

Attitudes on HIV/AIDS

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39. Mark each answer with a X

J.1	Imagine that a hospital has only one free bed left, and two people with pneumonia need it. The one person is infected with HIV; the other is not infected with HIV. Who should get the bed?	1 2 3 9	The HIV positive person The HIV negative person It depends / other Don't know
-----	---	------------------	--

Please respond to the following questions by answering "Yes" or "No".

If you are not sure, choose the "Probably Yes" or "Probably No" response.

If you are quite sure, Choose the "Definitely Yes" or "Definitely No" response.

		Definitely yes 1	Probably yes 2	Probably no 3	Definitely no 4	Don't Know 9
J.2	Do you think the government should provide free health care for people who need it?					
J.3	Do you think the government should provide free health care for people with AIDS?					
J.4	Would it be a good idea for the government to give job training to unemployed young people?					
J.5	Should youth who are infected with HIV get this job training?					
J.6	Should all people who are too sick to work get a welfare grant from the government?					
J.7	Should someone with AIDS who is too sick to work get a welfare grant from the government?					
J.8	Should a woman who got AIDS from sleeping around with many men get this welfare grant from the government?					
J.9	Would you be willing to look after a close family member with AIDS?					
J.10	Imagine that you find out that one of your friends is HIV infected. Would you still be friends with them?					
J.11	Would you drink from the same bottle of water as an HIV infected friend?					
J.12	If you knew that a shopkeeper had HIV/AIDS, would you buy fresh vegetables from him or her?					
J.13	Do you think it should be illegal for people with HIV/AIDS to put others at risk of infection through unprotected sex?					
J.14	Do you think people with HIV/AIDS should have to disclose their HIV status to the person they are going to have sex with even if they use a condom?					

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		Definitely yes 1	Probably yes 2	Probably no 3	Definitely no 4	Don't Know 9
J.15	Imagine you meet someone you really like and he/she tells you that he/she is HIV positive, would you still go out on a "date" with him/her?					
J.16	If you loved an HIV positive person, would you have sex with them using a condom?					
J.17	Would you prefer to know who has HIV/AIDS in your community so that you can be careful not to get infected by them?					
J.18	Do you worry that HIV is much easier to catch than we are told?					
J.19	Would you rather not touch someone with HIV/AIDS because you are scared of infection?					
J.20	Do you think the names of people with HIV/AIDS should be made public?					
J.21	Do you think HIV/AIDS is a punishment for sleeping around?					
J.22	Do you think that a school pupil with HIV puts other pupils in their class at risk of infection?					
J.23	Do you think a school pupil with HIV should be allowed to attend school?					
J.24	Do you think that many people who get HIV infected through sex have only themselves to blame?					
J.25	Do you think that some people with HIV/AIDS want to infect other people with the virus?					
J.26	When you hear the word "AIDS" what community or group of people first comes to mind					
Tick only one						
J.27	Between a rich and a poor person: Who is more likely to get HIV/AIDS?	1	A rich person			
		2	A poor person			
		3	Neither / the same			
		9	Don't know			
J.28	Between a black and a white person: Who is more likely to get HIV/AIDS?	1	A black person			
		2	A white person			
		3	Neither / the same / both			
		9	Don't know			
J.29	Between a man and a woman: Who is more likely to get HIV/AIDS?	1	A man			
		2	A woman			
		3	Neither / the same / both			
		9	Don't know			

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		Tick only one		
J.30	<i>I am not going to ask you to tell me your result but: Have you ever had an HIV test?</i>	1	Yes	
		2	No	
		8	Refuse	
		9	Don't know	
J.31	Have you heard of any HIV positive people in this area?	1	Yes	
		2	No	
		9	Don't know	
J.32	Do you think people with HIV/AIDS often get treated unfairly or badly by others?	1	Yes	
		2	No	
		9	Don't know	
J.33	Have you met any HIV positive people yourself?	1	Yes	
		2	No	Skip to J.35
		9	Don't know	
J.34	If yes: What is your relationship with this person or people? Interviewer: do not read list. You can tick more than one	1	Partner (Husband/wife, boyfriend, girlfriend)	
		2	Sister/brother	
		3	Parent	
		4	Other relative	
		5	Friend	
		6	Neighbour	
		7	Classmate	
		8	Colleague at work/	
		9	Other / none of the above	
		10.	Refuse to answer	
J.35	If you knew you were infected with the HIV virus, would you keep it a secret from most people?	1	Yes	
		2	No	
		9	Don't know	
J.36	If you told someone, who would you tell? Interviewer: do not read list; multi-mentions possible You can tick more than one	1	Partner (Husband/wife, boyfriend, girlfriend)	
		2	Sister/brother	
		3	Parent	
		4	Other relative	
		5	Friend	
		6	Neighbour	
		7	Priest / someone in my church	
		8	School teacher	
		10	Anyone	
		11	Other	
		99	Don't know	
J.37	In your opinion, how at risk are you of HIV infection? Interviewer: read list Tick only one	1	No risk	
		2	Very small risk	
		3	Some risk	
		4	Great risk	
		9	Don't know	

