



WORLD HEALTH SURVEY PLUS

Cambodia – 2022

Household Questionnaire



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Section 0000: Coversheet

Q0001	RESEARCH CENTRE NUMBER	<input type="text"/> <input type="text"/>
Q0002	HOUSEHOLD ID	<input type="text"/> <input type="text"/>
Q0003	INTERVIEWER ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> See Section 0350 [F] for codes
Q0004	TOTAL NUMBER OF CALLS/VISITS:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day / Month / Year
Q0005	DATE OF FINAL RESULTS: (DD/MM/YYYY)	
Q0006	FINAL RESULT CODE HOUSEHOLD Q:	
Q0007	DATE INTERVIEW/DATA EDITING COMPLETED (DD/MM/YYYY)	
Q008	DATE SUPERVISOR REVIEWED INTERVIEW AND DATA (DD/MM/YYYY)	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	
NAME _____ DATE _____	NAME _____ DATE _____	<input style="width: 40px; height: 20px;" type="text"/>	

Section 0100: Sampling Information

SAMPLING

Q0101a. Primary Sampling Unit (PSU) Name:	Q0101b. PSU Code:
Q0102a. Secondary Sampling Unit (SSU) Name:	Q0102b. SSU Code:
Q0103a. Tertiary Sampling Unit (TSU) Name:	Q0103b. TSU Code:
ADDITIONAL INFORMATION	

Q0104 Setting (circle one)

AN URBAN AREA THAT HAS BEEN LEGALLY PROCLAIMED AS BEING URBAN. SUCH AREAS INCLUDE TOWNS, CITIES AND METROPOLITAN AREAS.	1 = Urban
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.	2 = Rural

ADMINISTRATIVE DIVISION INFORMATION

Refer to Appendix A0100 for administrative names and codes

Q0105a. First Administrative Level Unit Name:	Q0105b. First Administrative Level Unit Code:
	□□□□□□ 99 Not applicable if the unit is not in appendix list
<i>If First Administrative Level Unit name is not in the Appendix list, write name clearly here:</i>	

Q0106a. Second Administrative Level Unit Name:	Q0106b. Second Administrative Level Unit Code:
	□□□□□□□□ 99 Not applicable if the unit is not in appendix list
<i>If Second Administrative Level Unit name is not in the Appendix list, write name clearly here:</i>	

Section 0200: Geocoding/GPS Information

Q0201	<i>Number of satellite signals received</i>	□□		
Q0202	<i>Accuracy</i>	□□ feet		
Q0203	<i>Latitude:</i>	N/S □	Degrees □□°	Minutes □□.□□□'
Q0204	<i>Longitude:</i>	E/W □	Degrees □□□°	Minutes □□.□□□'
Q0205	<i>Waypoint: Circle one</i>	<p>1 <i>In front of the household</i></p> <p>2 <i>Nearby location (for example, a park, communal space or landmark)</i></p>		
<i>Notes about GPS reading, if any:</i>				

Supervisors: Verify Q0203 and Q0204 using Appendix A0200.

Section 0300: Recontact Information

Q030 1	What is the informant's <u>full name</u> ? <i>(verify spelling and write clearly)</i> Q0301A. LAST NAME (SURNAME): _____ Q0301B. FIRST NAME: _____			
Q030 2	What is the informant's address? Q0302A. STREET NUMBER AND NAME: _____ Q0302B. CITY: _____ Q0302C. POSTAL CODE: _____ Q0302D. OTHER: _____ _____ -			
Q030 3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Does this informant/household have a telephone?</td> <td style="width: 40%; padding: 5px;"> 1 YES 2 NO.....➔ </td> </tr> </table>	Does this informant/household have a telephone?	1 YES 2 NO.....➔	Q0305
Does this informant/household have a telephone?	1 YES 2 NO.....➔			
Q030 4	What is the telephone number? <input style="width: 100%;" type="text"/>			
Q030 5	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household? </td> <td style="width: 40%; padding: 5px;"> 1 YES 2 NO.....➔ </td> </tr> </table>	If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 NO.....➔	NEXT SECTION
If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 NO.....➔			
	What is this person's name, relationship to you and his or her address? Q0306a. LAST NAME (SURNAME): Q0306b. FIRST NAME: Q0306c. RELATIONSHIP: <i>Use codes from Q0404.</i> Q0306d. STREET NUMBER AND NAME: Q0306e. CITY: Q0306f. POSTAL CODE:			

Please enter all additional location information below.

Q0306g. OTHER:

A survey supervisor may be calling or visiting you again to verify this interview or to collect additional information in the future.

Section 0350: Contact Record - Household

	Q0351 CALL #1	Q0352 CALL #2	Q0353 CALL #3
A. Date	--/--/-- Day/Month/Year	--/--/-- Day/Month/Year	--/--/-- Day/Month/Year
B. Time of contact	□□:□□ □□	□□:□□ □□	□□:□□ □□
C. Interviewer I.D.	1 2 3	1 2 3	1 2 3
D. Contact with 1=Household Informant 2=Other household member 3=No one	1 2	1 2	1 2
E. Household roster obtained 1=YES 2=NO	01 02	01 02	01 02
F. Result code 01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED) 02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE). 03=HOUSEHOLD CONTACTED-INITIAL REFUSAL 04=HOUSEHOLD CONTACTED-UNCERTAIN ABOUT INTERVIEW 05=RESISTANCE/REFUSAL BY HOUSEHOLD INFORMANT 06=FINAL REFUSAL BY HOUSEHOLD INFORMANT 07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER 08=UNABLE TO LOCATE HOUSEHOLD OR HOUSEHOLD INFORMANT 09=NO INTERVIEW BECAUSE INFORMANT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL. 10=LANGUAGE BARRIER 11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE) 12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO INFORMANT 13= DECEASED INFORMANT 14=INFORMANT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE	03 04 05 06 07 08 09 10 11 12 13 14	03 04 05 06 07 08 09 10 11 12 13 14	03 04 05 06 07 08 09 10 11 12 13 14

*CAPI: INSERT final result code in
Section 0000: Coversheet, Q0006.*

Section 0400: Household Roster

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 six months a year.

I would like to know the age, sex, marital status, educational level and relationship to the household head of each of the members of this household who live here.

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?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Persons		

We want to start with the person who is the head of the household. By head of the household we mean the main decision maker in the household. The head can be either male or female. If two people are equal decision-makers, take the older person.

Q0402	What is the name of the head of the household? <i>Use Column 01 on the Household Roster for this person.</i>	Q0402a. Surname (last name):
		Q0402b. First (given) name:

Complete one column for each household member in the table on the following pages.

INTERVIEWER: remember to include people who may presently be in an institution for a short time due to their health.

		Person (HH member) number				
		01	02	03	04	05
Q0403	First name and surname A. Last/surname:	Household head				
	B. First (given):					
Q0404	What is [NAME]'s relationship to the household head? 01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DK	N/A	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88
Q0405	To which gender do you most identify? 1 = MAN 2 = WOMAN 3 = NON-BINARY	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0406	How old is [NAME]? <i>(if less than 1 year old enter "00")</i>					
Q0407	What is [NAME]'s marital status? 1= NEVER MARRIED (AND NOT COHABITING) 2= CURRENTLY MARRIED 3= COHABITATING 4= SEPARATED/DIVORCED 5= WIDOWED 8= DK	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
Q0408	What is the highest level of education [NAME] completed? 0=NO FORMAL EDUCATION 1=LESS THAN PRIMARY SCHOOL 2=PRIMARY SCHOOL COMPLETED 3=SECONDARY SCHOOL COMPLETED 4=HIGH SCHOOL (OR EQUIVALENT) COMPLETED 5=COLLEGE/PRE-UNIVERSITY /UNIVERSITY COMPLETED	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6

	6=POST GRADUATE DEGREE COMPLETED					
Q0409*	Have you ever worked or trained in a health related field? 1=YES 2=NO	1 2	1 2	1 2	1 2	1 2

*This column identifies any adult members of the household who have ever worked or been trained in a health-related field. Each household member who has ever worked/trained in a health-related field should be marked as “yes” in this column. The interviewer should prompt by giving examples of health workers: “This could be someone who has received a medical degree, or who worked in a hospital or health clinic (either caring for patients or doing anything else), or who dispenses medicines to people suffering from a health problem. The module on Health Workforce (section 0900) should be administered directly to each household member so identified.

