

WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot

WHO Study on Global Ageing and Adult Health (SAGE)
HOUSEHOLD QUESTIONNAIRE

[Country name about here]

Table of Contents - Household Questionnaire



Section 0000: Coversheet.....	2
Section 0100: Sampling Information	3
Section 0200: Geocoding/GPS Information	4
Section 0300: Recontact Information	5
Section 0350: Contact Record.....	6
Section 0400: Household Roster.....	7
Section 0500: Housing	13
Section 0600: Household and Family Support Networks and Transfers	15
Section 0700: Assets and Household Income	18
Section 0800: Household Expenditure.....	21

WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot

Section 0000 Coversheet

Q0001	Research Centre Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q0002	Household ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q0003	Is this a retest interview?	1= Test → Q0004 2= Retest
Q0003a	If retest interview, indicate number of days between initial and retest.	<input type="checkbox"/> <input type="checkbox"/>
Q0004	Interviewer ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q0005	Total number of calls/visits:	<input type="checkbox"/> <input type="checkbox"/>
Q0006	Date of final results:	Day Month Year
Q0007	Final result code: <i>See section 0350 [H] for codes</i>	<input type="checkbox"/> <input type="checkbox"/>
Q0008	Rotation code (A, B, C, D or E)	<input type="checkbox"/>
Q0009	Date of editing:	Day Month Year
Q0010	Data Entry	1 st data entry Day Month Year

Signature of Supervisor:

Section 0100 Sampling Information

SAMPLING

Q0101 Primary Sampling Unit (PSU) **Name/Code:**

Q0102 Secondary Sampling Unit (SSU) **Name/Code:**

Q0103 Tertiary Sampling Unit (TSU) **Name/Code:**

ADDITIONAL INFORMATION

Q0104 Setting (circle one)

1 = **Urban**

An urban area that has been legally proclaimed as being urban. Such areas include towns, cities and metropolitan areas.

2 = **Rural**

All other areas that are not classified as being urban. This includes commercial farms, small settlements, rural villages and other areas which are further away from towns and cities.

ADMINISTRATIVE DIVISION INFORMATION

Refer to Appendix A for administrative codes

Q0105 First Administrative Level Unit Name

Code

(Not applicable if the unit is not in the appendix list)

Other name if not in the appendix list:

.....

Q0106 Second Administrative Level Unit Name

Code

(Not applicable if the unit is not in the appendix list)

Other name if not in the appendix list:

.....

Section 0200: Geocoding/GPS Information

Q0201	Number of satellite signals received	<input type="text"/>	<input type="text"/>				
Q0202	Accuracy	<input type="text"/>	<input type="text"/>	<input type="text"/>	feet		
Q0203	Latitude:	<input type="text"/>	N/S	<input type="text"/>	Degrees	<input type="text"/>	Minutes
		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Q0204	Longitude:	<input type="text"/>	E/W	<input type="text"/>	Degrees	<input type="text"/>	Minutes
		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Q0205	Waypoint:	(1) In front of the household (2) Nearby location (for example, a park or communal space)					

Interviewer: Verify Q0203 and Q0204 using Appendix B.

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Section 0300: Recontact Information

Time Begin: :

Q0301	<p>What is your <u>full name</u>? (verify spelling and write clearly)</p> <p>FIRST NAME: _____</p> <p>LAST NAME (SURNAME): _____</p>	
Q0302	<p>What is your address?</p> <p>FULL NAME:</p> <p>RELATIONSHIP:</p> <p>STREET ADDRESS AND NUMBER:</p> <p>CITY:</p> <p>OTHER:</p>	
Q0303	<p>Does this person/household have a telephone? 1. YES 2. NO.....→</p>	Q0306
Q0304	<p>What is your telephone number?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
Q0305	<p>Is your phone number listed in the telephone directory? 1. YES 2. NO</p>	
Q0306	<p>If we cannot contact you for whatever reason, Could you tell us who we could contact, who will know how to get in touch with you? 1. YES 2. No</p> <p>What is this person's name, relationship to you and address? Please enter all additional information (not corresponding to the following address fields) in "other location information"</p> <p>FIRST NAME:</p> <p>LAST NAME (SURNAME):</p> <p>RELATIONSHIP:</p> <p>STREET ADDRESS AND NUMBER:</p> <p>CITY:</p> <p>OTHER:</p>	
Q0307	<p><i>(for reinterview only)</i></p> <p><i>interviewer:</i></p> <p>How difficult was it to reach the person using the recontact information from WHS 2002/2003?</p>	<p>1. No difficulty</p> <p>2. Some difficulty</p> <p>3. Extreme difficulty</p> <p>4. Could not recontact</p>

