

LIST OF DEFINITIONS

1. Household characteristics

1.	Type of house was defined based on roof, floor and walls. Pucca houses were those made with high quality materials throughout, including the floor, roof, and exterior walls, semi-pucca houses were those that used partly low-quality and partly high-quality materials and kachha houses were made from mud, thatch, or other low-quality materials.
2.	Toilet facility included own or shared flush or pit toilets.
3.	Solid fuels included coal/lignite/charcoal/wood/straw/shrubs/grass/agricultural crop waste/dung cakes as fuel for cooking.
4.	Clean energy sources included electricity, LPG/natural gas and biogas as sources of energy for cooking.

2. Tobacco use – adults and adolescents

1.	Never tobacco users were defined as those who had never smoked/used smokeless tobacco in their lifetime.
2.	Current tobacco use was defined as use of any form of tobacco (smoke and/or smokeless) in the last 12 months preceding the survey.
3.	Current daily tobacco use was defined as use of any form of tobacco (smoke and/or smokeless) daily over the last 12 months preceding the survey.
4.	Past tobacco use was defined as use of smoke and/or smokeless tobacco in the past either daily or occasionally prior to 12 months preceding the survey.
5.	Exposure to second hand smoke was defined as those who reported being exposed to tobacco smoke on one or more than one occasion due to someone smoking tobacco close by either at home/workplace (closed areas)/during travel in car/bus/train/metro etc., in the past 30 days.
6.	Ever user/experimented tobacco were defined as those who ever tried or experimented with consumption of any form of tobacco (smoked and/or smokeless) in their lifetime.

3. Alcohol use – adults and adolescents

1.	Lifetime abstainers were defined as those who had never consumed one or more drink of any type of alcohol in their lifetime.
2.	Ever consumed were defined as those who consumed any alcoholic products (such as beer, wine, whisky, locally prepared alcohol etc.) at least once in their lifetime.

3.	Current alcohol use was defined as consumption of alcohol in the last 12 months preceding the survey.
4.	One standard drink was defined as the amount of ethanol in a standard glass (with net pure alcohol content of 10 gm) of beer, wine, fortified wine such as sherry and spirits.
5.	Heavy episodic drinking in adults (18–69 years) was defined as those engaged in consuming six or more standard drinks (60 grams) in a single drinking occasion over the past 30 days. Heavy episodic drinking in adolescents was defined as those engaged in five or more standard drinks of alcohol for boys and four or more for girls in a single drinking occasion over the past 30 days.
6.	Unauthorized sources of alcohol use were defined as those who consumed either smuggled/untaxed, home brewed, illegally brewed and alcohol not intended for drinking such as alcohol-based medicines, perfumes, after shaves or any other untaxed alcohol over the last 7 days.
7.	Source of alcohol was defined as the consumption of alcohol bought from any one of the following sources over the last 30 days; bought from store/shop/street vendor; gave money to someone else to buy; got it from friends; got it from family; stole it or got it without permission and some other way.

4. Diet – adults and adolescents

1.	One standard serving of fruits and/or vegetables is equivalent to 80-100 grams. The quantity of intake was measured by servings; for vegetables this refers to one cup of raw, leafy green vegetables (spinach, salad etc.), half cup of other vegetables, cooked or raw (tomatoes, pumpkin, beans etc.), or a half cup of vegetable juice. For fruits, this refers to one medium-sized piece of fruit (banana, apple etc.) or a half cup of raw, cooked or canned fruit or a half cup of juice from a fruit (not artificially flavored). Fruit juice and/or vegetable juice included fresh juice made at home/shop.
2.	Inadequate consumption of fruits and/or vegetables was defined as proportion who ate less than five servings of fruit and/or vegetables on an average per day.