Person (Household Member) number									
	06	07	08	09	10	11	12	13	14
Surname									
First (given) name									
Q0404	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88
Q0405	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0406									
Q0407	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
Q0408	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Q0409	1	1	1	1	1	1	1	1	1

	2	2	2	2	2	2	2	2	2
--	---	---	---	---	---	---	---	---	---

		Person (HH member) Number				
		01	02	03	04	05
Write initials from Q0403 Household Member initials:		Head				
Q0410	Does [NAME] have health insurance coverage? 1 = Yes, mandatory insurance* 2 = Yes, voluntary insurance** 3 = Yes, both mandatory and voluntary insurance 4 = No, none.	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0411	Does [NAME] 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 Q0414	1 2	1 2	1 2	1 2	1 2
Q0412	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
Q0413	Is [NAME] presently in an institution (hospital, after care home, home for the aged, hospice) due to his/her health condition? 1 = YES; 2 = NO	1 2	1 2	1 2	1 2	1 2
INTERVIEWER: IF ADDITIONAL HH MEMBERS → go to Next HH member after Q0415 OR if last HH MEMBER → go to Q0416.						
Q0414	What is the reason for [NAME]'s absence? 01 = EMPLOYMENT 02 = LOOKING FOR WORK 03 = SCHOOL 04 = VISIT FAMILY 05 = VISIT FRIENDS 06 = MARRIAGE/COHABITATION 07 = PERSONAL REASONS 08 = ESCAPE VIOLENCE OR POLITICAL PROBLEMS 09 = PRISON 10 = HOSPITAL /CLINIC 11 = NURSING HOME/OLD PERSONS HOME 12 = DIED → go to Next HH member 87 = OTHER, SPECIFY: 88 = DK	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88

Q0415	Where did [NAME] go to?					
	1 = DIFFERENT HOUSEHOLD IN SAME COMMUNITY/LOCALITY/NEIGHBOURHOOD	1	1	1	1	1
	2 = RURAL AREA IN DIFFERENT PART OF THE COUNTRY	2	2	2	2	2
	3 = CITY IN DIFFERENT PART OF THE COUNTRY	3	3	3	3	3
	4 = RURAL AREA IN ANOTHER COUNTRY	4	4	4	4	4
	5 = CITY IN ANOTHER COUNTRY	5	5	5	5	5
	8 = DK	8	8	8	8	8

*Mandatory health insurance, such as social medical, unemployment, or endowment insurance

**Voluntary health insurance, such as cooperative medical care, commercial or social insurance

Person (Household member) number									
	06	07	08	09	10	11	12	13	14
Initials:									
Q0410	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4
Q0411	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
Q0412	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4
Q0413	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
INTERVIEWER:									
IF ADDITIONAL HH MEMBERS → go to Next HH member after Q0415 OR if last HH MEMBER → go to Q0416.									
Q0414	01	01	01	01	01	01	01	01	01
	02	02	02	02	02	02	02	02	02
	03	03	03	03	03	03	03	03	03
	04	04	04	04	04	04	04	04	04
	05	05	05	05	05	05	05	05	05
	06	06	06	06	06	06	06	06	06
	07	07	07	07	07	07	07	07	07
	08	08	08	08	08	08	08	08	08
	09	09	09	09	09	09	09	09	09
	10	10	10	10	10	10	10	10	10
	11	11	11	11	11	11	11	11	11
	12	12	12	12	12	12	12	12	12
87	87	87	87	87	87	87	87	87	87
88	88	88	88	88	88	88	88	88	88

Q0415	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5
	8	8	8	8	8	8	8	8	8

Just to make sure I have a complete listing of everyone in the household - you said previously that (SEE Q0401) people live in this household.

INTERVIEWER: Check Q0401 - make sure total number of persons listed in the roster table above is equal to the number of persons living in the household.

If number matches, → Q0416.

If number does not match, → go back to roster.

Q0416	Are there any other persons such as small children or infants that we have not listed?	1 YES→ 2 NO	(GO BACK TO HH ROSTER AND COMPLETE COLUMN)
Q0417	Are there any other persons not here at the moment whom are usually part of your household?	1 YES→ 2 NO	
Q0418	Who is the main income earner for the household (person who brings in most money)? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	<input type="text"/> <input type="text"/> 87 OTHER PSRSON	
Q0419	Who is the household member who completed the household roster? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	<input type="text"/> <input type="text"/>	

Section 0450: Household Consent

*INTERVIEWER: You will select an informant to complete the remaining sections of the household questionnaire and a respondent for the individual questionnaire at his point. **The household informant and individual respondent may or may not be the same person.***

A. INSTRUCTIONS FOR SELECTING RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE

INTERVIEWER: For the Household Informant, choose the person in the household most knowledgeable about the household and household members' health status, employment, financial condition, expenditures and health insurance. Several persons in the household may have to be spoken to in order to determine this, but the most knowledgeable should be identified and coded in Q0451. The person identified here may be different from the person chosen to complete the individual questionnaire.

Q0451	<i>INTERVIEWER: Indicate who is the 'Household Informant' ? Record the Person (HH member) number from the Household Roster</i>	<input type="checkbox"/> <input type="checkbox"/>	
Q0451a	<i>Was the Household Consent Form Agreed to and Signed / Agreed but Witness Signed or Refused?</i>	1 Agreed and signed 2 Agreed, but witness signed 3 Refused →	End interview

B. INSTRUCTIONS FOR SELECTING RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE

You need to complete the household questionnaire only once. The respondent for the individual questionnaire should be listed below starting in Q0452 for the first person. If a second person is interviewed for the maternal and child care module, it should be listed in Q0453. Then also insert the person number in Q1007 on the Individual Respondent Questionnaire.

Q0452	<i>Person (Household member) number</i>	<input type="checkbox"/> <input type="checkbox"/>
Q0453	<i>If a second person; Person (Household member) number</i>	<input type="checkbox"/> <input type="checkbox"/>

INTERVIEWER:

To complete the remaining sections in the Household Questionnaire, make sure to obtain consent using the Household Informant Consent Form - before proceeding to Section 0500.

Section 0500: Housing

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>	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 AND FULLY PAID OFF 4 OWNED BY SOMEONE ELSE IN HOUSEHOLD BUT NOT YET FULLY PAID OFF 5 RENTED 6 PROVIDED FREE OF CHARGE 7 7 OTHER, SPECIFY:	
Q0502	How many rooms does this dwelling have in total, without counting the bathrooms or hallways?	□□	

ENVIRONMENTAL RISK FACTORS

Q0503	What type of floor does your dwelling have?	1 HARD FLOOR (TILE, CEMENT, BRICK, WOOD) 2 EARTH FLOOR	
Q0504	What type of (exterior) walls does your dwelling have? <i>(Circle main type)</i>	1 CEMENT, BRICK, STONE OR WOOD 2 MUD/ MUD BRICK 3 THATCH AND OTHER 4 PLASTIC SHEET 5 METAL SHEET 7 OTHER, SPECIFY	

DRINKING WATER

Q0505	What is the <u>main source</u> of drinking water for members of your household?	1 PIPED INTO DWELLING 2 PIPED INTO COMPOUND, YARD OR PLOT 3 PIPED TO NEIGHBOUR 4 PUBLIC TAP / STANDPIPE 5 BOREHOLE OR TUBEWELL 6 PROTECTED DUG WELL 7 UNPROTECTED DUG WELL 8 PROTECTED SPRING 9 UNPROTECTED SPRING 10 RAINWATER COLLECTION	1.-> Go to Q0511 2.-> Go to Q0511 3.-> Go to Q0508 4.-> Go to Q0508 5.-> Go to Q0507
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		<p>11 TANKER-TRUCK 12 CART WITH SMALL TANK / DRUM 13 WATER KIOSK 14 BOTTLED WATER 15 SACHET WATER 16 SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL) 87 OTHER, SPECIFY</p>	<p>6.-> Go to Q0507 7.-> Go to Q0507 8.-> Go to Q0507 9.-> Go to Q0507 10.-> Go to Q0507 11.-> Go to Q0508 12.-> Go to Q0508 13.-> Go to Q0508 14.-> Go to Q0506 15.-> Go to Q0506 16.-> Go to Q0508 87-> Go to Q0507</p>
Q0506	What is the main source of water used by members of your household for other purposes, such as cooking and hand washing?	<p>1 PIPED INTO DWELLING 2 PIPED INTO COMPOUND, YARD OR PLOT 3 PIPED TO NEIGHBOUR 4 PUBLIC TAP / STANDPIPE 5 BOREHOLE OR TUBEWELL 6 PROTECTED DUG WELL 7 UNPROTECTED DUG WELL 8 PROTECTED SPRING 9 UNPROTECTED SPRING 10 RAINWATER COLLECTION 11 TANKER-TRUCK 12 CART WITH SMALL TANK / DRUM 13 WATER KIOSK 14 BOTTLED WATER 15 SACHET WATER 16 SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL) 87 OTHER, SPECIFY</p>	<p>1.-> Go to Q0511 2.-> Go to Q0511 11-> Go to Q0508 12-> Go to Q0508 13-> Go to Q0508 14-> Go to Q0511 15-> Go to Q0511 16-> Go to Q0508</p>
Q0507	Where is that water collected from?	<p>1 IN OWN DWELLING 2 IN OWN YARD / PLOT 3 ELSEWHERE</p>	<p>1-> Go to Q0511 2-> Go to Q0511</p>

