

Zimbabwe Non-Communicable Disease Survey (ZiNCoDS) – 2005

Demography and Health History Questionnaire

Respondent Id Number

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Questionnaire checked in the field by:

Name..... Signature Date.....
Team Leader

Name..... Signature Date.....
Provincial

Supervisor

Province		Midlands Mashonaland Central Matebeleland South		<input type="checkbox"/>		
		11. Kwekwe 12. Gweru 13. Zvishavane 14. Chirumanzi 21. Bindura 22. Mazowe 23. Guruve 24. Centenary 31. Bulilima 32. Gwanda 33. Insiza 34. Umzingwane		<input type="checkbox"/>		
Community		1. Urban 2. Rural		<input type="checkbox"/>		
Health Centre	111. Zhombe Hospital 113. Silobela Clinic 121. Mkoba Poly 123. Ivene 131. Shabane Mine Hospital 133. Mabasa 141. Holy Cross Hospital 143. Hama Clinic 211. Manhenga 213. Chiwaridzo clinic 221. St Alberts Mission 223. Muzarabani Rural clinic 231. Chitsungo Mission H 233. Bepura RHC 241. Rosa rural hospital 243. Bare clinic 311. Plumtree Hospital 313. Dingumuzi Clinic 321. Manama Hospital 323. Jahunda Clinic 331. Shangani Hospital 333. Insiza RHC 341. Esigodini Hospital 343. Nhangano Clinic	112. Mbizvo II Clinic 114. Munyati Clinic 122. Monomotapa 124. Mkoba I 132. Vukuzenzele 134. Matenda 142. St. Theresa Hospital 144. Chzhou 212. Chipadze clinic 214. Trojan mine clinic 222. Chawarura Rural HC 224. David Nelson clinic 232. Mushumbi Pools RHC 234. Shinje RHC 242. Nyakudya 244. Howard hospital 312. Dombodema RHC 314. Figtree Clinic 322. Buvume Clinic 324. Vumbachikwe Clinic 332. Avica Hospital 334. Shangani Mine Clinic 342. Esibomvu Clinic 344. Mzingwane Clinic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Date of interview		D	D	M	M	Y
						0
						5

DEMOGRAPHIC DATA

1. Surname _____ (Zita remhuri)		Other names _____ (mamwe mazita)					
2. Residential address (kwamunogara) _____ _____ _____		3. Sex (Male-1, Female-2) <input type="checkbox"/>					
		For Females Only (Age 25 – 50 years), 3a. When was your last LMP (Makagumisira rinhi kutevera/kugeza?) D D M M Y Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		3b. Are you pregnant Mune pamuviri here? <input type="checkbox"/> 1. Yes 2. No					
3b. Date of birth (zuva ramakaberekwa)	D	D	M	M	Y	Y	Age (makore) if is unknown code 99 <input type="checkbox"/> <input type="checkbox"/>
4. What is your marital status? (Makaroorwa/makaroorwa)	1. Single (handina kuroora/rwa) 2. Married (ndakaroorwa/rwa) 3. Divorced (takarambana) 4. Widowed (ndirishirikadzi/ndakafirwa) 5. Separation (takambosiyana parizvino) 6. Cohabiting (tirikungogarisana)						<input type="checkbox"/>
5. What is the highest level of education attained (Makadzidza kusvika papi?)	1. Never 2. Primary 3. Secondary 4. Tertiary						<input type="checkbox"/>

6. What is your main occupation (Munoita basa rei?) Specify _____	1. Informal 2. Formal skilled 3. Housewife 4. Not employed 5. Student 6. Others (If 3, 4 and 5 Go to Q8)	<input type="text"/>
7. What is your monthly Income? (Munowana /munotambira marii pamwedzi?)		\$.....
8. Additional/Other sources of income \$ _____ per _____ Imarii yamunowana nedzimwe nzira pamwedzi?		