5. Physical activity – adults and adolescents

1.	Metabolic equivalent (MET) is the ratio of a person's working metabolic rate relative to the resting metabolic rate. One MET is defined as the energy cost of sitting quietly and is equivalent to a caloric consumption of 1 Kcal/Kg/Hour.
2.	Insufficient physical activity in adults was defined as proportion of adults aged 18-69 years who spent <150 minutes of moderate-intensity physical activity per week* OR <75 minutes of vigorous-intensity physical activity per week* OR

	<p>an equivalent combination of moderate-and-vigorous intensity physical activity accumulating <600 MET- minutes** per week.</p> <p>Minutes of physical activity accumulated over the course of a week for a minimum duration of at least 10 minutes was also used.</p> <p>*Weekly minutes calculated by multiplying the number of days on which vigorous/moderate activity is done by the number of minutes of vigorous/moderate activity per day.</p> <p>**Weekly MET-minutes is calculated by multiplying the weekly minutes of vigorous activity by 8 and the number of weekly minutes of moderate activity by 4 and then adding these two results together.</p> <p>Insufficient physical activity in adolescents was defined as proportion doing less than 60 minutes of moderate to vigorous intensity physical activity daily, which is equivalent to <1680 MET-minutes per week and calculated as [60 minutes × 4 MET × 7 days].</p>
3.	<p>Moderate intensity physical activity included activities which took moderate physical effort and made them breathe somewhat harder than normal. In context to adolescents this included activities like dancing, gardening or playing cricket, kabaddi etc.</p>
4.	<p>Vigorous intensity physical activity referred to activities which took hard physical effort, and which made them breathe much harder than normal. In context to adolescents this included activities like weightlifting in a gym, while running an errand at home, playing games like football etc.</p>
5.	<p>Physical activity at work was defined as a combination of vigorous and moderate level activities done at home and/or at workplace.</p>
6.	<p>Physical activity during travel was defined as moderate level activities done while travelling either by walk or use of cycle.</p>
7.	<p>Leisure time activity was defined as a combination of vigorous (sports, fitness related or recreational) and moderate (swimming, cycling, volleyball etc.) level activities done during recreation time.</p>
8.	<p>Sedentary physical activity included activities like sitting, reclining and watching television, working on a computer, playing games in mobile/tablet, talking with friends, or doing other sitting activities like knitting, embroidery etc., including time spent sitting in school/college/office and excluding time spent sleeping.</p>
9.	<p>Physical activity per day at school in adolescents, included those who reported doing any physical activity (moderate or vigorous) for at least 10 minutes at a stretch either during assembly or games/physical training period/free period or lunch break per day among those who attended school during the last 1 year.</p>

6a. Physical measurements – adults

1.	Body mass index (BMI) was calculated by dividing weight in kilograms by height in meters square.		
2.	Classification of BMI		
	BMI categories	WHO cut-off (BMI)	Asian cut-off (BMI)
	Underweight	<18.5 Kg/m ²	<18.5 Kg/m ²
	Normal	18.5 – 24.9 Kg/m ²	18.5 - 22.9 Kg/m ²
	Overweight	25.0 – 29.9 Kg/m ²	23.0 - 24.9 Kg/m ²
	Obesity	≥30.0 Kg/m ²	≥25.0 Kg/m ²
3.	Central obesity in adults aged 18-69 years was defined as those with a waist circumference of ≥90cm in males and ≥80cm in females (as per South Asia Pacific Guidelines).		
4.	Raised blood pressure in adults aged between 18-69 years with a systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg including those on medication for raised blood pressure.		
5.	Normal blood pressure in adults aged 18-69 years with systolic blood pressure <120 mmHg and diastolic blood pressure <80 mmHg among those measured.		
6.	Pre-hypertension in adults aged 18-69 years with systolic blood pressure between 120-139 mmHg or diastolic blood pressure between 80-89 mmHg among those measured.		
7.	Hypertension Stage 1 in adults aged 18-69 years with systolic blood pressure between 140-159 mmHg or diastolic blood pressure between 90-99 mmHg among those measured.		
8.	Hypertension Stage 2 in adults aged between 18-69 years with systolic blood pressure ≥160 mmHg or diastolic blood pressure ≥100 mmHg among those measured.		

