

**World Health Organization Study on Global Ageing and Adult Health (SAGE)
Individual Questionnaire A - Pilot Generic Q**



**World Health Organization
Study on Global Ageing and Adult Health (SAGE) - Pilot Study**

[Country name about here]

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Section 1000: Socio-Demographic Characteristics

Time Begin: :

Q1001	Household ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q1001a	Number of respondent from HH roster	<input type="text"/> <input type="text"/>	
Q1002	INTERVIEWER: <i>Does the respondent appear to have cognitive limitations that prevent him/her from being interviewed?</i>	1. YES→ 2. NO→	Q1007 Q1003
<p>I would like to start by asking you some background questions before asking you questions about your health. This information is confidential and you will not be identified individually or without your consent.</p> <p>One of the issues we are exploring in this study are the memory problems that some older persons can have. I know these questions may be sensitive or difficult to answer, but please try to provide an answer. I would like to start by asking you two questions about your memory.</p>			
Q1003	How would you best describe your memory at present ?	1. VERY GOOD 2. GOOD 3. MODERATE 4. BAD 5. VERY BAD	
Q1004	Compared to a year ago, would you say your memory is now better, the same or worse than it was then?	1. BETTER 2. SAME 3. WORSE	
Q1005	INTERVIEWER:	1. NO REASON TO THINK RESPONDENT HAS ANY COGNITIVE LIMITATIONS→ 2. RESPONDENT MAY HAVE SOME COGNITIVE LIMITATIONS BUT COULD PROBABLY DO THE INTERVIEW→ 3. COGNITIVE LIMITATIONS, PROXY→	Q1024 Q1006 Q1007
Q1006	INTERVIEWER: <i>Does respondent need assistance by anyone during the interview?</i>	1. YES→ 2. NO, ANSWER SELF.....→	Q1007 Q1024
Q1007	INTERVIEWER: <i>Who is the proxy?</i>	1. SPOUSE 2. NON-SPOUSE	

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FOR PROXY

Now we want you to remember what your friend or relative was like 10 years ago and to compare it with what he/she is like now. Ten years ago was in 1995. Below are situations where this person has to use his/her memory or intelligence and we want you to indicate whether this has improved, stayed the same or got worse in that situation over the past 10 years. Note the importance of comparing his/her present performance with 10 years ago.

For example, if 10 years ago this person always forgot where he/she had left things, and he/she still does, then this would be considered "not much change".

INTERVIEWER: can show the respondent the scale and read the categories..

		Compared with 10 years ago how is this person at...					
		MUCH IMPROVED	A BIT IMPROVED	NOT MUCH CHANGE	A BIT WORSE	MUCH WORSE	DON'T KNOW
Q1008	Remembering things about family and friends e.g. occupations, birthdays, addresses	1	2	3	4	5	8
Q1009	Remembering things that have happened recently	1	2	3	4	5	8
Q1010	Recalling conversations a few days later	1	2	3	4	5	8
Q1011	Remembering his/her address and telephone number	1	2	3	4	5	8
Q1010	Remembering what day and month it is	1	2	3	4	5	8
Q1013	Remembering where things are usually kept	1	2	3	4	5	8
Q1014	Remembering where to find things which have been put in a different place from usual	1	2	3	4	5	8
Q1015	Knowing how to work familiar machines around the house	1	2	3	4	5	8
Q1016	Learning to use a new gadget or machine around the house	1	2	3	4	5	8

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		MUCH IMPROVED	A BIT IMPROVED	NOT MUCH CHANGE	A BIT WORSE	MUCH WORSE	DON'T KNOW
Q1017	Learning new things in general	1	2	3	4	5	8
Q1018	Following a story in a book or on TV	1	2	3	4	5	8
Q1019	Making decisions on everyday matters	1	2	3	4	5	8
Q1020	Handling money for shopping	1	2	3	4	5	8
Q1021	Handling financial matters e.g. the pension, dealing with the bank	1	2	3	4	5	8
Q1022	Handling other everyday arithmetic problems e.g. Knowing how much food to buy, knowing how long between visits from family or friends	1	2	3	4	5	8
Q1023	Using his/her intelligence to understand what's going on and to reason things through	1	2	3	4	5	8
<p>Thank you for your participation.</p> <p>INTERVIEWER - <i>Your interview of this respondent has ended. To finalise this questionnaire - complete Section Q9000.</i></p>							

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Now I will continue with questions about your background.

Q1024	What is your mother tongue? By mother tongue we mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with.	1 Country-specific 2 Country-specific 3 Country specific... 88 Don't know	
Q1025	INTERVIEWER: <i>Record sex of the respondent</i>	1 MALE 2 FEMALE	
Q1026	In what month and year were you born?	<input type="text"/> <input type="text"/> MONTH 88 DON'T KNOW MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR 8888 DON'T KNOW YEAR	
Q1027	How old are you now? <i>If don't know - probe.</i>	<input type="text"/> <input type="text"/> <input type="text"/> AGE IN YEARS 888 DON'T KNOW	
Q1028	What is your <u>current</u> marital status?	1 NEVER MARRIED → 2 CURRENTLY MARRIED → 3 SEPARATED/DIVORCED 4 WIDOWED 5 COHABITATING →	Q1031 Q1030 Q1030
Q1029	For how many <u>years</u> have you been separated, divorced or widowed?	<input type="text"/> <input type="text"/> NUMBER OF YEARS 88 DON'T KNOW →	Q1031
Q1030	For how many <u>years</u> have you been married or living together?	<input type="text"/> <input type="text"/> NUMBER OF YEARS 88 DON'T KNOW	
Q1031	Have you <u>ever</u> been to school?	1 YES 2 No →	Q1034
Q1032	What is the highest level of education that you have completed?	1 LESS THAN PRIMARY SCHOOL 2 PRIMARY SCHOOL COMPLETED 3 SECONDARY SCHOOL COMPLETED 4 HIGH SCHOOL(OR EQUIVALENT) COMPLETED	

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	5 COLLEGE/PRE-UNIVERSITY COMPLETED	
	6 POST GRADUATE DEGREE COMPLETED	
Q1033	How many <u>years of education</u>, have you completed?	<input type="checkbox"/> <input type="checkbox"/> NUMBER OF YEARS 88 <i>DON'T KNOW</i>
Q1034	What is your <u>background or ethnic group</u>?	1 COUNTRY-SPECIFIC 2 COUNTRY-SPECIFIC 3 COUNTRY-SPECIFIC 4 COUNTRY-SPECIFIC... 5 OTHER
Q1035	Have you always lived in this village/town/city?	1. YES → Q1040 2. No
Q1036	How long have you been living in this area?	<input type="checkbox"/> <input type="checkbox"/> MONTHS 88 <i>DON'T KNOW</i> INTERVIEWER: <i>enter either months or years. If less than 12 months enter only months. If 12 months or more enter only years</i>
Q1037	Where were you living before?	1 In another area of [country-specific city] 2 In another city in this country 3 In a rural area in this state/province/region 4 In a rural area outside this state/province/region, but in this country 5 Outside this country
Q1038	Where have you lived for most of your adult life?	1 In another area of [country-specific city] 2 In another city in this country 3 In a rural area in this state/province/region 4 In a rural area outside this state/province/region but in this country 5 Outside this country
Q1039	Where did you live for most of your childhood?	1 In another area of [country-specific city] 2 In another city in this country 3 In a rural area in this state/province/region 4 In a rural area outside this state/province/region, but in this country 5 Outside this country

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Q1040	What is your religion?	1	MUSLIM
		2	CATHOLIC
		3	PROTESTANT
		4	PAGAN/TRADITIONAL
		5	NONE/NO RELIGION
		6	OTHER

Time End : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
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Section 1500: Work History and Benefits			
Time Begin: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>			
Q1501	Have you ever, in your life, had work from which you received payment in money or goods?	1 YES 2 NO	→ Q1502
Q1501a	What is the main reason that you have never worked?	1 Homemaker / caring for family 2 Looked but cannot find a job 3 Do unpaid work / voluntary work 4 Studies / training 5 Health problems 6 Did not have the economic need 7 Parents / spouse did not let me 8 Other, specify _____ 8 <i>DON'T KNOW</i>	} → Q2000
Q1502	Are you currently working for pay?	1 YES 2 No →	Q1515
Q1503	At what age did you start working for pay?	<input type="text"/> <input type="text"/> YEARS OF AGE 88 <i>DON'T KNOW</i>	

Now let me [first] ask you about your main job.

Q1504	Who is your employer in your current main job?	1 Government employee 2 Non-government employee 3 Self-employed 4 Employer
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Q1505	During the last 12 months, what has been your main occupation?	<ol style="list-style-type: none"> 1 Legislator, Senior Official or manager 2 Professional (engineer, doctor, teacher, clergy, etc.) 3 Technician or associate professional (inspector, finance dealer, etc.) 4 Clerk (secretary, cashier, etc.) 5 Service or sales worker (cook, travel guide, shop salesperson, etc.) 6 Agricultural or fishery worker (vegetable grower, livestock producer, etc.) 7 Craft or trades worker (carpenter, painter, jewelry worker, butcher, etc.) 8 Plant/machine operator or assembler (equipment assembler, sewing-machine operator, driver, etc.) 9 Elementary worker (street food vendor, shoe cleaner, etc.) 10 Armed forces (government military, security)
Q1506	On average, how many days a week do you work in your <u>main</u> job?	<input type="checkbox"/> DAYS 88 <i>DON'T KNOW</i>
Q1507	On average, how many hours a day do you work in your <u>main</u> job?	<input type="checkbox"/> <input type="checkbox"/> HOURS 88 <i>DON'T KNOW</i>
Q1508	How many months have you worked in your <u>main</u> job in the last 12 months?	<input type="checkbox"/> <input type="checkbox"/> MONTHS 88 <i>DON'T KNOW</i>
Q1509	In this <u>main</u> job, do you receive any of the following benefits?	<ol style="list-style-type: none"> 1 No benefits 2 Retirement or pension 3 Medical services 4 Food or provisions 5 Cash bonuses 6 Other, specify _____ 8 <i>DON'T KNOW</i>
INTERVIEWER: <i>circle all that apply</i>		
Q1510	Have you worked at more than one job over the last 12 months?	<ol style="list-style-type: none"> 1 YES 2 No
		→ Q2000

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NOW I'D LIKE TO ASK YOU QUESTIONS ABOUT YOUR SECOND JOB

Q1511	On average, how many days a week do you work in your <u>second</u> job?	<input type="checkbox"/> DAYS 8 <i>DON'T KNOW</i>	
Q1512	On average, how many hours a day do you work in your <u>second</u> job?	<input type="checkbox"/> <input type="checkbox"/> HOURS 88 <i>DON'T KNOW</i>	
Q1513	How many months have you worked in your <u>second</u> job in the last 12 months?	<input type="checkbox"/> <input type="checkbox"/> MONTHS 88 <i>DON'T KNOW</i>	
Q1514	In this <u>second</u> job, do you receive any of the following benefits...? INTERVIEWER: <i>circle all that apply</i>	1 Retirement or pension 2 Medical services 3 Food or provisions 4 Cash bonuses 5 Other, specify _____ 6 No benefits 8 <i>DON'T KNOW</i>	} } Q2000
Q1515	What is the main reason you are not working for pay?	1 Homemaker / caring for family 2 Looked but cannot find a job 3 Do unpaid work / voluntary work 4 Studies / training 5 Retired / too old to work 6 Ill health 7 Other, specify _____ 8 <i>DON'T KNOW</i>	
Q1516	What is the main reason that you stopped working for pay? INTERVIEWER: <i>only one answer allowed</i>	1 Health problems 2 I was retired because of my age 3 I was laid off / redundancy 4 My family did not want me to work 5 I wanted to stop working at a certain age 8 <i>DON'T KNOW</i>	

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Q1517	What was the last job you had?	1 Worked at regular pay job for one employer 2 Worked at paying jobs for more than one employer (at same time) 3 Did odd jobs 4 Worked for yourself 5 Did not work for pay 8 <i>DON'T KNOW</i>	
Q1518	At what age did you stop working?	<input type="text"/> <input type="text"/> YEARS OF AGE→ 88 <i>DON'T KNOW</i>→	Q1519 Q1518a
	Q1518a. How many years ago did you stop working?	<input type="text"/> <input type="text"/> YEARS AGO 88 <i>DON'T KNOW</i>	
Q1519	Are you actively looking for work?	1 YES 2 NO	
Q1520	What is the main reason that you would you like to work at present? INTERVIEWER: <i>only one answer allowed</i>	1 Need the income 2 Want to/need to be active 3 Want to feel useful 4 Help my family 5 Other, specify _____ 88 <i>DON'T KNOW</i>	

Time End : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
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Section 2000: Health State Descriptions

Time Begin: :

Now we will switch to questions specifically about your health. The first questions are about your overall health, including both your physical and your mental health.

Q2000	In general, how would you rate your health today?	1 Very good 2 Good 3 Moderate 4 Bad 5 Very bad
Q2001	Overall in the last 30 days, how much difficulty did you have with <u>work or household activities</u>?	1 None 2 Mild 3 Moderate 4 Severe 5 Extreme/cannot do

Now I would like to review the different functions of your body. When answering these questions, I would like you to think about the last 30 days, taking both good and bad days into account. When I ask about difficulty, I would like you to consider how much difficulty you have had, on average, in the last 30 days, while doing the activity in the way that you usually do it. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. Please answer this question taking into account any assistance you have available.