Tobacco Use

9. Do you currently smoke or use any tobacco products, such as cigarettes, cigars, pipes, snuff, chew tobacco? Munoputa fodya here?	1. Yes 2. No (Go to Q13)	<input type="text"/>
10. If yes, Do you currently smoke tobacco products only? such as cigarettes, cigars or pipes and not snuff or chew tobacco Munoputa fodya chete here?	1. Yes 2. No	<input type="text"/>
11. How old were you when you first started smoking or using tobacco regularly? Makatanga kuputa fodya zuva nezuva muine makore Mangani?		<input type="text"/> <input type="text"/> Code 99 if doesn't remember
12. On average, how many of the following do you smoke each day? Munoputa fodya ngani pazuva dzemhando idzi? (Code 99 for don't know) Go to 14 (skip 13a and 13b)	1. Manufactured cigarettes Dzemidzanga 2. Hand-rolled cigarettes Chimonera 3. Pipe fillings of tobacco Chikwepa	<input type="text"/> <input type="text"/> <input type="text"/>
EXPANDED: TOBACCO USE		
13a. If not currently a smoker-In the past, did you ever smoke regularly? Munguva yapfuura maimboputa fodya mazuva ose here?	1. Yes 2. No (Go to Q16)	<input type="text"/>
13b. If yes How old were you when you stopped smoking regularly? Maiva nemakore mangani pamakagumisira kuputa mazuva ose?		<input type="text"/> <input type="text"/> Code 99 if doesn't remember

<p>14. Do you currently use any smokeless tobacco such as (snuff, chewing tobacco) Parizvino munoputa fodya imwe isiri yomudzanga here sezvakaita bute, yekutsenga?</p>	<p>1. Yes <input type="checkbox"/></p> <p>2. No (Go to Q16)</p>
<p>15. On average, how many times a day do you use..... (record for each type) Pazuva munoputa kangani? Other specify _____ (code 99 for don't know)</p>	<p>1. Snuff, by mouth <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Snuff, by nose <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Chewing tobacco <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Others <input type="checkbox"/> <input type="checkbox"/></p>

ALCOHOL CONSUMPTION (SECTION A)

In this section we shall ask you questions about alcohol consumption.
(Muchikamu chino tichakubvunzai nezve kumwa doro/hwahwa)

<p>16a. Have you ever consumed a drink that contains alcohol such as beer, wine, spirit, fermented cider, etc? Makambonwa zvinodhaka zvakaita sedoro, waini, tototo here?</p>	<p>1. Yes <input type="checkbox"/></p> <p>2. No (Go to Q19)</p>
<p>16b. Have you consumed alcohol within the past 12 months? Makambonwa zvinodhaka pamwedzi gumi nemiviri yapfuura?</p>	<p>1. Yes <input type="checkbox"/></p> <p>2. No (Go to Q19)</p>
<p>17. In the past 12 months, how frequently have you had at least one drink? (Read responses) Mumwedzi gumi nemiviri yapfuura , kangani kamakambonwa zvinodhaka kamwechete kana kupfuura?</p>	<p>1. 5 or more days per week 2. 1 – 4 days/week 3. 1-3 days/month 4. Les than once month</p> <p><input type="checkbox"/></p>
<p>18. During each day of the past 7 days, how many standard drinks of any alcoholic drink did you have each day? Pamazuva manomwe apfuura makanwa doro rakawanda zvakadiiii pazuva roga roga? (code 99 for don't know)</p>	<p>1. Monday <input type="text"/> <input type="text"/></p> <p>2. Tuesday <input type="text"/> <input type="text"/></p> <p>3. Wednesday <input type="text"/> <input type="text"/></p> <p>4. Thursday <input type="text"/> <input type="text"/></p> <p>5. Friday <input type="text"/> <input type="text"/></p> <p>6. Saturday <input type="text"/> <input type="text"/></p> <p>7. Sunday <input type="text"/> <input type="text"/></p>

DIET

In this section we are going to ask you questions about fruits and vegetables that you usually eat.
Muchikamu chino tichakubvunzai pamusoro pemichero nemirivo yamunowanzodya

<p>19a. In a typical week, how many days do you eat fruit? Munodya michero mazuva mangani pasvondo?</p>	<p>Number of days <input type="text"/></p>
<p>19b. How often do you eat fruits per day? Munodya michero kangani pazuva?</p>	<p>Number of servings <input type="text"/> <input type="text"/></p>