6b. Physical measurements – adolescents

1.	Overweight was >+1SD BMI for age and sex (equivalent to BMI 25.0 Kg/m ²) as per WHO.
2.	Obesity was >+ 2SD BMI for age and sex (equivalent to BMI 30.0 Kg/m ²) as per WHO.

7. Biochemical measurements - adults

1.	Normal fasting blood glucose in adults aged between 18-69 years with fasting blood glucose value <100 mg/dl among those measured.
2.	Raised blood glucose in adults aged 18-69 years with fasting blood glucose value ≥126 mg/dl including those on medication for raised blood glucose.

3.	<p>Mean salt intake of population: Estimated using the spot urine samples for Sodium (Na), Potassium (K) and Creatinine (Cr) excretion. Following which the INTERSALT equation with Potassium, was applied to arrive at a value in mmol/L. This was multiplied with a constant of 2.54 and divided by 1000 to obtain the salt intake of population in grams. The equation is given below:</p> <p>INTERSALT equation with Potassium</p> <p>Men: $23 \times (25.46 + [0.46 \times \text{spot Na (mmol/L)}] - [2.75 \times \text{spot Cr (mmol/L)}] - [0.13 \times \text{spot K (mmol/L)}] + [4.10 \times \text{BMI (Kg/m}^2\text{)}] + [0.26 \times \text{age (years)}])$</p> <p>Women: $23 \times (5.07 + [0.34 \times \text{spot Na (mmol/L)}] - [2.16 \times \text{spot Cr (mmol/L)}] - [0.09 \times \text{spot K (mmol/L)}] + [2.39 \times \text{BMI (Kg/m}^2\text{)}] + [2.35 \times \text{age (years)}] - [0.03 \times \text{age}^2 \text{ (years)}])$</p>
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8. Composite risk assessment

1.	<p>Clustering of risk factors included presence of ≥ 3 risk factors; daily tobacco use, inadequate fruits and/or vegetable intake, insufficient physical activity, overweight (BMI $\geq 25.0 \text{ Kg/m}^2$), raised blood pressure and raised fasting blood glucose including those on medication among adults aged 18-69 years.</p>
2.	<p>A 10-year Cardiovascular diseases (CVDs) risk of $\geq 30\%$ was defined as per WHO/ISH prediction charts for CVD risk for South-East Asia Region, according to the age (40-69 years), gender, systolic blood pressure, current smoked tobacco use and diabetes (previously diagnosed/fasting blood glucose concentration $\geq 126 \text{ mg/dl}$).</p>

9. Health seeking behaviours and management indicators

1.	<p>AYUSH here refers to consulting/obtaining medications for raised blood glucose, raised blood pressure and raised cholesterol from any one of the following practitioners; Ayurveda, Unani, Siddha and Homeopathy systems of medicine.</p>
Raised blood glucose	
2.	<p>Awareness of raised blood glucose included all adults aged between 30-69 years with raised blood glucose and who reported being diagnosed with diabetes either by a doctor or health worker.</p>
3.	<p>On treatment included all those adults aged between 30-69 years with raised blood glucose and were on medication (oral or insulin) on any one day in the last 2 weeks preceding the survey.</p>
4.	<p>Control of blood glucose was when the fasting blood glucose values were $< 126 \text{ mg/dl}$ among adults aged between 30-69 years with raised blood glucose.</p>