Time End: :

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Section 0350: Contact Record

Time Begin: :

	Q0351 CALL #1	Q0352 CALL #2	Q0353 CALL #3
A. Date	Day Month Year	Day Month Year	Day Month Year
B. Exact time began	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
C. Interviewer I.D.			
D. Contact with 1=Respondent 2=Informant 3=No one	1 2 3	1 2 3	1 2 3
E. Mode of Contact 1=Personal visit 2=Telephone	1 2	1 2	1 2
F. Household unit listing obtained 1=YES 2=No	1 2	1 2	1 2
G. Detailed description of contact or attempt to contact			
H. Result code			
01=Answering machine or answering service	01	01	01
02=Unable to contact busy signal, dead tone, number has changed)	02	02	02
03=Respondent contacted-initial refusal	03	03	03
04=Respondent contacted-uncertain about interview	04	04	04
05=Resistance/refusal by household member	05	05	05
06=Completed Interview (interview is accepted and conducted)	06	06	06
07=Partial Interview (interview is partially completed and person will not be contacted anymore) because of illness or other reasons.	07	07	07
08=Final refusal by respondent	08	08	08
09=Final refusal by household member	09	09	09
10=Unable to locate respondent	10	10	10
11=No interview because respondent is not eligible: less than 18, mentally unfit or too ill.	11	11	11
12=Language barrier	12	12	12
13=House is vacant or household occupants are elsewhere (seasonal vacancy, other residence)	13	13	13
14=Unsafe or dangerous area or no access to respondent	14	14	14
15= Deceased respondent	15	15	15
16=Respondent in institution: jail, hospital and not accessible	16	16	16

Time End :

WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot

Section 0400: Household Roster

Time Begin: :

In order to determine who to interview, I need to know who lives at this address. Let me assure you that any information you provide is strictly confidential. By asking "who lives at this household?", I mean those who share meals ('eat out of the same pot') and usually stay here for at least four months a year.

I would like the age, sex, marital status and relationship to you of each of the members of this household who live here. (*Indicate initial or re-interview for those household in which we are following from the World Health Survey baseline*).

Please include people who may presently be in an institution due to their health (for example, in hospital or old people's home) for a short time.

Q0401	What is the total number of people who live in this household?	<input type="text"/> <input type="text"/> Persons
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**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

	<i>Please remember to include people who may presently be in an institution for a short time due to their health.</i>	Person (Respondent) number				
		01	02	03	04	05
Q0402	<p>First name and surname</p> <p>First name:</p> <p>INTERVIEWER: if INITIAL interview write down the first name and surname of each member of the household, starting with the head of the household. Then complete the column for each member then →Q0404 If RE-INTERVIEW, complete Q0401 only for new household members.</p> <p>Surname:</p>					
Q0403	<i>(Reinterview only) Person number (from WHS 02/03)</i>					
Q0404	<i>(Reinterview only) is...a new household member? If yes, mark box for each new member.</i>	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
Q0405	<p>Is...the head of the household? <i>(By head of the household we mean the main decision maker in the household. If people are equal decision makers take the oldest person).</i></p> <p>1=YES 2=NO</p>	1 2	1 2	1 2	1 2	1 2
Q0406	<p>What is relationship to you (the respondent)?</p> <p>01=RESPONDENT 02=HEAD OF HOUSEHOLD 03=SPOUSE 04=SON OR DAUGHTER 05=SON OR DAUGHTER-IN-LAW 06=GRANDCHILD 07=PARENT 08=PARENT-IN-LAW 09=BROTHER OR SISTER 10=CO-WIFE 11=GRANDPARENT 12=OTHER RELATIVE 13=NOT RELATED 14=DON'T KNOW</p>	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14
Q0407	<p>Is a male or a female?</p> <p>1 = MALE 2 = FEMALE</p>	1 2	1 2	1 2	1 2	1 2
Q0408	<p>How old is he/she.....? <i>(if less than 1 year old enter 00)</i></p>					
Q0409	<p>What is marital status?</p> <p>1= NEVER MARRIED (AND NOT COHABITING) 2= MARRIED 3=SEPARATED 4=DIVORCED 5=WIDOWED 6=COHABITING 7=DON'T KNOW</p>	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Q0410	<p><i>(Reinterview only) Isstill a household member?</i></p> <p>1 YES 2 NO</p>	1 2	1 2	1 2	1 2	1 2

