



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

India

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APPENDIX A. Administrative Divisions - Names and Codes**Household Questionnaire Section 0100 (Sampling Information)**

Country:	India
Representativity:	Year 2001
Source of the data:	Survey of India
Comments:	None

1st administrative level names	1st administrative level codes	2nd administrative level names	2nd administrative level codes
Rajasthan	XIN001	Ajmer	XIN001001
Rajasthan	XIN001	Alwar	XIN001002
Rajasthan	XIN001	Banswara	XIN001003
Rajasthan	XIN001	Baran	XIN001004
Rajasthan	XIN001	Barmer	XIN001005
Rajasthan	XIN001	Bharatpur	XIN001006
Rajasthan	XIN001	Bhilwara	XIN001007
Rajasthan	XIN001	Bikaner	XIN001008
Rajasthan	XIN001	Bundi	XIN001009
Rajasthan	XIN001	Chittaurgarh	XIN001010
Rajasthan	XIN001	Churu	XIN001011
Rajasthan	XIN001	Dausa	XIN001012
Rajasthan	XIN001	Dhaulpur	XIN001013
Rajasthan	XIN001	Dungarpur	XIN001014
Rajasthan	XIN001	Ganganagar	XIN001015
Rajasthan	XIN001	Hanumangarh	XIN001016
Rajasthan	XIN001	Jaipur	XIN001017
Rajasthan	XIN001	Jaisalmer	XIN001018
Rajasthan	XIN001	Jalor	XIN001019
Rajasthan	XIN001	Jhalawar	XIN001020
Rajasthan	XIN001	Jhunjhunun	XIN001021
Rajasthan	XIN001	Jodhpur	XIN001022
Rajasthan	XIN001	Karauli	XIN001023
Rajasthan	XIN001	Kota	XIN001024
Rajasthan	XIN001	Nagaur	XIN001025
Rajasthan	XIN001	Pali	XIN001026
Rajasthan	XIN001	Rajsamand	XIN001027
Rajasthan	XIN001	Sawai Madhopur	XIN001028
Rajasthan	XIN001	Sikar	XIN001029
Rajasthan	XIN001	Sirohi	XIN001030
Rajasthan	XIN001	Tonk	XIN001031
Rajasthan	XIN001	Udaipur	XIN001032

APPENDIX B. Administrative Divisions - Geographic Extension**Household Questionnaire - Section 0200 (Geocoding/GPS Information)****India**

District	Coordinates range																						
	MIN./MAX.	LATITUDE										LONGITUDE											
		N/S	Degrees			Decimal Minutes							E/W	Degrees			Decimal Minutes						
RAJASTHAN	Min.	S	0	1	°	4	0	.	5	0	0	'	E	3	4	°	4	0	.	5	0	0	'
	Max.	S	0	3	°	5	8	.	5	0	0	'	E	3	7	°	2	6	.	0	0	0	'

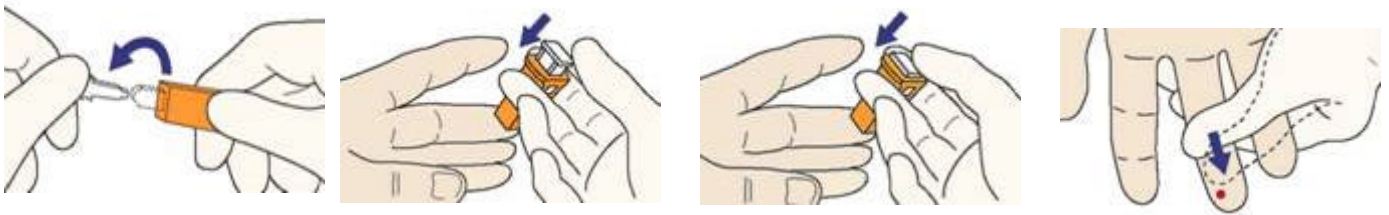
APPENDIX C. Performance Test and Biomarkers

Interviewer - please collect physical measurements information (blood pressure, height, weight) then obtain blood sample using filter paper (or venipuncture in India) and last, conduct the performance tests. After completing, continue with the individual questionnaire.

We start this section by obtaining some physical measurements such as your height, weight and [waist circumference along with a] blood pressure measurement. We will do a finger prick, to obtain a small amount of blood - for tests of anemia, heart conditions (blood cholesterol and fat levels), diabetes and an infectious disease. We will also be conducting some physical tests, such as a for your mobility, hand grip strength, lung function and vision. These tests are not commonly performed in doctors' offices so this is a chance for you to gain additional information about your health. If you wish, you can receive a copy of the results of these tests from our supervisor.

ANTHROPOMETRICS - see Individual Questionnaire.

BIOMARKERS



Blood kits will be delivered with instructions and additional training materials.

HgB or HCT

Lipids (Total, HDL, LDL) & Triglycerides

Hemoglobin A1c

? HIV

Performance tests **Need stopwatch and tape measure**

Time Begin $\ddot{y} \ddot{y} : \ddot{y} \ddot{y}$

Next we will do a variety of memory and concentration tasks. Some of them may seem rather easy but others are more difficult, so please listen carefully. The tasks are designed so no-one gets the highest score possible. Please just do the best you can on all of them.