Raised blood pressure	
5.	Awareness of raised blood pressure included all adults aged between 30-69 years with raised blood pressure and who reported being diagnosed with hypertension either by a doctor or health worker.
6.	On treatment included all those adults aged between 30-69 years with raised blood pressure and were taking medication on anyone day in the last 2 weeks preceding the survey.
7.	Control of blood pressure was when the systolic blood pressure was <140 mmHg and diastolic blood pressure <90 mmHg among those adults aged between 30-69 years with raised blood pressure.
Reported Raised Cholesterol	
8.	Raised cholesterol included all adults aged between 30-69 years, who reported being diagnosed as having raised blood cholesterol either by a doctor or health worker.
9.	On treatment included all those adults aged between 30-69 years with raised blood cholesterol who were taking medication on any one day in the last 2 weeks preceding the survey.
10.	Adherence included all those adults aged between 30-69 years with raised blood cholesterol who were on medication daily in the last 2 weeks preceding the survey.
Cardiovascular conditions	
11.	Cardiovascular conditions diagnosed in a hospital which includes chest pain (heart related) or a heart attack (angina) or a stroke (cerebrovascular accident).
Cancer Screening	
12.	Screening for oral cancer was defined as any clinical oral examination done ever in both men and women between 30-69 years by a healthcare professional for early signs of oral cancer.
13.	Screening for breast cancer was defined as any clinical breast examination done ever in women ≥ 30 years of age by a healthcare professional for breast cancer.
14.	Screening for cervical cancer was defined as any screening tests done ever for cervical cancer in women aged between 30-49 years, by means of either/and Visual Inspection with Acetic Acid (VIA), pap smear or Human Papilloma Virus (HPV) test.
Drug therapy and Counselling to prevent heart attacks and Stroke	
15.	Drug therapy among adults aged 40-69 years was defined as those taking medication for raised blood glucose/diabetes, raised total cholesterol, or raised blood pressure or taking aspirin or statins to prevent or treat heart disease.

16.	Counselling among adults aged 40-69 years was defined as received advice from a doctor or other health worker to quit or not to start the use of tobacco, reduce salt intake in diet, consume at least five servings of fruit and/or vegetables per day, reduce fat in diet, start or do more physical activity, maintain a healthy body weight or lose weight.
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10. Health facility indicators

1.	Essential medicines and technologies for NCDs as per WHO were defined as percentage of public and private primary health care facilities based on the availability of the following:
	All the medicines to be available are at least one of each “aspirin, a statin, an ACE inhibitor, diuretic, a long acting calcium channel blocker, metformin, insulin, a bronchodilator and a steroid inhalant”.
	All technologies to be available are at least one “blood pressure measuring instrument, weighing scale, stadiometer, stethoscope, glucometer, glucostrips, urine strips”.
2.	Essential medicines and technologies according to NPCDCS guidelines were defined as percentage of public secondary health care facilities based on the availability of the following:
	All the medicines to be available for major NCDs are at least one of each “hypoglycaemic agent, insulin, anti-platelet agent, statin/cholesterol lowering drugs, ACE inhibitor, diuretic, nitrates, long acting calcium channel blocker, beta blocker, drugs for shock and heart failure, bronchodilator, a steroid inhalant, sedative/tranquilizer, local anaesthetic”.
	All technologies related to major NCDs are at least one “glucometer, biochemical analyser, glucostrips, urine strips reagents/kits for glucose test, reagents/kits for lipid profile, centrifuge, lancets, blood pressure measuring instrument, weighing scale, stadiometer/wall markings for height, measuring tape, stethoscope, cardiac monitor, defibrillator, ECG machine, 12-Channel stress ECG tread mill, ECG roll, nebuliser and pulse oximeter, torch/examination light, vaginal speculum, x-ray machine, ultrasound machine, CT Scan machine, haemoglobinometer, microscope, dental chair, dental mirror, 5% acetic acid and cotton tipped swabs”.

11. Yoga Practices – adults

1.	Yoga practices among adults aged 18-69 years was defined as percentage who reported practicing yoga [which includes activities like asana (sitting in a particular posture, which is comfortable and which could be maintained steadily for long time), pranayam (breathing techniques which are related to the control of breath or respiratory process) or meditation (a practice which helps in concentration of the body and mind)].
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