

Section S1-Data collection forms

Data collection form for eligibility for inclusion

Name:

Case Number:

COMMON RISK FACTORS OF NON-COMMUNICABLE DISEASES(NCDS) AND PERIODONTAL
DISEASE IN INDIAN ADULTS [CRF-NCD/PD]

CRF-NCD/PD FORM 5

Name:

O.P.No.:

Age:

Date:

Sex:

Contact No.:

Occupation:

Address:

Medical/Dental history

| Non-communicable Disease | Present/Absent |
|---------------------------------------|----------------|
| Diabetes Mellitus | |
| Hypertension | |
| Coronary heart disease (heart attack) | |
| Cerebrovascular disease (stroke) | |
| Peripheral vascular disease | |
| Periodontal disease | |
| Other conditions | |

Eligible for inclusion in the study

| | |
|-----|----|
| Yes | No |
|-----|----|

If eligible for inclusion, assign Patient ID Number:

Data collection forms for recording of anthropometric data

Patient ID:

Serial No:

Age:

Anthropometric data

[Four anthropometric measures are commonly registered in the health care: weight, height, waist circumference (waist), and hip circumference (hip).]

| Parameter | |
|--|--|
| Age (Years) | |
| Weight (Kg) | |
| Height (Cm) | |
| Body Mass Index (BMI) (Kg/m ²) | |
| Waist circumference (cm) | |
| Hip circumference (cm) | |
| Waste Hip Ratio (WHR) | |

Diagnostic criteria for Diabetes mellitus

Patient ID:

Serial No:

Age:

Diabetes Mellitus

Diabetes mellitus type 2 is diagnosed if a patient has any two of the following findings:

- Have symptoms of diabetes (increased thirst, increased urination, and unexplained weight loss) and a blood sugar level equal to or greater than 200 milligrams per deciliter (mg/dL) in random plasma glucose test or random blood sugar (RBS) test
- Have a fasting blood sugar (FBS) level that is equal to or greater than 126 mg/dL. A fasting blood sugar test (fasting plasma glucose) is done after not eating or drinking anything but water for 8 hours.
- Have a 2-hour oral glucose tolerance test (OGTT) result that is equal to or greater than 200 mg/dL.
- Have a hemoglobin A1c that is 6.5% or higher. This test is most reliable for adults.

| Symptoms of diabetes | Present/ Absent [cancel the incorrect answer] |
|----------------------|---|
| RBS levels | |
| FBS levels | |
| OGTT levels | |
| HbA1c | |

Diagnostic criteria for Hypertension

Patient ID:

Serial No:

Age:

Hypertension

Hypertension (high blood pressure) diagnosed by the following findings:

| Blood Pressure | SBP | DBP |
|-----------------------|-------------|-------------|
| Classification | mmHg | mmHg |
| Normal | <120 | <80 |
| Prehypertension | 120–139 | 80–89 |
| Stage 1 Hypertension | 140–159 | 90–99 |
| Stage 2 Hypertension | ≥160 | ≥100 |

| Stages of hypertension | Please mark 'x' against the appropriate row |
|------------------------|---|
| Normal blood pressure | |
| Pre hypertension | |
| Stage 1 hypertension | |
| Stage 2 hypertension | |

Diagnosis of Coronary Heart Disease (CHD)/Myocardial Infarction (MI)

Patient ID:

Serial No:

Age:

Coronary Heart Disease (CHD)/Myocardial Infarction (MI)

Coronary heart disease (heart attack) diagnosed by abnormalities detected in any of the following tests:

- Electrocardiogram (ECG).
- Echocardiogram.
- Exercise stress test.
- Nuclear stress test.
- Cardiac catheterization and angiogram.
- Cardiac CT scan.
- A CT coronary angiogram,

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PERIODONTAL DISEASE IN INDIAN ADULTS [CRF-NCD/PD]

CRF-NCD/PD FORM 9

| Diagnosis of CHD | Please mark 'x' against the appropriate row and write the interpretation of the investigation |
|--|---|
| ➤ Electrocardiogram (ECG). | |
| ➤ Echocardiogram. | |
| ➤ Exercise stress test. | |
| ➤ Nuclear stress test. | |
| ➤ Cardiac catheterization and angiogram. | |
| ➤ Cardiac CT scan. | |
| ➤ A CT coronary angiogram | |

Diagnosis of Cerebrovascular disease(Stroke)

Patient ID:

Serial No:

Age:

Cerebrovascular disease(Stroke)

Cerebrovascular disease (stroke) diagnosed by abnormalities detected in any of the following tests:

- A physical exam.
- Blood tests
- Computerized tomography (CT) scan
- Magnetic resonance imaging (MRI)
- Carotid ultrasound
- Cerebral angiogram
- Echocardiogram.