INTERVIEWER: Read and show scale to respondent

MOBILITY

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2002	Overall in the last 30 days, how much difficulty did you have with <u>moving around</u>?	1	2	3	4	5
Q2003	In the last 30 days, how much difficulty did you have in <u>vigorous activities</u> (such as cycling or working on the farm/country-specific example)?	1	2	3	4	5

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SELF-CARE

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2004	Overall in the last 30 days, how much difficulty did you have with <u>self-care</u>, such as washing or dressing yourself?	1	2	3	4	5
Q2005	In the last 30 days, how much difficulty did you have in <u>taking care of and maintaining your general appearance</u> (e.g. grooming, looking neat and tidy)	1	2	3	4	5

PAIN AND DISCOMFORT

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2006	Overall in the last 30 days, how much of <u>bodily aches or pains</u> did you have?	1	2	3	4	5
Q2007	In the last 30 days, how much <u>bodily discomfort</u> did you have?	1	2	3	4	5

COGNITION

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2008	Overall in the last 30 days, how much difficulty did you have with <u>concentrating or remembering things</u>?	1	2	3	4	5
Q2009	In the last 30 days, how much difficulty did you have in <u>learning a new task</u> (for example, learning how to get to a new place, learning a new game, learning a new recipe)?	1	2	3	4	5

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INTERPERSONAL ACTIVITIES

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2010	Overall in the last 30 days, how much difficulty did you have with <u>personal relationships or participation in the community</u>?	1	2	3	4	5
Q2011	In the last 30 days, how much difficulty did you have in <u>dealing with conflicts and tensions</u> with others?	1	2	3	4	5

BREATHING

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2012	Overall in the last 30 days, how much of a problem did you have with breathing, such as <u>shortness of breath at rest</u>?	1	2	3	4	5
Q2013	Shortness of breath with mild exercise, such as climbing uphill for 20 meters or stairs (such as 12 steps)?	1	2	3	4	5

SLEEP AND ENERGY

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2014	Overall in the last 30 days, how much of a problem did you have with sleeping, such as <u>falling asleep, waking up frequently during the night or waking up too early</u> in the morning?	1	2	3	4	5
Q2015	In the last 30 days, how much of a problem did you have due to not <u>feeling rested and refreshed</u> during the day (e.g. feeling tired, not having energy)?	1	2	3	4	5

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AFFECT

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2016	Overall in the last 30 days, how much of a problem did you have with <u>feeling sad, low or depressed</u>?	1	2	3	4	5
Q2017	Overall in the last 30 days, how much of a problem did you have with <u>worry or anxiety</u>?	1	2	3	4	5

VISION *(respondent should answer as when wearing glasses/contact lenses if used)*

Q2018	When was the last time you had your <u>eyes</u> examined by a medical professional?	1	NEVER	2	WITHIN THE LAST 12 MONTHS	3	1-2 YEARS AGO	4	3-4 YEARS AGO	5	5 OR MORE YEARS AGO
Q2019	Do you use eyeglasses or contact lenses to see far away (for example across the street)?	1	YES	2	NO						
Q2020	Do you use eyeglasses or contact lenses to see up close (for example at arms length, like when you are reading)?	1	YES	2	NO						
Q2021	In the last 30 days, how much difficulty did you have in seeing and recognising a person or object you know across the road (from a distance of about 20 meters)?	1	NONE	2	MILD	3	MODERATE	4	SEVERE	5	EXTREME / CANNOT DO
Q2022	In the last 30 days, how much difficulty did you have in seeing and recognising <u>an object at arm's length</u> (for example <u>reading</u>)?	1	NONE	2	MILD	3	MODERATE	4	SEVERE	5	EXTREME / CANNOT DO

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HEARING (respondent should answer as when wearing hearing aid if one is used)

Q2023	Do you wear a <u>hearing aid</u>?	1 YES 2 NO
Q2024	In the last 30 days, how much difficulty did you have in: <u>hearing someone talking on the other side of the room in a normal voice (even with your hearing aid on if you use one)?</u>	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO
Q2025	In the last 30 days, how much difficulty did you have in: <u>hearing what is said in a conversation with one other person in a quiet room (even with your hearing aid on if you use one)?</u>	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO

BOWELS AND BLADDER

Q2026	In the last 30 days, how much difficulty have you had with urinating or controlling your urine?	1 NONE → 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO	Q2028
Q2027	On about how many days in the last month has this happened to you?	<input type="checkbox"/> <input type="checkbox"/> DAYS 88 DON'T KNOW	
Q2028	<u>In the last 30 days, how much difficulty have you had with defecating, including constipation?</u>	1 NONE → 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO	Q2030
Q2029	On about how many days in the last month has this happened to you?	<input type="checkbox"/> <input type="checkbox"/> DAYS 88 DON'T KNOW	

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DIGESTION

Q2030	<p>In the last 30 days, for <u>how many days did you have a problem due to: burning in the stomach?</u></p> <p><i>If no problems enter 0</i></p>	<input type="text"/> <input type="text"/> DAYS 88 DON'T KNOW
Q2031	<p>In the last 30 days, for <u>how many days did you have a problem due to: loose stools 3 or more times a day?</u></p> <p><i>If no problems enter 0</i></p>	<input type="text"/> <input type="text"/> DAYS 88 DON'T KNOW

FUNCTIONING ASSESSMENT

These next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the last 30 days and answer these questions thinking about how much difficulty you had doing the following activities.

INTERVIEWER: *For each question, please circle only one response.*

	In the last 30 days, how much difficulty did you have ...	None	Mild	Moderate	Severe	Extreme/ cannot do	n/ a
Q2032	... in sitting for long periods (for example, sitting for two hours)?	1	2	3	4	5	9
Q2033	... in walking 100 meters (or equivalent)?	1	2	3	4	5	9
Q2034	... in standing up from sitting down (such as, getting up from a chair after sitting for long periods)?	1	2	3	4	5	9
Q2035	... in standing for long periods (such as 30 minutes)?	1	2	3	4	5	9
Q2036	... with climbing one flight of stairs without resting?	1	2	3	4	5	9
Q2037	... with stooping, kneeling or crouching?	1	2	3	4	5	9
Q2038	... picking up things with your fingers (such as picking up a coin from a table)?	1	2	3	4	5	9
Q2039	... in taking care of your household responsibilities?	1	2	3	4	5	9

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		None	Mild	Moderate	Severe	Extreme/ cannot do	n/ a
Q2040	... in learning a new task, for example, learning how to get to a new place?	1	2	3	4	5	9
Q2041	... in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5	9
Q2042	... in reaching for things over your head (for example, extending your arms above shoulder level)?	1	2	3	4	5	9
Q2043	... concentrating on doing something for 10 minutes?	1	2	3	4	5	9
Q2044	... in walking a long distance such as a kilometer (or equivalent)?	1	2	3	4	5	9
Q2045	... in washing your whole body?	1	2	3	4	5	9
Q2046	... in getting dressed (including, for example, putting on your shoes and socks)?	1	2	3	4	5	9
Q2047	... with people you do not know?	1	2	3	4	5	9
Q2048	... in maintaining a friendship?	1	2	3	4	5	9
Q2049	... in your day to day work?	1	2	3	4	5	9
Q2050	... with carrying things (such as lifting or carrying a heavy bag of food/bucket of water)?	1	2	3	4	5	9
Q2051	... with moving around inside your home (such as walking across a room)?	1	2	3	4	5	9
Q2052	... with eating (including cutting up your food)?	1	2	3	4	5	9
Q2053	... with getting up from lying down (for example, getting in and out of bed)?	1	2	3	4	5	9
Q2054	... with getting to and using the toilet?	1	2	3	4	5	9
Q2055	... with getting where you want to go, using private or public transport if needed?	1	2	3	4	5	9

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		None	Mild	Moderate	Severe	Extreme/ cannot do	n/ a
Q2056	... getting out of your home (such as going shopping for groceries)?	1	2	3	4	5	9
Q2057	In the last 30 days, how much have you been emotionally affected by your health condition(s)?	1	2	3	4	5	9
Q2058	Besides any vision aids (eyeglasses or contact lenses) or hearing aids mentioned above, do you use any other assistive devices (cane, walker or other).	1	YES				
		2	NO				

VIGNETTES FOR HEALTH STATE DESCRIPTIONS

This next section will require additional concentration. I will read to you some stories about people with varying levels of difficulties in different areas of health. I want you to think about these people's experiences as if they were your own. Once I have finished reading each story, I will ask you to rate what happened in the story. I would like to know how you view each story and rate how much of a problem or difficulty the person described has in that area of health in the same way that you described your own health to me earlier. While giving the rating, think of the person in the story as someone who is of your age and background.

Set A Affect and Mobility

	[Yusuf] is able to walk distances of up to 200 metres without any problems but feels tired after walking 1 kilometre or climbing up more than one flight of stairs. He has no problems with day-to-day physical activities, such as carrying food from the market.						
		None	Mild	Moderate	Severe	Extreme/ Cannot do	
Q2101	Overall in the last 30 days, how much difficulty did Yusuf have with <u>moving around</u> ?	1	2	3	4	5	
Q2102	In the last 30 days, how much difficulty did Yusuf have in <u>vigorous activities</u> , such as running 3 km (or equivalent) or cycling?	1	2	3	4	5	
	[Lucas] feels nervous and anxious. He worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests him. When he is alone he tends to feel useless and empty.						
		None	Mild	Moderate	Severe	Extreme/ Cannot do	
Q2103	Overall in the last 30 days, how much of a problem did [Lucas] have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5	
Q2104	In the last 30 days, how much of a problem did [Lucas] have with <u>worry or anxiety</u> ?	1	2	3	4	5	
	[Gabriel] has a lot of swelling in his legs due to his health condition. He has to make an						

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	effort to walk around his home as his legs feel heavy.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2105	Overall in the last 30 days, how much of a problem did Gabriel have with <u>moving around</u> ?	1	2	3	4	5
Q2106	In the last 30 days, how much difficulty did Gabriel have in <u>vigorous activities</u> , such as chopping trees or cycling?	1	2	3	4	5
	[Jane] enjoys her work and social activities and is generally satisfied with her life. She gets depressed every 3 weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day to day activities.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2107	Overall in the last 30 days, how much of a problem did Jane have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2108	In the last 30 days, how much of a problem did Jane have with <u>worry or anxiety</u> ?	1	2	3	4	5
	[Margaret] does not exercise. She cannot climb stairs or do other physical activities because she is obese. She is able to carry the groceries and do some light household work.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2109	Overall in the last 30 days, how much of a problem did Margaret have with <u>moving around</u> ?	1	2	3	4	5
Q2110	In the last 30 days, how much difficulty did Margaret have in <u>vigorous activities</u> , such as chopping trees or cycling?	1	2	3	4	5
	[Susan] feels depressed most of the time. She weeps frequently and feels hopeless about the future. She feels that she has become a burden on others and that she would be better dead.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2111	Overall in the last 30 days, how much of a problem did Susan have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2112	In the last 30 days, how much of a problem did Susan have with <u>worry or anxiety</u> ?	1	2	3	4	5
	[Mary] has no problems with walking, running or using her hands, arms and legs. She jogs 4 kilometres twice a week.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2113	Overall in the last 30 days, how much of a problem did Mary have	1	2	3	4	5

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	with <u>moving around</u> ?					
Q2114	In the last 30 days, how much difficulty did Mary have in <u>vigorous activities</u> , such as running 3 km (or equivalent) or cycling?	1	2	3	4	5
	[Abdul] is paralyzed from the neck down. He is unable to move his arms and legs or to shift body position. He is confined to bed.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2115	Overall in the last 30 days, how much of a problem did Abdul have with <u>moving around</u> ?	1	2	3	4	5
Q2116	In the last 30 days, how much difficulty did Abdul have in <u>vigorous activities</u> , such as chopping trees or cycling?	1	2	3	4	5
	[Samson] loves life and is happy all the time. He never worries or gets upset about anything and deals with things as they come.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2117	Overall in the last 30 days, how much of a problem did Samson have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2118	In the last 30 days, how much of a problem did Samson have with <u>worry or anxiety</u> ?	1	2	3	4	5
	[Scholastica] has already had five admissions into the hospital because she has attempted suicide twice in the past year and has harmed herself on three other occasions. She is very distressed every day for the most part of the day, and sees no hope of things ever getting better. She is thinking of trying to end her life again.					
		None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2119	Overall in the last 30 days, how much of a problem did Scholastica have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2120	In the last 30 days, how much of a problem did Scholastica have with <u>worry or anxiety</u> ?	1	2	3	4	5

Time End : :

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Section 2500: Anthropometrics and Performance Tests

Time Begin: :

Before we ask you more questions, this time about your own health and well-being, we would like to measure a few things, like your blood pressure, your weight and height. We'll also ask you to participate in a few tests to determine your health status.

Blood Pressure

First I would like to measure your blood pressure (seated x 3, after 1 minute rest)	
Q2501	Time 1 Systolic <input type="text"/> <input type="text"/> <input type="text"/> Diastolic <input type="text"/> <input type="text"/>
Q2502	Time 2 Systolic <input type="text"/> <input type="text"/> <input type="text"/> Diastolic <input type="text"/> <input type="text"/>
Q2503	Time 3 Systolic <input type="text"/> <input type="text"/> <input type="text"/> Diastolic <input type="text"/> <input type="text"/>

Anthropometric Measurements

To measure your height I need you to please take off your shoes. Put your feet and heels together and look forward standing with your back and head touching the wall. Look straight ahead.

Q2504	Height <i>in metres/centimetres</i>	<input type="text"/> <input type="text"/> metres <input type="text"/> <input type="text"/> <input type="text"/> centimetres 999 Cannot stand up
	Now we want to measure your weight - could you please keep your shoes off and step on this scale.	
Q2505	Weight <i>in kilograms (kg)</i>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg

INSERT BLOOD TESTS HERE.

Continue with Performance tests, see Appendix C.

INTERVIEWER: you will start with the walking tests - using your tape measure, mark out lengths of 1 and 4 metres over a flat and straight surface.

Normal walk

Now I am going to observe how you normally walk. If you use a cane or other walking aid and would be more comfortable with it, then you may use it. This is the walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store. Walk all the way past the other end of the tape before you stop. I will walk with you.

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INTERVIEWER: DEMONSTRATE.

Do you feel this would be safe? If yes, continue.
When I want you to start, I will say: "Ready, begin."

Ready begin.

Q2506	Did respondent complete the walk at usual pace?	1 YES 2 NO, REFUSED 3 NO, CANNOT WALK, EVEN WITH SUPPORT → Q2512
Q2507	Time at 1 metre	<input type="text"/> <input type="text"/> SECONDS
Q2508	Time at 4 metres	<input type="text"/> <input type="text"/> SECONDS

Rapid walk

Now I want to repeat the walk. This time, however, I would like you to walk at a rapid pace, as fast as you can, and go all the way past the other end of the course.

INTERVIEWER: DEMONSTRATE.

When I want you to start, I will say: "Ready, begin."

"Ready begin."

Q2509	Did respondent complete the walk at rapid pace?	1 YES 2 NO, REFUSED/UNABLE → Q2512
Q2510	Time at 1 metre	<input type="text"/> <input type="text"/> SECONDS
Q2511	Time at 4 metres	<input type="text"/> <input type="text"/> SECONDS

Grip strength - dynamometer

We are now going to test the strength in your hands.

Q2512	Have you had a recent worsening of pain or arthritis in your right hand or wrist, or do you have any other condition that is causing you pain?	1 YES → DO NOT TEST RIGHT HAND 2 NO
Q2513	Have you had a recent worsening of pain or arthritis in your left hand or wrist, or do you have any other condition that is causing you pain?	1 YES → DO NOT TEST LEFT HAND 2 NO
Q2514	Have you had any surgery on your right arm, hand or wrist in the last 3 months?	1 YES → DO NOT TEST RIGHT HAND 2 NO
Q2515	Have you had any surgery on your left arm, hand or wrist in the last 3 months?	1 YES → DO NOT TEST LEFT HAND 2 NO
Q2516	Which hand do you use to sign your name? <i>DOMINANT HAND - CHECK ONE ANSWER. IF A RESPONDENT IS AMBIDEXTROUS, THE HAND THAT IS USED FOR SIGNING/WRITING IS CONSIDERED THE DOMINANT HAND.</i>	1 RIGHT 2 LEFT 8 DON'T KNOW

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Bend your elbow and press your arm against your side. Then grab the two pieces of metal together like this.

INTERVIEWER: DEMONSTRATE.

I would like you to take this in your dominant hand. I will ask you to do this three times. If you feel any pain or discomfort, tell me and we will stop.

When I say "squeeze", squeeze as hard as you can.

INTERVIEWER: WHEN HE OR SHE BEGINS SAY: SQUEEZE, SQUEEZE, SQUEEZE!

Ready. Squeeze, squeeze, squeeze!