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J.38	Imagine you had unprotected sex yesterday. Would you be more afraid of pregnancy or of infection with HIV? Interviewer: do not read list Tick only one	1	More afraid of pregnancy	
		2	More afraid of HIV infection	
		3	Afraid of both pregnancy and infection	
		4.	Afraid of neither	
		9	Don't know	
J.39	Who do you think is more likely to get HIV: someone with <u>one</u> sexual partner who does <u>not</u> use condoms or someone with <u>many</u> partners who <u>always</u> uses condoms? Interviewer: Tick only one	1	A person with one partner who does not use condoms.	
		2	A person with many partners who always uses condoms.	
		3	They are at equal risk	
		9	Don't Know	

Adult Questionnaire

40. Cause of death

- 1= Heart disease
2= Stroke
3= TB
4= Cancer
5= HIV
6= Injury
7= Other
8= Unknown

Cancer Sites

- 1= Mouth
2= Esophagus
3= Stomach
4= Small intestine
5= Large intestine including rectum
6= Pancreas
7= Liver
8= Lung
9= Breast
10= Cervical/uterine/ovarian
11= Prostate
12= Head and neck
13= Other

Date of death:

When completing the date of death, enter actual year and month of death.

Example: If a respondent indicates that the date of death was March 2004, enter as follows

Is this member alive? ☒ No ☐ Yes →

Year	Month
04	03

If exact month is not known, please obtain an approximate guess

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40. Details on all members (enumerated at baseline) in the household:

Member #	Name	Is this member a participant?	☐ No ☐ Yes						
☐									
Is this member alive?		☐ No → Complete details below	☐ Yes → Go to Next Member #						
If No, indicate cause of death:		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			Date of death: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Mo				
If Cause of death =4, please indicate site		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			If Cause of death =7, please specify, _____				

Member #	Name	Is this member a participant?	☐ No ☐ Yes						
☐									
Is this member alive?		☐ No → Complete details below	☐ Yes → Go to Next Member #						
If No, indicate cause of death:		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			Date of death: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Mo				
If Cause of death =4, please indicate site		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			If Cause of death =7, please specify, _____				

Member #	Name	Is this member a participant?	☐ No ☐ Yes						
☐									
Is this member alive?		☐ No → Complete details below	☐ Yes → Go to Next Member #						
If No, indicate cause of death:		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			Date of death: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Mo				
If Cause of death =4, please indicate site		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			If Cause of death =7, please specify, _____				

Member #	Name	Is this member a participant?	☐ No ☐ Yes						
☐									
Is this member alive?		☐ No → Complete details below	☐ Yes → Go to Next Member #						
If No, indicate cause of death:		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			Date of death: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Mo				
If Cause of death =4, please indicate site		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			If Cause of death =7, please specify, _____				

Adult Questionnaire

40. Cause of death

- 1= Heart disease
- 2= Stroke
- 3= TB
- 4= Cancer
- 5= HIV
- 6= Injury
- 7= Other
- 8= Unknown

Cancer Sites

- 1= Mouth
- 2= Esophagus
- 3= Stomach
- 4= Small intestine
- 5= Large intestine including rectum
- 6= Pancreas
- 7= Liver
- 8= Lung
- 9= Breast
- 10= Cervical/uterine/ovarian
- 11= Prostate
- 12= Head and neck
- 13= Other

Date of death:

When completing the date of death, enter actual year and month of death.