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Person (respondent) number									
06	07	08	09	10	11	12	13	14	15
<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

		Person (Respondent) Number				
		01	02	03	04	05
Write initials from Q0401						
Initials:						
Q0411	(REINTERVIEW ONLY) What is the reason for’s absence? 01 = EMPLOYMENT 02 = LOOKING FOR WORK 03 = SCHOOL 04 =VISIT FAMILY 05 =VISIT FRIENDS 06 =LIVE WITH OTHER SPOUSE 07 = PERSONAL REASONS 08 = ESCAPE VIOLENCE OR POLITICAL PROBLEMS 09 = PRISON 10 = HOSPITAL /CLINIC 11 = NURSING HOME 12 = DIED →Q0413 13 = OTHER 88 = DON’T KNOW	01 02 03 04 05 06 07 08 09 10 11 12 13 88	01 02 03 04 05 06 07 08 09 10 11 12 13 88	01 02 03 04 05 06 07 08 09 10 11 12 13 88	01 02 03 04 05 06 07 08 09 10 11 12 13 88	01 02 03 04 05 06 07 08 09 10 11 12 13 88
Q0412	(Reinterview only) Where did.....go to? 1 = DIFFERENT HOUSEHOLD IN SAME COMMUNITY/LOCALITY/ NEIGHBOURHOOD 2 = DIFFERENT HOUSEHOLD, NOT IN SAME COMMUNITY/ LOCALITY/ NEIGHBOURHOOD, BUT IN SAME CITY 3 = ANOTHER LOCATION / CITY IN THE COUNTRY 4 = OTHER COUNTRY 5 = DON'T KNOW	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Q0413	(Reinterview only) What was his/her age at death? <i>Less than 1 year = 00</i>	□□□	□□□	□□□	□□□	□□□
Q0414	Indicate if HH member is a respondent 1= YES 2 = NO	1 2	1 2	1 2	1 2	1 2
Q0415	Is... the main income earner for the household (brings in most money) ? <i>Mark only one person with "yes"</i> 1 = YES 2 = NO	1 2	1 2	1 2	1 2	1 2
Q0416	Does... need care due to his/her health condition such as a long-term physical or mental illness or disability, or because he/she is getting old and weak? 1 = YES → Continue 2 = NO → Go to Q0417	1 2	1 2	1 2	1 2	1 2
Q0417	How much care does he/she need? 1 = Needs help/watching all the time (day and night) 2= cannot be without help/watching or be left alone at home for more than an hour 3= can be left on his/her own at home for several hours but requires accompaniment when leaving home 4= Needs some help at home and sometimes needs to be accompanied when leaving home	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0418	Is.....presently in an institution (hospital, after care home, home for the aged, hospice, etc.) due to his/her health condition? 1 = YES 2 = NO	1 2	1 2	1 2	1 2	1 2

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Person (respondent) number									
06	07	08	09	10	11	12	13	14	15
01	01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
88	88	88	88	88	88	88	88	88	88
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□	□□□
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

INTERVIEWER: Check Q0401 - make sure total number is equal to the number of persons you have in the household roster.

Time End: :

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Section 0500: Housing

Time Begin: :

I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR DWELLING OR HOME.