	<i>FILTER: Dominant hand</i>	1 RIGHT 2 LEFT
Q2517	<i>Did respondent complete the test 3 times in the dominant hand?</i>	1 YES 2 NO, REFUSED/UNABLE → Q2521
Q2518	<i>First test dominant hand</i>	<input type="checkbox"/> <input type="checkbox"/> KILOGRAMS
Q2519	<i>Second test dominant hand</i>	<input type="checkbox"/> <input type="checkbox"/> KILOGRAMS
Q2520	<i>Third test dominant hand</i>	<input type="checkbox"/> <input type="checkbox"/> KILOGRAMS

Okay, now I will test your other hand.

	<i>FILTER: Non-dominant hand</i>	1 RIGHT 2 LEFT
Q2521	<i>Did respondent complete the test 3 times in the non-dominant hand?</i>	1 YES 2 NO, REFUSED/UNABLE → Q2525
Q2522	<i>First test non- dominant hand</i>	<input type="checkbox"/> <input type="checkbox"/> KILOGRAMS
Q2523	<i>Second test non- dominant hand</i>	<input type="checkbox"/> <input type="checkbox"/> KILOGRAMS
Q2524	<i>Third test non-dominant hand</i>	<input type="checkbox"/> <input type="checkbox"/> KILOGRAMS

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Verbal Recall

We are now going to test your memory I know these questions may be difficult to answer, but please try to provide an answer.

I am now going to read you a list of words. Listen to them carefully and try to remember as many of them as you can, not necessarily in order. I will ask you to repeat them again after some time.

LIST OF WORDS:	TRIAL 1	TRIAL 2	TRIAL 3
ARM			
BED			
PLANE			
DOG			
CLOCK			
BIKE			
EAR			
HAMMER			
CHAIR			
CAT			

Q2525	<i>Number of words recalled correctly Trial 1</i>	<input type="text"/> <input type="text"/>
Q2526	<i>Number of words that respondent failed to recall Trial 1</i>	<input type="text"/> <input type="text"/>
Q2527	<i>Number of words substituted Trial 1</i>	<input type="text"/> <input type="text"/>

I will read the list to you again, and again when I am done, repeat them after me.

Q2528	<i>Number of words recalled correctly Trial 2</i>	<input type="text"/> <input type="text"/>
Q2529	<i>Number of words that respondent failed to recall Trial 2</i>	<input type="text"/> <input type="text"/>
Q2530	<i>Number of words substituted Trial 2</i>	<input type="text"/> <input type="text"/>

One final time - I will read the list and when I am done, you repeat as many as you can remember.

Q2531	<i>Number of words recalled correctly Trial 3</i>	<input type="text"/> <input type="text"/>
Q2532	<i>Number of words that respondent failed to recall Trial 3</i>	<input type="text"/> <input type="text"/>
Q2533	<i>Number of words substituted Trial 3</i>	<input type="text"/> <input type="text"/>

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Digit span - Digit forward

I'm going to read sets of numbers to you. I want you to repeat each set of numbers exactly as I say them to you. For example, if I said "1-2", you would say...?

INTERVIEWER: WAIT FOR CORRECT RESPONSE.

<i>If a respondent fails both trial 1 and trial 2, discontinue task. Read:</i>	length	Trial 1		Trial 2 (only if 0 in Trial 1)		Total		
4 7 2 8 1	5	0	1	0	1	0	1	2
8 4 7 2 5 1	6	0	1	0	1	0	1	2
3 9 0 7 1 8 2	7	0	1	0	1	0	1	2
2 6 8 9 0 4 1 5	8	0	1	0	1	0	1	2
8 5 7 3 2 0 1 5 9	9	0	1	0	1	0	1	2
9 6 7 3 9 5 1 6 3 8	10	0	1	0	1	0	1	2
5 1 6 8 9 3 2 0 8 3 1	11	0	1	0	1	0	1	2
3 7 2 9 1 0 5 2 6 4 3 8	12	0	1	0	1	0	1	2

If a respondent passes one trial they receive 1 point, but continue to the next number. Stop when they fail both trials.

Q2534	Total score (add up total column) (Maximum = 16 points)	<input type="text"/>	<input type="text"/>
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Digit span - Digits backwards

Now, I am going to say more numbers, but this time I want you to give them to me backward. For example, if I said 1-2, what would you say?

INTERVIEWER: Wait for subject to say 2-1.

IF THE RESPONDENT REPEATS THE NUMBERS, RATHER THAN REPEATING THEM BACKWARDS, SAY "I WANT YOU TO SAY THEM BACKWARDS". YOU CAN REMIND THE RESPONDENT ONE TIME.

<i>If a respondent fails both trial 1 and trial 2, discontinue task. Read:</i>	Correct response	length	Trial 1		Trial 2 (only if 0 in Trial 1)		Total		
4 7 2 8 1	1 8 2 7 4	5	0	1	0	1	0	1	2
8 4 7 2 5 1	1 5 2 7 4 8	6	0	1	0	1	0	1	2
3 9 0 7 1 8 2	2 8 1 7 0 9 3	7	0	1	0	1	0	1	2
2 6 8 9 0 4 1 5	5 1 4 0 9 8 6 2	8	0	1	0	1	0	1	2
8 5 7 3 2 0 1 5 9	9 5 1 0 2 3 7 5 8	9	0	1	0	1	0	1	2
9 6 7 3 9 5 1 6 3 8	8 3 6 1 5 9 3 7 6 9	10	0	1	0	1	0	1	2
5 1 6 8 9 3 2 0 8 3 1	1 3 8 0 2 3 9 8 6 1 5	11	0	1	0	1	0	1	2
3 7 2 9 1 0 5 2 6 4 3 8	8 3 4 6 2 5 0 1 9 2 7 3	12	0	1	0	1	0	1	2

Q2535	Total score (add up total column) (Maximum = 16 points)	<input type="text"/>	<input type="text"/>
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INDIVIDUAL QUESTIONNAIRE A - Pilot Generic Q

Verbal Fluency

Now we are going to ask you to think of animals and name as many as you can. I am going to give you one minute and I want to see how many animals you can name.

INTERVIEWER: insert instructions about what is acceptable and what is not.

If respondent stops before the end of the minute, encourage them to try to name more animals. If there is a silence of about 15 seconds, prompt them to continue or repeat the basic instructions.

Ready? Start:

Interviewer: Start timing for one minute.

Q2536	Total score (number of animals named correctly)	□ □
Q2537	Number of errors	□ □

SAY: "FINE" OR "GOOD" WHEN COMPLETED THE ONE MINUTE.

Delayed Verbal Recall

I read you a list of words about 10 minutes ago. Could you please repeat to me as many of them as you can?

LIST OF WORDS:	CORRECT
ARM	
BED	
PLANE	
DOG	
CLOCK	
BIKE	
EAR	
HAMMER	
CHAIR	
CAT	

Q2538	Number of words recalled correctly	□ □
Q2539	Number of words that respondent failed to recall	□ □
Q2540	Number of words substituted	□ □

INSERT VISION TEST AND SPIROMETRY TEST HERE.

Time End: □ □ : □ □

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Section 3000: Risk Factors and Preventive Health Behaviours

Time Begin: :

We would now like to ask you some questions about your habits and awareness about health.

TOBACCO AND OTHER SMOKING (SEE APPENDIX F)

Q3000	Have you ever smoked tobacco or used smokeless tobacco?	1 YES 2 NO→	Q3008
Q3001	Do you <u>currently smoke or chew</u> any tobacco products such as cigarettes, cigars, pipes, chewing tobacco or snuff?	1 YES, DAILY 1 YES, BUT NOT DAILY→ 2 NO, NOT AT ALL→	Q3008 Q3008
Q3002	For how many years have you been <u>smoking or using tobacco daily</u>?	<input type="text"/> <input type="text"/> YEARS 88 DON'T KNOW	
On average, <u>how many</u> of the following products do you smoke or use <u>each day</u>? <i>Include number below:</i>			
Q3003	Manufactured cigarettes	<input type="text"/> <input type="text"/>	
Q3004	Hand-rolled cigarettes	<input type="text"/> <input type="text"/>	
Q3005	Pipefuls of tobacco	<input type="text"/> <input type="text"/>	
Q3006	Smokeless tobacco	<input type="text"/> <input type="text"/> <input type="text"/> GRAMS/DAY	
Q3007	Other, specify	<input type="text"/> <input type="text"/>	

ALCOHOL (show Alcohol card to respondent - see Appendix F)

Q3008	Have you ever consumed a drink that contains alcohol (such as beer, wine, etc.)?	1 YES 2 NO, NEVER→	Q3019
Q3009	Have you consumed alcohol in the last 30 days?	1 YES 2 NO→	Q3017

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During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?		<i>Include number below</i>
Q3010	Monday	<input type="text"/> <input type="text"/>
Q3011	Tuesday	<input type="text"/> <input type="text"/>
Q3012	Wednesday	<input type="text"/> <input type="text"/>
Q3013	Thursday	<input type="text"/> <input type="text"/>
Q3014	Friday	<input type="text"/> <input type="text"/>
Q3015	Saturday	<input type="text"/> <input type="text"/>
Q3016	Sunday	<input type="text"/> <input type="text"/>
Q3017	In the last 12 months, how frequently [on how many days] have you had at least one alcoholic drink?	1 LESS THAN ONCE A MONTH 2 ONE TO THREE DAYS PER MONTH 3 ONE TO FOUR DAYS PER WEEK 4 FIVE OR MORE DAYS PER WEEK
Q3018	In the last 12 months, on the days you drank alcoholic beverages, how many drinks did you have on average?	<input type="text"/> <input type="text"/> DRINKS 88 DON'T KNOW

NUTRITION

Studies have shown that nutrition and life-style are very important health factors. I want to ask you a few questions about your diet. Now I am going to ask you about the fruit and vegetables you usually eat

(show Nutrition card to respondent -- see Appendix F)

Q3019	How many servings of fruit do you eat on a typical day?	<input type="text"/> <input type="text"/> SERVINGS
		88 DON'T KNOW
Q3020	How many servings of vegetables do you eat on a typical day?	<input type="text"/> <input type="text"/> SERVINGS
		88 DON'T KNOW

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PHYSICAL ACTIVITY - (SEE APPENDIX F)

Next 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, harvesting food, fishing or hunting for food, seeking employment.

Q3021	Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?	1 YES→ 2 No	Q3025
Q3022	Does your work involve <u>vigorous intensity</u> activities, like heavy lifting, digging or chopping wood for at least 10 minutes at a time?	1 YES 2 No→	Q3024
Q3023	In a typical week, on how many days do you do <u>vigorous</u> activities as part of your work?	<input type="text"/> <input type="text"/> DAYS	
Q3024	On a typical day when you do <u>moderate-intensity</u> activities, such as cooking, cleaning or washing clothes how much time do you spend doing such work?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES	

Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places. For example to work, for shopping, to market, to place of worship.

Q3025	Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	1. YES 2. No→	Q3028
Q3026	In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?	<input type="text"/> <input type="text"/> DAYS	
Q3027	How much time would you spend walking or bicycling for travel on a typical day?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES	

The next questions ask about activities you do in your leisure time. Think about activities you do for recreation, fitness or sport. Do not include the physical activities you do at work or for travel mentioned already.

Q3028	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?	1 YES 2 No→	Q4001
Q3029	In your [leisure time], do you do any <u>vigorous</u> activities like [strenuous sports like running or weight lifting] for at least 10 minutes at a time?	1 YES 2 No	Q3032

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Q3030 In a typical week, on how many days do you do vigorous activities as part of your [leisure time]? <input type="checkbox"/> <input type="checkbox"/> DAYS	
Q3031 How much time do you spend doing this on a typical day? <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> <i>Insert examples & use show card</i> HOURS:MINUTES	
Q3032 In your [leisure time], do you do any moderate-intensity activities like walking, cycling or swimming for at least 10 minutes at a time? 1 YES 2 No	→ Q4001
Q3033 In a typical week, on how many days do you do moderate-intensity activities as part of [leisure time]? <input type="checkbox"/> <input type="checkbox"/> DAYS <i>Insert examples & use show card</i>	
Q3034 How much time do you spend doing this on a typical day? <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> HOURS:MINUTES	
Time End : <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	

Section 4000: Chronic Conditions and Health Services Coverage

Time Begin: :

Now I would like to read you questions about some health problems or health care needs that you may have experienced, and the treatment or medical care that you may have received.

ARTHRITIS

Q4001	Have you ever been diagnosed with/told you have <u>arthritis</u> (or by other names rheumatism or osteoarthritis)?	1 YES 2 NO	→	Q4004
Q4002	Have you ever been treated for it?	1 YES 2 NO		
Q4003	Have you been taking any <u>medications or other treatment</u> for it during the last 2 weeks?	1 YES 2 NO		
Q4004	During the last 12 months, have you experienced, pain, aching, stiffness or swelling in or around the joints (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month?	1 YES 2 NO		
Q4005	During the <u>last 12 months</u>, have you experienced, stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement ?	1 YES 2 NO	→	Q4008
Q4006	How long did this stiffness last? <i>Read choices and mark as appropriate</i>	1 ABOUT 30 MINUTES OR LESS 2 MORE THAN 30 MINUTES		
Q4007	Did this stiffness go away after exercise or movement in the joint?	1 YES 2 NO		

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Q4008	Have you experienced <u>back pain</u> during the <u>last 30 days</u>?	1 YES 2 NO→	Q4010
Q4009	On how many days did you have this back pain during the last 30 days?	<input type="text"/> <input type="text"/> DAYS	

STROKE

Q4010	Have you ever been told by a health professional that you have had a stroke?	1 YES 2 NO→	Q4016
Q4011	Did you ever receive medical treatment for this stroke?	1 YES 2 NO	
Q4012	Have you been taking any <u>medications or other treatment</u> for it during the <u>last 2 weeks</u>?	1 YES 2 NO	
Q4013	At what age was your most recent stroke?	<input type="text"/> <input type="text"/> (AGE, IN YEARS) 88 DON'T KNOW.....→	Q4013a
	Q4013a. In what year was your most recent stroke?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR 88 DON'T KNOW	
Q4014	Does this stroke or its complications interfere not at all, a little, or a lot with your daily activities?	1 NOT AT ALL 2 A LITTLE 3 A LOT	
Q4016	Have you ever suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours?	1 YES 2 NO	
Q4017	Have you ever had, for more than 24 hours, sudden onset of loss of feeling on one side of your body, without anything having happened to you immediately before?	1 YES 2 NO	
Q4018	Have you had any difficulty in thinking or finding the right words to say?	1 YES 2 NO	