Measured Walks/Mobility

INTERVIEWER:

THE RESPONDENT WILL WALK THE 4-METER LENGTH TWO TIMES: ONCE AT HIS OR HER USUAL PACE AND ONCE AS RAPIDLY AS POSSIBLE. YOU WILL TIME THE FIRST METER AND THE TOTAL METER TIME FOR EACH WALK.

1. IF THE RESPONDENT CANNOT WALK, EVEN WITH AN AID SUCH AS A CANE, WALKER OR LEANING ON A WHEELCHAIR, CODE "CANNOT WALK, EVEN WITH SUPPORT" AND SKIP TO NEXT TASK.
2. MARK OFF A SPACE THAT IS AT LEAST 4.5 METERS LONG AND PRESENTS NO IMPEDIMENTS TO THE RESPONDENT. YOU WILL NEED TO BE ABLE TO WALK BY HER SIDE FOR THE ENTIRE LENGTH.
3. INTRODUCE THE WALKS AND DEMONSTRATE THE FIRST WALK.
4. ASK THE RESPONDENT TO STAND WITH BOTH FEET TOUCHING THE STARTING LINE.
5. SAY "READY, BEGIN." PRESS THE START BUTTON ON THE STOPWATCH AND WALK BESIDE THE RESPONDENT.
6. PRESS THE SPLIT BUTTON WHEN THE RESPONDENT'S TOE CROSSES THE 1-METER MARK.
7. STOP TIMING BY PRESSING THE START/STOP BUTTON WHEN THE RESPONDENT'S TOE CROSSES THE LINE.

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

Q2506	<i>Did respondent complete the walk at usual pace?</i>	
Q2507	<i>Time at 1 metre</i>	
Q2508	<i>Time at 4 metres</i>	

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	<i>Did respondent complete the walk at rapid pace?</i>	
Q2510	<i>Time at 1 metre</i>	
Q2511	<i>Time at 4 metres</i>	

Grip Strength

INTERVIEWER:

Respondent attempts to squeeze the dynamometer three times with the dominant hand and three

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times with the non-dominant hand.

- 1 HAVE THE RESPONDENT IN THE SITTING POSITION WITH THE ARM TO BE TESTED RESTING IN HIS OR HER LAP.
- 2 SET THE DYNAMOMETER TO THE SECOND SLOT FROM THE GAUGE INCHES FOR ALL RESPONDENTS.
- 3 INTRODUCE THE TEST AND ASK QUESTIONS 2512, 2513, 2514 AND 2515 BELOW. IF ANY OF THE QUESTIONS IS ANSWERED "YES", DO NOT ATTEMPT THE GRIP STRENGTH TEST FOR THAT HAND.
- 4 EXPLAIN THE TEST AND DEMONSTRATE IT. TELL HIM OR HER THAT IT WILL NOT FEEL LIKE THE BAR IS MOVING BUT WE CAN GET A READING.
- 5 CHECK WHICH HAND IS BEING TESTED FIRST (DOMINANT HAND)
- 6 SET THE DYNAMOMETER TO ZERO (0) PRIOR TO EACH SQUEEZE.
- 7 ASK THE RESPONDENT TO SQUEEZE THE DYNAMOMETER WITH HIS OR HER DOMINANT HAND.
- 8 RECORD THE STRENGTH IN KILOGRAMS, ROUNDING DOWN TO THE NEAREST KILOGRAM.
- 9 REPEAT THE TEST TWO MORE TIMES WITH THE DOMINANT HAND. THE RESPONDENT MUST TRY AT LEAST TWO TIMES. RECORD 00 WHEREVER AN ATTEMPT WAS NOT MADE.
10. REPEAT STEPS 7 THROUGH 9 FOR THE NON-DOMINANT HAND.

* BE SURE TO ROUND DOWN FOR THIS PROTOCOL. ALSO, ALTHOUGH ODD NUMBERS FOR KILOGRAMS DO NOT APPEAR ON THE DYNAMOMETER, ODD NUMBERS CAN BE SCORED.

Grip Strength

In this exercise I am going to use this instrument to test the strength in your hands. I'm first going to ask you a few questions to determine if you can do the test because we can do this test only if you have NOT had surgery on your hand or arm in the last three months.

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?	
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?	
Q2514	Have you had any surgery on your right arm, hand or wrist in the last 3 months?	
Q2515	Have you had any surgery on your left arm, hand or wrist in the last 3 months?	
Q2516	Which hand do you use to sign your name? <i><u>DOMINANT HAND</u> - CHECK ONE ANSWER. IF A RESPONDENT IS AMBIDEXTROUS, THE HAND THAT IS USED FOR SIGNING/WRITING IS CONSIDERED THE DOMINANT HAND.</i>	

INTERVIEWER:

HAND BEING TESTED - TEST THE DOMINANT HAND FIRST. CIRCLE 1 IF TESTING THE RIGHT HAND AND CIRCLE 2 IF TESTING THE LEFT HAND.

POSITION OF DYNAMOMETER - RECORD 3 POSITIONS OF DYNAMOMETER FOR THE HAND BEING TESTED.

IF RESPONDENT ANSWERED 'YES' TO ANY OF THE QUESTIONS IN Q2512-2515, DO NOT TEST THAT HAND. IF NEITHER HAND CAN BE TESTED, SKIP TO Q2525.