20a. In a typical week, on how many days do you eat vegetables? Munodya muriwo mazuva mangani pasvondo?	Number of days <input type="text"/>
20b. How often do you eat vegetables per day? Munodya muriwo kangani pazuva?	Number of servings <input type="text"/> <input type="text"/>
EXPANDED: DIET	
21. Are your meals usually prepared at home? Kudya kwenyu kunobikwa pamba penyu here?	1. Yes <input type="text"/> 2. No
22. What type of oils or fat is most often used for meal preparation in your household? Munonyanyoshandisa mhando ipi yemafuta pakubika? (code 99 for don't know)	1. Vegetable oil 2. Lard 3. Butter <input type="text"/> <input type="text"/> 4. Margarine <input type="text"/> <input type="text"/> 5. Peanut butter 6. None in particular 7. None used 8. Other Specify _____
PHYSICAL ACTIVITY	
I am going to ask you about the time you spend doing different types of physical activity. Please answer these questions even if you do not consider yourself to be an active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores, digging, harvesting food, fishing or hunting for food, seeking employment. Iyezvino tavekuzokubvunzai mashandisire amunoita nguva yenyu kana muchiita basa.	
23. Does your work involve mostly sitting or standing, with walking for no more that 10 minutes at a time? Basa ramunoita rinonyanyoitwa makagara here kana kumira pasina kufamba famba kwemaminitsi asinga pfuuri gumi panguva yega yega?	1. Yes <input type="text"/> 2. No
24. Does your work involve vigorous activity, like (heavy lifting, digging or construction work) for at least 10 minutes at a time? Munoita basa rakaomarara here rakafanana nukusimudza zvinorema, kuchera kana kuvaka kwemaminitsi gumi kana kupfuura panguva yoga yoga?	1. Yes <input type="text"/> 2. No
25a. In a typical week, on how many days do you do vigorous activities as part of your work? Mazuva mangani pasvondo amunoita basa rakaomarara?	Days a week <input type="text"/>

<p>25b. On a typical day on which you do vigorous activity, how much time do you spend doing such work? Munotora nguva yakadini kuita basa irori rakaoma Pazuva?</p>	<p>In hours</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>26. How long is your typical working day? Munoshanda nguva yakareba sei pazuva?</p>	<p>Number of hours</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>Other than activities that you have already mentioned, I would like to ask you about the way you travel to and from places. For example to work, for shopping, to the field, to market, to church, funerals, gatherings.</p>					
<p>27. Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? Pakufamba kunodarika maminiti gumi munofamba here kana munochovha bhasikoro?</p>	<p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No (Go to 29)</p>				
<p>28a. In a typical week, on how many days do you walk or cycle for at least 10 minutes to get to and from places? Pasvondo mazuva mangani amunofamba kana kuchovha bhasikoro kwemaminiti gumi kan kupfuura?</p>	<p>Days a week</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>				
<p>28b. How much time would you spend walking or cycling for any journey on a travel on a typical day. Pazuva munotora nguva yakadini muchifamba kana kuchovha bhasikoro?</p>	<p>In hours and minutes</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">HH</td> <td style="text-align: center;">MM</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	HH	MM	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
HH	MM				
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>				
<p>The next questions ask about activities you do in your leisure time. Think about activities you do for recreation, fitness or sports. Do not include the physical activities you do at work or for travel mentioned already. Panguva ino toda kukuvhunzai kuti munoshandisa nguva yenyu yokutandara muchiiita chii?</p>					
<p>29. Does your recreation, sport or leisure time involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time? Nguva yenyu yokutandara munoipedza makagara kana kumira musina zvamunaita kwemaminiti anoita gumi here?</p>	<p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No</p>				
<p>30. In your leisure time, do you do any vigorous activities like running or strenuous sports, weight lifting for at least 10 minutes at a time? Panguva yenyu yokutandara, munaita mabasa mamwe akaita se kumhanya, kudzvura, kusimudza zvinorema kwemaminiti anopfuura gumi here?</p>	<p>1. Yes <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>2. No (Go to 32a)</p>				
<p>31a. If yes In a typical week, on how many days do you do vigorous activities as part of your leisure time. Mazuva mangani pasvondo amunaita mabasa akaomarara</p>	<p>Days a week</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>				