Q0508	How long does it take to go there, get water, and come back?	<input type="checkbox"/> <input type="checkbox"/> minutes -8. DK.	
Q0511	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	1 YES, AT LEAST ONCE 2 NO, ALWAYS SUFFICIENT 8 DK	
Q0512	Can you please show me where the members of your household collect drinking water so that I can test the water quality? [Samples are collected from the main source (point of collection) and tested for faecal contamination within 30 minutes of collecting the sample]	Number of E. coli detected in 100 mL sample. Source water test <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> >= 101 record 101 998 not possible to read result	

SANITATION

Q0514	<p>What kind of toilet facility do members of your household usually use?</p> <p>[If flush or pour flush probe where does it flush to] [If not possible to determine, ask permission to observe facility]</p>	<p>1 Flush 2 Flush/pour flush to piped sewer system 3 Flush/pour flush to septic tank 4 Flush/pour flush to pit latrine 5 Flush/pour flush to open drain 6 Flush/pour flush to don't know where 7 Pit latrine with slab 8 Pit latrine without slab / Open pit 9 Twin pit with slab 10 Twin pit without slab 11 Other composting toilet 12 Bucket 13 Container based sanitation 14 Hanging toilet / hanging latrine 15 No facility / Bush / Field 87 Other (specify)</p>	15-> Go to Q0519
Q0515	Do you share this facility with others who are not members of your household?	<p>1 Yes 2 No</p>	
Q0517-Q0518 Only applies to households using sanitation facilities with on-site storage (latrines, septic tanks, composting toilets and twin pits).			
Q0517	Has your (pit latrine or septic tank) ever been emptied?	<p>1 Yes emptied 2 Never emptied 8 DK</p>	
Q0518	The last time it was emptied, where were the contents emptied to?	<p>1 Buried in a covered pit 2 Discharged locally, to uncovered pit, open ground, water body or elsewhere 3 Removed off-premises 7 Other, specify 8 DK</p>	

HANDWASHING

Q0519	Can you please show me where members of your household most often wash their hands?	<p>1 Fixed facility observed (sink/tap) in dwelling 2 Fixed facility observed (sink/tap) in yard/plot 3 Mobile object observed (bucket/jug/kettle) 4 No handwashing place in dwelling/yard/plot</p>	<p>4-> Go to Q0523 5-> Go to Q0523</p>
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		5 No permission to see 7 Other, specify	7-> Go to Q0523
Q0520	Observe availability of water at the place for handwashing.	1 Water is available 2 Water is not available	
Q0521	Observe availability of soap or detergent at the place for handwashing.	1 Soap or detergent available 2 Soap or detergent not available	
Q0522	Does this household have a bath or shower with running water on premises?	1 Yes 2 No	

MENSTRUAL HEALTH

Only applies to women who have had a period in the preceding year.			
Q0523	During your last menstrual period were you able to wash and change in privacy while at home?	1 Yes 2 No	
Q0524	During your last menstrual period, what hygiene materials did you use?	1 Cloth/reusable sanitary pads 2 Disposable sanitary pads 3 Tampons 4 Menstrual cup 5 Toilet paper 6 Underwear alone 7 Other, specify	

During your last menstrual period, did you miss any of the following activities due to your period?			
Q0525a	Attending school?	1 Yes 2 No 9 Not applicable	
Q0525b	Paid work?	1 Yes 2 No 9 Not applicable	
Q0525c	Participating in social activities?	1 Yes 2 No 9 Not applicable	
Q0525d	Cooking food?	1 Yes 2 No 9 Not applicable	
Q0525e	Eating with others?	1 Yes 2 No 9 Not applicable	
Q0525f	Bathing in regular place?	1 Yes 2 No 9 Not applicable	

Q0526	Before you had your first menstrual period, were you aware of menstruation?	1 Yes 2 No	
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Household Questionnaire

	warmth? Please tell me the heaters, cookstoves or heat systems used for the most time, [followed by the other heater(s), cookstove(s) or device(s) used most often, if applicable]	3 Manufactured space heater 4 Traditional space heater 5 Manufactured cookstove 6 Traditional cookstove (non-manufactured) 7 Moveable heating pan 8 Open fire/Three-stone stove 9 Heat Pump 87 Other, specify	7-> Go to Q0555 8-> Go to Q0555 9-> Go to Q0555
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Q0551	What type of fuel or energy source does this household use most of the time for heating in the heater, cookstove or device which is used for the most time to heat the home? (list similar to below)	1 Electricity (including solar panels) 2 Piped Natural Gas 3 LPG/cooking gas 4 Biogas 5 Alcohol/ethanol 6 Gasoline/diesel (not in generator) 7 Kerosene/paraffin 8 Coal/lignite unprocessed 9 Coal/lignite briquettes/pellets 10 Charcoal unprocessed 11 Charcoal briquettes/pellets 12 Wood 13 Agricultural or crop residue/grass/ straw/ shrubs/corn cobs 14 Animal waste/dung 15 Processed biomass pellets/briquettes 16 Woodchips 17 Garbage/plastic 18 Sawdust 87 Other	
Q0555	What does this household use most of the time as energy for lighting, or as a light source?	1 No lighting used in the household 2 Electricity (including solar panels) 3 Solar-powered lantern or flashlight 4 Rechargeable flashlight, mobile, torch or lantern 5 Battery powered flashlight, torch or lantern 6 Biogas lamp	

Household Questionnaire

		7 LPG lamp 8 Gasoline lamp 9 Kerosene/ paraffin lamp 10 Oil lamp 11 Candle 12 Open fire 87 Other	
Q0557	What source of electricity is used most of the time in this household? (Please circle one.) (Please customize options for each country.)	1 No electricity in household 2 National grid connection from (COMPANY) 3 Local mini grid 4 Solar home system 5 Solar lantern 6 Electric generator 7 Rechargeable battery 8 Dry cell battery / torch 87 Other, specify	1 -> Go to NEXT SECTION 2 -> Go to Q0561 3 -> Go to Q0561 8 -> Go to Q0561 87-> Go to Q0561
Q0558	What appliances are powered using this household's {NAME OF MAIN electricity system from 5057} ? (Please circle all that apply.)	1 Mobile phone charger 2 Radio 3 Television 4 Fan 5 Refrigerator 6 Electric iron 7 Cooking device 87 Other, specify	

Q0561	In the last 7 days, how many hours and minutes of electricity were available each day on average from {NAME OF MAIN electricity system from 5057}? (Maximum 24 hours.)	<input type="checkbox"/> hours <input type="checkbox"/> minutes -8. DK.	
Q0562	In the last 7 days, how many hours and minutes of electricity were available each evening on average, from 6:00 pm to 10:00 pm from {NAME OF MAIN electricity system from 5057}? (Maximum 4 hours.)	<input type="checkbox"/> hours <input type="checkbox"/> minutes -8. DK	

Section 0600: Household and Family Support Networks and Transfers

INTERVIEWER: *The first part of 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 or support 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 or support 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 <u>last 12 months</u> , has anyone in the household <u>received</u> any financial or in-kind support from your family (children, siblings or parents) and relatives (other kin) who do not live with you?	1 YES 2 NO..... → 8 DK..... →	Q0604 Q0604
Q0602	What type of financial or in-kind support did your household <u>receive</u> ?	<p style="text-align: center;">A.</p> <i>If Yes, → Column B.</i> <i>If no → skip to next Q</i>	<p style="text-align: center;">B.</p> About how much was this amount in total over the last 12 months? (<i>cash or cash equivalent</i>)
	Q0602a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES 2 NO → b 8 DK	<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 DK
	Q0602b. Value of food or other goods (that is, non-monetary)?	1 YES 2 NO → c 8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
	Q0602c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include help you paid for or hired.</i>	1 YES 2 NO → Q0603 8 DK	<input type="checkbox"/> <input type="checkbox"/> AVERAGE HOURS PER WEEK -8 DK
Q0603	Keeping the support you just identified in mind, do you consider this as income or support that the household can count on in the future?	1 YES 2 NO 8 DK	

COMMUNITY TRANSFERS AND ASSISTANCE (TRANSFERS IN)