Q0501	Is this dwelling where you live...? <i>(Interviewer: read options to the respondent.)</i>	<ol style="list-style-type: none"> 1. Owned by the household head and fully paid off 2. Owned by the household head but not yet fully paid off 3. Owned by someone else in household 4. Rented.....→ 5. Provided free of charge.....→ 6. Other, Specify 	Q0503 Q0503
Q0502	If the owner (you) were to sell this dwelling today, what is the approximate value (about how much is it worth)? <i>(Use local currency)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88 DON'T KNOW	
Q0503	How many rooms does this dwelling have in total, without counting the bathrooms or hallways	<input type="text"/> <input type="text"/>	

ENVIRONMENTAL RISK FACTORS / WATER AND SANITATION

Q0504	What type of floor does your dwelling have?	<ol style="list-style-type: none"> 1. Hard Floor (Tile, Cement, Brick, Wood) 2. Earth Floor 	
Q0505	What type of wall does your dwelling have? <i>(indicate main type)</i>	<ol style="list-style-type: none"> 1. Cement, Brick, Stone or wood 2. Mud/ Mud brick 3. Thatch and other 4. Plastic Sheet 5. Metal Sheet 6. Other 	
Q0506	What is the main source of drinking water for members of this household? <i>(show card to respondent ---- see Appendix G)</i>	<ol style="list-style-type: none"> 1. Piped water through house connection or yard → 2. Public standpipe 3. Protected tube well or ore hole 4. Protected dug well or protected spring 5. Unprotected dug well or spring 6. Rainwater (into tank or cistern) 7. Water taken directly from stagnant eater source (pond, dam, lake, pool) 8. Water taken directly from flowing water source (river, stream) 9. Tanker-truck vendor 	Q0508
Q0507	How long does it take to get there, get water and come back?	<ol style="list-style-type: none"> 1. Less than 5 minutes 2. About 30 minutes or less 3. About 60 minutes or less 4. About 90 minutes or less 5. More than 90 minutes 	

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Q0508	Are there at least 20 litres of water per person (about one bucket) available per day (for drinking, cooking, personal hygiene etc.) in the household?	<ol style="list-style-type: none"> 1. YES 2. NO 	
Q0509	What type of toilet facilities do members of your household mainly use? <i>(show card to respondent ---- see Appendix G)</i>	<ol style="list-style-type: none"> 1. Flush to piped sewage system 2. Flush to septic tank 3. Pour flush latrine 4. Covered dry latrine (with privacy) 5. Uncovered dry latrine (without privacy) 6. Bucket latrine (where fresh excreta are manually removed) 7. No facilities (open defecation) 8. Other 	
Q0510	How far is the toilet facility from your dwelling?	<ol style="list-style-type: none"> 1. Within property / yard, used by single household 2. Within property / yard, used by multiple households 3. Outside property / yard, private 4. Outside property / yard, shared 	
Q0511	What type of fuel does your household mainly use for cooking? <i>(show card to respondent ---- see Appendix G)</i>	<ol style="list-style-type: none"> 1. Gas→ 2. Electricity→ 3. Kerosene/paraffin 4. Coal/Charcoal 5. Wood 6. Agriculture/crop 7. Animal dung 8. Shrubs/grass 9. Other 	Q0600 Q0600
Q5012	What type of cooking stove is used in your house?	<ol style="list-style-type: none"> 1. Open fire or stove without chimney or hood 2. Open fire or stove with chimney or hood 3. Closed stove with chimney 4. Cook outside of house 5. Other 	
Q5013	Where is cooking usually done?	<ol style="list-style-type: none"> 1. In a room used for living or sleeping 2. In a separate room used as kitchen 3. In a separate building used as kitchen 4. Outdoor 5. Other 	

Time End: :

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Section 0600: Household and Family Support Networks and Transfers

Time Begin: :

INTERVIEWER: THIS SECTION IS INTENDED TO COLLECT INFORMATION ABOUT SOURCES OF TRANSFERS INTO THE HOUSEHOLD FROM THOSE OUTSIDE THE HOUSEHOLD.

The next questions are about your family and friends, specifically those not living with you in this household. Families and friends sometimes help one another in a variety of different ways, and each type of help can be important. Part of our survey involves finding out how they do that. We would now like to ask some questions about your family and friends who do not live with you, and the different ways in which you help each other. The next questions are about help received by your household in the last 12 months.