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| Diagnosis of Cerebrovascular disease | Please mark 'x' against the appropriate row and write the interpretation of the investigation |
|--|---|
| ➤ A physical exam/stroke scale | |
| ➤ Blood tests | |
| ➤ Computerized tomography (CT) scan | |
| ➤ Magnetic resonance imaging (MRI) | |
| ➤ Carotid ultrasound | |
| ➤ Cerebral angiogram | |
| ➤ Echocardiogram. | |

Diagnosis of Peripheral vascular disease

Patient ID:

Serial No:

Age:

Peripheral vascular disease

Peripheral vascular disease diagnosed by abnormalities detected in any of the following tests:

- Physical exam
- Ankle-brachial index (ABI)
- Ultrasound
- Angiography
- Blood tests

| Diagnosis of Peripheral vascular disease | Please mark 'x' against the appropriate row and write the interpretation of the investigation |
|--|---|
| ➤ Physical exam | |
| ➤ Ankle-brachial index (ABI) | |
| ➤ Ultrasound | |
| ➤ Angiography | |
| ➤ Blood tests | |

Diagnosis of Periodontal disease- CRF-NCD/PD-FORM 12

Patient ID:

Serial No:

Age:

Periodontal disease

Periodontal disease: Inflammatory process affecting the supporting structures of the teeth resulting in pocket formation, recession, or both.

Diagnosed with a Periodontal Screening and Recording(PSR) score of 3 in at least one sextant.

a. Oral Hygiene Index-Simplified

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 31 | 36 |
| | | |

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 31 | 36 |
| | | |

Debris Index (DI)

Calculus Index(CI)

OHI-S=DI +CI

b. Plaque Index (Sillness and Loe)

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 41 | 36 |
| | | |

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 41 | 36 |
| | | |

Buccal

Lingual

CRF-NCD/PD FORM 12

c. Periodontal Screening and Recording

| | | |
|--|--|--|
| | | |
| | | |

Laboratory investigations

Patient ID:

Serial No:

Age:

Laboratory Investigations:

Blood Analysis:

RBS

HbA1c

FBS

OGTT

Lipid profile

Total Cholesterol

HDL

LDL

Triglycerides

Diagnosis and treatment

Patient ID:

Serial No:

Age:

Diagnosis

Treatment

Risk factor assessment Form-Part 1-Demographic data

Patient ID:

Serial No:

Age:

Gender

Address

Occupation

Religion

Access to care: Available/ Not available

Familial pattern

| Disease | Mother | Father | Siblings | Other blood relatives |
|---|--------|--------|----------|-----------------------|
| Coronary Heart disease/Myocardial Infarction (MI) | | | | |
| Cerebrovascular disease (Stroke) | | | | |
| Hypertension | | | | |
| Diabetes Mellitus-Type 2(DM2) | | | | |
| Peripheral Vascular disease | | | | |
| Periodontal disease(PD) | | | | |

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Family size

| No. of Adults | No. of children | Total |
|---------------|-----------------|-------|
| | | |

Insurance: Yes/No

Risk factor assessment Form-Part 1-Demographic Data-Socioeconomic status

Patient ID:

Serial No:

Age:

Socioeconomic status (Modified Kuppuswamy Criteria)

| | | | | | | | |
|------------------------------|-------------------|--------------------------------|------------------------------|-----------------------------|--|-----------------------|--------------------------------|
| Level of education | 1(Illiterate) | 2 (Primary school certificate) | 3(Middle school certificate) | 4 (High school certificate) | 5 (Intermediate of post high school diploma) | 6 (Graduate of PG) | 7(Professional degree) |
| Occupation of head of family | 1(unemployed) | 2 (unskilled worker) | 3 (semi-skilled worker) | 4 (skilled worker) | 5 (clerical, shop owner, farm) | 6 (Semi professional) | 10 (professional-white collar) |
| Monthly income of family | 1($\leq 2,640$) | 2 (2,641-7886) | 3 (7887-13,160) | 4 (13,161-19,758) | 6 (19,759-26-354) | 10 (26,355-52,733) | 12 ($\geq 52,734$) |
| Socioeconomic class | I (26-29) | II (16-25) | III (11-15) | IV (5-10) | V(1-4) | | |