Example: If a respondent indicates that the date of death was March 2004, enter as follows

Is this member alive? ☒ No ☐ Yes →

Year	Month
04	03

If exact month is not known, please obtain an approximate guess

PURE

Adult Questionnaire

Page 18

Subject ID

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--	--

Centre # Community# Household # Subject #

Subject Initials

--	--	--

F M L

40. Details on all members (enumerated at baseline) in the household:

Member #

--

 Name _____ Is this member a participant? ☐ No ☐ Yes
Is this member alive? ☐ No → Complete details below ☐ Yes → Go to Next Member #

If No, indicate cause of death:

--	--

Date of death:

--	--

 YR

--	--

 Mo

If Cause of death =4, please indicate site

--	--

If Cause of death =7, please specify, _____

Name of Interviewer: _____
(Please print) Last Name First Initial

Date

--	--	--	--

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--	--

year month day

Addendum K: Quantitative food frequency questionnaire

The PURE-SA project QUANTITATIVE FOOD FREQUENCY QUESTIONNAIRE									
Subject ID				Subject Initials					
 Centre #	 Community #	 Household #	 Subject #						
F M L									
Today's date:		 <i>year</i>	 <i>month</i>	 <i>day</i>					
1. Name: _____									
2. Not applicable in South Africa									
3. National identity # or equivalent _____									N/A ☐
4. DOB:		 year	 month	 day	OR Age years				
5. Sex:		☐ Female	☐ Male						
Please think carefully about the food and drink you have consumed during the <u>past month</u> (four weeks). I will go through a list of foods and drinks with you and I would like you to tell me: • If you eat the food • How the food is prepared • How much of the food you eat at a time • How many times a day you eat it and if you do not eat it everyday, how many times a week or a month you eat it. To help you to describe the amount of a food you eat, I will show you pictures of different amounts of the food. Please say which picture is the closest to the amount you eat, or if it is smaller, between the sizes or bigger than the pictures. There are no right or wrong answers. Everything you tell me is confidential. Only your subject number appears on the form. Is there anything you want to ask now? Are you willing to go on with the questions?									

FOOD FREQUENCY QUESTIONNAIRE

INSTRUCTIONS: Circle the subject's answer. Fill in the amount and times eaten in the appropriate columns.

I shall now ask you about the type and the amount of food you have been eating in the last few months. Please tell if you eat the food, how much you eat and how often you eat it. We shall start with maize meal porridge.

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
PORRIDGE AND BREAKFAST CEREALS AND OTHER STARCH								
Maize-meal porridge	Stiff (pap)						3400	
Maize-meal porridge	Soft (slappap)						3399	
Maize-meal porridge	Crumbly (phumu)						3401	
Ting								
Mabella	Stiff						3437	
Mabella	Soft							
Oats							3239	
Other cooked porridge	Type: _____							
Breakfast cereals:	Brand name of cereals at home now: _____ _____ _____ _____ _____							
Do you pour milk on your porridge or cereal? ☐ Yes ☐ No								
If yes, what type of milk (whole fresh, sour, 1%, fat free, milk blend, etc) _____								
If yes, how much milk:								
Do you put sugar on your porridge or cereal? ☐ Yes ☐ No								

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
If yes, how much sugar							3989	
							3989	
							3989	
Samp	Bought Self ground						3250	
Samp and beans	Give ratio of samp:beans						3402 (1:1)	
Samp and peanuts	Give ratio of samp:peanuts						3250 (samp)	
Rice	White						3247	
	Brown						3315	
	Maize Rice						3250	
Pasta	Macaroni Spaghetti Other specify: _____ _____						3262	
Pizza	Home made: Specify topping _____ _____ _____						3353 (base+ch)	
	Bought: Specify topping _____ _____ _____						3353 (base+ch)	
You are being very helpful. Can I now ask you about meat?								
<u>CHICKEN, MEAT, FISH</u>								
How many times do you eat meat (beef, mutton, pork, chicken, fish) per week? _____								
Chicken (codes with	Boiled						2926	