FAMILY AND KIN (TRANSFERS IN)

Q0601	In the last 12 months, has anyone in the household received any financial or in-kind assistance from your family (children, siblings or parents) and relatives (other kin) who do not live with you?	1. YES 2. NO..... → 88 DON'T KNOW..... →	Q0605 Q0605
Q0602	What type of assistance did your household receive? <i>INTERVIEWER: circle all answers that the respondent spontaneously mentions</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 _____ 88 DON'T KNOW..... →	Q0604
Q0603	About how much would this assistance amount to 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"/> 88 DON'T KNOW	
Q0604	Do you consider this help as income that the household can count on in the future?	1. YES 2. NO 88 DON'T KNOW	

COMMUNITY TRANSFERS AND ASSISTANCE

Q0605	In the last 12 months, has your household received any financial or in-kind assistance from any clubs, or groups in your community?	1. YES 2. NO..... → 88. DON'T KNOW..... →	Q0609 Q0609
Q0606	What type of assistance did your household receive? <i>INTERVIEWER: circle all answers that the respondent spontaneously mentions</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 _____ 88 DON'T KNOW →	Q0608
Q0607	About how much would this assistance amount to over the last/past 12 months ? [use 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"/>	

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

		88 DON'T KNOW	
Q0608	Do you consider this help as income that the household can count on in the future?	1. YES 2. NO 88. DON'T KNOW	

GOVERNMENT ASSISTANCE

Q0609	In the last 12 months, has your household received any financial or in-kind assistance from the government?	1. YES 2. NO.....→ 88. DON'T KNOW.....→	Q0613 Q0613
Q0610	What type of assistance did your household receive from the government? <i>INTERVIEWER: circle all answers that the respondent spontaneously mentions</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 _____ 88. DON'T KNOW→	Q0612
Q0611	About how much would this assistance amount to over the last/past 12 months? <i>[In local currency]</i>	<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"/> 88 DON'T KNOW	
Q0612	Do you consider this help as income that the household can count on in the future?	1. YES 2. NO 88. DON'T KNOW	

INTERVIEWER: emphasize the shift from receiving to giving assistance in the next section.

Now, moving away from assistance you received, we would like to find out what financial and in-kind assistance you provided in the last 12 months to others who do not live with you.

FAMILY AND KIN (TRANSFERS OUT)

Q0613	In the last 12 months, has your household provided any financial aid or in-kind support to any of your children, grandchildren and/or other family (and those of your spouse) who do not live in this household?	1. YES 2. NO.....→ 88 DON'T KNOW.....→	Q0615 Q0615
Q0614	Can you give an approximate total amount for this for the last 12 months?	<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"/> 88 DON'T KNOW	

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

COMMUNITY, NEIGHBOURS AND OTHER KIN

Q0615	In the last 12 months, has your household provided financial assistance or in-kind support to any other kin, neighbours, community or other source (not including the government)?	1. YES 2. NO.....→ 88. DON'T KNOW.....→	Q0617 Q0617
Q0616	Can you give an approximate total amount for this for the last 12 months? [<i>local currency</i>]	<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"/> 88 DON'T KNOW	

In addition to providing the assistance you indicated above, we would like to know if you have provided any type of personal or health care to others.

Q0617	During the past year, did you or someone in your household provide help to a relative or friend (adult or child), because this person has a long-term physical or mental illness or disability, or is getting old and weak?	1. YES, for a person living in the same household 2. YES, for person living in separate household 3. NO.....→	Q0701
Q0618	<p>Please tell me the kind of care was provided:</p> <p>a. You helped with personal care, such as going to the toilet, washing, getting dressed, and eating</p> <p>b. You helped with medical care, like changing bandages and giving medicines</p> <p>c. You helped with household activities, such as meal preparation, shopping, cleaning, laundry</p> <p>d. You watched over them since their behaviour can be upsetting or dangerous to themselves or others</p> <p>e. You helped them to get around outside the home</p>	<p>1. YES 2. NO 88. DON'T KNOW</p> <p>1. YES 2. NO 88. DON'T KNOW</p> <p>1. YES 2. NO 88. DON'T KNOW</p> <p>1. YES 2. NO 88. DON'T KNOW</p> <p>1. YES 2. NO 88. DON'T KNOW</p>	

Time End: :

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Section 0700: Assets and Household Income

Time Begin :

PERMANENT INCOME INDICATORS (ASSETS) - [COUNTRY-SPECIFIC]

I would like to ask you a few more questions about your home and items you might have in your home. remember that any information you provide will be kept confidential.