Q0604	In the <u>last 12 months</u> , has your household <u>received</u> any financial or in-kind support from any clubs, or groups in your community?	1 YES 2 NO.....→→ 8 DK.....→ →	Q0607 Q0607
Q0605	What type of financial or in-kind support did your household <u>receive</u> ?	<p style="text-align: center;">A.</p> <i>If Yes, → Column B.</i> <i>If no → skip to next Q</i>	<p style="text-align: center;">B.</p> About how much was this amount in total over the last 12 months? (<i>cash or cash equivalent</i>)
	Q0605a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES 2 NO → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0605b. Value of food or other goods (that is, non-monetary)?	1 YES 2 NO → c 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0605c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include help you paid for or hired.</i>	1 YES 2 NO → Q0606 8 DK	<input type="text"/> <input type="text"/> AVERAGE HOURS PER WEEK -8 DK
Q0606	Keeping in mind what you just described from your community, do you consider this support as income that the household can count on in the future?	1 YES 2 NO 8 DK	

GOVERNMENT ASSISTANCE (TRANSFERS IN)

Q0607	In the <u>last 12 months</u> , has your household <u>received</u> any financial or in-kind support from the government?	1 YES 2 NO.....→→ 8 DK.....→ →	Q0610 Q0610
Q0608	What type of support did your household <u>receive</u> ?	<p style="text-align: center;">A.</p> <i>If Yes, → Column B</i> <i>If no → skip to next Q</i>	<p style="text-align: center;">B.</p> About how much was this amount in total over the last 12 months? (<i>cash or cash equivalent</i>)
	Q0608a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES 2 NO → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0608b. Value of food or other goods (that is, non-monetary)?	1 YES 2 NO → Q0609	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
Q0609	Keeping in mind what you just described from the government, do you consider this as income or support	1 YES 2 NO	

	that the household can count on in the future?	8 DK
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INTERVIEWER: emphasize the shift from receiving to giving assistance in the next section.

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

FAMILY AND KIN (TRANSFERS OUT)

Q0610	In the <u>last 12 months</u> , has your household <u>provided</u> any financial or in-kind support to any of your children, grandchildren and/or other relatives (and those of your spouse) who do not live in this household?	1 YES 2 NO.....→ 8 DK.....→	Q0612 Q0612
Q0611	What type of financial or in-kind support did your household <u>give</u> ?	<p style="text-align: center;">A.</p> <i>If Yes, → Column B</i> <i>If no → skip to next Q</i>	<p style="text-align: center;">B.</p> About how much was this amount in total over the last 12 months? (<i>cash or cash equivalent</i>)
	Q0611a. Money, loans, tuition, paying for bills, fees or taxes (cash)?	1 YES 2 NO → b 8 DK	<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 DK
	Q0611b. Value of food or other goods (that is, non-monetary)?	1 YES 2 NO → c 8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
	Q0611c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include paid help.</i>	1 YES 2 NO → Q0612 8 DK	<input type="checkbox"/> <input type="checkbox"/> AVERAGE HOURS PER WEEK -8 DK

COMMUNITY, NEIGHBOURS AND OTHER KIN (TRANSFERS OUT)

Q0612	In the <u>last 12 months</u> , has your household <u>provided</u> financial or in-kind support to any other kin, neighbours, or community members/groups?	1 YES 2 NO.....→ 8 DK.....→	Q0614 Q0614
Q0613	What type of support did your household <u>give</u> ?	<p style="text-align: center;">A.</p> <i>If Yes, → Column B</i> <i>If no → skip to next Q</i>	<p style="text-align: center;">B.</p> About how much was this amount in total over the last 12 months? (<i>cash or cash equivalent</i>)
	Q0613a. Money, loans, tuition, paying for bills, fees or taxes?	1 YES 2 NO → b 8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK

	Q0613b. Value of food or other goods (that is, non-monetary)?	1 YES 2 NO →c 8 DK	<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 DK
	Q0613c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include paid/hired help.</i>	1 YES 2 NO → Q0614 8 DK	<input type="checkbox"/> <input type="checkbox"/> AVERAGE HOURS PER WEEK -8 DK

In addition to providing the assistance you indicated above, we would like to know if you or someone in your household has provided any type of personal or health care to other persons.

Q0614	During the <u>last 12 months</u> , did you or someone in your household <u>provide help</u> 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 2 NO.....→	NEXT SECTION
Q0615	Please tell me the kind of care that was provided:	A. <i>If Yes, → Column B</i> <i>If no → skip to next Q</i>	B. About how many hours per week, on average, was this over the last 12 months?
	Q0615a. Helped with personal care, such as going to the toilet, washing, getting dressed, and eating?	1 YES 2 NO → b 8 DK	<input type="checkbox"/> <input type="checkbox"/> AVERAGE HOURS/ WEEK -8 DK
	Q0615b. Helped with medical care, like changing bandages and giving medicines?	1 YES 2 NO → c 8 DK	<input type="checkbox"/> <input type="checkbox"/> AVERAGE HOURS/ WEEK -8 DK
	Q0615c. Watched over them since their behaviour can be upsetting or dangerous to themselves or others?	1 YES 2 NO 8 DK	<input type="checkbox"/> <input type="checkbox"/> AVERAGE HOURS/ WEEK -8 DK

Section 0700: Assets and Income

PERMANENT INCOME INDICATORS (ASSETS)

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.

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

Q0701	A television?	1 YES 2 NO
Q0702	A motorcycle or motor scooter?	1 YES 2 NO
Q0703	A car or truck?	1 YES 2 NO
Q0704	Electricity?	1 YES 2 NO
Q0705	A bicycle?	1 YES 2 NO
Q0706	A microwave oven?	1 YES 2 NO
Q0707	Hot running water?	1 YES 2 NO
Q0708	A washing machine?	1 YES 2 NO
Q0709	A dishwasher?	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 VCR (video) or DVD player?	1 YES 2 NO
Q0714	A computer?	1 YES 2 NO
Q0715	A radio?	1 YES 2 NO
Q0716	Livestock (cattle, goats, pigs, poultry)?	1 YES 2 NO
Q0717	Internet access in the home?	1 YES 2 NO
Q0718	An air-condition (cooling) system in the home?	1 YES 2 NO
Q0719	A heating system in the home?	1 YES 2 NO
Q0720	Does your household have one or more domestic servants?	1 YES 2 NO
Q0721	Does any member of this household own any agricultural land?	1 YES 2 NO
Q0722	Does any member of this household own a dwelling (other than this dwelling where you live)?	1 YES 2 NO

I would now like to know if you own any land – and the approximate value (cash equivalent amount). I know this is sensitive information and will not share this with any persons outside of the survey team.

		A. <i>If Yes, → Column B If no → skip to Q0724</i>	B. About how much is this worth in total? (<i>cash equivalent</i>)
Q0723	Do you own any land or property?	1 YES 2 NO → b 8 DK	<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 DK -97 REFUSED

In the last part of this section, I will ask about 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 overall health and well-being of people in your household compared to other similar households.

Q0724	Does your household have a regular source of income? <i>Interviewer: Regular income over the last 12 months, meaning that the household can depend on a source to provide an income at intervals that can be used to base household budget decisions.</i>	1 Yes, regular source 2 Yes, regular but seasonal 3 No
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I am now going to read you a list of possible sources of income. Thinking over the last 12 months, can you tell me what the average earnings of the household have been per week or per month or per year? Please tell me whichever time period that is easier for you.

		A. <i>If Yes, → Column B If no → go to next Q</i>	B. Can you estimate an approximate total amount of income for the household over the last [week/month/year - time period circled in Column A]?
Q0725	Please tell me from which of these sources members of your household receive income:		
Q0725a	Wages, salary from job?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → b 8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
Q0725b	Earnings from selling, trading or hawking products?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → c 8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK

Q0725c	Income from rental of property?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → d 8 DK	<input type="text"/> -8 DK
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	Please tell me from which of these sources members of your household receive income:	A. <i>If Yes, → Column B If no → skip to next Q</i>	B. Can you estimate an approximate total amount of income for the household over the last [week/month/year - time period circled in Column A]?
Q0725d	State old-age (veteran's/civil service) pension*, contributory pension fund, provident fund or social security benefit?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → e 8 DK	<input type="text"/> -8 DK
Q07253	Interest, dividends (for example, from savings account or fixed deposits)?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → f 8 DK	<input type="text"/> -8 DK
Q0725f	Other (specify): _____	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → Q0727	<input type="text"/> -8 DK

Q0726	So to verify this information, your approximate total household income from ALL sources over the last 12 months is about how much?	<input type="text"/> -8 DK
Q0727	How many people depend on this income? <i>(INTERVIEWER: This number should include the respondent - so enter "01" if only the respondent depends on/is supported by this income.)</i>	<input type="text"/> NUMBER OF PEOPLE -8 DON'T KNOW

Q0728	Does your household or any members of the household have current debt or outstanding loans?	1 YES 2 NO → 8 DK	Q0729
	Q0728a. What is the approximate total amount of this debt or loan(s)?	<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"/> -8 DK	
Q0729	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?	1 YES 2 NO 8 DK	
Q0730	Would you say your household's financial situation is...?	1 Very Good 2 Good 3 Moderate 4 Bad 5 Very Bad	

Section 0800: Household Consumption Expenditure

I would like to ask you some questions about your household and all its members consumption of food and other non-food products and services.