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
skin)	Fried: in batter/crumbs Eg Kentucky						3018	
	Fried: Not coated							
	Bought: Chicken Licken						2925	
	Bought: Nando's							
	Roasted / Grilled						2925	
	Other: _____							
Do you eat chicken skin? ☐ Always ☐ Sometimes ☐ Never								
Chicken bones stew								
Chicken feet							2997	
Chicken offal								
Red meat	How do you like meat? With fat Fat trimmed							
Red meat	Fried							
	Stewed							
	Mince with tomato and onion						2987	
Other:	_____							
Beef Offal	Intestines: boiled nothing added						3003	
	Stewed with vegetables							
	Liver						2920	
	Kidney						2923	
Other: Specify	_____							
Goat meat	Boiled						4281	
	Stewed with vegetables							
	Grilled / Roasted						4281	

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
<i>What type of vegetables is usually put into meat stews?</i> _____								
Wors / Sausage							2931	
Bacon							2906	
Cold meats	Polony						2919	
	Ham						2967	
	Vienna						2936	
	Other: Specify _____							

Canned meat	Bully beef							
	Other: Specify _____							

Meat pie	Beef						2939	
	Steak and kidney						2957	
	Cornish						2953	
	Chicken						2954	
	Other							
Hamburger	Bought							
Dried beans/peas/lentils	Soup						3145	
	Salad							
Soya products eg. Toppers	Brands at home now: _____						3196 (Toppers)	

Pilchards in tomato/chilli/brine	Whole						3102	
	Mashed with fried onion							
Fried fish	With batter/crumbs							
	Without batter/crumbs							

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
Other canned fish	Tuna						3056 (oil)	
	Pickled fish							
	Other: Specify _____							
Fish cakes	Bought: Fried						3080	
	Home made with potato						3098	
Fish fingers	Bought						3081	
Eggs	Boiled/poached						2867	
	Scrambled: milk + fat							
	Fried: Fat							
Now we come to vegetables and fruit VEGETABLES AND FRUIT								
Cabbage	How do you cook cabbage?							
	Boiled, nothing added						3756	
	Boiled with potato and onion and fat							
	Fried, nothing added							
	Fried in							
	Boiled, then fried with potato, onion							
	Other:							
	Don't know							
Spinach/morogo/ beetroot leaves other green leafy	How do you cook spinach?							
	Boiled, nothing added						3913	
	Boiled with fat added							
	Type of fat							
	With onion, tomato, potato							
	With peanuts							
	Other:							
	Don't know							
Tomato and onion gravy	Home made with fat							
	Type of fat							
	Without fat						3925	
	Canned						4192	
Pumpkin (yellow)	How do you cook pumpkin?							
	Boiled, nothing added						4164	

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
	Cooked in fat and sugar							
	Fat							
	Boiled, little sugar and fat							
	Fat							
	Other							
	Don't know							
Carrots	How do you cook carrots?							
	Boiled, nothing added						3757	
	Boiled, sugar and fat							
	Fat							
	With potato and onion: Fat							
	Raw, salad						3709	
	Chakalaka							
	Other							
	Don't know							
Mealies/ Sweet corn	How do you eat mealies?							
	On cob – fat added							
	Fat							
	On cob – no fat added						3725	
	Creamed sweet corn / canned						3726	
	Whole kernel/canned						3942	
Beetroot	Salad						3699	
	Boiled, nothing added						3698	
Potatoes	How do you cook potatoes?							
	Boiled/baked with skin						4155	
	Boiled/baked without skin						3737	
	Mashed							
	Roasted							
	Fat							
	French fries (chips)						3740	
Sweet potatoes	How do you cook sweet potatoes?							
	Boiled/baked with skin						3748	
	Boiled/baked without skin						3903	
	Mashed							
	Other:							

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
	Don't know							
Salad vegetables	Mixed salad: tomato, lettuce and cucumber						3921	
	Raw tomato						3750	
	Other salad vegetables:							
Other vegetables, specify + preparation								
Do you like fruit?			☐ Yes	☐ No				
Apples							3592	
Pears							3582	
Oranges							3560	
Naartjie							3558	
Grapes							3550	
Peaches	Fresh						3565	
	Canned						3567	
Apricots	Fresh						3534	
	Canned						3535	
Mangoes							3556	
Guavas	Fresh						3551	
	Canned						3553	
Avocado							3656	
Wild fruit/berries	Specify type:							
Dried fruit	Types:							
Other fruit								