Q0701	How many chairs are there in your home? <i>(If none enter "00")</i>	<input type="text"/> <input type="text"/>
Q0702	How many tables are there in your home? <i>(If none enter "00")</i>	<input type="text"/> <input type="text"/>
Q0703	How many cars are there in your household? <i>(If none enter "00")</i>	<input type="text"/> <input type="text"/>
Q0704	Does your home have electricity?	1. YES 2. NO

Does your household or anyone in your household have...?

Q0705	A bicycle?	1. YES 2. NO
Q0706	A clock?	1. YES 2. NO
Q0707	A bucket?	1. YES 2. NO
Q0708	A washing machine for clothes?	1. YES 2. NO
Q0709	A washing machine for dishes?	1. YES 2. NO
Q0710	A refrigerator?	1. YES 2. NO
Q0711	A fixed line telephone?	1. YES 2. NO
Q0712	A mobile / cellular telephone?	1. YES 2. NO
Q0713	A television?	1. YES 2. NO
Q0714	A computer?	1. YES 2. NO
Q0715	A radio?	1. YES 2. NO
Q0716	A sewing machine?	1. YES 2. NO
Q0717	(country specific)	1. YES 2. NO
Q0718	(country-specific)	1. YES 2. NO
Q0719	(country-specific)	1. YES 2. NO

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

I would like to know the total income for the household in the last 12 months (previous to today) from paid work or other sources. I would like to know about all sources of income. I know it may be difficult to calculate that figure, but please do try to give as accurate an amount as possible. Remember that all information will be kept strictly confidential. This information is important to assess your overall health and well-being.

Q0720	Does your household have a regular source of income?	1. YES 2. NO
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Q0721	I am now going to read you a list of possible sources of income. Please tell me from which of these sources members of your household receive income:
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a. State old-age (veteran's/civil service) pension Contributory pension fund, provident fund or social security benefit	1. YES 2. NO 88. DON'T KNOW
b. Wages, salary from job	1. YES 2. NO 88. DON'T KNOW
c. Earnings from selling, trading or hawking products	1. YES 2. NO 88. DON'T KNOW
d. Income from rental of property	1. YES 2. NO 88. DON'T KNOW
e. Interest, dividends (e.g. from savings account or fixed deposits)	1. YES 2. NO 88. DON'T KNOW
f. Other, specify _____	1. YES 2. NO

Q0722	Please tell me which of these sources is your main source of household income, by that I mean from which source does most of your money come? <i>Select only one number from the list</i>	1. Pension 2. Wages, Salary From Job 3. Earnings 4. Income From Rental 5. Interest, Dividends 6. Other, Specify _____ 88. DON'T KNOW
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REPEAT TO RESPONDENT THE MAIN SOURCE TO VERIFY.

Q0723	About how much does this <u>main</u> source of income provide you in the last/past 12 months ? <i>[in local currency]</i>	<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"/> <input type="checkbox"/> <i>If <u>only one</u> source of income → Q0726</i> 88. DON'T KNOW
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Q0724	From the remaining sources, about how much do these/does this source of income provide you in the last 12 months? <i>[in local currency]</i>	<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"/> <input type="checkbox"/> 88. DON'T KNOW
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**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

<p>Q0725</p>	<p>So to verify this information, your approximate total household income from all sources over the last 12 months is about how much?</p> <p><i>[in local currency]?</i></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>88. DON'T KNOW</p>
<p>Q0726</p>	<p>How many people depend on this income?</p> <p><i>(INTERVIEWER: enter "01" if only the respondent)</i></p>	<p><input type="text"/> <input type="text"/> NUMBER OF PEOPLE</p> <p>88. DON'T KNOW</p>
<p>Q0727</p>	<p>Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?</p>	<p>1. YES 2. NO 88. DON'T KNOW</p>
<p>Q0728</p>	<p>Would you say your household's financial situation is...?</p>	<p>1. Very Good 2. Good 3. Moderate 4. Bad 5. Very Bad</p>

Time End :

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Section 0800: Household Expenditure

Time Begin :

I would like to ask you some questions about how much your household and all its members spends on health services and other things.