Q0801 I will ask you ask you first about your household consumption of <u>food and beverages prepared at home, smoking and smokeless products over the past 7 days.</u>	In the last 7 days , did you or any member of your household consume (out of your own production, purchases or in-kind receipts) [ITEM]?	What was the total value of [ITEM] that came from your own production and/or from in-kind receipts over the last 7 days? <i>Your best estimate is fine.</i> value in local currency	What was the total value of [ITEM] that came from your purchases over the last 7 days? value in local currency
1. Noodles, similar pasta products and flour?	Yes....1 > >> No.....2 v	<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"/> <input type="checkbox"/> -8 DK	<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"/> -8 DK
2. Rice, all other cereals and cereal products?	Yes....1 > >> No.....2 v	<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"/> -8 DK	<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"/> -8 DK
4. Roots, tubers and plantains?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
3. Beans, peas, lentils and nuts? (exclude nut paste to be included later in sugar products)	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
5. Vegetables?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
6. Fruits?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
7. Fish and other seafoods in any form (fresh, chilled or frozen, dried, salted)?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
8. Any kind of meat and offal in any form (fresh, chilled or frozen, dried, salted)	Yes....1 > >> No.....2 v	<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"/> -8 DK	<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"/> -8 DK
9. Any kind of egg (from chicken, duck, quail etc..)	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
10. Milk and other milk products from animals, vegetables and nuts (excluding butter)?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
11. Butter, lard, and other animal based oils and fats ?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
12. Vegetable oils such as groundnut oil, palm oil, vegetable oil, sesame oil?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> -8 DK
13. Sugar, jaggery and other sugar	Yes....1 >>	<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"/>	<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"/>

confectionary and desserts ? (including nut pastes)	> No.....2 v	-8 DK	<input type="checkbox"/> -8 DK
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Q0802a

14 Other food items not mentioned elsewhere (e.g. salt, condiments, sauces, spices, culinary herbs, seeds, baby food)	Yes....1 > >> No.....2 v	<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"/> <input type="checkbox"/> -8 DK	<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"/> <input type="checkbox"/> -8 DK
15. Mineral or spring waters and other non-alcoholic beverages prepared at home (for example, juices, soft drinks, bottles of water, coffee and coffee substitute, tea, infusions)	Yes....1 > >> No.....2 v	<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"/> -8 DK	<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"/> <input type="checkbox"/> -8 DK
16. Alcoholic beverages such as beer, toddy/palm alcohol, any other local or imported liquor/alcohol prepared at home?	Yes....1 >> > No.....2 v	<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"/> -8 DK	<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"/> <input type="checkbox"/> -8 DK
17. All food, alcoholic and non-alcoholic beverages prepared at home	N/A	<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"/>	<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"/> <input type="checkbox"/>
18. Smoking, smokeless tobacco products (e.g. cigarettes, cheroot, cigars, pipes, chewing tobacco, snuff, snus)	Yes....1 > >> No.....2 v	<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"/> -8 DK	<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"/> <input type="checkbox"/> -8 DK
19. [DO NOT ASK ANYMORE] Total value of food, alcoholic and non-alcoholic beverages prepared at home	N/A	Sum of 1 to 16 to be automatically generated in the CAPI version <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"/>	Sum of 1 to 16 to be automatically generated in the CAPI version <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"/> <input type="checkbox"/>

Now, I would like to ask you more specific questions about the value of meals and drinks prepared outside your home that you or any member of your household consumed the last 7 days at breakfast, lunch or dinner and for snacks. Please consider both meals prepared outside your home but consumed at home (i.e. take-outs) and those prepared and consumed outside your home (e.g. in restaurants, food courts, street stalls, canteens, cafeterias, refectories)

	A	B	C	D	E	F
	<p>In the last 7 days, did you or any member of your household consume any [ITEM] from take-outs?</p>	<p>How much did your household pay in total over the last 7 days for all [ITEM] from take-outs ?</p>	<p>If it was received for free, how much would your household have had to pay for all [ITEM] from take-outs ?</p>	<p>In the last 7 days, did you or any member of your household consume [ITEM] prepared and consumed outside home?</p>	<p>How much did your household pay in total over the last 7 days for all [ITEM] prepared and consumed outside home ?</p>	<p>If it was received for free, how much would your household have had to pay for all [ITEM] prepared and consumed outside home?</p>
1. All meals, drinks and snacks consumed from take-outs	<p>Yes...1 >> No....2 >>> 2D</p>	<p>□□□□□</p>	<p>□□□□□</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
2. All meals, drinks and snacks prepared and consumed outside home	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>Yes....1> > No.....2 > Q0804a</p>	<p>□□□□□</p>	<p>□□□□□</p>

	A	B	C
<p>Q0804a Now I am shifting to specific questions about your household consumption of frequent non-food and non-medical products and services over the <u>last 30 days</u>.</p>	<p>In the last 30 days, did you or any member of your household consume, purchase or received in kind [ITEM]?</p>	<p>How much was spent in total on [ITEM] for your household consumption during the last 30 days? value in local currency</p>	<p>In addition to purchases, what was the value of [ITEM] that your household received in kind for household consumption during the last 30 days? value in local currency</p>

Household Questionnaire

1. Personal care products (SD) and services such as shampoo, personal soap, toothpaste, cosmetics, haircut/beauty parlor services, incontinence/absorbent products	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
2. Water supply, refuse and sewage collection, electricity, fuels (including gas) and any other energy source for household use	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
3. Products and services for routine household maintenance such as disinfecting, fumigation, laundering, dyeing of household linen	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
4. Babysitting and any other domestic and household services	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
5. Passenger transportation services (by car, bicycle, boat motorcycle etc...), including rentals	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
6. Fuels and lubricants for personal vehicles, (e.g. car, motorcycle, boat, bus)	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
7. Telephone line and mobile phone services, Wi-Fi access, cable TV monthly fee and any other communication and audio services including repairs and installation	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
8. Recreational, cultural, religious, sporting and entertainment services	Yes.....1 >>> B No.....2 √ Q805a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK

	A	B	C
Q0805a Now I am shifting to specific questions about your household consumption of less frequent non-food and non-medical products and services over <u>the last 6 months</u>.	In the last 6 months , did you or any member of your household consume, purchase or received in kind [ITEM]?	How much was spent in total on [ITEM] during the last 6 MONTHS ? value in local currency	In addition to purchases, what was the value of [ITEM] that your household received in kind for household consumption during the last 6 MONTHS ? value in local currency
1. Recreational goods including for sports and culture (including books, stationery and newspapers)	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
2. Ready-made clothing; cloth, fabric and materials for clothing, footwear, including repairs and rentals	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
3. Household textile, glassware, tableware and household utensil, including repair and rental services	Yes.....1 >>> B No.....2 √	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK

	A	B	C
Q0806a Now I am shifting to specific questions about your household consumption of infrequent non-food and non-medical products and services over <u>the last 12 months</u>.	In the last 6 months , did you or any member of your household consume, purchase or received in kind [ITEM]?	How much was spent in total on [ITEM] during the last 12 MONTHS? value in local currency	In addition to purchases, what was the value of [ITEM] that your household received in kind for household consumption during the last 12 MONTHS? value in local currency
1. Educational services (e.g. tuitions, fees to any educational institution, tutoring) and accommodation services of boarding schools, universities and other educational establishments	Yes.....1 >>> B No.....2 v	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
2. Garden and personal pets products and services	Yes.....1 >>> B No.....2 v	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
3. Accommodation services (e.g. hotels, motels, youth hostels)	Yes.....1 >>> B No.....2 v	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
4. Health insurance	Yes.....1 >>> B No.....2 v	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
5. Other insurance (for life and accident, the dwelling, personal transport, travel, other)	Yes.....1 >>> B No.....2 v	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK
6. Any other goods and services not elsewhere specified	Yes.....1 >>> B No.....2 Q0807a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DK

I would like to ask you about health expenditures. Include all formal and informal payments for all medical services and products received by all members of your household. Please exclude any amount reimbursed by insurance or any other institution. We ask about different time periods, so please listen carefully to the time frame. If there were any payment made in-kind, you will be asked to estimate a monetary value. Your best estimate is fine. I will ask questions using different time periods, so please listen carefully to the time frame.