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
If subject eats canned fruit: Do you have custard with the canned fruit? 1 ☐ Yes 2 ☐ No								
Custard	Home made: Milk							
	Commercial eg Ultramel						2716	
BREAD AND BREAD SPREADS								
Bread / Bread rolls	White						3210	
	Brown						3211	
	Whole wheat						3212	
Do you spread anything on the bread?			☐ Always	☐ Sometimes	☐ Never			
Margarine	What brand do you have at home now?							
	Don't know							
Peanut butter							3485	
Jam/syrup/honey							3985	
Marmite / Fray bentos / Oxo							4058	
Fish/meat paste							3109	
Cheese	Type:							
Achaar								
Other spreads	Specify:							
Dumpling								

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
Vetkoek	White flour						3257	
	Whole wheat flour						3324	
Provita, crackers, etc							3235	
Mayonnaise / salad dressing	Mayonnaise						3488	
	Other: Specify _____							
DRINKS								
Tea	English (normal)						4038	
	Rooibos						4054	
Coffee							4037	
Sugar/cup tea or coffee	Tea:						3989	
	Coffee:						3989	
Milk/cup tea or coffee	What type of milk do you use in tea and coffee?							
	Fresh/long life: whole/full						2718	
	Fresh/long life: 2%/low fat						2772	
	Fresh/long life: fat free						2775	
	Whole milk powder Brand: _____						2721 (powder)	
	Low fat milk powder Brand: _____						2825 (powder)	
	Skimmed milk powder Brand: _____						2825 (powder)	
	Milk blend Brand: _____						2770 (powder)	
Whitener: type _____								

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
	Condensed milk						2714	
	Evaporated milk						2715	
	None							
Milk as such	What type of milk do you drink milk as such?							
	Fresh/long life: whole/full						2718	
	Fresh/long life: 2%/low fat						2772	
	Fresh/long life: fat free						2775	
	Condensed milk						2714	
	Sour/maas						2787	
	Other: _____ _____							
Milk drinks	Nestle: _____							
	Milo: _____							
	Flavoured milk: _____							
	Other: _____							
Yoghurt	Drinking yoghurt						2756	
	Thick yoghurt						2734	
	Low fat sweetened with fruit						2732	
Squash	Sweet O						4027	
	Six O							
	Oros/Lecol – with sugar						3982	
	- artificially sweetener						3990	
	KoolAid						4027	
	Other: _____ _____							

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
Fruit juice	Fresh/Liquifruit/Ceres						2866	
	Tropica (Dairy -fruit juice mix)						2791	
	Other: _____							

Fizzy drinks	Sweetened						3981	
Coke, fanta, etc	Diet							
Mauau/Motogo							4056	
Home brew								
Tlokwé							4039	
Beer							4031	
Spirits							4035	
Wine red							4033	
Wine White							4033	
Other specify	_____ _____ _____							
SNACKS AND SWEETS								
Potato crisps							3417	
Peanuts	Raw						4285	
	Roasted						3458	
Cheese curls, Niknaks, etc							3267	
Raisins							3552	
Peanuts and raisins								
Chocolates	Name: _____ _____							

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		

Candies	Sugus, gums, hard sweets, etc						4000	
Sweets	Toffees, fudge, caramels						3991	
Biscuits/cookies	Type: _____ _____ _____							

Cakes and tarts	Type: _____ _____ _____							
Scones								
Rusks	Type: _____ _____							

Savouries	Sausage rolls						2939	
	Samoosas: Meat filling						3355	
	Samoosas: Vegetable filling						3414	
	Biscuits eg bacon kips							
	Other specify: _____ _____							
Jelly							3983	
Baked pudding	Type: _____							
Instant pudding	Milk type: _____							

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
Ice cream							3483	
Sorbet							3491	
Other specify								
SAUCES, GRAVIES AND CONDIMENTS								
Tomato sauce / Worcester sauce							3139	
Chutney							3168	
Pickles							3866	
Packet soups							3165	
Other:								
<u>WILD BIRDS, ANIMALS OR INCECTS</u> (hunted in rural areas or on farms)								
Wild fruit								
<u>MISCELLANEOUS</u> : Please mention any other foods used more than once/two times a week which we have talked about:								