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

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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. The two pieces of metal will not move, but I will be able to read the force of your grip on the dial.

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

READ THE DIAL AT EYE LEVEL

	<i>FILTER: Dominant hand</i>	
Q2517	<i>Did respondent complete the test 3 times in the dominant hand?</i>	
Q2518	<i>First test dominant hand</i>	
Q2519	<i>Second test dominant hand</i>	
Q2520	<i>Third test dominant hand</i>	

	<i>FILTER: Non-dominant hand</i>	
Q2521	<i>Did respondent complete the test 3 times in the dominant hand?</i>	
Q2522	<i>First test non- dominant hand</i>	
Q2523	<i>Second test non- dominant hand</i>	
Q2524	<i>Third test non-dominant hand</i>	

Memory tests

Immediate Verbal Recall

"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>	
Q2526	<i>Number of words that respondent failed to recall Trial 1</i>	
Q2527	<i>Number of words substituted Trial 1</i>	

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>	
Q2529	<i>Number of words that respondent failed to recall Trial 2</i>	
Q2530	<i>Number of words substituted Trial 2</i>	

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>	
Q2532	<i>Number of words that respondent failed to recall Trial 3</i>	
Q2533	<i>Number of words substituted Trial 3</i>	

Digit Span - Digits Forward

INTERVIEWER:

YOU ARE GOING TO READ SETS OF NUMBERS TO THE RESPONDENT, AND ASK THAT HE OR SHE REPEAT THEM BACK TO YOU IN THE GIVEN ORDER. PRONOUNCE THE DIGITS AT A RATE OF ONE PER SECOND IN A LOUD CLEAR VOICE. DO NOT FLUCTUATE YOUR VOICE USE A CLEAR MONOTONE VOICE FOR EACH SET OF NUMBERS. DO NOT REPEAT ANY SETS OF NUMBERS, EVEN IF THE RESPONDENT CLAIMS TO HAVE SENSORY IMPAIRMENT, OR DID NOT HEAR YOU; THE RESPONDENT MUST GUESS THE NUMBERS

NOTE: DISCONTINUE WHEN A SUBJECT FAILS BOTH TRIALS OF ANY GIVEN ITEM NUMBER OR WHEN SUBJECT COMPLETES ITEM #8. THERE ARE 2 TRIALS FOR EACH SET, AND THERE ARE 8 SETS.

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.

If a respondent fails both trial 1 and trial 2, discontinue task. Read:	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.

Q2534	Total score (add up total column) (Maximum = 16 points)	
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Digits Backward

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.

INTERVIEWER:

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.

If a respondent fails both trial 1 and trial 2, discontinue task. Read:	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)	
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Verbal Fluency

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

SAY: "FINE" OR "GOOD" AFTER EACH ONE-MINUTE PERFORMANCE .

IF RESPONDENT DISCONTINUES BEFORE THE END OF THE MINUTE, ENCOURAGE THEM TO TRY TO THINK OF MORE WORDS. IF THERE IS A SILENCE OF 15 SECONDS, REPEAT THE BASIC INSTRUCTIONS, AND THE LETTER.
START TIMING.

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

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	ÿ ÿ
Q2539	Number of words that respondent failed to recall	ÿ ÿ
Q2540	Number of words substituted	ÿ ÿ

Visual Acuity

THE BEST LEVEL OF BINOCULAR VISION (WITH GLASSES IF RESPONDENT USUALLY WEARS GLASSES) WILL BE NOTED. WE HAVE PROVIDED HIGH-CONTRAST LOGMAR CHARTS FOR TESTING BOTH DISTANCE AND NEAR VISION. USE THE SAME 4METRE PATH USED FOR THE MOBILITY TEST FOR DISTANCE VISION. THE LOGMAR CHART FOR TESTING NEAR VISION HAS A BUILT-IN MEASURE FOR THE CORRECT DISTANCE. **MAKE SURE THAT THE LIGHTING IS SUFFICIENT.**

- LINE-BY-LINE ISOLATION OR POINTING MAY BE USED, BUT NOT LETTER BY LETTER.
- THRESHOLD SHOULD BE OBTAINED BY ASKING THE RESPONDENT TO READ ALL OPTOTYPES FROM THE TOP OF THE CHART UNTIL A LINE IS MISSED.
- STOPPING RULE: ONCE A PERSON HAS STARTED A LINE, HE OR SHE SHOULD FINISH BY GUESSING AT ALL 5 LETTERS ON THAT LINE. ONCE AT LEAST THREE LETTERS ARE MISSED ON A LINE AND ALL LETTERS ON THAT LINE HAVE BEEN ATTEMPTED, THEN THE PERSON HAS COMPLETED THAT VISUAL ACUITY MEASURE.
- PRE-TRAINING OF THE PERSONS WHO ARE HAVING THEIR VISION ASSESSED IS ESSENTIAL TO ENSURE THAT THE TEST IS UNDERSTOOD.
- RECORDING ACUITY: LOGMAR IS THE BASE 10 LOGARITHM OF THE INVERSE OF THE SNELLERN FRACTION. FOR EXAMPLE, $\text{LOGMAR}(20/200) = \text{LOG}_{10}(200/20) = \text{LOG}_{10}(10) = 1.0$. THE LOGMAR ACUITY IS THE LETTER SIZE OF THE SMALLEST LINE ON WHICH THE PERSON READS 3 OR MORE LETTERS PLUS 0.02 FOR EACH LETTER MISSED ON THAT LINE. FOR EXAMPLE, IF ALL THE LETTERS OR OPTOTYPES ARE IDENTIFIED CORRECTLY ON THE LINE ABOVE THE 20/20 OR 6/6 LINE AND 3 LETTERS ON THE 20/20 OR 6/6 LINE ARE READ CORRECTLY, THEN THE VISUAL ACUITY WOULD BE RECORDED AS $0.0 + 2 \times 0.02 = 0.04$ LOGMAR. A LESS PREFERABLE AND LESS ACCURATE ALTERNATIVE IS TO RECORD THE ACUITY BASED ON THE LAST LINE ON WHICH 3 OR MORE LETTERS ARE CORRECTLY IDENTIFIED – IN THE CASE MENTIONED, THE VISUAL ACUITY WOULD BE 0.0 LOGMAR.