(INTERVIEWER: For all questions in this section report all values in local currency, whether paid in cash or in kind.)

Q0801	In the last 30 days, how much did your household spend in total (the total amount of money your household and all its members spent on food, clothing, transport, rent and rates, school fees, drink, entertainment, health care and all other expenses)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW
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In the last 30 days, how much did your household spend on:

Q0802	Food, including such things as [rice], meat, fruits, vegetables, and cooking oils. Include the value of any food that was produced and consumed by the household, and exclude alcohol, tobacco and restaurant meals.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW
Q0803	Housing, gas, electricity, water, telephone, and heating fuel?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW
Q0804	Education fees and supplies?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW
Q0805	Health care costs, excluding any insurance reimbursements?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW
Q0806	Voluntary insurance premiums or prepaid health plans?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW
Q0807	Funerals or weddings?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW
Q0808	All other goods and services?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88. DON'T KNOW

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

INTERVIEWER: If Q0805 = "0" or "88 (Don't Know)", Skip to Q0817

I would like to ask you more specific questions about how much your household and all its members spent on health services. When answering these questions, think about all of the times that any household member used a health service in the last 30 days.

Please exclude costs to be reimbursed by insurance and any transportation costs. *(In local currency.)*

In the last 30 days, how much did your household spend on:

Q0809	Health care that required staying overnight in a hospital or health facility?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0810	Health care by doctors, nurses, or trained midwives that did not require an overnight stay?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0811	Health care by traditional or alternative healers (use other local names)?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0812	Dentists?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0813	Medications or drugs?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0814	Health care products such prescription glasses, hearing aids, prosthetic devices, etc.?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0815	Diagnostic and laboratory tests such as X-rays or blood tests?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0816	Any other health care products or services that were not included above?	<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"/> <input type="checkbox"/> 88. DON'T KNOW
Q0817	In the last 12 months , how many times did members of your household go to a hospital and stay overnight? <i>(INTERVIEWER: Enter number of times for all household members in total. If none, enter "0")</i>	<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"/> <input type="checkbox"/> 88. DON'T KNOW → If "0" go to Q0819

**WHO Study on Global Ageing and Adult Health (SAGE)
Household Questionnaire - Generic Pilot**

Q0818	<p>In the last 12 months, how much did the household pay for all costs associated with overnight stays in a hospital? Please exclude any expenses in the last 30 days that you have already told me about, and exclude any reimbursements from insurance.</p>	<p align="center"> <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"/> <input type="checkbox"/> </p> <p>88. DON'T KNOW</p>
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In the last 12 months, which of the following financial sources did your household use to pay for any health expenditures?

Q0819	Current income of any household members	<p>1. YES 2. NO 88. DON'T KNOW</p>
Q0820	Savings (e.g. bank account)	<p>1. YES 2. NO 88. DON'T KNOW</p>
Q0821	Payment or reimbursement from a health insurance plan	<p>1. YES 2. NO 88. DON'T KNOW</p>
Q0822	Sold items (e.g. furniture, animals, jewellery, furniture)	<p>1. YES 2. NO 88. DON'T KNOW</p>
Q0823	Family members or friends from outside the household	<p>1. YES 2. NO 88. DON'T KNOW</p>
Q0824	Borrowed from someone other than a friend or family	<p>1. YES 2. NO 88. DON'T KNOW</p>
Q0825	Other, specify _____	<p>1. YES 2. NO 88. DON'T KNOW</p>

Time End: :

INTERVIEWER: If respondent for household survey is less than 50 years of age

This completes the household section of our survey. Thank you for your time and answers. We will now interview an older member of your household.

INTERVIEWER: If respondent for household survey is 50 years of age or older - continue with individual Q.

This completes the household section of our survey. Thank you for your time and answers. We have a second set of questions to ask you in a moment, which focus more on your own health.