Q0807a

[ask for the total amount in 9 if some or all answers to any items is code -8 “DK”]

	During the last <u>30 days</u>, how much did you and all other members of your household spend in total on [ITEM]? value in local currency	During the last <u>6 months</u>, how much did you and all other members of your household spend in total on [ITEM]? value in local currency	During the last <u>12 months</u>, how much did you and all other members of your household spend in total on [ITEM]? value in local currency
1. Prevention/protective medical device for use outside a health facility such as masks, insecticide treated mosquito nets, condoms and others	□□□□□□ -8 DK	N/A	N/A
2. Medicines (branded, generic, herbal, homeopathic), oxygen, vaccines, oral contraceptives, vitamins and minerals	□□□□□□ -8 DK	N/A	N/A
3. Medical, Dental and Preventive services without overnight stay at a health facility.	□□□□□□ -8 DK	N/A	N/A
4. Diagnostic and laboratory tests such as blood tests, x-rays or other diagnostic and laboratory tests	N/A	□□□□□□ -8 DK	N/A
5. Assistive products for vision, hearing and mobility such as glasses for vision, hearing aids, crutches, wheelchair and others)	N/A	□□□□□□ -8 DK	N/A
6. Medical diagnostic product for use outside a health facility such as pregnancy tests; antigen tests, thermometers, glucose meters, blood pressure meters and others	N/A	□□□□□□ -8 DK	N/A
7. Medical, dental services with overnight stay at a hospital, clinic or any other healthcare facility	N/A	N/A	□□□□□□ -8 DK
8. Calling out an ambulance or any other emergency transportation service or emergency rescue	N/A	N/A	□□□□□□ -8 DK
9. All medical, dental services with or without overnight stay at a health facility, medicines and health products	N/A	N/A	□□□□□□ -8 DK

10.[DO NOT ASK] Total value of all health services and products over the last 12 months			Sum of 1 to 9 to be automatically generated in the CAPI version □□□□□□ IF SUM IS DIFFERENT FROM 0 >> Q0808, ELSE SECTION ENDS HERE
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Q0808 TO Q0814		
In the last 12 months, which of the following financial sources did your household use to pay out-of-pocket for any medical, dental service with or without overnight stay, medicines and health products		
Q0808	Current income of any household members	1 YES 2 NO
Q0809	Savings, pension	1 YES 2 NO
Q0810	Selling of any household's assets or goods (housing, land, animals, jewelry, appliances or machines)	1 YES 2 NO
Q0811	Loans from friends or relatives outside the household	1 YES 2 NO
Q0812	Loans from institutions (e.g. financial, microfinance arrangements)	1 YES 2 NO
Q0813	Remittance or money gift	1 YES 2 NO
Q0814	Other, specify	1 YES 2 NO

Section 0900: Health Workforce

HEALTH OCCUPATION TRAINING

<p>Q0901</p> <p>How would you best describe your main health occupation training?</p> <p><i>Circle one response</i></p>	<ol style="list-style-type: none"> 1 GENERALIST MEDICAL DOCTOR 2 SPECIALIST MEDICAL PRACTITIONER 3 NURSE PROFESSIONAL 4 MIDWIFERY PROFESSIONAL 5 DENTIST 6 PHARMACIST 7 MEDICAL LABORATORY SCIENTIST 8 PHYSIOTHERAPIST 9 MEDICAL LABORATORY TECHNICIAN 10 MEDICAL ASSISTANT 11 NUTRITIONIST OR DIETICIAN 12 NURSING ASSOCIATE 13 MIDWIFERY ASSOCIATE 14 COMMUNITY HEALTH WORKER 15 PARAMEDICAL PRACTITIONER 16 ENVIRONMENTAL AND OCCUPATIONAL HEALTH PROFESSIONALS 17 DENTAL ASSISTANTS AND THERAPISTS 18 DENTAL PROSTHETIC TECHNICIAN 19 PHARMACEUTICAL TECHNICIANS 20 AUDIOLOGISTS AND SPEECH THERAPISTS 21 OPTOMETRISTS AND OPHTHALMIC OPTICIANS 22 MEDICAL PROSTHETIC TECHNICIANS 23 PSYCHOLOGISTS 24 EPIDEMIOLOGISTS 25 OTHER PUBLIC HEALTH PERSONNEL 87 OTHER HEALTH OCCUPATION, SPECIFY
<p>Q0902</p> <p>Have you acquired formal training to practice?</p>	<ol style="list-style-type: none"> 1 YES 2 NO
<p>Q0903</p> <p>Is periodic and regular licensing mandatory to practice?</p>	<ol style="list-style-type: none"> 1 YES 2 NO
<p>Q0904</p> <p>What is the minimum formal training required to train for/ perform your job?</p>	<ol style="list-style-type: none"> 1 LESS THAN PRIMARY SCHOOL 2 PRIMARY SCHOOL COMPLETED 3 SECONDARY SCHOOL COMPLETED

		4 HIGH SCHOOL(OR EQUIVALENT) COMPLETED
		5 COLLEGE/PRE-UNIVERSITY/UNIVERSITY COMPLETED
		6 POST GRADUATE DEGREE COMPLETED
Q0905	What is the highest level of formal health training completed?	1 COLLEGE CERTIFICATE 2 UNDERGRADUATE 3 MASTER'S DEGREE 4 DOCTORATE 7 OTHER, SPECIFY

HEALTH PROFESSIONAL EXPERIENCE

Q0906	Have you been employed during the last 12 months?	1 YES 2 NO.....è	Q0929
Q0906a	How many months did you work for in the last 12 months?	ÿÿ -8 DON'T KNOW	
Q0907	Have you worked in the same place in the last 12 months?	1 YES 2 NO.....è	Q0913
Q0908	How would you best describe the kind of place where you worked during the last 12 months? (READ LIST)	1 NATIONAL REFERRAL HOSPITAL 2 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL 3 HOSPITAL 4 DISTRICT HOSPITAL 5 OTHER GENERAL HOSPITAL 6 SPECIALTY HOSPITAL 7 COMPREHENSIVE HEALTH CENTRE/POLYCLINIC 8 HEALTH CENTRE 9 CLINIC /DISPENSARY 10 HEALTH POST 11 MATERNAL/CHILD HEALTH CLINIC 87 OTHER, SPECIFY	
Q0909	Who manages/owns the place (facility) where you worked during the last 12 months?	1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT 3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD 4 UNIVERSITY 5 NGO/NOT FOR PROFIT	

		6 MISSION/FAITH BASED 7 PRIVATE FOR PROFIT 87 OTHER, SPECIFY	
Q0910	What was your employment status?	1 FULL-TIME 2 PART-TIME 3 SELF-EMPLOYED (FULL-TIME) 4 SELF-EMPLOYED (PART-TIME)	
Q0911	How would you describe the method by which you are/were paid?	1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.) 2 SALARY PLUS BONUS 3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY) 4 CAPITATION (FIXED AMOUNT PER PATIENT) 5 CAPITATION PLUS FEES FOR EXTRA SERVICES 6 UNPAID (SUCH AS VOLUNTEERING OR SIMILAR) è 7 OTHER, SPECIFY	Q0929
Q0912	Are/were you being paid on time??	1 YESè 2 NOè	Q0929 Q0929

Q0913	Over the last 12 months, how many different places have you worked at?	<input type="checkbox"/> <input type="checkbox"/>
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Starting with the job you worked for the longest in the last 12 months, I want to know more about where you worked. This would be your **first longest job** you worked in the last 12 months.

Q0914	How would you best describe the kind of place where you worked during the last 12 months? (READ LIST)	1 NATIONAL REFERRAL HOSPITAL 2 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL 3 HOSPITAL 4 DISTRICT HOSPITAL 5 OTHER GENERAL HOSPITAL 6 SPECIALTY HOSPITAL 7 COMPREHENSIVE HEALTH CENTRE/POLYCLINIC 8 HEALTH CENTRE 9 CLINIC /DISPENSARY 10 HEALTH POST 11 MATERNAL/CHILD HEALTH CLINIC	
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		87 OTHER, SPECIFY	
Q0915	Who manages/owns the place (facility) where you worked during the last 12 months?	1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT 3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD 4 UNIVERSITY 5 NGO/NOT FOR PROFIT 6 MISSION/FAITH BASED 7 PRIVATE FOR PROFIT 87 OTHER, SPECIFY	
Q0916	What was your employment status?	1 FULL-TIME 2 PART-TIME 3 SELF-EMPLOYED (FULL-TIME) 4 SELF-EMPLOYED (PART-TIME)	
Q0917	How would you describe the method by which you are/were paid?	1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.) 2 SALARY PLUS BONUS 3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY) 4 CAPITATION (FIXED AMOUNT PER PATIENT) 5 CAPITATION PLUS FEES FOR EXTRA SERVICES 6 UNPAID (SUCH AS VOLUNTEERING OR SIMILAR)è 7 OTHER, SPECIFY	Q0919
Q0918	Are/were you being paid on time?	1 YES 2 NO	

Now think of the place you worked before the one you just described to me. This would be your second longest job you worked in the last 12 months.