We will now test your distance and near vision.

For SUPERVISORS: Regular training was recommended for those administering visual acuity tests, as the skill of the tester affects very significantly the validity and variability of the outcome.

- Culture-specific communication skills were needed both to select the right type of optotype and to ensure consistent administration of the test.
- Quality control: Continuing assessment of examiners, test-retest repeatability, quality of the charts, etc., was needed to maximize consistency of results.
- To create capacity, it was most effective to train local eye care personnel in visual acuity testing.
- Information needed to be made available on (i) the comparability of logMAR visual acuity testing with previously obtained Snellen acuities, and (ii) the cost and availability of both distance and near vision logMAR charts.

SPIROMETER

Insert instructions for Spirometer here.

Time End $\ddot{y} \ddot{y} : \ddot{y} \ddot{y}$

APPENDIX D. Health State Descriptions Vignettes

Set A = Mobility and Affect

Set B = Pain and Personal Relationships

Set C = Vision, Sleep and Energy

Set D = Cognition and Self-Care

Set E = Breathing and Hearing

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.

See Individual Questionnaire Section 2000 (Q2101-2120) and QxQ for additional information.

APPENDIX E. Subjective Well-Being and Quality of Life

Set A = Morning

Set B = Afternoon

Set C = Evening

Set D = Morning

Set E = Evening

- The protocols are long, but that is mainly because text is repeated (e.g. certain instructions that will usually be ignored) and because we have included space to record up to 5 episodes (“parts”), even though very few interviews will cover more than 4. The interviewers should make sure to get up to 10 parts as needed.
- The translators should know that parts 2 – 5 are identical, and there are only a few wording differences between these parts and part 1. And they should not forget to ask questions in Step 3, (“Step 3: General Questions”) which asks some new questions
- Ultimately, it would be best if the interviews were printed double sided. The survey is designed so that the interviewer can see two pages at once.

See Individual Questionnaire Section 7000 and QxQ for additional information.

CODING Q7102

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.

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 R drove to work, ask if he or she was doing the driving, or if someone else was driving.

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.

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.

Set A and Set D:

DRM - MORNING

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.

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.

STEP 1: ACTIVITIES

PART OF MORNING: 1

Q7102

Now, I would like you to try to remember what you did for the first part of the morning. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “part” of the morning is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the morning.

STEP 1: ACTIVITIES

PART OF MORNING: 2

Q7202

You said that the previous part of your morning ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the morning. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “part” of the morning is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the morning.

STEP 1: ACTIVITIES

PART OF MORNING: 3

Q7302

You said that the previous part of your morning ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the morning. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “part” of the morning is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the morning.

STEP 1: ACTIVITIES

PART OF MORNING: 4

Q7402

You said that the previous part of your morning ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the morning. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “*part*” of the morning is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the morning.

STEP 1: ACTIVITIES

PART OF MORNING: 5 - 10

Step 2: Emotions

Now, I would like you to think again about the first part of the morning when you were [**INSERT ACTIVITY**]. 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”.

Step 3: General Questions - See Individual Questionnaire

Set B and Set E

DRM - AFTERNOON

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 afternoon yesterday starting around mid-day (noon).

Please tell me about the different parts of your afternoon. I want you to think of a “part” of the afternoon 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.

STEP 1: ACTIVITIES

PART OF AFTERNOON: 1

Q7102

Please try to remember where you were, who you were with, and what you did for the part of the day around mid-day (noon) yesterday. Remember, what I mean by a “part” of the day is 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. With that in

mind, in just a word or two, please tell me what you did for the part of the day around noon yesterday.

STEP 1: ACTIVITIES

PART OF AFTERNOON: 2

Q7202 You said that the previous part of your afternoon ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the afternoon. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “*part*” of the afternoon is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the afternoon.

STEP 1: ACTIVITIES

PART OF AFTERNOON: 3

Q7302 You said that the previous part of your afternoon ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the afternoon. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “*part*” of the afternoon is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the afternoon.

STEP 1: ACTIVITIES

PART OF AFTERNOON: 4

Q7402 You said that the previous part of your afternoon ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the afternoon. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “*part*” of the afternoon is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the afternoon.

STEP 1: ACTIVITIES

PART OF AFTERNOON: 5 - 10

STEP 2: EMOTIONS

Now, I would like you to think again about the (next) part of the afternoon when you were [INSERT **ACTIVITY**]. 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”.