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ANGINA

Q4019	Have you ever been diagnosed with <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1 YES 2 No	→	Q4022
Q4020	Have you ever been treated for it?	1 YES 2 No		
Q4021	Have you been taking any <u>medications</u> or <u>other treatment</u> for it <u>during the last 2 weeks</u>?	1 YES 2 No		
Q4022	During the <u>last 12 months</u>, have you experienced any <u>pain</u> or <u>discomfort</u> in your <u>chest</u> when you walk uphill or hurry?	1 YES 2 No 3 NEVER WALKS UPHILL OR HURRIES		
Q4023	During the <u>last 12 months</u>, have you experienced any pain or discomfort in your chest when you walk at an ordinary pace on level ground?	1 YES 2 No	→	Q4027
Q4024	<u>What do you do</u> if you get the pain or discomfort when you are walking? <i>read choices</i>	1 Stop or slow down 2 Carry on after taking a pain relieving medicine that dissolves in your mouth 3 Carry on		
Q4025	If you stand still, what happens to the pain or discomfort? <i>read choices</i>	1 Relieved 2 Not relieved		
Q4026	Will you show me where you usually experience the pain or discomfort? <i>record all areas of body mentioned or showed</i>	1 UPPER OR MIDDLE CHEST 2 LOWER CHEST 3 LEFT ARM 4 OTHER		

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INDIVIDUAL QUESTIONNAIRE A - Pilot Generic Q

DIABETES

Q4027	Have you ever been diagnosed with diabetes (high blood sugar)?	1	YES→ Q4031
		2	NO	
Q4028	Have you ever been treated for it?	1	YES	
		2	NO	
Q4029	Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks?	1	YES	
		2	NO	
Q4030	Are you following a special diet, exercise regime or weight control program for diabetes?	1	YES	
		2	NO	

CHRONIC LUNG DISEASE

Q4031	Have you ever been diagnosed with <u>chronic lung disease</u> (<u>emphysema, bronchitis, COPD</u>)?	1	YES→ Q4034
		2	NO	
Q4032	Have you ever been treated for it?	1	YES	
		2	NO	
Q4033	Have you been taking any medications or other treatment (like oxygen) for it during the last 2 weeks?	1	YES	
		2	NO	
Q4034	During the <u>last 12 months</u>, have you experienced any <u>shortness of breath</u> at rest? (while awake)	1	YES	
		2	NO	
Q4035	During the last 12 months, have you experienced any <u>coughing</u> or <u>wheezing</u> for <u>ten minutes or more at a time</u>?	1	YES	
		2	NO	
Q4036	During the last 12 months, have you experienced any <u>coughing up sputum</u> or <u>phlegm</u> for most days of the month for at least 3 months?	1	YES→ Q4039
		2	NO	
Q4037	Have you had <u>blood</u> in your phlegm or have you <u>coughed blood</u>?	1	YES	
		2	NO	

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Q4038	In the <u>last 12 months</u>, have you had a <u>tuberculosis (TB) test</u>? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to a laboratory for analysis) or made an x-ray of your chest?	1	YES
		2	NO

DEPRESSION

Q4039	Have you ever been diagnosed with depression?	1	YES	→	Q4042
		2	NO		
Q4040	Have you ever been treated for it?	1	YES		
		2	NO		
Q4041	Have you been taking any <u>medications or other treatment</u> for it during the <u>last 2 weeks</u>?	1	YES		
		2	NO		
Q4042	During the last 12 months, have you had a period lasting <u>several days</u> when you felt <u>sad, empty or depressed</u>?	1	YES		
		2	NO		
Q4043	During the last 12 months, have you had a period lasting several days when you <u>lost interest</u> in most things you usually enjoy such as hobbies, personal relationships or work?	1	YES		
		2	NO		
Q4044	During the last 12 months, have you had a period lasting several days when you have been feeling your <u>energy decreased</u> or that you <u>are tired all the time</u>?	1	YES	→	Q4060
		2	NO		
Q4045	Was this period [of sadness/loss of interest/low energy] for more than 2 weeks?	1	YES	→	Q4060
		2	NO		
Q4046	Was this period [of sadness/loss of interest/low energy] <u>most of the day, nearly every day</u>?	1	YES	→	Q4060
		2	NO		

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Q4047	During this period, did you <u>lose your appetite</u>?	1	YES
		2	NO
Q4048	Did you notice any <u>slowing down in your thinking</u>?	1	YES
		2	NO
Q4049	Did you notice any problems <u>falling asleep</u>?	1	YES
		2	NO
Q4050	Did you notice any problems <u>waking up too early</u>?	1	YES
		2	NO
Q4051	During this period, did you have any <u>difficulties concentrating</u>; for example, listening to others, working, watching TV, listening to the radio?	1	YES
		2	NO
Q4052	Did you notice any <u>slowing down in your moving around</u>?	1	YES
		2	NO
Q4053	During this period, did you feel <u>anxious and worried</u> most days?	1	YES
		2	NO
Q4054	During this period, were you so <u>restless or jittery</u> nearly every day that you paced up and down and couldn't sit still?	1	YES
		2	NO
Q4055	During this period, did you feel <u>negative</u> about yourself or like you had <u>lost confidence</u>?	1	YES
		2	NO
Q4056	Did you frequently feel <u>hopeless</u> - that there was no way to improve things?	1	YES
		2	NO
Q4057	During this period, did your <u>interest in sex</u> decrease?	1	YES
		2	NO
Q4058	Did you <u>think of death</u>, <u>wished you were dead</u>?	1	YES
		2	NO

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Q4059	During this period, did you ever try to end your life?	1 YES
		2 NO

HYPERTENSION

Q4060	Have you ever been diagnosed with high blood pressure (hypertension)?	1 YES→ Q4063
		2 NO	
Q4061	Have you ever been treated for it?	1 YES	
		2 NO	
Q4062	Have you been taking any medications or other treatment for it during the last 2 weeks?	1 YES	
		2 NO	

CANCER

Q4063	Have you ever been diagnosed with cancer or a malignant tumor?	1 YES→ Q4069
		2 NO	
Q4064	When were you diagnosed (in what year)? INTERVIEWER: <i>if multiple cancers, the last one diagnosed</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (YEAR)	Q4065
		88 DON'T KNOW	Q4064a
		Q4064a. How many years ago where you diagnosed? <input type="text"/> <input type="text"/> YEARS AGO 88 DON'T KNOW	
Q4065	Have you ever been treated for it?	1 YES	
		2 NO	
Q4066	In which organ or part of your body did your cancer start? INTERVIEWER: <i>for each different cancer, record organ or part of body in which the cancer began. Circle all organs mentioned by respondent)</i>	<i>ORGAN(S) OR PART(S) OF THE BODY:</i>	
		1 BREAST	
		2 FEMALE REPRODUCTIVE ORGANS	
		3 PROSTATE	
		4 LUNG (RESPIRATORY SYSTEM)	
		5 DIGESTIVE ORGANS	
		6 BLOOD, LYMPHOID AND OTHER RELATED TISSUE	
7 OTHER, SPECIFY _____			

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Q4067	In the last 12 months what sort of treatments have you received for your cancer?	1 NONE IN THE LAST 12 MONTHS 2 CHEMOTHERAPY OR MEDICATION 3 SURGERY OR BIOPSY 4 RADIATION OR X-RAYS 5 MEDICATION FOR SYMPTOMS (PAIN, NAUSEA, ALLERGIES) 6 OTHER, SPECIFY _____
	INTERVIEWER: <i>circle all answers spontaneously mentioned by respondent</i>	
Q4068	Do you currently have cancer?	1 YES 2 NO

CERVICAL CANCER AND BREAST CANCER SCREENING (WOMEN ONLY)

Questions to be asked to FEMALE respondents only. : Female ->CONTINUE
Male -> GO TO Q4072

Now I would like to ask you about some of the kinds of medical care or tests that you may have received.

Q4069	When was the last time you had a pelvic examination, if ever? (By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?)	1 WITHIN THE LAST 3 YEARS 2 4-5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 NEVER HAD EXAM→	Q4071
Q4070	The last time you had the pelvic examination, did you have a PAP smear test? (By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?)	1 YES 2 NO	
Q4071	When was the last time you had a mammography, if ever? (That is, an x-ray of your breasts taken to detect breast cancer at an early stage.)	1 WITHIN THE LAST 3 YEARS 2 4-5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 NEVER HAD EXAM	

CATARACTS

Q4072	In the last 5 years, were you diagnosed with a cataract in one or both of your eyes (a cloudiness in the lens of the eye)?	1 YES 2 NO→ 8 DON'T KNOW	Q4074
Q4073	In the last 5 years, have you had eye surgery to remove this cataract(s)?	1 YES 2 NO	

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In the last 12 months have you experienced any of the following:

Q4074	Cloudy or blurry vision?	1. YES 2. NO
Q4075	Vision problems with light, such as glare from bright lights, or halos around lights?	1. YES 2. NO

INJURIES

Q4076	In the <u>last 12 months</u>, have you been involved in a road traffic accident where you suffered from bodily injury? <i>PROBE:</i> This could have been an accident in which you were involved either as the occupant of a motor vehicle, or when you were riding a motorcycle or bicycle or walking.	1 YES 2 NO → Q4079
Q4077	<u>When</u> (in the last 12 months) did the incident happen?	1 IN THE LAST 30 DAYS 2 BETWEEN 1 TO 2 MONTHS AGO 3 BETWEEN 2 TO 6 MONTHS AGO 4 BETWEEN 6 TO 12 MONTHS AGO 88 DON'T KNOW
Q4078	Did you receive any <u>medical care or treatment</u> for your injuries?	1 YES 2 NO
Q4079	In the <u>last 12 months</u>, have you had an accident in your home where you suffered from bodily injury?	1 YES 2 NO → Q4082
Q4080	<u>When</u> (in the last 12 months) did the incident happen?	1 IN THE LAST 30 DAYS 2 BETWEEN 1 TO 2 MONTHS AGO 3 BETWEEN 2 TO 6 MONTHS AGO 4 BETWEEN 6 TO 12 MONTHS AGO 88 DON'T KNOW

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Q4081	Did you receive any <u>medical care or treatment</u> for your injuries?	1 YES 2 NO	
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ORAL HEALTH (Questions to be asked to all respondents).

Now I would like you to tell me about the condition of your mouth and teeth

Q4082	Please tell me, are you missing any teeth?	1 YES 2 NO	
Q4083	During the last 12 months, did you have any problems with your mouth and/or teeth?	1 YES 2 NO →	Q4086
Q4084	Did the problems with your mouth change how much or how often you ate food?	1 YES 2 NO	
Q4085	During the <u>last 12 months</u>, did you receive any <u>treatment</u> from a dentist or other oral health specialist for this problem with your mouth and/or teeth?	1 YES 2 NO →	Q4086

Now, thinking about all the conditions we have just discussed, I would like to ask you about what impact they have on your daily life and your ability to carry out your normal activities.

Q4086	Do these health conditions interfere with your ability to work or get things done around the house?	1 YES 2 NO 8 DON'T KNOW	
Q4087	How many days of work or activities have you lost in the <u>last 12 months</u> as a result of these health conditions?	<input type="text"/> <input type="text"/> DAYS	

Time End : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
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Section 5000: Health Care Utilisation

Time Begin: :

We would now like to know about your recent experiences with health care workers and the health care system.

<p>Q5001 When was the last time that you needed health care?</p> <p>INTERVIEWER: <i>stop reading further as soon as the respondent has selected an answer</i></p>	<p>1 In the last 30 days 2 Between 1 month and less than 1 year ago 3 Between 1 year and less than 2 years ago 4 Between 2 years and 5 years ago 5 More than 5 years ago → Q6000 6 Never → Q6000</p>	
<p>Q5002 The last time you needed health care, did you get health care?</p>	<p>1 YES → Q5004 2 No</p>	
<p>Q5003 Which reasons best explain why you did not get health care?</p> <p>INTERVIEWER: <i>circle all that the respondent mentions</i></p>	<p>1 Could not afford the cost of the visit 2 No transport available 3 Could not afford the cost of transport 4 You were previously badly treated 5 Could not take time off work or had other commitments 6 The health care provider's drugs or equipment are inadequate 7 The health care provider's skills are inadequate 8 You did not know where to go 9 You tried but were denied health care 10 You thought you were not sick enough 11 Other, Specify _____</p>	<p>Q6000</p>

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SEEING HEALTH CARE PROVIDERS

Q5004	<p>Where did you go most often over the <u>last 12 months</u> when you felt sick or needed to consult someone about your health?</p> <p>INTERVIEWER: <i>only one answer allowed</i></p>	<ol style="list-style-type: none"> 1 Private doctor's office 2 Private clinic or health care facility 3 Private hospital 4 Public clinic or health care facility 5 Public hospital 6 Charity or church run clinic 7 Charity or church run hospital 8 Traditional healer [use local term] 9 Pharmacy or dispensary 10 Other, specify _____
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INPATIENT HOSPITAL CARE

We would like to first ask you about any overnight stay in a hospital or other health care facility.

Q5005	<p>Have you ever stayed overnight in a hospital or long-term care facility?</p>	<ol style="list-style-type: none"> 1 YES, A HOSPITAL 2 YES, LONG TERM CARE FACILITY 3 BOTH (HOSPITAL AND LONG TERM CARE FACILITY) 4 No → Q5024
Q5006	<p>When was the last overnight stay in a hospital?</p> <p><input type="checkbox"/> <input type="checkbox"/> MONTH</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR</p> <p>88 <i>DON'T KNOW</i></p>	

Now we would like to know about more recent times - if you've had any overnight stays in a hospital or other type of health care facility in the last 12 months.

Q5007	<p><u>Over the last 12 months</u>, was there ever a time you stayed overnight in a hospital or other type of long-term care facility for your own health care?</p>	<ol style="list-style-type: none"> 1 YES, A HOSPITAL 2 YES, LONG TERM CARE FACILITY 3 No → Q5024
Q5008	<p><u>Over the last 12 months</u>, how many different times were you a patient in a hospital/long-term care facility for at least one night?</p> <p><input type="checkbox"/> <input type="checkbox"/> TIMES</p> <p>88 <i>DON'T KNOW</i></p>	

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We would like to know how many times you stayed overnight in different types of hospitals over the last 12 months. We would also like to know why you were admitted each time.

INTERVIEWER: *respondent may select ONLY one main reason for overnight stay*

	Provider type / Facility type	A How many times over the <u>last 12 months</u> did you stay overnight in a ..?	B* Which reason best describes why you were last hospitalized?	C** Second last stay - reason for admission	D** Third last stay - reason for admission	E** Fourth last stay reason for admission	F** Fifth last stay reason for admission
			See below	See below	See below	See below	See below
Q5009	Public hospital						
Q5010	Private hospital						
Q5011	Charity or church-run hospital						
Q5012	Old person's home or long-term care facility						
Q0513	Other, specify _____						

*Codes for B 01=Fever, 02=Diarrhoea, 03=Cough, 04=Unexplained pain in chest, 05=Problems with your heart, 06=Problems with your teeth, 07=Problems with your breathing, 08=Injury, 09=Surgery, 10=Stroke/sudden paralysis of one side of body, 11=Arthritis, joint/back/neck pain, 12= Pain, (stomach, head, other), 13=Depression or anxiety, 14=Cancer, 15=Occupation/work related condition, 16=Other, specify _____
** Codes for C, D, E and F Use same codes as B.

Now we would like you to think about the last overnight hospital stay only.