Risk factor assessment Form-Part 2- Obesity assessment form

Patient ID:

Serial No:

Age:

Body Mass Index(BMI)= Weight in Kilograms/square of height in meters(Kg/m²)

| Underweight(<18.5) | Normal(18.5-24.9) | Overweight(25-29) | Obese(30-40) | Morbid obesity(>40) |
|--------------------|-------------------|-------------------|--------------|---------------------|
| | | | | |

Risk factor assessment Form-Part 2- Tobacco usage assessment form

Patient ID:

Serial No:

Age:

Tobacco Usage: Yes/No

If yes:

| | Duration | frequency | Quantity |
|------------------------|----------|-----------|----------|
| Smokeless | | | |
| Smoking | | | |
| E-cigarette | | | |
| Other forms of tobacco | | | |

Risk factor assessment Form-Part 2- Physical activity measurement form

Patient ID:

Serial No:

Age:

Physical activity measurement tool

| | | | |
|---|---|--|--|
| High activity- Vigorous activity 3 times a week or more | Medium activity- vigorous activity 1-2 times per week | Low activity- moderate exercise 3 or more times per week with no regular weekly vigorous exercise | Sedentary-Moderate exercise less than 3 times per week with no regular vigorous exercise |
| | | | |

Risk factor assessment Form-Part 2- Alcohol Consumption assessment form [AUDIT score]

Patient ID:

Serial No:

Age:

| Question | 0 | 1 | 2 | 3 | 4 |
|---|--------|-------------------|-------------------------------|------------------|---------------------------|
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week |
| How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? | 1 or 2 | 3 or 4 | 5 or 6 | 7,8 or 9 | 10 or more |
| How often did you have 6 or more drinks on one occasion in the past year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you failed to do what was normally expected from you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| Have you or someone else been injured as a result of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year |
| Has a relative or friend or doctor or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, during the last year |
| AUDIT SCORE | 0-7 | 8-15 | 16-19 | 20-40 | |
| RISK LEVEL | ZONE I | ZONE II | ZONE III | ZONE IV | |

Risk factor assessment Form-Part 2- Food Frequency Questionnaire

Patient ID:

Serial No:

Age:

Over the past month, on a typical day (excluding fasting, festivals etc.), how often have you eaten [specific food item] and what was the average portion size that you consumed [prompting from models and standard portion sizes]?

| No | Item | Unit | Amount eaten in a day |
|----|-------------------------------|------------------|-----------------------|
| 1 | Tea with milk | Glass | |
| 2 | Coffee with milk | Glass | |
| 3 | Lime water with sugar | Glass | |
| 4 | Butter Milk | Glass | |
| 5 | Baked/fried wheat/grain bread | Number/Bowl | |
| 6 | Rice preparations | Number/Bowl | |
| 7 | Pulse preparations | Bowl | |
| 8 | Leafy vegetable preparations | Bowl | |
| 9 | Roots and tubers preparations | Bowl/Number | |
| 10 | Other vegetable preparations | Bowl | |
| 11 | Vegetables eaten in raw form | Bowl/Number | |
| 12 | Non-Veg. food preparations | Bowl/Number | |
| 13 | Chutnies | Spoon | |
| 14 | Pickles | Spoon | |
| 15 | Milk and milk products | Glass/bowl/spoon | |

COMMON RISK FACTORS OF NON-COMMUNICABLE DISEASES(NCDS) AND
PERIODONTAL DISEASE IN INDIAN ADULTS [CRF-NCD/PD]

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| | | | |
|----|--------------------------|------------------------|--|
| 16 | Miscellaneous | Spoon, Number, Bowl | |
| 17 | Fried snacks (all types) | Number, Bowl | |
| 18 | Fruits | Number | |
| 19 | Alcohol consumption | Millilitres | |
| 20 | Water | Glass | |

**COMMON RISK FACTORS OF NON-COMMUNICABLE DISEASES(NCDS) AND
PERIODONTAL DISEASE IN INDIAN ADULTS [CRF-NCD/PD]**

CRF-NCD/PD FORM 21

Risk factor assessment Form-Part 2- Standard stress assessment questionnaire

Patient ID:

Serial No:

Age:

| Please answer the following questions based on your experience within the last month. | Not All | at Little Bit | Somewhat Much | Quite a Bit | Very |
|--|------------|---------------------|------------------|-------------|------|
| 1. How stressful would you say your life is? | 1 | 2 | 3 | 4 | 5 |
| 2. Dealing with daily stresses is negatively affecting my daily tasks. | 1 | 2 | 3 | 4 | 5 |
| 3. I have a high intake of sugar and/or processed foods. | 1 | 2 | 3 | 4 | 5 |
| 4. I feel worn down and/or burnt out. | 1 | 2 | 3 | 4 | 5 |
| 5. I need caffeine or other energy drinks in the morning or afternoon to give me energy. | 1 | 2 | 3 | 4 | 5 |
| 6. I seem to have lower than usual energy during the day. | 1 | 2 | 3 | 4 | 5 |
| 7. I experience body aches and pains. | 1 | 2 | 3 | 4 | 5 |
| 8. I have periods of low moods. | 1 | 2 | 3 | 4 | 5 |
| 9. I feel more irritable. | 1 | 2 | 3 | 4 | 5 |
| 10. My weight and metabolism have changed. | 1 | 2 | 3 | 4 | 5 |
| 11. I can't seem to focus or concentrate. | 1 | 2 | 3 | 4 | 5 |
| 12. I have feelings of anxiousness. | 1 | 2 | 3 | 4 | 5 |
| 13. I feel totally exhausted most of the day and only have a few productive hours. | 1 | 2 | 3 | 4 | 5 |
| 14. I find myself pushing through fatigue to get things done. | 1 | 2 | 3 | 4 | 5 |
| 15. I seem to be sleeping a lot but never feel quite rested. I wake up feeling tired. | 1 | 2 | 3 | 4 | 5 |
| 16. I have difficulty getting to sleep and/or wake up in the middle of the night. | 1 | 2 | 3 | 4 | 5 |
| 17. I experience strong cravings for sweet or salty foods. | 1 | 2 | 3 | 4 | 5 |
| 18. I feel overwhelmed with daily tasks and all that is on my plate. | 1 | 2 | 3 | 4 | 5 |
| 19. I have a low sex drive. | 1 | 2 | 3 | 4 | 5 |
| 20. I am unable to enjoy socializing with family and/or friends. | 1 | 2 | 3 | 4 | 5 |
| Add up your total score and mark where you fall on the stress scale below. | | | Total: _____ | | |
| Low Stress | | | High Stress | | |
| 20 | 40 | 60 | 80 | 100 | |

COMMON RISK FACTORS OF NON-COMMUNICABLE DISEASES(NCDS) AND
PERIODONTAL DISEASE IN INDIAN ADULTS [CRF-NCD/PD]

CRF-NCD/PD FORM 21

| | | | |
|--|---|--|--|
| | | | |
| Stress is fairly well managed in your life. It maybe important to support your body to continue its healthy response | Your body's response to stress may be getting in the way of normal activities quite frequently, leaving you feeling depleted. Consult your health care professional for an individualized program to achieve your health goals. | You may have experienced prolonged stress, andyour body's stress response can no longer adaptor successfully cope. Consult your health care professional for targeted support and strategies for improvement | |

COMMON RISK FACTORS OF NON-COMMUNICABLE DISEASES(NCDS) AND
PERIODONTAL DISEASE IN INDIAN ADULTS [CRF-NCD/PD]

CRF-NCD/PD FORM 22

Risk factor assessment Form-Part 2- Oral Hygiene and Periodontal Status Assessment Form

Patient ID:

Serial No:

Age:

a. Oral Hygiene Index-Simplified

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 31 | 36 |
| | | |

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 31 | 36 |
| | | |

Debris Index (DI)

Calculus Index(CI)

OHI-S=DI +CI

b. Plaque Index (Sillness and Loe)

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 41 | 36 |
| | | |

| | | |
|----|----|----|
| | | |
| 16 | 11 | 26 |
| 46 | 41 | 36 |
| | | |

Buccal

Lingual

Periodontal Screening and Recording

| | | |
|--|--|--|
| | | |
| | | |