panguva yenyu yekuzorora	
31b. How much time do you spend doing this (vigorous activities) on a typical day? Munozviita kwenguva yakareba zvakadini pazuva?	In hours and minutes HH MM <input type="text"/> <input type="text"/>
32a. In your leisure time, do you do any moderate activities such as brisk walking, cycling for at least 10 minutes at a time? Panguva yenyu yekuzorora, munoita mabasa akareruka kudai sekufamba nekukurumidza, kuchovha bhasikoro kwemaminiti anodrika gumi here?	1. Yes <input type="checkbox"/> 2. No (Go to Q34)
33a. If yes In a typical week, on how many days do you do moderate activities as part of leisure time? Mazuva mangani pasvondo amunoita mabasa akareruka aya?	Days a week <input type="text"/>
33b. How much time do you spend doing this(moderate activities) on a typical day? Munotoru nguva yakadini kuita mabasa iwawa pazuva?.	In hours and minutes HH MM <input type="text"/> <input type="text"/>
The following question is about sitting or reclining. Think back over the past 7 days, to the time spent at work, at home, in leisure, including time spent sitting at a desk, visiting friends, reading, or watching television, but do not include time spent sleeping. Iye zvino tava kuda kukubvunzai nezvamunoita makazorora.	
34. Over the past 7 days, how much time did you spend sitting or reclining on a typical day? Pamazuva manomwe apfuura, makapedza nguva yakadini makagara muchizorora pasina zvamuri kuita?	In hours and minutes HH MM <input type="text"/> <input type="text"/>
EXPANDED: HISTORY OF HIGH BLOOD PRESSURE Now we are going to ask you questions about your history of blood pressure. Tave kukubvunzai nezveblood pressure yenyu?	
35. When was your blood pressure last measured by a health professional? Makapedzisira rinhi kutorwa BP yenyu kuchipatara kana kwachiremba?	1. Within past 12 months <input type="checkbox"/> 2. 1-5 years ago 3. Not within past 5 years 4. Never had my blood pressure checked before

36. During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?

Mumwedzi gumi nemiviri yapfuura, makambotaurirwa here kuti BP yenyu yakakwira nachiremba kana mukoti here?

1. Yes

2. No (Go to Q40)

Now we are going to ask you questions about treatments for high blood pressure prescribed by a doctor or other health worker
Iyezvino tave kukubvunzai nekurapwa kweBP yenyu.

<p>37a. Have you been taking any drugs in past 2 weeks Pamasvondo maviri apfuura mange muri kutora mushonga we BP here?</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>37b. Have you been on any special prescribed diet including salt reduction? Murikudya zvekudya zvamakanzi munofanira kudya here kusanganisira kudya munyu mushoma?</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>37c. Were you given advice or treatment to lose weight? MakaYambirwa kuti mudzikisa uremu hwenyu here?</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>37d. Were you given advice to stop smoking? MakaYambirwa kuti murege kuputa fodya?</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>37e. Were you given advice to start or do more exercise? Makayambirwa kuita ma exercise?</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>38. During the past 12 months have you consulted traditional healer for elevated blood pressure or hypertension? Pamwedzi gumi nemiviri yapfuura makamboedza here kunobvunzira nezve BP yenyu kuna chiremba wechivanhu kanamupositori.</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>39. Are you currently taking any herbal or traditional remedy for your high blood pressure? Muri kunwa mushonga yechivanhu ye BP here?</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>EXPANDED: HISTORY OF DIABETES Now we are going to ask you questions about your history of diabetes. Iye zvino tave kuda kukuvhunzai maererano nezve chirwere chesugar</p>	
<p>40. Have you had your blood sugar measured in the past 12 months? Ropa renyu rakamboongororwa chirwere chesugar mumwedzi gumi yapfuura?</p>	<p>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p>
<p>41. Have you ever been diagnosed by a doctor or other health worker that you have diabetes? Makambobata chirwere che sugar ku clinic kana nachiremba here?</p>	<p>1. Yes <input type="checkbox"/> 2. No (Go to Q45)</p>
<p>Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker?</p>	