Q5014	How many months ago was your last overnight stay?	<input type="text"/>	<input type="text"/>	MONTHS
Q5015	During your last hospital stay, did your health care provider prescribe any medicines for you?	1	YES	
		2	No.....→	Q5017
Q5016	Of the medicines that were prescribed for you, how many of them were you able to get?	1	None of them	
		2	Some of them	
		3	All of them	

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<p>Q5017 During your last hospital stay, were you prescribed any laboratory tests or diagnostic imaging (x-rays, ultrasound, etc.)?</p>	<p>1 YES 2 No.....→</p>	<p>Q5019</p>
<p>Q5018 Did you have these tests and/or diagnostics done?</p>	<p>1 YES 2 NO, BUT TEST RESCHEDULED AND WILL HAVE DONE 3 NO, TOO EXPENSIVE 4 NO, INSURANCE DOES NOT COVER 5 OTHER, SPECIFY _____</p>	
<p>Q5019 Who paid for this hospitalisation?</p> <p>INTERVIEWER: <i>probe to see if anyone else paid anyone else?</i></p>	<p>1 RESPONDENT 2 SPOUSE/PARTNER 3 SON/DAUGHTER 4 OTHER FAMILY MEMBER 5 NON-FAMILY MEMBER 6 PRIVATE INSURANCE 7 HOSPITALISATION WAS FREE→ 8 COMMUNITY PAYMENT SCHEME</p>	<p>Q5022</p>
<p>Q5020 About how much did you (or a family/household member) pay out-of-pocket for this hospitalisation?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><i>[use local currency]</i></p>	
<p>Q5021 Thinking about your last hospital stay, how much did you (or your family/household members) pay for:</p> <p>INTERVIEWER: <i>write "0" if the service was free - If a person did not have medicines or tests, enter 99999 for "Not applicable, did not have"</i></p>	<p>a. Doctor's fees <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Medicines <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Tests <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Transport <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Other, specify _____</p>	

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Q5022	Overall, how satisfied were you with the care you received during your last hospital stay?	1	Very satisfied
		2	Satisfied
		3	Neither satisfied nor dissatisfied
		4	Dissatisfied
		5	Very dissatisfied
Q5023	What was the outcome of your visit to the hospital? Did your condition...	1	Get much better
		2	Get better
		3	No change
		4	Get worse
		5	Get much worse
Q5024	Was this the outcome/result you had expected/wanted?	1	YES
		2	NO

OUTPATIENT CARE AND CARE AT HOME

Now we have some questions about health care you received, but not including an overnight hospital stay. So care you received at a hospital, health centre, clinic, private office or at home from a health care worker.

Q5025	Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital?	1	YES		
		2	NO →		
Q5026	In total, how many times did you seek medical care or consultation in the <u>last 12 months</u>?	<input type="checkbox"/>	<input type="checkbox"/>	TIMES	

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We would like to know how many times you used different health care providers in the last 12 months that did not include an overnight stay. We would also like to know if it was for a chronic ongoing condition or a new condition and what condition was the reason for each visit.

	Provider type / Facility type	A How many times over the last 12 months did you visit...?	B Was your <u>last visit</u> to [health care provider] for a chronic condition or new condition?	C* Which reason best describes why you <u>last</u> visited this health care provider?	D.** Second visit (and the time before last)	E.** Third visit (and the time before that)	F.** Fourth visit (and the time before that)	G.** Fifth visit
			1= chronic 2= new 3= both	See below	See below	See below	See below	See below
Q5027	Medical doctor (including gynaecologist, psychiatrist, ophthalmologist)							
Q5028	Nurse							
Q5029	Midwife							
Q5030	Dentist							
Q5031	Physiotherapist or chiropractor							
Q5032	Traditional healer							
Q5033	Pharmacist or druggist							
Q5034	Other, specify _____							

*CODES FOR C 01=FEVER, 02=DIARRHOEA, 03=COUGH, 04=UNEXPLAINED PAIN IN CHEST, 05=PROBLEMS WITH YOUR HEART, 06=PROBLEMS WITH YOUR TEETH, 07=PROBLEMS WITH YOUR BREATHING, 08=INJURY, 09=SURGERY, 10=STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY, 11=ARTHRITIS, JOINT/BACK/NECK PAIN, 12= PAIN, (STOMACH, HEAD, OTHER), 13=DEPRESSION OR ANXIETY, 14=CANCER, 15=OCCUPATION/WORK RELATED CONDITION, 16=OTHER, SPECIFY _____

** CODES FOR D, E, F AND G USE SAME CODES AS C.

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Now we would like to ask you questions specifically about your last or most recent visit.

Q5035	<p>What was the last health care facility you visited in the <u>last 12 months</u> ?</p> <p>INTERVIEWER: <i>read out responses, circle one option only</i></p>	<p>1 PRIVATE DOCTOR'S OFFICE 2 PRIVATE CLINIC OR HEALTH CARE FACILITY 3 PRIVATE HOSPITAL 4 PUBLIC CLINIC OR HEALTH CARE FACILITY 5 PUBLIC HOSPITAL 6 CHARITY OR CHURCH RUN CLINIC 7 CHARITY OR CHURCH RUN HOSPITAL 8 OTHER, SPECIFY _____</p>
Q5036	<p>Which was the last health care provider you visited?</p> <p>INTERVIEWER: <i>After Q5036 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses</i></p>	<p>1 MEDICAL DOCTOR (INCLUDING GYNECOLOGIST, PSYCHIATRIST, OPHTHALMOLOGIST, ETC) 2 NURSE/MIDWIFE 3 DENTIST 4 PHYSIOTHERAPIST OR CHIROPRACTOR 5 TRADITIONAL MEDICINE PRACTITIONER (use local name) 6 PHARMACIST, DRUGGIST 88 DON'T KNOW</p>
Q5037	<p>What was the sex of the [health care provider]?</p>	<p>1 MALE 2 FEMALE</p>
Q5038	<p>Thinking about your <u>last visit</u>, how did you get there?</p> <p>INTERVIEWER: <i>circle all that the respondent mentions</i></p>	<p>1 Private vehicle 2 Public transportation 3 Taxicab 4 Bicycle 5 Walked 88 DON'T KNOW</p>
Q5039	<p>About how long did it take you to get there?</p>	<p><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES</p>
Q5040	<p>For your <u>last visit</u>, how would you rate the traveling time to the [health care provider]?</p>	<p>1 VERY GOOD 2 GOOD 3 MODERATE 4 BAD 5 VERY BAD</p>

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Q5041	<p>Thinking about your last visit, how much did you or your household pay for: <i>(local currency)</i></p> <p>INTERVIEWER: <i>only write 0 if the service was free. If a person did not have tests or drugs, enter 99999 for "Not applicable, did not have"</i></p>	<p>A. [HEALTH CARE PROVIDER'S] FEES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. MEDICINES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. TESTS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. TRANSPORT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
Q5042	<p>What was the outcome of your visit to the hospital? Did your condition....?</p>	<p>1 GET MUCH BETTER 2 GET BETTER 3 NO CHANGE 4 GET WORSE 5 GET MUCH WORSE</p>
Q5043	<p>Was this the outcome/result you had expected/wanted?</p>	<p>1 YES 2 NO</p>

Now we would like to ask you about your impressions of your last visit for health care. We would like you to rate your experiences using the following questions.

	For your last visit...	VERY GOOD	GOOD	MODE-RATE	BAD	VERY BAD
Q5044	... how would you rate the experience of how <u>clearly</u> the [health care providers] <u>explained</u> things to you, very good, good, moderate, bad or very bad?	1	2	3	4	5
Q5045	... how would you rate your experience of getting <u>enough time to ask questions</u> about your health problem or treatment?	1	2	3	4	5
Q5046	... how would you rate your experience of getting <u>information about other types</u> of treatments or tests?	1	2	3	4	5
Q5047	... how would you rate your experience of being <u>involved</u> in making decisions about your health care or treatment?	1	2	3	4	5

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		VERY GOOD	GOOD	MODE-RATE	BAD	VERY BAD
Q5048	... how would you rate the way the health services ensured you could <u>talk privately</u> to health care providers?	1	2	3	4	5
Q5049	... how would you rate the way your <u>personal information</u> was kept <u>confidential</u> ?	1	2	3	4	5
Q5050	... how would you rate the freedom you had to <u>choose</u> your [health care provider]?	1	2	3	4	5
Q5051	... how would you rate the <u>cleanliness</u> of the rooms inside the facility, including toilets?	1	2	3	4	5
Q5052	... how would you rate the amount of <u>space</u> in the waiting and examination rooms?	1	2	3	4	5

We would like to finish this section by asking you two questions about your satisfaction with the health system in your country. Think about the health care service(s) you received in the last 12 months when answering the questions.

Q5053	In general, how satisfied would you say you are with the way health care is run in your country? Would you say you are...?	1	Very satisfied
		2	Satisfied
		3	Neither satisfied nor dissatisfied
		4	Dissatisfied
		5	Very Dissatisfied
Q5054	How would you rate the way health care in your country involves you in deciding what services it provides and where it provides them?	1	Very good
		2	Good
		3	Moderate
		4	Bad
		5	Very bad

Time End : :

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Section 6000: Social Capital

Time Begin: :

The following questions are to get your opinions about things in your life In the last 30 days:

<p>Q6001 How often have you felt that you were unable to <u>control the important things in your life</u>?</p> <p><i>Read responses</i></p>	<p>1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often</p>
<p>Q6002 How often have you found that you could <u>not cope</u> with all the things that you had to do?</p> <p><i>Read responses</i></p>	<p>1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often</p>
<p>Q6003 All things considered, how satisfied are you with your life. Would you say you are ...?</p> <p><i>Read responses</i></p>	<p>1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very dissatisfied</p>

I would now like to ask you a number of questions about how active you are in the community around you or the community which you live.

<p>Q6004 Are you interested in politics and national affairs? Would you say you are</p> <p><i>Read responses</i></p>	<p>1 Very interested 2 Somewhat interested 3 Only slightly interested 4 Not at all interested 88 DON'T KNOW</p>
<p>Q6005 Lots of people find it difficult to get out and vote. Did you vote in the last state/national/presidential election?</p>	<p>1 YES 2 NO 3 REFUSAL</p>

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We'd like to know about some of your involvement in your community. For each activity, we'd like to know whether you did this activity at all in the last 12 months, and if you did, how many times you've done this in the last 12 months. For all of these, I want you just to give me your best guess, and don't worry that you might be off a little.

	Have you in the last 12 months...	A. 1=Yes 2=No	B. If YES... About how many times in the last 12 months did you do this?
Q6007	... attended any public meeting in which there was discussion of local or school affairs?	1 Yes → 2 No	<input type="checkbox"/> <input type="checkbox"/>
Q6008	... met personally with someone you consider to be a community leader?	1 Yes → 2 No	<input type="checkbox"/> <input type="checkbox"/>
Q6009	...attended any club or organizational meeting?	1 Yes → 2 No	<input type="checkbox"/> <input type="checkbox"/>
Q6010	... had friends over to your home?	1 Yes → 2 No	<input type="checkbox"/> <input type="checkbox"/>
Q6012	... been in the home of someone who lives in a different neighborhood than you do or had them in your home?	1 Yes → 2 No	<input type="checkbox"/> <input type="checkbox"/>
Q6013	... socialized with coworkers outside of work?	1 Yes → 2 No	<input type="checkbox"/> <input type="checkbox"/>
Q6014	... worked with other people in your neighborhood to fix or improve something?	1 Yes → 2 No	<input type="checkbox"/> <input type="checkbox"/>
Q6015	... how often do you go out of this house/building to attend social meetings, activities, programs or events or to visit friends or relatives?	1 Less than once per week 2 Once per week 3 Two to 3 times per week 4 About once per month 5 Less than once per month 6 Never	

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Q6016	Would you like to go out more often or are you satisfied with how much you get out of the house?	1 Would like to go out more often 2 Satisfied with frequency of going out → 3 Would NOT like to go out more often → 8 <i>DON'T KNOW</i>	Q6018 Q6018
Q6017	What are the main reasons that you don't get out more? INTERVIEWER: <i>circle all answers that the respondent mentions spontaneously</i>	1 Health problem 2 Lack of transportation 3 No events to go to/no friends to visit 4 No one to accompany me 5 Other, specify _____	

We'd like to ask you a few questions about how you view other people and institutions.

Q6018	Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?	1 CAN BE TRUSTED 2 CAN'T BE TOO CAREFUL	
Q6019	Do you have someone you can trust and confide in?	1 YES 2 NO	

Next, we'd like to know how much you trust different groups of people.

Q6020	First, think about people in your neighbourhood. Generally speaking, would you say that you can trust them...?	1 Not at all 2 Only a little 3 Some 4 A lot 8 <i>DON'T KNOW</i>	
Q6021	Now, think about people whom you work with. Generally speaking, would you say that you can trust them ...?	1 Not at all 2 Only a little 3 Some 4 A lot 8 <i>DON'T KNOW</i>	
Q6022	And how about strangers? Generally speaking, would you say that you can trust them ...?	1 Not at all 2 Only a little 3 Some-- 4 A lot 8 <i>DON'T KNOW</i>	

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<p>Q6023 Not including weddings and funerals, how often do you attend religious services?</p> <p>INTERVIEWER: <i>if necessary probe with categories</i></p>	<p>1 Every week (or more often) 2 Almost every week 3 Once or twice a month 4 A few times per year 5 Once a year or less</p>
<p>Q6024 In general, how safe from crime and violence do you feel when you are alone at home?</p>	<p>1 Completely safe 2 Very safe 3 Moderately safe 4 Slightly safe 5 Not safe at all</p>
<p>Q6025 How safe do you feel when walking down your street alone after dark?</p>	<p>1 Completely safe 2 Very safe 3 Moderately safe 4 Slightly safe 5 Not safe at all</p>
<p>Q6026 In the last 12 months, have you or anyone in your household been the victim of a violent crime, such as assault or mugging?</p>	<p>1 YES 2 No</p>

Time End : :

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Section 7000: Subjective Well-Being and Quality of Life

Time Begin: :

SATISFACTION WITH LIVING CONDITIONS

Now, lets talk about your life and life situation.