Q0919	How would you best describe the kind of place where you worked during the last 12 months? (READ LIST)	1 NATIONAL REFERRAL HOSPITAL 2 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL 3 HOSPITAL 4 DISTRICT HOSPITAL	
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		5 OTHER GENERAL HOSPITAL 6 SPECIALTY HOSPITAL 7 COMPREHENSIVE HEALTH CENTRE/POLYCLINIC 8 HEALTH CENTRE 9 CLINIC /DISPENSARY 10 HEALTH POST 11 MATERNAL/CHILD HEALTH CLINIC 87 OTHER, SPECIFY	
Q0920	Who manages/owns the place (facility) where you worked during the last 12 months?	1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT 3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD 4 UNIVERSITY 5 NGO/NOT FOR PROFIT 6 MISSION/FAITH BASED 7 PRIVATE FOR PROFIT 87 OTHER, SPECIFY	
Q0921	What was your employment status?	1 FULL-TIME 2 PART-TIME 3 SELF-EMPLOYED (FULL-TIME) 4 SELF-EMPLOYED (PART-TIME)	
Q0922	How would you describe the method by which you are/were <u>usually</u> paid?	1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.) 2 SALARY PLUS BONUS 3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY) 4 CAPITATION (FIXED AMOUNT PER PATIENT) 5 CAPITATION PLUS FEES FOR EXTRA SERVICES 6 UNPAID (SUCH AS VOLUNTEERING OR SIMILAR)è 7 OTHER, SPECIFY	Q0924
Q0923	Are/were you being paid on time??	1 YES 2 NO	

INTERVIEWER: *if respondent has worked in only TWO places in the last 12 months, skip now to Q0929.*

Now think of the place you worked before the one you just described to me. This would be your **third longest job** you worked in the last 12 months.

Q0924	How would you best describe the kind of place where you worked during the last 12 months? (READ LIST)	1 NATIONAL REFERRAL HOSPITAL 2 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL 3 HOSPITAL 4 DISTRICT HOSPITAL 5 OTHER GENERAL HOSPITAL 6 SPECIALTY HOSPITAL 7 COMPREHENSIVE HEALTH CENTRE/POLYCLINIC 8 HEALTH CENTRE 9 CLINIC /DISPENSARY 10 HEALTH POST 11 MATERNAL/CHILD HEALTH CLINIC 87 OTHER, SPECIFY	
Q0925	Who manages/owns the place (facility) where you worked during the last 12 months?	1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT 3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD 4 UNIVERSITY 5 NGO/NOT FOR PROFIT 6 MISSION/FAITH BASED 7 PRIVATE FOR PROFIT 87 OTHER, SPECIFY	
Q0926	What was your employment status?	1 FULL-TIME 2 PART-TIME 3 SELF- EMPLOYED (FULL-TIME) 4 SELF- EMPLOYED (PART-TIME)	
Q0927	How would you describe the method by which you are/were paid?	1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.) 2 SALARY PLUS BONUS 3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY) 4 CAPITATION (FIXED AMOUNT PER PATIENT) 5 CAPITATION PLUS FEES FOR EXTRA SERVICES	Q0929

	6 UNPAID (SUCH AS VOLUNTEERING OR SIMILAR) è 7 OTHER, SPECIFY
Q0928 Are/were you being paid on time??	1 YES 2 NO

WORKING CONDITIONS

Q0929 In the last 12 months, were you unable to report for work due to any of the following reasons, beyond any entitled leave?	1 ILLNESS DUE TO AN INFECTION AT WORK 2 STRESS OR BURNOUT (OR ANOTHER MENTAL HEALTH DISORDER) 3 GENERAL ILLNESS 4 STRIKES/INDUSTRIAL ACTIONS 5 ATTACKS ON HEALTH WORKERS/HEALTH FACILITIES 6 QUARANTINE AND SELF-ISOLATION 7 THE NEED TO TAKE CARE OF FAMILY MEMBERS 87 OTHER, SPECIFY						
Q0930 In your <u>usual</u> place of employment, are occupational safety measures adequately addressed?	1 YES 2 NO						
Q0931 Are you able to assess whether you have the following resources and infrastructure required to effectively carry out your functions?	1 YES 2 NO.....è						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">RARELY AVAILABLE</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">ALWAYS AVAILABLE</td> <td style="width: 20%;"></td> </tr> </table>		RARELY AVAILABLE		ALWAYS AVAILABLE		
	RARELY AVAILABLE		ALWAYS AVAILABLE				
Q0931a Equipment and medical devices	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> <td style="width: 20%; text-align: center;">5</td> </tr> </table>		1	2	3	4	5
	1	2	3	4	5		
Q0931b National guidelines	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> <td style="width: 20%; text-align: center;">5</td> </tr> </table>		1	2	3	4	5
	1	2	3	4	5		
Q0931c Staff trained regularly on national and revised guidelines	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> <td style="width: 20%; text-align: center;">5</td> </tr> </table>		1	2	3	4	5
	1	2	3	4	5		
Q0931d Medicines and commodities	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> <td style="width: 20%; text-align: center;">5</td> </tr> </table>		1	2	3	4	5
	1	2	3	4	5		
Q0931e Diagnostics							

	1	2	3	4	5
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MIGRATORY STATUS

Q0932	In which country did you acquire the health occupation training [of ... from Q0901]?	COUNTRY			
Q0933	In which year did you acquire the health occupation training [of ... from Q0901]?	YYYY -8 DON'T KNOW			
Q0934	Over the last 2-3 years, did you work for at least 6 months in a country other than your country of origin?	1 YES	2 NO.....è	END	
Q0934a	List country	COUNTRY			
Q0934b	Year	YYYY -8 DON'T KNOW			

Q0935	What did you work as?	1 GENERALIST MEDICAL DOCTOR 2 SPECIALIST MEDICAL PRACTITIONER 3 NURSE PROFESSIONAL 4 MIDWIFERY PROFESSIONAL 5 DENTIST 6 PHARMACIST 7 MEDICAL LABORATORY SCIENTIST 8 PHYSIOTHERAPIST 9 MEDICAL LABORATORY TECHNICIAN 10 MEDICAL ASSISTANT 11 NUTRITIONIST OR DIETICIAN 12 NURSING ASSOCIATE 13 MIDWIFERY ASSOCIATE 14 COMMUNITY HEALTH WORKER 15 PARAMEDICAL PRACTITIONER 16 ENVIRONMENTAL AND OCCUPATIONAL HEALTH PROFESSIONALS 17 DENTAL ASSISTANTS AND THERAPISTS 18 DENTAL PROSTHETIC TECHNICIAN 19 PHARMACEUTICAL TECHNICIANS 20 AUDIOLOGISTS AND SPEECH THERAPISTS 21 OPTOMETRISTS AND OPHTHALMIC OPTICIANS			
--------------	-----------------------	--	--	--	--

- | | |
|--|--|
| | 22 MEDICAL PROSTHETIC
TECHNICIANS |
| | 23 PSYCHOLOGISTS |
| | 24 EPIDEMIOLOGISTS |
| | 25 OTHER PUBLIC HEALTH PERSONNEL |
| | 87 OTHER HEALTH OCCUPATION,
SPECIFY |

Section 0910: Verbal Autopsy

Complete a Verbal Autopsy Questionnaire for each death of HH member in the previous 24 months (see Section 0400). This is very important information to collect for examining health outcomes and informing the health systems.

This completes the household section of our survey. Thank you for your time and answers.

(FOR THOSE CONTINUING TO INDIVIDUAL QUESTIONNAIRE)

We have a second set of questions to ask you in a moment, which focus more on your own health.



WORLD HEALTH SURVEY PLUS Cambodia – 2022

Individual Questionnaire



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Contact Record: Individual Respondent

<p>Q1000A. INTERVIEWER I.D.</p> <p>Q1000B. CONTACT WITH: 1=INDIVIDUAL RESPONDENT 2=NO ONE</p> <p>Q1000c. RESULT CODE 01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED – THIS INCLUDES INTERVIEW AND BODY MEASUREMENT, PERFORMANCE TESTS AND BLOOD SAMPLE) 02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE). 03=RESPONDENT CONTACTED-INITIAL REFUSAL 04=RESPONDENT CONTACTED-UNCERTAIN ABOUT INTERVIEW 05=RESISTANCE/REFUSAL BY RESPONDENT 06=FINAL REFUSAL BY RESPONDENT 07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER 08=UNABLE TO LOCATE RESPONDENT 09=NO INTERVIEW BECAUSE RESPONDENT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL. 10=LANGUAGE BARRIER 11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE) 12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO RESPONDENT 13=RESPONDENT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE</p>	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;"> 1 2 </p> <p style="text-align: center;"> 01 02 03 04 05 06 07 08 09 10 11 12 13 </p>
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Section 1000: Socio-Demographic Characteristics

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.