FOOD	DESCRIPTION	AMOUNT	TIMES EATEN				CODE	AMOUNT/ DAY
			Per day	Per week	Per month	Seldom / Never		
INDIGENOUS/TRADITIONAL FOODS/PLANTS/ANIMALS								
<i>Please tell me if you use any indigenous plants OR other indigenous foods like mopani worms, locusts ect to eat</i>								
Specify								

Addendum L: Physical activity questionnaire

YUNIBESITHI YA BOKONE-BOPHIRIMA
NORTH WEST UNIVERSITY
NOORDWES UNIVERSITEIT

PURE-SA Project (Prospective Urban and Rural Epidemiology)

Physical activity questionnaire

Date: _____ Place: _____ Interviewer: _____
The information on this questionnaire is confidential

- Subject number _____ (1-4)
- Gender

Male	1	Female	2
------	---	--------	---

 (5)
- What is your main occupation?.....

Low level: office work, housework, scholar	1
Middle level: factory work, carpentry, farming, hospital nurse, plumber	2
High level ("sweat work"): construction work, digging, manual labour	3

 (6)
- At work I sit

1. never	2. seldom	3. sometimes	4. often	5. always
----------	-----------	--------------	----------	-----------

 (7)
- At work I stand

1. never	2. seldom	3. sometimes	4. often	5. always
----------	-----------	--------------	----------	-----------

 (8)
- At work I walk

1. never	2. seldom	3. sometimes	4. often	5. always
----------	-----------	--------------	----------	-----------

 (9)
- At work I lift heavy loads

1. never	2. seldom	3. sometimes	4. often	5. always
----------	-----------	--------------	----------	-----------

 (10)
- At work I am tired

1. never	2. seldom	3. sometimes	4. often	5. always
----------	-----------	--------------	----------	-----------

 (11)
- At work I sweat

1. never	2. seldom	3. sometimes	4. often	5. always
----------	-----------	--------------	----------	-----------

 (12)
- If you work away from home, how do you get to work/school?

walk	1
cycle	2
car/taxi	3

 (13)
- How long does it take you to walk/cycle to work/school? (or to the taxi rank/ bus stop/ train station)

0-15 min	1
16-30 min	2
31-60 min	3
1-2 hours	4

 (14)
- If you walk or cycle to work/school, what is your usual pace? (or to taxi rank/bus stop/ train station)

casual strolling	1
fairly brisk	2
brisk/fast	3

 (15)
- Do you climb stairs often?

yes	1
no	2

 (16)
- If yes, how many flights of stairs do you climb each day? (1 flight = 10 steps) _____ (17)
- How many days per week do you climb steps? _____ (18)
- Do you play sport?

yes	1
no	2

 (19)
- Which sport do you play most frequently?

low level: bowling, golf, billiards	1	0.76*
middle level: tennis, athletics, cycling	2	1.26
high level: soccer, rugby, netball, boxing	3	1.76(20)

 (21-23)
- How many hours per week do you practice? <1/ 1-2/ 2-3/ 3-4/ >4
(Write appropriate code in space) 0.5, 1.5, 2.5, 3.5, 4.5*² _____ (24-26)
- How many months per year? <1/ 1-3/ 4-6/ 7-9/ >9
(Write appropriate code in space) 0.04, 0.17, 0.42, 0.67, 0.92*³ _____ (24-26)

*¹ intensity code of sport, *² time code for sport, *³ proportion of year

YUNIBESITHI YA BOKONE-BOPHIRIMA
NORTH WEST UNIVERSITY
NOORDWES UNIVERSITEIT

- If you play a second sport, which is it?

low level: bowling, golf, billiards	1	0.76* ¹
middle level: tennis, athletics, cycling	2	1.26
high level: soccer, rugby, netball, boxing	3	1.76(27)
- How many hours per week do you practice? <1/ 1-2/ 2-3/ 3-4/ >4
0.5, 1.5, 2.5, 3.5, 4.5*² _____ (28-30)
- How many months per year? <1/ 1-3/ 4-6/ 7-9/ >9
0.04, 0.17, 0.42, 0.67, 0.92*³ _____ (31-33)
- During leisure time I watch TV/ do sitting activities (read, needle-work, play cards)

1. never	2. seldom	3. some-times	4. often	5. al-ways
----------	-----------	---------------	----------	------------

 (34)
- During leisure time I walk/ do standing activities (gardening, housework)