VERY SATISFIED SATISFIED NEITHER SATISFIED NOR DISSATISFIED DISSATISFIED VERY DISSATISFIED

Q7001	How satisfied are you with the living conditions here in this dwelling?	1	2	3	4	5
Q7002	How satisfied are you with your health?	1	2	3	4	5
Q7003	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
Q7004	How satisfied are you with your personal relationships?	1	2	3	4	5
Q7005	How satisfied are you with the conditions of your living place?	1	2	3	4	5
Q7006	Taking all things together, how satisfied are you with your life as a whole these days?	1	2	3	4	5
Q7007	How would you rate your overall quality of life? <i>Read responses</i>	1 VERY GOOD 2 GOOD 3 MODERATE 4 BAD 5 VERY BAD 8 DON'T KNOW				
Q7008	Taking all things together, how would you say you are these days? <i>Read responses</i>	1 VERY HAPPY 2 HAPPY 3 NEITHER HAPPY NOR UNHAPPY 4 UNHAPPY 5 VERY UNHAPPY 8 DON'T KNOW				

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<p>INTERVIEWER: The next section contains multiple parts and questions about the respondent's day - yesterday. Make sure you complete all parts of the respondent's morning (up to 10 parts) and all 3 steps (activities, feelings, sleep quality).</p>	
<p>Now I would like to ask you questions about what you did yesterday. I would like to know where you were, what you did, how long you did an activity and how you felt about doing that activity. I am not asking about your entire day, just the morning yesterday after you woke up.</p> <p>Please tell me about the different parts of your morning. I want you to think of a "part" of the morning as a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than 2 hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.</p>	
Step 1	Part 1
Q7101	<p>First of all, please try to remember exactly when you woke up yesterday.</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 <i>DON'T KNOW TIME</i> </p> <p><i>INTERVIEWER: If respondent can't remember, get his or her best guess.</i></p>
Q7102	<p>What is the first thing you remember doing yesterday morning after you woke up?</p> <p>IF R CAN'T REMEMBER: What is the first thing you remember doing yesterday morning?</p> <p style="text-align: center;">WHEN R PROVIDES 1ST ACTIVITY THEY CAN REMEMBER: Now please try again to remember the first part of the morning after you woke up.</p> <p style="text-align: center;">IF R STILL CANNOT REMEMBER, SKIP TWO PARTS AND RECORD RESPONSES THERE.</p> <p>IF R IS SAYING TOO MUCH: Thank you, but unfortunately I can't write all of this down. Could you please give me a one or two word description of what you were doing?</p> <p>IF R DOES NOT GET THE IDEA OF A "PART": I just want you to break your morning up into periods so that I can get an idea of what you did. I can't record every little thing, so I just want a broad description of what you did. What is the first thing you did yesterday morning after you woke up?</p> <p>ENTER RESPONSE (JUST A FEW WORDS):</p> <div style="border: 2px solid black; height: 60px; margin-top: 10px;"></div>

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<p>CODING FOR Q7102</p> <p><i>INTERVIEWER: For working, you may ask the respondent which kind of work it was. "Desk" means the person was mainly sitting at a desk. "Physical" means the person was mainly lifting or moving things. Check "Working (Other)" if neither is a good description of the nature of the work.</i></p> <p><i>For "Going somewhere", you should use the appropriate specific code. Ask for clarification if it wasn't clear from the original answer. For example if respondent drove to work, ask if he or she was doing the driving, or if someone else was driving.</i></p> <p><i>If several mundane things like grooming, preparing food, and helping children are mentioned as one part, then just code them as "Getting ready". If they are not mentioned in conjunction with other mundane activities, then code them individually.</i></p> <p><i>If you're not clear on the category, you may suggest one or two categories and ask the respondent which of the categories is the best fit.</i></p>		
<p>01 WORKING (PHYSICAL) 02 WORKING (DESK) 03 WORKING (OTHER) 04 AT SCHOOL 05 READING OR STUDYING</p> <p><u>GOING SOMEWHERE (SPECIFY):</u> 06 DRIVING (YOURSELF) 07 DRIVING (SOMEONE ELSE IS DRIVING) 08 PUBLIC TRANSPORTATION 09 BICYCLE 10 WALKING</p>	<p>11 GETTING READY 12 GROOMING/DRESSING/ BATHING 13 PREPARING FOOD 14 DOING HOUSEWORK 15 WATCHING OVER CHILDREN 16 ACTIVITIES WITH CHILDREN 17 EATING 18 SHOPPING 19 COMPUTER / INTERNET 20 PHONE 21 WAITING 22 NOTHING IN PARTICULAR</p>	<p>23 TALKING WITH SOMEONE 24 WATCHING TV 25 LISTENING TO RADIO 26 LISTENING TO MUSIC 27 PLAYING MUSIC 28 SLEEPING 29 RESTING 30 INTIMATE RELATIONS 31 EXERCISING 32 PRAYER / MEDITATION 33 OTHER</p>
Q7103	How long did that take?	<p style="text-align: center;"> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8888 DON'T KNOW </p>
<p>IF IT LASTED LESS THAN 15 MINUTES: Thank you. Now, I won't have time to record everything you did. So, if this activity was part of a routine or a series of similar activities, could you please list those too?</p> <p style="text-align: center;">IF YES, ADD OR CHANGE ACTIVITIES IN Q7102 RESPONSE BOX, AND PROCEED TO CODING.</p> <p style="text-align: center;">IF NO, PROCEED TO CODING.</p>		
<p>IF IT LASTED MORE THAN 2 HOURS: Were you doing the same thing with the same people for all of that time? If not, can you break that long period down into a series of two or more parts?</p> <p style="text-align: center;">IF YES, RECORD FIRST PART IN Q7102 RESPONSE BOX AND PROCEED TO CODING.</p>		

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<p><i>IF JUST ONE ACTIVITY, UNDERLINE THAT ACTIVITY TO INDICATE THAT IT IS THE MAIN ONE</i> <i>UNDERLINE MAIN ACTIVITY.....→ Q7105</i></p> <p><i>IF MORE THAN ONE ACTIVITY, ASK THE FOLLOWING Qs.</i></p>		
Q7104	Did you do these things in sequence (one after the other), or did you more or less do them at the same time?	<p>1 IN SEQUENCE.... → In what order did you do them? <i>WRITE NUMBERS BESIDE THE ACTIVITIES TO INDICATE ORDER.</i></p> <p>2 AT THE SAME TIME .. → Which of them were you paying the most attention to? <i>UNDERLINE ACTIVITIES.</i></p>
Q7105	In addition, were you doing anything else at the same time like watching over children or listening to the radio?	<i>CHECK ANY ADDITIONAL CODES WITH A "B". BE SURE THAT YOU HAVE ALREADY UNDERLINED THE MAIN ACTIVITY OR NUMBERED THE MAIN ACTIVITIES IF THERE WERE SEVERAL IN SEQUENCE.</i>
Q7106	Where were you? <i>IF THE LOCATION WAS OBVIOUS, YOU MAY SAY, FOR EXAMPLE, "SO, YOU WERE AT HOME FOR ALL OF THIS?"</i>	<p>1 HOME</p> <p>2 HOME OF FRIEND/FAMILY MEMBER</p> <p>3 WORK</p> <p>4 SCHOOL</p> <p>5 ON WAY TO WORK OR SCHOOL</p> <p>6 ON WAY HOME FROM WORK OR SCHOOL</p> <p>7 ENTERTAINMENT VENUE</p> <p>8 RESTAURANT / CAFE</p> <p>9 CHURCH / RELIGIOUS CENTER</p> <p>10 HOSPITAL / MEDICAL CLINIC</p> <p>11 OTHER</p>
Q7107	Were you alone? <i>IF "ALONE" GO TO Q7110.</i> <i>IF NOT ALONE, GO TO Q7107A</i>	<p>1 ALONE→ Q7110</p> <p>2 SPOUSE</p> <p>3 BOYFRIEND / GIRLFRIEND</p> <p>4 OWN CHILDREN</p> <p>5 OTHER FAMILY</p> <p>6 FRIEND</p> <p>7 PET / ANIMALS</p> <p>8 OTHER PEOPLES' CHILDREN</p> <p>9 CHURCH PEOPLE</p> <p>10 MEDICAL CARE PEOPLE</p> <p>11 CO-WORKERS</p> <p>12 BOSS</p> <p>13 STRANGERS</p> <p>14 OTHER</p>
Q7107A	Who was with you?	
Q7108	Were you talking to them?	<p>1 YES</p> <p>2 NO</p>
Q7109	Was your interaction with this person (these people) the main thing you were paying attention to?	<p>1 YES</p> <p>2 NO</p>
Q7110	Were you talking to anyone on the phone for much of this time?	<p>1 YES</p>

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		2 NO → Q7112
Q7111	Who were you on the phone with?	1 SPOUSE 2 BOYFRIEND / GIRLFRIEND 3 OWN CHILDREN 4 OTHER FAMILY 5 FRIEND 6 OTHER PEOPLES' CHILDREN 7 CHURCH PEOPLE 8 MEDICAL CARE PEOPLE 9 CO-WORKERS 10 BOSS 11 STRANGERS 12 OTHER _____
Q7111A	Was this phone conversation the main thing you were paying attention to?	1 YES 2 NO
	<i>NOTE THAT Q7112 AND Q7113 REFER TO THE WHOLE PART, NOT JUST TO THE MAIN ACTIVITY.</i>	
Q7112	At what time did all of this begin?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME
Q7113	At what time did this end?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME

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STEP 2: EMOTIONS					
DO NOT COMPLETE STEP 2 UNTIL <u>ALL</u> STEP 1 ACTIVITY PARTS ARE COMPLETE FOR THE ENTIRE MORNING!					
STEP 2	<p>Now, I would like you to think again about the first part of the morning when you were <i>[INSERT ACTIVITY]</i>. I would like you to remember how you felt during that part of the day. I will read you some feelings, and for each one, I would like you to tell me how much you experienced it. Some of them may not really apply, in which case you should just say "Not at all".</p> <p><i>JUST READ THE RESPONSE OPTIONS AS NECESSARY.</i></p>				
Step 2	Part 1	Not at all	A little	Some	Very much
Q7114	How impatient were you for it to end?	1	2	3	4
Q7115	How much were you enjoying yourself?	1	2	3	4
Q7116	How frustrated were you feeling?	1	2	3	4
Q7117	How rushed were you feeling?	1	2	3	4
Q7118	How depressed were you feeling?	1	2	3	4
Q7119	How worried were you feeling?	1	2	3	4
Q7120	How tired were you feeling?	1	2	3	4
Q7121	How interested were you feeling?	1	2	3	4
Q7122	How friendly were you feeling?	1	2	3	4
Q7123	<p>This last question may not apply, so you should just say "Not at all" if that is the case:</p> <p>Did you feel that you were not succeeding at what you were trying to do at that time?</p> <p><i>READ THE OPTIONS.</i></p>	1	2	3	4

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Step 1	Part 2	
Q7202	What is the next thing you remember doing yesterday morning? <i>INTERVIEWER: refer to Q7102 if needed.</i>	
	ENTER RESPONSE (JUST A FEW WORDS) - THEN PROCEED TO CODING:	
	<div style="border: 2px solid black; width: 100%; height: 100%;"></div>	
01 WORKING (PHYSICAL) 02 WORKING (DESK) 03 WORKING (OTHER) 04 AT SCHOOL 05 READING OR STUDYING <u>GOING SOMEWHERE (SPECIFY):</u> 06 DRIVING (YOURSELF) 07 DRIVING (SOMEONE ELSE IS DRIVING) 08 PUBLIC TRANSPORTATION 09 BICYCLE 10 WALKING	11 GETTING READY 12 GROOMING/DRESSING/ BATHING 13 PREPARING FOOD 14 DOING HOUSEWORK 15 WATCHING OVER CHILDREN 16 ACTIVITIES WITH CHILDREN 17 EATING 18 SHOPPING 19 COMPUTER / INTERNET 20 PHONE 21 WAITING 22 NOTHING IN PARTICULAR	23 TALKING WITH SOMEONE 24 WATCHING TV 25 LISTENING TO RADIO 26 LISTENING TO MUSIC 27 PLAYING MUSIC 28 SLEEPING 29 RESTING 30 INTIMATE RELATIONS 31 EXERCISING 32 PRAYER / MEDITATION 33 OTHER
Q7203	How long did that take?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8888 DON'T KNOW
<i>IF JUST ONE ACTIVITY, UNDERLINE THAT ACTIVITY TO INDICATE THAT IT IS THE MAIN ONE UNDERLINE MAIN ACTIVITY..... → Q7205</i>		
<i>IF MORE THAN ONE ACTIVITY, ASK THE FOLLOWING Qs.</i>		
Q7204	Did you do these things in sequence (one after the other), or did you more or less do them at the same time?	1 IN SEQUENCE.... → In what order did you do them? <i>WRITE NUMBERS BESIDE THE ACTIVITIES TO INDICATE ORDER.</i> 2 AT THE SAME TIME .. → Which of them were you paying the most attention to? <i>UNDERLINE ACTIVITIES.</i>
Q7205	In addition, were you doing anything else at the same time like watching over children or listening to the radio?	<i>CHECK ANY ADDITIONAL CODES WITH A "B". BE SURE THAT YOU HAVE ALREADY UNDERLINED THE MAIN ACTIVITY OR NUMBERED THE MAIN ACTIVITIES IF THERE WERE SEVERAL IN SEQUENCE.</i>
Q7206	Where were you? <i>IF THE LOCATION WAS OBVIOUS, YOU MAY SAY, FOR EXAMPLE, "SO, YOU WERE AT HOME FOR ALL OF THIS?"</i>	1 HOME 2 HOME OF FRIEND/FAMILY MEMBER 3 WORK 4 SCHOOL 5 ON WAY TO WORK OR SCHOOL 6 ON WAY HOME FROM WORK OR

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		SCHOOL 7 ENTERTAINMENT VENUE 8 RESTAURANT / CAFE 9 CHURCH / RELIGIOUS CENTER 10 HOSPITAL / MEDICAL CLINIC 11 OTHER _____
Q7207	Were you alone? <i>IF "ALONE" GO TO NEXT PART. IF NOT ALONE, GO TO Q7207A</i>	1 ALONE → Q7210 2 SPOUSE 3 BOYFRIEND / GIRLFRIEND 4 OWN CHILDREN 5 OTHER FAMILY 6 FRIEND 7 PET / ANIMALS 8 OTHER PEOPLES' CHILDREN 9 CHURCH PEOPLE 10 MEDICAL CARE PEOPLE 11 CO-WORKERS 12 BOSS 13 STRANGERS 14 OTHER _____
Q7207A	Who was with you?	
Q7208	Were you talking to them?	1 YES 2 NO
Q7209	Was your interaction with this person (these people) the main thing you were paying attention to?	1 YES 2 NO
Q7210	Were you talking to anyone on the phone for much of this time?	1 YES 2 NO → Q7212
Q7211	Who were you on the phone with?	1 SPOUSE 2 BOYFRIEND / GIRLFRIEND 3 OWN CHILDREN 4 OTHER FAMILY 5 FRIEND 6 OTHER PEOPLES' CHILDREN 7 CHURCH PEOPLE 8 MEDICAL CARE PEOPLE 9 CO-WORKERS 10 BOSS 11 STRANGERS 12 OTHER _____
Q7211A	Was this phone conversation the main thing you were paying attention to?	1 YES 2 NO
Q7212	At what time did all of this begin?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME
Q7213	At what time did this end?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME

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STEP 2: EMOTIONS					
DO NOT COMPLETE STEP 2 UNTIL ALL STEP 1 ACTIVITY PARTS ARE COMPLETE FOR THE ENTIRE MORNING!					
	<p>Now, I would like you to think again about the next part of the morning when you were [INSERT ACTIVITY]. I would like you to remember how you felt during that part of yesterday morning. I will read you some feelings, and for each one, I would like you to tell me how much you experienced it. Some of them may not really apply, in which case you should just say "Not at all".</p> <p><i>JUST READ THE RESPONSE OPTIONS AS NECESSARY.</i></p>				
Step 2	Part 2	Not at all	A little	Some	Very much
Q7214	How impatient were you for it to end?	1	2	3	4
Q7215	How much were you enjoying yourself?	1	2	3	4
Q7216	How frustrated were you feeling?	1	2	3	4
Q7217	How rushed were you feeling?	1	2	3	4
Q7218	How depressed were you feeling?	1	2	3	4
Q7219	How worried were you feeling?	1	2	3	4
Q7220	How tired were you feeling?	1	2	3	4
Q7221	How interested were you feeling?	1	2	3	4
Q7222	How friendly were you feeling?	1	2	3	4
Q7223	<p>This last question may not apply, so you should just say "Not at all" if that is the case:</p> <p>Did you feel that you were not succeeding at what you were trying to do at that time?</p> <p><i>READ THE OPTIONS.</i></p>	1	2	3	4