JUST READ THE RESPONSE OPTIONS AS NECESSARY.

Step 3: General Questions - See Individual Questionnaire

Set C

DRM - EVENING

Now I would like to ask you questions about what you did yesterday. I don't need to know about your whole day yesterday, just about your evening. Please try to remember where you were, what you did, how long you did an activity and how you felt about doing that activity.

Please tell me about the different parts of your evening. The parts should be periods of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than 2 hours. Try to group small, routine things together. We will go over the period from around 6 pm until you went to bed.

**STEP 1: ACTIVITIES
PART OF EVENING: 1**

Q7102 Please try to remember where you were, who you were with, and what you did for the part of the day around 6 pm yesterday. Remember, what I mean by a "part" of the evening is 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. With that in mind, in just a word or two, please tell me what you did for the part of the day around 6 pm yesterday.

**STEP 1: ACTIVITIES
PART OF EVENING: 2**

Q7202 You said that the previous part of your evening ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the evening. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a "*part*" of the evening is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the evening.

**STEP 1: ACTIVITIES
PART OF EVENING: 3**

Q7302 You said that the previous part of your evening ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the evening. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a "*part*" of the evening is a period of time that lasted about an hour, maybe a little less, or maybe a little more,

but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the evening.

STEP 1: ACTIVITIES
PART OF EVENING: 4

Q7402

You said that the previous part of your evening ended at [INSERT TIME]. Now, I would like you to try to remember what you did for the next part of the evening. Please try to remember where you were, who you were with, and what you did next. [If necessary, you may add:] Remember, what I mean by a “*part*” of the evening is a period of time that lasted about an hour, maybe a little less, or maybe a little more, but generally not more than two hours where you were doing the same thing, or a series of similar things. Try to group small, routine things together.

In just a word or two, please tell me what you did for the next part of the evening.

STEP 1: ACTIVITIES
PART OF EVENING: 5 - 10

STEP 2: EMOTIONS
DO NOT COMPLETE STEP 2 UNTIL ALL STEP 1 ACTIVITY PARTS ARE COMPLETE FOR THE ENTIRE EVENING!

Now, I would like you to think again about the (next) part of the evening when you were [INSERT ACTIVITY]. 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”.

JUST READ THE RESPONSE OPTIONS AS NECESSARY.

Step 3: General Questions - See Individual Questionnaire

APPENDIX F. Risk Factors - diagrams and cards

Q3000-Q3007: List of Tobacco Products

<ul style="list-style-type: none">• Cigarettes
<ul style="list-style-type: none">• Cigarillos
<ul style="list-style-type: none">• Cigars
<ul style="list-style-type: none">• Cheroots
<ul style="list-style-type: none">• Chuttas
<ul style="list-style-type: none">• Bidis
<ul style="list-style-type: none">• Goza / Hookah
<ul style="list-style-type: none">• Local tobacco products (each country to add to the list)
<ul style="list-style-type: none">• Local tobacco products (each country to add to the list)
<ul style="list-style-type: none">• Local tobacco products (each country to add to the list)

Q3008-Q3018: Alcohol Card

Alcohol Use

1 standard drink =



1 standard bottle of **regular beer** (285ml)



1 single measure of **spirits** (30ml)



1 medium size glass of **wine** (120ml)



1 measure of **aperitif** (60ml)

(note: net alcohol content of a *standard drink* is 8-13 g. of ethanol DEPENDING ON THE COUNTRY)

ALCOHOL EQUIVALENTS:

Wine:

1 GLASS OF WINE	1 Drink
1 BOTTLE OF WINE	6 Drinks
1 "WINE COOLER"	1 Drink



Beer:

1 BOTTLE OF BEER	1 Drink
1 CASE OF BEER	24 Drinks



Hard Liquor:

1 HIGHBALL OR SHORT GLASS	1 Drink
1/2 PINT OF LIQUOR	6 Drinks
1 PINT OF LIQUOR	12 Drinks
1 FIFTH OF LIQUOR	20 Drinks
1 QUART OF LIQUOR	24 Drinks

Q3019-3020: Nutrition Card

VEGETABLES are considered to be:	1 serving	Examples
Raw green leafy vegetables	1 cup	Spinach, salad, etc.
Other vegetables, cooked or chopped raw	½ cup	Tomatoes, carrots, pumpkin, corn, Chinese cabbage, fresh beans, onion, etc. 
Vegetable juice	½ cup	
FRUIT		
is considered to be:	1 serving	Examples
Apple, banana, orange	1 medium size piece	
Chopped, cooked, canned fruit	½ cup	
Fruit juice	½ cup	Juice from fruit, not artificially flavoured