42a. Are you on Insulin injections? Murikuzvibaya insulin here?	1. Yes 2. No	<input type="checkbox"/>
42b. Are you on any oral drugs that you have taken in the last 2 weeks? Muri kunwa mapiritsi echirwere che sugar mumasvondo maviri apfuura?	1. Yes 2. No	<input type="checkbox"/>
42c. Are you on any special prescribed diet Muri kudya here zvamuniofanira kudya here?	1. Yes 2. No	<input type="checkbox"/>
42d. Have you been given advice or treatment to lose weight? Makamboyambirwa kudzikisa uremu hwenyu?	1. Yes 2. No	<input type="checkbox"/>
42e. Have you been advised to stop smoking? Makamboyambirwa kurega kuputa here?	1. Yes 2. No	<input type="checkbox"/>
42f. Have you been given advice to start or do more exercise? Makamboyambirwa kuti multe ma exercise here?	1. Yes 2. No	<input type="checkbox"/>
43. During the past 12 months have you consulted a traditional healer/faith healer for diabetes? Pamwedzi gumi nemiviri yapfuura, makamboenda here kunobvunzira nezve sugar yengu kun'anga kana muposotiri/Maporofita?	1. Yes 2. No	<input type="checkbox"/>
44. Are you currently taking any herbal or traditional remedy for your diabetes? Muri kunwa mishonga yechivanhu ye sugar here?	1. Yes 2. No	<input type="checkbox"/>
STEP 2: PHYSICAL MEASUREMENTS		
Interviewer ID Code	<input type="checkbox"/>	
45a. Height measured to the nearest 0.1 cm	Height (cm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
45b. Weight measured to the nearest 0.1 kg If weight above 120 kg code 999.9	Weight (kg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
WAIST		
Interviewer ID	<input type="checkbox"/>	

46. (For women) Are you pregnant?	1. Yes (Don't measure waist and HIP circumference go to Q49) <input type="checkbox"/> 2. No <input type="checkbox"/>
47. Waist circumference (to nearest 0.1 cm)	In centimetres <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SELECTED EXPANDED ITEMS	
48. Hip circumference (to nearest 0.1 cm)	In centimetres <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Blood Pressure (Readings to be 5 minutes apart)	
Interviewer Code	<input type="text"/>
49a. Mid-Upper arm circumference	<input type="text"/> <input type="text"/> <input type="text"/>
49b. Cuff size used	1. Small <input type="checkbox"/> 2. Normal <input type="checkbox"/> 3. Large <input type="checkbox"/>
50a. Reading 1 Systolic BP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
50b Diastolic BP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
51a. Reading 2 Systolic BP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
51b Diastolic BP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
52a. Reading 3 Systolic BP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
52b Diastolic BP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<p>52c. Average reading: Systolic BP</p> <p>52d Diastolic BP</p>	<p>To be filled by data entry clerks</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
<p>BLOOD GLUCOSE</p>											
<p>Interviewer's ID Code</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>										
<p>53. During the last 12 hours have you had anything to eat or drink, other than water?</p>	<p>1. Yes <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>2. No <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>If yes obtain only one sample for blood sugar (Random blood sugar)</p>										
<p>54a. Time fasting Blood glucose specimen taken</p>	<p>H H M M</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
<p>54b. Time post glucose load blood specimen taken</p>	<p>H H M M</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
<p>54c. Time interval between fasting and post load blood glucose specimens collection (To be calculated by data entry clerks)</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 60px; height: 20px;"></td> </tr> </table>										
<p>BLOOD LIPIDS – FASTING / RANDOM: If pregnant Do not collect blood sample for Lipids</p>											
<p>Interviewer ID Code</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
<p>55. Blood specimen taken for Lipids (Cholesterol, Triglycerides, etc.)</p>	<p>1. Yes <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>2. No <input style="width: 30px; height: 20px;" type="checkbox"/></p>										

THANK YOU FOR PARTICIPATING IN THIS STUDY