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Step 1	Part 3	
Q7302	What is the next thing you remember doing yesterday morning? <i>INTERVIEWER: refer to Q7102 if needed.</i>	
	ENTER RESPONSE (JUST A FEW WORDS) - THEN PROCEED TO CODING: <div style="border: 2px solid black; height: 80px; margin: 10px 0;"></div>	
01 WORKING (PHYSICAL) 02 WORKING (DESK) 03 WORKING (OTHER) 04 AT SCHOOL 05 READING OR STUDYING <u>GOING SOMEWHERE (SPECIFY):</u> 06 DRIVING (YOURSELF) 07 DRIVING (SOMEONE ELSE IS DRIVING) 08 PUBLIC TRANSPORTATION 09 BICYCLE 10 WALKING	11 GETTING READY 12 GROOMING/DRESSING/ BATHING 13 PREPARING FOOD 14 DOING HOUSEWORK 15 WATCHING OVER CHILDREN 16 ACTIVITIES WITH CHILDREN 17 EATING 18 SHOPPING 19 COMPUTER / INTERNET 20 PHONE 21 WAITING 22 NOTHING IN PARTICULAR	23 TALKING WITH SOMEONE 24 WATCHING TV 25 LISTENING TO RADIO 26 LISTENING TO MUSIC 27 PLAYING MUSIC 28 SLEEPING 29 RESTING 30 INTIMATE RELATIONS 31 EXERCISING 32 PRAYER / MEDITATION 33 OTHER _____
Q7303	How long did that take?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8888 <i>DON'T KNOW</i>
<i>IF JUST ONE ACTIVITY, UNDERLINE THAT ACTIVITY TO INDICATE THAT IT IS THE MAIN ONE UNDERLINE MAIN ACTIVITY..... → Q7305</i>		
<i>IF MORE THAN ONE ACTIVITY, ASK THE FOLLOWING Qs.</i>		
Q7304	Did you do these things in sequence (one after the other), or did you more or less do them at the same time?	1 IN SEQUENCE.... → In what order did you do them? <i>WRITE NUMBERS BESIDE THE ACTIVITIES TO INDICATE ORDER.</i> 2 AT THE SAME TIME .. → Which of them were you paying the most attention to? <i>UNDERLINE ACTIVITIES.</i>
Q7305	In addition, were you doing anything else at the same time like watching over children or listening to the radio?	<i>CHECK ANY ADDITIONAL CODES WITH A "B". BE SURE THAT YOU HAVE ALREADY UNDERLINED THE MAIN ACTIVITY OR NUMBERED THE MAIN ACTIVITIES IF THERE WERE SEVERAL IN SEQUENCE.</i>
Q7306	Where were you? <i>IF THE LOCATION WAS OBVIOUS, YOU MAY SAY, FOR EXAMPLE, "SO, YOU WERE AT HOME FOR ALL OF THIS?"</i>	1 HOME 2 HOME OF FRIEND/FAMILY MEMBER 3 WORK 4 SCHOOL 5 ON WAY TO WORK OR SCHOOL

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		6 ON WAY HOME FROM WORK OR SCHOOL 7 ENTERTAINMENT VENUE 8 RESTAURANT / CAFE 9 CHURCH / RELIGIOUS CENTER 10 HOSPITAL / MEDICAL CLINIC 11 OTHER _____
Q7307	Were you alone? <i>IF "ALONE" GO TO NEXT PART. IF NOT ALONE, GO TO Q7307A</i>	1 ALONE → Q7310 2 SPOUSE 3 BOYFRIEND / GIRLFRIEND 4 OWN CHILDREN 5 OTHER FAMILY 6 FRIEND 7 PET / ANIMALS 8 OTHER PEOPLES' CHILDREN 9 CHURCH PEOPLE 10 MEDICAL CARE PEOPLE 11 CO-WORKERS 12 BOSS 13 STRANGERS 14 OTHER _____
Q7307A	Who was with you?	
Q7308	Were you talking to them?	1 YES 2 NO
Q7309	Was your interaction with this person (these people) the main thing you were paying attention to?	1 YES 2 NO
Q7310	Were you talking to anyone on the phone for much of this time?	1 YES 2 NO → Q7312
Q7311	Who were you on the phone with?	1 SPOUSE 2 BOYFRIEND / GIRLFRIEND 3 OWN CHILDREN 4 OTHER FAMILY 5 FRIEND 6 OTHER PEOPLES' CHILDREN 7 CHURCH PEOPLE 8 MEDICAL CARE PEOPLE 9 CO-WORKERS 10 BOSS 11 STRANGERS 12 OTHER _____
Q7311A	Was this phone conversation the main thing you were paying attention to?	1 YES 2 NO
Q7312	At what time did all of this begin?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME
Q7313	At what time did this end?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME

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STEP 2: EMOTIONS					
DO NOT COMPLETE STEP 2 UNTIL <u>ALL</u> STEP 1 ACTIVITY PARTS ARE COMPLETE FOR THE ENTIRE MORNING!					
STEP 2	<p>Now, I would like you to think again about the next part of the morning when you were <i>[INSERT ACTIVITY]</i>. I would like you to remember how you felt during that part of yesterday morning. I will read you some feelings, and for each one, I would like you to tell me how much you experienced it. Some of them may not really apply, in which case you should just say "Not at all".</p> <p><i>JUST READ THE RESPONSE OPTIONS AS NECESSARY.</i></p>				
Step 2	Part 3	Not at all	A little	Some	Very much
Q7314	How impatient were you for it to end?	1	2	3	4
Q7315	How much were you enjoying yourself?	1	2	3	4
Q7316	How frustrated were you feeling?	1	2	3	4
Q7317	How rushed were you feeling?	1	2	3	4
Q7318	How depressed were you feeling?	1	2	3	4
Q7319	How worried were you feeling?	1	2	3	4
Q7320	How tired were you feeling?	1	2	3	4
Q7321	How interested were you feeling?	1	2	3	4
Q7322	How friendly were you feeling?	1	2	3	4
Q7323	<p>This last question may not apply, so you should just say "Not at all" if that is the case:</p> <p>Did you feel that you were not succeeding at what you were trying to do at that time?</p> <p><i>READ THE OPTIONS.</i></p>	1	2	3	4

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Step 1	Part 4	
Q7402	What is the next thing you remember doing yesterday morning? <i>INTERVIEWER: refer to Q7102 if needed.</i>	
	ENTER RESPONSE (JUST A FEW WORDS) - THEN PROCEED TO CODING:	
	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
01 WORKING (PHYSICAL) 02 WORKING (DESK) 03 WORKING (OTHER) 04 AT SCHOOL 05 READING OR STUDYING <u>GOING SOMEWHERE (SPECIFY):</u> 06 DRIVING (YOURSELF) 07 DRIVING (SOMEONE ELSE IS DRIVING) 08 PUBLIC TRANSPORTATION 09 BICYCLE 10 WALKING	11 GETTING READY 12 GROOMING/DRESSING/ BATHING 13 PREPARING FOOD 14 DOING HOUSEWORK 15 WATCHING OVER CHILDREN 16 ACTIVITIES WITH CHILDREN 17 EATING 18 SHOPPING 19 COMPUTER / INTERNET 20 PHONE 21 WAITING 22 NOTHING IN PARTICULAR	23 TALKING WITH SOMEONE 24 WATCHING TV 25 LISTENING TO RADIO 26 LISTENING TO MUSIC 27 PLAYING MUSIC 28 SLEEPING 29 RESTING 30 INTIMATE RELATIONS 31 EXERCISING 32 PRAYER / MEDITATION 33 OTHER _____
Q7403	How long did that take?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8888 <i>DON'T KNOW</i>
<i>IF JUST ONE ACTIVITY, UNDERLINE THAT ACTIVITY TO INDICATE THAT IT IS THE MAIN ONE UNDERLINE MAIN ACTIVITY.....→ Q7405</i>		
<i>IF MORE THAN ONE ACTIVITY, ASK THE FOLLOWING Qs.</i>		
Q7404	Did you do these things in sequence (one after the other), or did you more or less do them at the same time?	1 IN SEQUENCE.... → In what order did you do them? <i>WRITE NUMBERS BESIDE THE ACTIVITIES TO INDICATE ORDER.</i> 2 AT THE SAME TIME .. → Which of them were you paying the most attention to? <i>UNDERLINE ACTIVITIES.</i>
Q7405	In addition, were you doing anything else at the same time like watching over children or listening to the radio?	<i>CHECK ANY ADDITIONAL CODES WITH A "B". BE SURE THAT YOU HAVE ALREADY UNDERLINED THE MAIN ACTIVITY OR NUMBERED THE MAIN ACTIVITIES IF THERE WERE SEVERAL IN SEQUENCE.</i>
Q7406	Where were you? <i>IF THE LOCATION WAS OBVIOUS, YOU MAY SAY, FOR EXAMPLE, "SO, YOU WERE AT HOME FOR ALL OF THIS?"</i>	1 HOME 2 HOME OF FRIEND/FAMILY MEMBER 3 WORK 4 SCHOOL 5 ON WAY TO WORK OR SCHOOL 6 ON WAY HOME FROM WORK OR

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		SCHOOL 7 ENTERTAINMENT VENUE 8 RESTAURANT / CAFE 9 CHURCH / RELIGIOUS CENTER 10 HOSPITAL / MEDICAL CLINIC 11 OTHER _____
Q7407	Were you alone?	1 ALONE → Q7410 2 SPOUSE 3 BOYFRIEND / GIRLFRIEND 4 OWN CHILDREN 5 OTHER FAMILY 6 FRIEND 7 PET / ANIMALS 8 OTHER PEOPLES' CHILDREN 9 CHURCH PEOPLE 10 MEDICAL CARE PEOPLE 11 CO-WORKERS 12 BOSS 13 STRANGERS 14 OTHER _____
Q7407A	Who was with you?	
	<i>IF "ALONE" GO TO NEXT PART. IF NOT ALONE, GO TO Q7407A</i>	
Q7408	Were you talking to them?	1 YES 2 NO
Q7409	Was your interaction with this person (these people) the main thing you were paying attention to?	1 YES 2 NO
Q7410	Were you talking to anyone on the phone for much of this time?	1 YES 2 NO → Q7412
Q7411	Who were you on the phone with?	1 SPOUSE 2 BOYFRIEND / GIRLFRIEND 3 OWN CHILDREN 4 OTHER FAMILY 5 FRIEND 6 OTHER PEOPLES' CHILDREN 7 CHURCH PEOPLE 8 MEDICAL CARE PEOPLE 9 CO-WORKERS 10 BOSS 11 STRANGERS 12 OTHER _____
Q7411A	Was this phone conversation the main thing you were paying attention to?	1 YES 2 NO
Q7412	At what time did all of this begin?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME
Q7413	At what time did this end?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME

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STEP 2: EMOTIONS					
DO NOT COMPLETE STEP 2 UNTIL <u>ALL</u> STEP 1 ACTIVITY PARTS ARE COMPLETE FOR THE ENTIRE MORNING!					
STEP 2	<p>Now, I would like you to think again about that next part of the morning when you were <i>[INSERT ACTIVITY]</i>. I would like you to remember how you felt during that part of yesterday morning. I will read you some feelings, and for each one, I would like you to tell me how much you experienced it. Some of them may not really apply, in which case you should just say "Not at all".</p> <p><i>JUST READ THE RESPONSE OPTIONS AS NECESSARY.</i></p>				
Step 2	Part 4	Not at all	A little	Some	Very much
Q7414	How impatient were you for it to end?	1	2	3	4
Q7415	How much were you enjoying yourself?	1	2	3	4
Q7416	How frustrated were you feeling?	1	2	3	4
Q7417	How rushed were you feeling?	1	2	3	4
Q7418	How depressed were you feeling?	1	2	3	4
Q7419	How worried were you feeling?	1	2	3	4
Q7420	How tired were you feeling?	1	2	3	4
Q7421	How interested were you feeling?	1	2	3	4
Q7422	How friendly were you feeling?	1	2	3	4
Q7423	<p>This last question may not apply, so you should just say "Not at all" if that is the case:</p> <p>Did you feel that you were not succeeding at what you were trying to do at that time?</p> <p><i>READ THE OPTIONS.</i></p>	1	2	3	4

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Step 1	Part 5	
Q7502	What is the next thing you remember doing yesterday morning? <i>INTERVIEWER: refer to Q7102 if needed.</i>	
	ENTER RESPONSE (JUST A FEW WORDS) - THEN PROCEED TO CODING:	
	<div style="border: 2px solid black; width: 80%; height: 80%; margin: auto;"></div>	
01 WORKING (PHYSICAL) 02 WORKING (DESK) 03 WORKING (OTHER) 04 AT SCHOOL 05 READING OR STUDYING <u>GOING SOMEWHERE (SPECIFY):</u> 06 DRIVING (YOURSELF) 07 DRIVING (SOMEONE ELSE IS DRIVING) 08 PUBLIC TRANSPORTATION 09 BICYCLE 10 WALKING	11 GETTING READY 12 GROOMING/DRESSING/ BATHING 13 PREPARING FOOD 14 DOING HOUSEWORK 15 WATCHING OVER CHILDREN 16 ACTIVITIES WITH CHILDREN 17 EATING 18 SHOPPING 19 COMPUTER / INTERNET 20 PHONE 21 WAITING 22 NOTHING IN PARTICULAR	23 TALKING WITH SOMEONE 24 WATCHING TV 25 LISTENING TO RADIO 26 LISTENING TO MUSIC 27 PLAYING MUSIC 28 SLEEPING 29 RESTING 30 INTIMATE RELATIONS 31 EXERCISING 32 PRAYER / MEDITATION 33 OTHER _____
Q7503	How long did that take?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8888 <i>DON'T KNOW</i>
<p><i>IF JUST ONE ACTIVITY, UNDERLINE THAT ACTIVITY TO INDICATE THAT IT IS THE MAIN ONE</i> <u>UNDERLINE MAIN ACTIVITY.....</u> → Q7505</p> <p><i>IF MORE THAN ONE ACTIVITY, ASK THE FOLLOWING Qs.</i></p>		
Q7504	Did you do these things in sequence (one after the other), or did you more or less do them at the same time?	1 IN SEQUENCE.... → In what order did you do them? <i>WRITE NUMBERS BESIDE THE ACTIVITIES TO INDICATE ORDER.</i> 2 AT THE SAME TIME .. → Which of them were you paying the most attention to? <i>UNDERLINE ACTIVITIES.</i>
Q7505	In addition, were you doing anything else at the same time like watching over children or listening to the radio?	<i>CHECK ANY ADDITIONAL CODES WITH A "B". BE SURE THAT YOU HAVE ALREADY UNDERLINED THE MAIN ACTIVITY OR NUMBERED THE MAIN ACTIVITIES IF THERE WERE SEVERAL IN SEQUENCE.</i>
Q7506	Where were you? <i>IF THE LOCATION WAS OBVIOUS, YOU MAY SAY, FOR EXAMPLE, "SO, YOU WERE AT HOME FOR ALL OF THIS?"</i>	1 HOME 2 HOME OF FRIEND/FAMILY MEMBER 3 WORK 4 SCHOOL 5 ON WAY TO WORK OR SCHOOL 6 ON WAY HOME FROM WORK OR