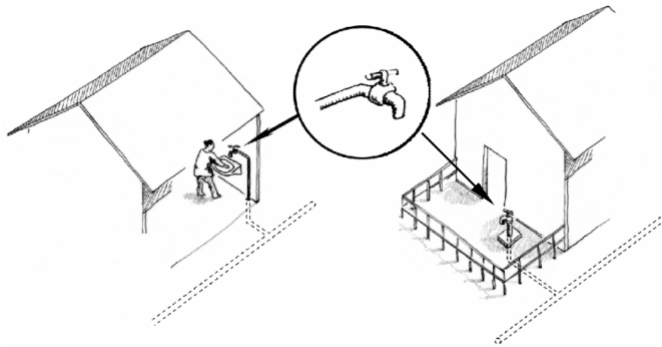
Q3021-3034: List of Physical Activities

<p style="text-align: center;">MODERATE Physical Activities</p>	<p style="text-align: center;">VIGOROUS Physical Activities</p>
<p>Involves moderate physical effort</p>	<p>Involves hard physical effort</p>
<p>This makes you breathe somewhat harder than normal</p>	<p>This makes you breathe much harder than normal</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Cleaning • Farming • Painting/plastering • Gardening <div style="text-align: center;">  </div> <ul style="list-style-type: none"> • Swimming • Climbing stairs 	<p>Examples:</p> <ul style="list-style-type: none"> • Carrying heavy loads • Heavy construction • Digging • Shovelling • Sawing wood <div style="text-align: center;">  </div> <ul style="list-style-type: none"> • Running • Strenuous sports

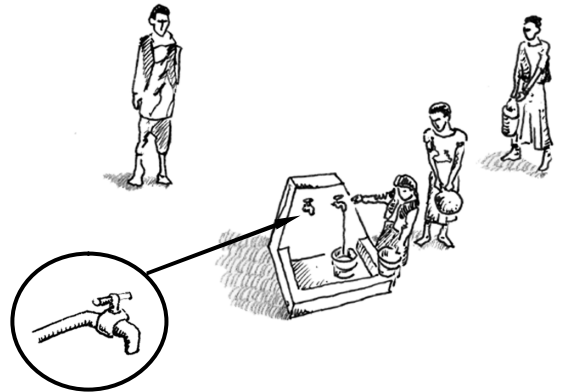
APPENDIX G: Water Source, Sanitation and Cooking

Q0506: What is the main source of drinking water for members of this household?

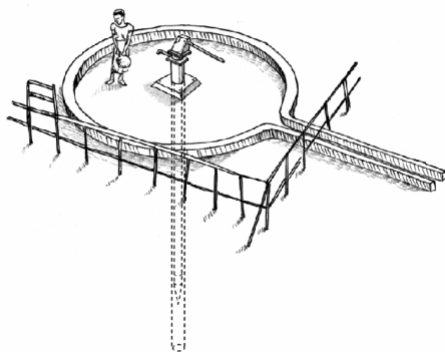
1. Piped water through house connection or yard tap



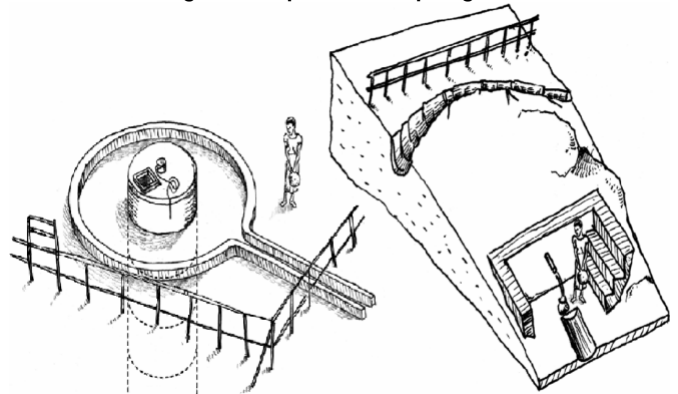
2. Public standpipe



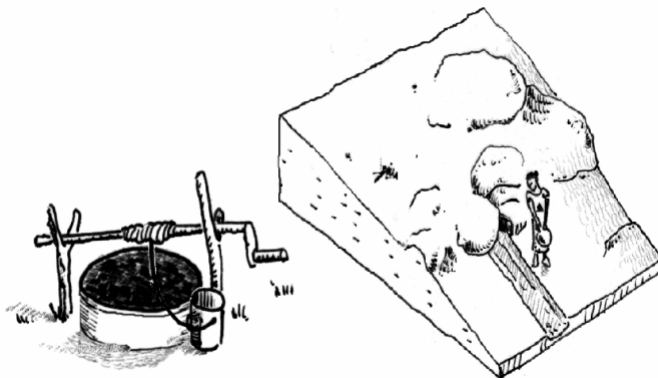
3. Protected tube well or borehole



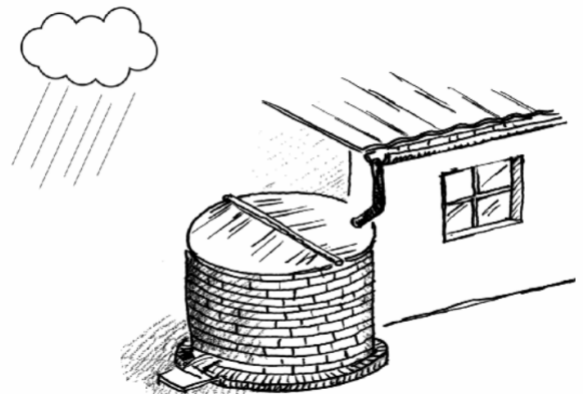
4. Protected dug well or protected spring



