

Supplemental Files

Supplemental File 1: Structured questionnaire for surveillance of risk factors of non-communicable diseases (English version)

SCREENING QUESTIONNAIRE FOR SECURITY PERSONNEL

- (1) Study ID:
- (2) Age (in years):
- (3) Mobile No:
- (4) How long have you been working as security in CMC (please specify in years)?
- (5) Do you work inside the hospital building or outside?
 Inside Outside Both inside and outside
- (6) How many hours in a day do you work outside?
- (7) Do you drink enough water while at work?
 Less than 1 Litre 1-2 Litre More than 2 Litre
- (8) Have you ever been told by a doctor or nurse or health worker that you have high blood pressure or 'hypertension'?
 No Yes
- (9) Are you taking any medications for high blood pressure?
 No Yes
- (10) Have you ever been told by a doctor or health care worker that you have high blood sugar or diabetes?
 No Yes
- (11) Are you currently taking any medications for diabetes?
 No Tablets Insulin
- (12) Have you ever been told by a doctor or health care worker that you have kidney disease?
 No Yes

- (13) Have you ever had kidney stones in the past?
- No
 - Yes
- (14) Do you take any of the following regularly? (Please tick all that apply)
- Pain killers
 - Ayurvedic medicines
 - Herbal medicines
 - Antacid/gas medicines
- (15) Do you have to get up 3 or more times at night to pass urine on a regular basis?
- No
 - Yes
- (16) Do you smoke cigarettes or beedis daily?
- No, I have never smoked
 - I used to smoke before
 - I smoke daily even now
- (17) How many cigarettes / beedis do/did you smoke daily?
- (18) How many years in total have you smoked cigarettes or beedis?
- (19) Have you ever consumed any form of alcohol?
- No
 - Yes
- (20) During the last 12 months, how frequently have you taken alcohol?
- Daily
 - 5-6 days/week
 - 3-4 days/week
 - 1-2 days/week
 - 1-3 days/month
 - Less than once a month
 - Never
- (21) During the last 12 months, how many drinks of alcohol did you have on an average during one drinking occasion?

(22) How often do you add extra salt to your food?

- Always
- Often
- Sometimes
- Rarely
- Never
- Don't Know

(23) Does your work involve running or lifting heavy weights for at least 10 minutes continuously?

- No
- Yes

(24) Do you walk or use a bicycle for at least 10 minutes to travel to your place of work?

- No
- Yes

(25) Do you exercise or brisk-walk regularly apart from your work?

- No
- Yes

(26) Does anybody in your family suffer from any of the following diseases?

Disease	Yes / No	Relation if yes
Diabetes (High blood sugar)		
Hypertension (High blood pressure)		
Kidney Disease		
Heart Attack		