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		SCHOOL 7 ENTERTAINMENT VENUE 8 RESTAURANT / CAFE 9 CHURCH / RELIGIOUS CENTER 10 HOSPITAL / MEDICAL CLINIC 11 OTHER _____
Q7507	Were you alone? <i>IF "ALONE" GO TO NEXT PART. IF NOT ALONE, GO TO Q7507A</i>	1 ALONE → Q7510 2 SPOUSE 3 BOYFRIEND / GIRLFRIEND 4 OWN CHILDREN 5 OTHER FAMILY 6 FRIEND 7 PET / ANIMALS 8 OTHER PEOPLES' CHILDREN 9 CHURCH PEOPLE 10 MEDICAL CARE PEOPLE 11 CO-WORKERS 12 BOSS 13 STRANGERS 14 OTHER _____
Q7507A	Who was with you?	
Q7508	Were you talking to them?	1 YES 2 NO
Q7509	Was your interaction with this person (these people) the main thing you were paying attention to?	1 YES 2 NO
Q7510	Were you talking to anyone on the phone for much of this time?	1 YES 2 NO → Q7512
Q7511	Who were you on the phone with?	1 SPOUSE 2 BOYFRIEND / GIRLFRIEND 3 OWN CHILDREN 4 OTHER FAMILY 5 FRIEND 6 OTHER PEOPLES' CHILDREN 7 CHURCH PEOPLE 8 MEDICAL CARE PEOPLE 9 CO-WORKERS 10 BOSS 11 STRANGERS 12 OTHER _____
Q7511A	Was this phone conversation the main thing you were paying attention to?	1 YES 2 NO
Q7512	At what time did all of this begin?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME
Q7513	At what time did this end?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME 8888 DON'T KNOW TIME

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**INTERVIEWER - IF ADDITIONAL PARTS TO THE RESPONDENT'S MORNING (up to 10),
ADD PARTS FOLLOWING PART 5 and BEFORE COMPLETING STEP 2.**

STEP 2: EMOTIONS					
DO NOT COMPLETE STEP 2 UNTIL ALL STEP 1 ACTIVITY PARTS ARE COMPLETE FOR THE ENTIRE MORNING!					
STEP 2	Now, I would like you to think again about that next part of the morning when you were [INSERT ACTIVITY]. I would like you to remember how you felt during that part of yesterday morning. I will read you some feelings, and for each one, I would like you to tell me how much you experienced it. Some of them may not really apply, in which case you should just say "Not at all". <i>JUST READ THE RESPONSE OPTIONS AS NECESSARY.</i>				
Step 2	Part 5	Not at all	A little	Some	Very much
Q7514	How impatient were you for it to end?	1	2	3	4
Q7515	How much were you enjoying yourself?	1	2	3	4
Q7516	How frustrated were you feeling?	1	2	3	4
Q7517	How rushed were you feeling?	1	2	3	4
Q7518	How depressed were you feeling?	1	2	3	4
Q7519	How worried were you feeling?	1	2	3	4
Q7520	How tired were you feeling?	1	2	3	4
Q7521	How interested were you feeling?	1	2	3	4
Q7522	How friendly were you feeling?	1	2	3	4
Q7523	This last question may not apply, so you should just say "Not at all" if that is the case: Did you feel that you were not succeeding at what you were trying to do at that time? <i>READ THE OPTIONS.</i>	1	2	3	4

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STEP 3

Q7924	How many hours did you sleep last night?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8888 <i>DON'T REMEMBER</i>
Q7925	How many hours did you sleep the night before last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8888 <i>DON'T REMEMBER</i>
Q7926	Please rate the quality of your sleep last night. Was it excellent, good, fair, or poor?	1 Excellent 2 Good 3 Fair 4 Poor
Q7927	Please rate the quality of your sleep the night before last. Was it excellent, good, fair, or poor?	1 Excellent 2 Good 3 Fair 4 Poor
Q7928	As a whole, how satisfied are you with your life in general? Would you say you are very satisfied, fairly satisfied, not very satisfied, or not at all satisfied?	1 Very satisfied 2 Fairly satisfied 3 Not very satisfied 4 Not at all satisfied
Q7929	Was there anything that you thought about several times yesterday that made you feel worried, sad, or angry?	1 YES 2 NO → Q7930
Q7929A	What was it?	<div style="border: 2px solid black; height: 100px; width: 100%;"></div>
Q7930	Was there anything that you thought about several times yesterday that made you smile or feel good?	1 YES 2 NO → Q8000
Q7930A	What was it?	<div style="border: 2px solid black; height: 100px; width: 100%;"></div>

We know you might be getting tired from answering all these questions. We are almost done.

Time End: :

Section 8000: Impact of caregiving and HIV/AIDS

Time Begin: :

In the following questions, we want to find out about how families and households cope and support each other through prolonged illnesses and death. I would now like to ask you a few questions about people in your household who have been ill and needed care or have died. I would like to know more any children and their caregiver in the household. The information you provide will be kept strictly confidential and will be used to improve programs for families and children in need. It is possible that you may feel uncomfortable answering some of the questions. You may refuse to answer any questions.

Q8001	Is there anyone in your household, either adult or child, who has been too ill to work or to perform his/her normal duties for at least 3 months in the 12 months?	1 YES 2 NO.....→ 8 DON'T KNOW.....→	Q9000 Q9000
Q8002	Now, please tell me, who is or was the main person providing care for these household member(s)? Is it you yourself, someone else in this household, or someone outside of this household? <i>INTERVIEWER: Main caregiver is the person primarily responsible for feeding, clothing, providing health care and caring for a child or adult.</i>	1 RESPONDENT 2 SOMEONE ELSE IN HOUSEHOLD.....→ 3 SOMEONE OUTSIDE HOUSEHOLD.....→	Q9000 Q9000
Q8003	Please tell me the people in your household who are or have been ill for at least 3 months in the last 12 months? <i>INTERVIEWER - indicate all that the respondent indicates</i>	1 SPOUSE 2 OWN ADULT CHILD (18+) 3 OWN YOUNG CHILD (<18) 4 OTHER ADULT 5 GRANDCHILD 6 OTHER CHILD 7 SIBLING 8 OTHER FAMILY MEMBER 9 NEIGHBOUR OR FRIEND 10 OTHER, SPECIFY	

INTERVIEWER - If person not on household roster, enter age and sex here:

Q8004	In total, how many household members have been sick in the last 12 months?	<input type="text"/> <input type="text"/>	
	People who are seriously ill usually need to be given care and assistance. This includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial and other personal affairs.		
Q8005	For how many of these household members have you been providing care for more than 3 months?	<input type="text"/> <input type="text"/>	

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Q8006	How many of these household members were contributing an income to the household and now has stopped?	<input type="checkbox"/> <input type="checkbox"/>	
Q8007	Have any of these persons in your household died from a prolonged illness in the last 12 months?	1 YES 2 NO.....→ 8 DON'T KNOW.....→	Q8011 Q8011
	Q8007a. How many persons?	<input type="checkbox"/> <input type="checkbox"/>	
	Q8007b. Do you know the cause(s) of death?	1 YES 2 No 8 DON'T KNOW	
Q8008	Have you ever heard of an illness called AIDS or a virus called HIV?	1 YES 2 NO.....→ 8 DON'T KNOW→	Q8010 Q8010
Q8009	Were any of the deaths a result of AIDS?	1 YES 2 No 8 DON'T KNOW	
Q8010	About how much were funeral expenses for your household over the last 12 months? (in local currency)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 DON'T KNOW	
Q8011	Was one of these persons (who had a prolonged illness or who died) from your household the main breadwinner?	1 YES 2 NO 8 DON'T KNOW	
Q8012	Have you had to sell any items (for example, land, livestock or possessions) to be able to afford to buy food or medication or pay school fees as a result of a household member's prolonged illness and your caregiving?	1 YES 2 No 8 DON'T KNOW	
Q8013	In relation to the illness and caring for the sick people in your household, has your household received any care or assistance from outside the household?	1 YES 2 NO→ 8 DON'T KNOW→	Q8017 Q8017
Q8014	What kind of help have you received? <i>INTERVIEWER: READ EACH OPTION AND CIRCLE ALL THAT APPLY</i>	1 Money 2 Food 3 Clothing or other provisions 4 Help with housework 5 Help with medicines/health care 6 Transportation 7 Paying for medical bills or transportation 8 Other, specify _____ 9 DON'T KNOW	
Q8015	Who provided this help or assistance? Anyone else? <i>INTERVIEWER: CIRCLE ALL ANSWERS THAT THE RESPONDENT SPONTANEOUSLY MENTIONS</i>	1 Household member 2 Family outside household 3 Neighbours/community 4 Government 5 Church 6 NGOs 7 Other 8 Don't know	

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Q8016	Is your household currently caring for any children under the age of 15, whose father or mother, or both parents have died?	1 YES..... → 2 NO..... →	Q8016a Q8024
	Q8016a. How many are younger than 15 years of age?	<input type="checkbox"/> <input type="checkbox"/>	

Orphans in household

		ORPHAN STATUS	ADDITION TO HOUSEHOLD	ORPHAN CARE
	a. Please indicate the children, under the age of 15 years, whose mother, father or both parents have died and who are living in your household.	b. Which of (NAME)'s parents have died? Only his/her mother, only his/her father or both parents?	c. Did (NAME) live in this household before his/her parent(s) died, or did s/he live elsewhere?	d. Who is the main provider of the money and goods for (NAME)'s needs?
Q8017	1 Grandchild 2 Child 3 Other relative 4 Non-relative 5 Other	1 Only mother 2 Only father 3 Both parents dead	1 Lived in household 2 Lived elsewhere	1 Respondent him/herself 2 Other household member 3 Person outside the household 4 Other
Q8018	1 Grandchild 2 Child 3 Other relative 4 Non-relative 5 Other	1 Only mother 2 Only father 3 Both parents dead	1 Lived in household 2 Lived elsewhere	1 Respondent him/herself 2 Other household member 3 Person outside the household 4 Other
Q8019	1 Grandchild 2 Child 3 Other relative 4 Non-relative 5 Other	1 Only mother 2 Only father 3 Both parents dead	1) Lived in household 2) Lived elsewhere	1 Respondent him/herself 2 Other household member 3 Person outside the household 4 Other
Q8020	1 Grandchild 2 Child 3 Other relative 4 Non-relative 5 Other	1 Only mother 2 Only father 3 Both parents dead	1 Lived in household 2 Lived elsewhere	1 Respondent him/herself 2 Other household member 3 Person outside the household 4 Other
Q8021	1 Grandchild 2 Child 3 Other relative 4 Non-relative 5 Other	1 Only mother 2 Only father 3 Both parents dead	1 Lived in household 2 Lived elsewhere	1 Respondent him/herself 2 Other household member 3 Person outside the household 4 Other

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Q8022	1 Grandchild 2 Child 3 Other relative 4 Non-relative 5 Other	1 Only mother 2 Only father 3 Both parents dead	1 Lived in household 2 Lived elsewhere	1 Respondent him/herself 2 Other household member 3 Person outside the household 4 Other
Q8023	1 Grandchild 2 Child 3 Other relative 4 Non-relative 5 Other	1 Only mother 2 Only father 3 Both parents dead	1 Lived in household 2 Lived elsewhere	1 Respondent him/herself 2 Other household member 3 Person outside the household 4 Other

INTERVIEWER: To be asked only if there is a sick person in the household

Q8024	As the main caregiver in the household, how much time did/do you usually spend providing daily care?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES 8888 <i>DON'T KNOW</i>	
Q8025	Did you have any concerns/difficulties about providing care?	1 YES 2 NO.....→	Q8027
Q8026	What were your concerns/difficulties?	1 Keep the person healthy 2 Knowing the best treatment 3 Knowing how to protect myself from getting the illness / disease 4 Other, specify	

Q8027	The last time a child was sick did you take the child for treatment?	1 Yes.....→ 2 No	Q8029
Q8028	Which reasons best explain why you did not take the child for treatment?	1 Could not afford the cost of the visit 2 No transport available 3 Could not take time off work or had other commitments 4 No services available 5 Others (specify) _____	

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Now I am going to ask whether you face some problems related to your health and well-being since you began providing care for your household members.

Q8029	Getting enough sleep?	1 YES 2 NO
Q8030	Eating enough food?	1 YES 2 NO
Q8031	Having enough energy to do the extra work?	1 YES 2 NO
Q8032	Taking care of your ailments / chronic condition (if exist)?	1 YES 2 NO
Q8033	Buying medication for ailments / chronic condition?	1 YES 2 NO
Q8034	Keeping in contact with people you like before the caregiving?	1 YES 2 NO
Q8035	Visiting friends and relatives?	1 YES 2 NO
Q8036	Sharing feelings about caregiving responsibility?	1 YES 2 NO
Q8037	Think about the care you have given to the ill household members or to the orphaned children in your home and over the last 12 months and think about your own health. Because of this caregiving, how often have you been going to seek medical care or consultation or check ups <u>for your own health</u> ? Have you been going <u>more</u> than you used to, <u>less</u> than you used or has it stayed more or less the same?	1 MORE THAN USED TO 2 LESS THAN USED TO 3 MORE OR LESS THE SAME

Time Begin: :

INTERVIEWER: *This is the end of the interview. Complete section 9000 when you have finished with the respondent.*

This completes the interview. We thank you for your time and answers. I have your contact details and may be in touch again. Should you have any questions or concerns please do not hesitate to contact my supervisor (give name).

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Section 9000: Interviewer Assessment

INTERVIEWER			
Q9001	<i>Was someone else present during the interview?</i>	1 YES	2 NO
Q9002	<i>Did respondent have hearing problem?</i>	1 YES	2 NO
Q9003	<i>Vision problem?</i>	1 YES	2 NO
Q9004	<i>Use wheelchair?</i>	1 YES	2 NO
Q9005	<i>Use cane/crutches/walker?</i>	1 YES	2 NO
Q9006	<i>Have difficulties walking?</i>	1 YES	2 NO
Q9007	<i>Paralysis?</i>	1 YES	2 NO
Q9008	<i>Cough continually?</i>	1 YES	2 NO
Q9009	<i>Shortness of breath?</i>	1 YES	2 NO
Q9010	<i>Mental problems?</i>	1 YES	2 NO
Q9011	<i>Other health problem?</i>	1 YES	2 NO
Q9012	<i>Amputation?</i>	1 YES	2 NO
Q9013	Respondent cooperation	1 VERY GOOD 2 GOOD 3 MODERATE 4 BAD 5 VERY BAD	
Q9014	Accuracy and completeness	1 VERY HIGH 2 HIGH 3 AVERAGE 4 LOW 5 VERY LOW	

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