

QUESTIONNAIRE**PROJECT TITLE**

Utility of Obesity Indicators for Predicting Hypertension among Older Persons
in Limpopo Province, South Africa

Greetings to employees,

"Thank you for agreeing to participate in this study. This study is about obesity indicators for predicting hypertension among South African older persons. The questionnaire is divided into personal information, demographic information, lifestyle factors, physical measurements and medical history. We are starting with measuring weight, height, waist and hip circumferences. Thereafter, we will ask you questions to fill the answers for the personal, demographic, behavioural and medical information. Ms MC Salane and Prof P Modjadji will do all the measurements and ask you questions. Feel free to indicate if you do not understand any question or if you want to withdraw from the study.

Location and date	Response
Mobile number/alternative number	
Village name	
Interviewer name and number	
Interview date	

1.1. Age(years)	
1.2. Date of birth (ddmmyy)	
1.3. Place of birth	
1.4. Gender	Male
	Female

Blood pressure reading			
1.5. Blood pressure reading 1		Heart rate 1	
1.6. Blood pressure reading 2		Heart rate 2	
1.7. Blood pressure reading 3		Heart rate 3	

Height and weight	
1.8. Height in centimetres(cm) 1	
1.9. Height in centimetres(cm) 2	
1.10. Weight in kilograms (KG) 1	
1.11. Weight in kilograms (KG) 2	

Waist and Hip circumference	
1.12. Waist circumference in centimetres(cm)	
1.13. Hip circumference in centimetres(cm)	

2. Demographic Information

2.1. Personal information

2.1.1. Marital status	Single	
	Married	
	Divorced/separated	
	Widowed	
2.1.2. Education	No schooling	
	Primary school	
	High school	
	Completed matric	
	Post matric	
2.1.3. Employment status	Employed	
	Unemployed	
	Self-employed	
	Pensioner	
2.1.4. Have you ever worked in Gauteng	Yes	
	No	
2.1.5. How long have you worked in Gauteng? (if yes in 2.1.4)		
2.1.6. What was your occupation then		
2.1.6. if you have not worked in Gauteng, what was/is your occupation anywhere else		
2.1.8. Do you receive pension grant	Yes	
	No	
2.1.9. How much is your individual income in Rands/month	<R1000	
	R1001-R5000	
	R5001-10 000	
	R10 001 and more	
2.1.10. Religion	Christian	
	Non-Christian	

2.2.1. Household head	Me	
	Spouse	
	Child	
	Family member/relatives	
2.2.2. Who do you stay with	Alone	
	Spouse	
	Children	
	Helper	
	Family/relative	
2.2.3. How many adults in the household (18 years and above)?		
2.2.4. How many adults are working?		
2.2.5. How many adults are not working?		
2.2.6. How many children do you have?		
2.2.6. How many children in the household (less than 18 years)?		
2.2.7. How many pensioners in the house?		
2.2.8. How much is the household income in Rand/month	0-R1000	
	R1001-R5000	
	R5001-R10 000	
	R10 000 more	
2.2.9 Type of house	Brick house	
	Mud house	
2.2.10 Type of toilet	No toilet	
	Pit toilet	
	Flush toilet	
2.2.11. Do you have electricity	Yes	

	No	
2.2.12 What is the Method of cooking	Firewood	
	Electricity stove	
	Paraffin stove	
	Gas stove	
2.2.13. Do you have water access	Yes	
	No	
2.2.14. If yes where do you collect the water?	Tap inside the yard	
	Community tap	
	Borehole	
	River	

3. Behavioral measurements

3.1. Tobacco use

3.1.1. Do you currently smoke any tobacco?	Yes	
	No	
If yes in 3.1.1 which type do you smoke	Cigarette	
	Cigars	
	Pipes	
	Snuff	

3.2. Alcohol Consumption

3.2.1. Do you consume alcohol	Yes	
	No	
3.2.2. If yes in 3.2.1. which type do you consume	Commercial beer	
	Traditional beer	
	Wine	

	Spirits	
3.2.3. How often do you drink alcohol	Occasionally	
	Everyday	
	weekends	
3.2.4. How much alcohol do you drink per day		

3.3. Diet

3.3.1. Do you eat vegetables	Yes	
	No	
3.3.2. If yes in 3.3.1. How many times do you eat vegetables per week?	Everyday	
	3 times a week	
	Once per week	
	Only on weekends	
3.3.3. Do you eat fruits	Yes	
	No	
3.3.4. If yes in 3.3.3 How many times do you eat fruits per week?	Everyday	
	3 times a week	
	Once per week	
	Only on weekend	

3.4. Dietary salt

3.4.1. Do you add salt in your food?	Yes	
	No	

1. Medical history

4.1. History of Raised Blood pressure

4.2. History of Diabetes

4.1.1. Have you been diagnose with high blood pressure	Yes	
	No	
4.1.2.If yes in 4.4.1 are you on medication for high blood pressure?	Yes	
	No	
4.1.3. Has any of your family members diagnosed with high blood pressure?	Yes	
	No	

4.2.1.Have you been diagnose with diabetes	Yes	
	No	
4.2.2..If yes in 4.2.1 are you on medication for diabetes	Yes	
	No	
4.2.3 Has any of your family members diagnosed with diabetes	Yes	
	No	

4.3. History of Cardiovascular Diseases

4.3.1.Have you been diagnose with cardiovascular disease	Yes	
	No	
4.3.2. If yes in 4.3.1. are you on medication for cardiovascular disease	Yes	
	No	
4.3. 3.Has any of your family members diagnosed with cardiovascular disease	Yes	
	No	

THANK YOU FOR PARTICIPATING IN THE STUDY!