5. Unprotected dug well or spring

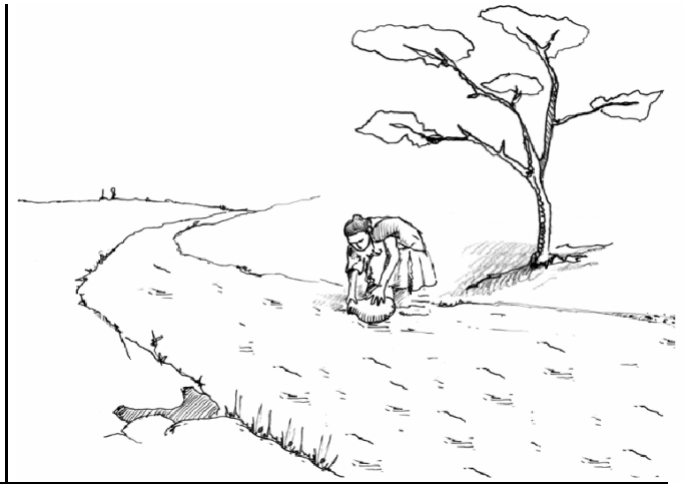
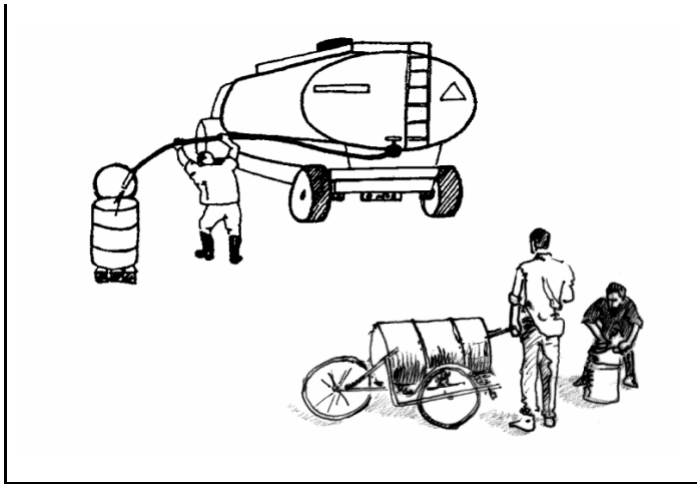


6. Rainwater (into protected tank or cistern)



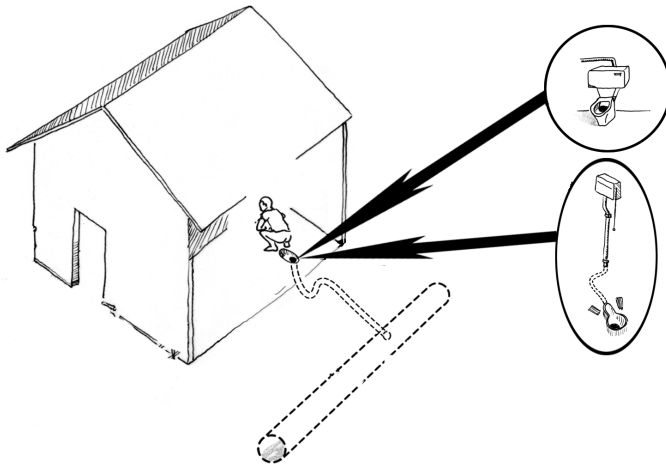
7. Tanker-truck - vendor

8. Water taken directly from pond-water, stream, unprotected rainwater

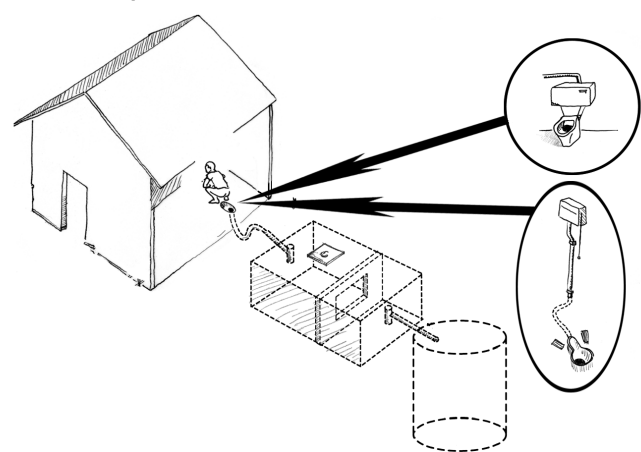


Q0509 : What type of toilet facilities do members of your household mainly use?

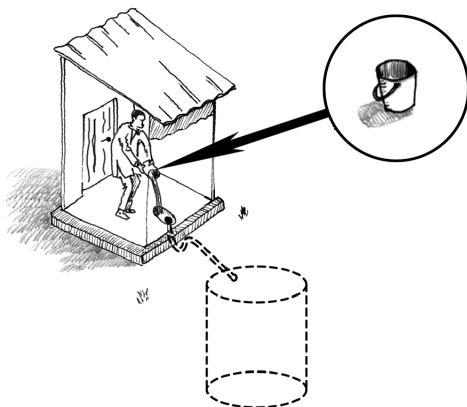
1. Flush to piped sewage system (household connection)