1. never	2. seldom	3. some-times	4. often	5. al-ways
----------	-----------	---------------	----------	------------

 (35)
- Other leisure-time activities:.....
(leisure-time = time off from work/ school)

2. seldom	3. some-times	4. often	5. al-ways
-----------	---------------	----------	------------

 (36)

Addendum M: Fibrinogen γ' analysis

Prepare the following reagents:

- **5 M NaCl**
 - Place 116.9 g NaCl in container
 - Add double distilled water (ddH₂O) to make 400 ml

- **0.5 M EDTA**
 - Place 37.23 g EDTA in container
 - Add ddH₂O to make 200 ml
 - Adjust the pH with NaOH until the EDTA completely dissolved

- **M benzamidine**
 - Add 500 ml ddH₂O to 6 g benzamidine

- **Coating buffer**
 - Pour 900 ml ddH₂O in a container
 - Add 8.4 g NaHCO₃ and 29.22 g NaCl to the ddH₂O
 - Adjust the pH to 8.99 with NaOH
 - Add ddH₂O to make 1 L

- **Washing buffer**
 - Pour 45.85 ml ddH₂O in a container
 - Add 16.65 ml triethanolamine (TEA), 50 ml of 5M NaCl, 50 ml of 0.5M EDTA and 2.5 ml of Tween-20 to the ddH₂O
 - Adjust the pH to 7.55
 - Add ddH₂O to make 2.5 L

- **Blocking buffer**
 - Pour 500 ml washing buffer in a container
 - Add 5 g bovine serum albumin (BSA) to the washing buffer
 - Aliquot the blocking buffer in 15 ml units and store it at -20°C

- **Dilution buffer**
 - Pour 45.85 ml ddH₂O in a container
 - Add 16.65 ml TEA, 50 ml of 5M NaCl, 50 ml of 0.5M EDTA, 2.5 ml of Tween-20 and 250 ml of 0.1M benzamidine to the ddH₂O
 - Adjust the pH to 7.58
 - Add ddH₂O to make 2.5 L

- **Stop buffer**

- Pour 473.3 ml ddH₂O in a container
- Add 26.7 ml H₂SO₄

The ELISA procedure worked as described below:

1. A plastic 96-well microtiter plate was coated by 110 µl of a preparation of monoclonal mouse anti-human fibrinogen γ' (CT, clone 2.G2.H9; Santa Cruz Biotechnology, Santa Cruz, USA) and coating buffer.
2. The 96-well microtiter plate was then incubated overnight at 4-10 °C.
3. The plate was then washed four times with 200 µl washing buffer in each well.
4. After this the plate was blocked by 110 µl blocking buffer in each well and then incubated for one hour.
5. At the end of the incubation period the plate was again washed four times with 200 µl washing buffer in each well.
6. Seventy-four wells were then filled with a 100 µl plasma sample diluted by dilution buffer in a ratio of 1:5000.
7. Four other wells which were separated over the plate were filled with 100 µl control pooled plasma at a ratio of 1:5000 dilution.
8. Eighteen other wells were filled with 100 µl of six different dilutions (three wells each diluted by ratios 1:1000, 1:2000, 1:5000, 1:8000, 1:16000 and 1:32000) which were used to calculate the calibration or standard curve.
9. The plate was again incubated for one hour and after this the plate was again washed by the same washing procedure.
10. After this 100 µl conjugate (HRP-conjugated polyclonal goat anti-human fibrinogen; Abcam Cambridge, USA) was added to each well for development and then the plate was again incubated for one hour.

11. The washing procedure then followed again and 100 µl substrate (TMB and UP; Boxtel, Netherlands) were added to each well.
12. The incubation period was then 5 minutes and the ELISA procedure was stopped by adding 100 µl stop buffer to each well.
13. After a time period of 5 minutes the results (in decilitre) of the ELISA procedure were determined by a Thermo Scientific (Multiscan FC) spectrophotometer.
14. A second pair of results was determined by a second reading after 3 minutes by the Thermo Scientific (Multiscan FC) spectrophotometer.
15. This complete ELISA was repeated for 18 plastic 96-well microtiter plates to analyse fibrinogen γ' in 1260 plasma samples.
16. A linear calibration curve was used to determine the concentration of each fibrinogen γ' sample.