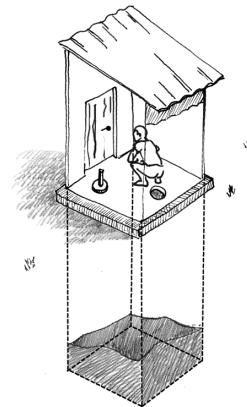
2. Flush to septic tank



3. Pour flush latrine

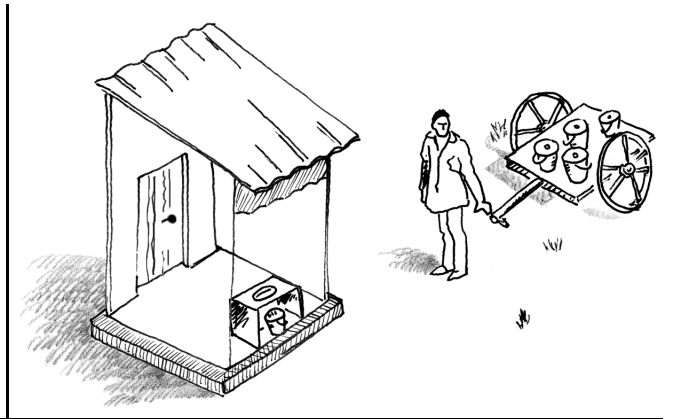
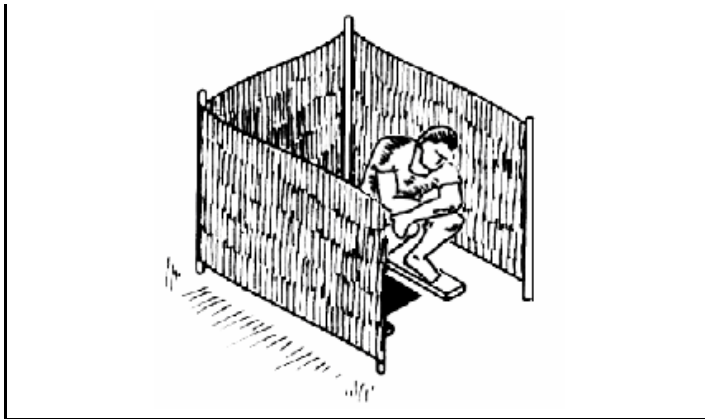


4. Covered dry latrine (with privacy)

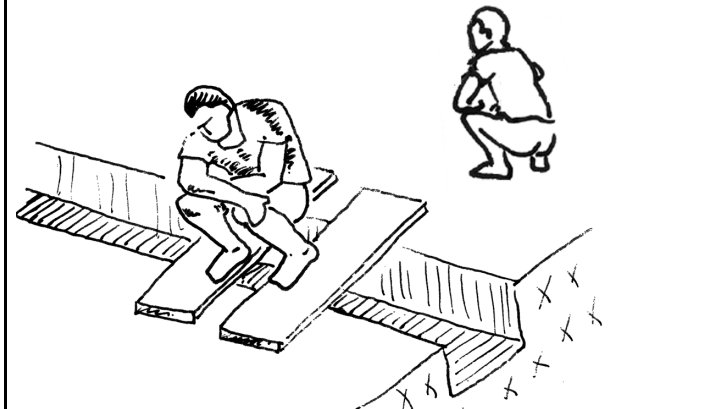


5. Uncovered dry latrine (without privacy)

6. Bucket latrine (where fresh excreta are manually removed)

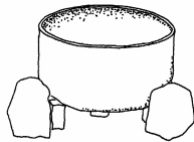


7. No facilities (open defecation)



Q0512: What type of cooking stove is used in your house?

1. Open fire or stove without chimney or hood

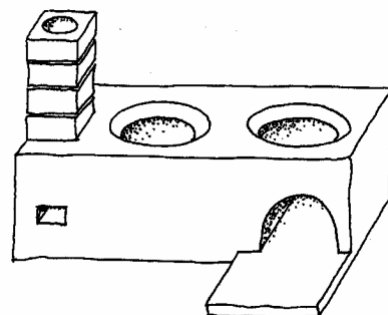
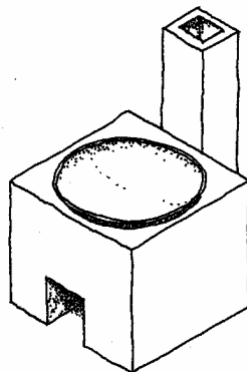
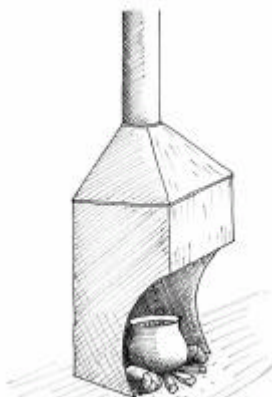


Open fire

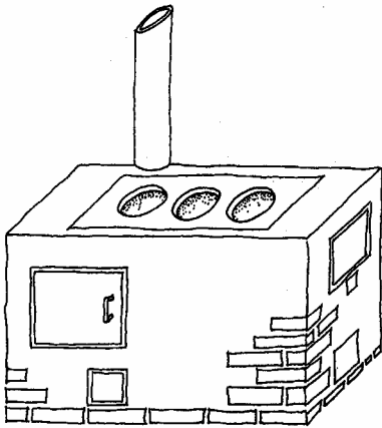


Open fire

2. Open fire or stove with chimney or hood



3. Closed stove with chimney



Closed stove with chimney