Q1001	Household ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q1002	Person (HH member) number from HH roster (number from column)	<input type="text"/> <input type="text"/>	
Q1003	What is your mother tongue?	1	COUNTRY SPECIFIC
		2	COUNTRY SPECIFIC
		3	COUNTRY SPECIFIC
		4	COUNTRY SPECIFIC
		5	COUNTRY SPECIFIC
		7	OTHER, SPECIFY:
Q1004	INTERVIEWER: Record sex of the respondent	1	MAN
		2	WOMAN
		3	NON-BINARY
Q1005	What day, month and year were you born? DD / MM / YYYY Check birth certificate if available.	<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"/>	-8 DK
Q1006	How old are you now? INTERVIEWER: This would be age at last birthday. If don't know - probe.	<input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS
Q1007	What is your <u>current</u> marital status?	1	NEVER MARRIED → Q1010
		2	CURRENTLY MARRIED → Q1009
		3	COHABITING → Q1009
		4	SEPARATED/DIVORCED → Q1008
		5	WIDOWED → Q1008
Q1008	For how many <u>years</u> have you been separated, divorced or widowed? INTERVIEWER: if less than 1 year, enter "00"	<input type="text"/> <input type="text"/>	NUMBER OF YEARS → Q1010
		-8 DK → Q1010
Q1009	For how many <u>years</u> have you been married or living together? INTERVIEWER: if less than 1 year, enter "00"	<input type="text"/> <input type="text"/>	NUMBER OF YEARS -8 DK
Q1010	Have you <u>ever</u> been to school?	1	YES
		2	No → Q1013

Q1011	What is the <u>highest level</u> of education that you have <u>completed</u> ?	1 LESS THAN PRIMARY SCHOOL 2 PRIMARY SCHOOL COMPLETED 3 SECONDARY SCHOOL COMPLETED 4 HIGH SCHOOL(OR EQUIVALENT) COMPLETED 5 COLLEGE/PRE-UNIVERSITY/UNIVERSITY COMPLETED 6 POST GRADUATE DEGREE COMPLETED	
Q1012	How many <u>years of school</u> , including higher education have you <u>completed</u> ?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NUMBER OF YEARS -8 DON'T KNOW	
Q1013	What is your <u>background or ethnic group</u> ?	1 COUNTRY SPECIFIC 2 COUNTRY SPECIFIC 3 COUNTRY SPECIFIC 4 COUNTRY SPECIFIC 7 OTHER, SPECIFY:	
Q1014	Do you belong to a <u>religious denomination</u> ? <i>INTERVIEWER: allow the respondent to reply without reading categories. Clarify as needed.</i>	1 NO, NONE 2 BUDDHISM 3 CHINESE TRADITIONAL RELIGION 4 CHRISTIANITY (INCLUDING ROMAN CATHOLIC, PROTESTANT, ORTHODOX, OTHER) 5 HINDUISM 6 ISLAM 7 JAINISM 8 JUDAISM 9 PRIMAL INDIGENOUS (INCLUDING AFRICAN TRADITIONAL AND DIASPORIC) 10 SIKHISM 87 OTHER , SPECIFY: 97 REFUSED	
Q1015	Have you always lived in this village/town/city?	1 YES→ 2 NO	Q1020
Q1016	How long have you been living (continuously) in this area? <i>INTERVIEWER: IF LESS THAN 1 YEAR, ENTER "00".</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEARS -8 DK	
Q1017	Where were you living before?	1 IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD 2 IN ANOTHER CITY IN THIS REGION 3 IN ANOTHER RURAL AREA IN THIS REGION 4 IN ANOTHER CITY OUTSIDE THIS REGION BUT IN [COUNTRY] 5 IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN [COUNTRY] 6 OUTSIDE [COUNTRY], IN A CITY 7 OUTSIDE [COUNTRY], IN A RURAL AREA	

Q1018 Where have you lived for most of your adult life (18+ years)?	1 <i>IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD</i> 2 <i>IN ANOTHER CITY IN THIS REGION</i> 3 <i>IN ANOTHER RURAL AREA IN THIS REGION</i> 4 <i>IN ANOTHER CITY OUTSIDE THIS REGION BUT IN [COUNTRY]</i> 5 <i>IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN [COUNTRY]</i> 6 <i>OUTSIDE [COUNTRY], IN A CITY</i> 7 <i>OUTSIDE [COUNTRY], IN A RURAL AREA</i>
Q1019 Where did you live for most of your childhood (before age 10 years)?	1 <i>IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD</i> 2 <i>IN ANOTHER CITY IN THIS REGION</i> 3 <i>IN ANOTHER RURAL AREA IN THIS REGION</i> 4 <i>IN ANOTHER CITY OUTSIDE THIS REGION BUT IN [COUNTRY]</i> 5 <i>IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN [COUNTRY]</i> 6 <i>OUTSIDE [COUNTRY], IN A CITY</i> 7 <i>OUTSIDE [COUNTRY], IN A RURAL AREA</i>
Q1020 Where were you born?	1 <i>IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD</i> 2 <i>IN ANOTHER CITY IN THIS REGION</i> 3 <i>IN ANOTHER RURAL AREA IN THIS REGION</i> 4 <i>IN ANOTHER CITY OUTSIDE THIS REGION BUT IN [COUNTRY]</i> 5 <i>IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN [COUNTRY]</i> 6 <i>OUTSIDE [COUNTRY], IN A CITY</i> 7 <i>OUTSIDE [COUNTRY], IN A RURAL AREA</i>

Thank you, that ends this section – we will return to questions about you in the next section.

Q1105	Why do you not want an additional coronavirus (COVID-19) vaccination dose?	<ol style="list-style-type: none"> 1. I HAD AN ADVERSE REACTION TO THE FIRST DOSE 2. I HAD COVID-19 DISEASE 3. I HAVE CONCERNS OVER THE SAFETY OF COVID-19 VACCINES 4. I HAVE CONCERNS OVER THE EFFECTIVENESS OF COVID-19 VACCINES 5. I DO NOT WISH TO TAKE A SECOND DOSE OF A SPECIFIC VACCINE, SPECIFY 6. I DO NOT FEEL I AM AT RISK OF CATCHING THE VIRUS 7. I WANT TO WAIT UNTIL MORE PEOPLE HAVE BEEN VACCINATED FIRST 8. I DO NOT FEEL I WOULD BE SERIOUSLY ILL IF I CAUGHT THE VIRUS 9. I BELIEVE VACCINES CAN GIVE YOU THE DISEASE THEY ARE DESIGNED TO PROTECT AGAINST 10. I AM CONFIDENT THAT I HAVE ALREADY ACQUIRED IMMUNITY (PROTECTION) THROUGH PREVIOUS INFECTION WITH THE VIRUS OR THROUGH MY FIRST DOSE 11. APPROVAL/DEVELOPMENT FOR THE VACCINE MAY BE RUSHED AND IT MAY NOT BE THOROUGHLY TESTED 87. OTHER, SPECIFY 88. DON'T KNOW 	
Q1106	When did you receive the most recent COVID-19 vaccination dose?	MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	
Q1107	Did you experience any adverse reaction to your most recent dose?	<ol style="list-style-type: none"> 1 YES 2 NO..... → 	Q1110
Q1108	What reaction did you experience?	<ol style="list-style-type: none"> 1. MALAISE 2. FEVER 3. ARTHRALGIA (JOINT PAIN) 4. PAIN OF THE INJECTION SITE (ARM/SHOULDER) 5. REDNESS OF THE INJECTION SITE 6. INDURATION OF THE INJECTION SITE 7. OTHER, SPECIFY _____ 	

Q1109	Did you have to seek medical/health care for the reaction?	1 YES 2 NO	
Q1110	Do you have any child between the ages of 5 and 16 years un your care?	1 YES 2 NO→	END
Q1111	Would you permit the child/children in your care to receive a coronavirus (COVID-19) vaccination?	1 YES→ 2 NO	END
Q1112	Why do you not want or are unsure about permitting the child/children in your care to receive a coronavirus (COVID-19) vaccination?	1. I HAD AN ADVERSE REACTION 2. THE CHILD HAD COVID-19 DISEASE 3. I HAVE CONCERNS OVER THE SAFETY OF COVID-19 VACCINES 4. I HAVE CONCERNS OVER THE EFFECTIVENESS OF COVID-19 VACCINES 5. I DO NOT FEEL THEY ARE AT RISK OF CATCHING THE VIRUS 6. I WANT TO WAIT UNTIL MORE PEOPLE HAVE BEEN VACCINATED FIRST 7. I DO NOT FEEL THEY WOULD BE SERIOUSLY ILL IF THEY CAUGHT THE VIRUS 8. I BELIEVE VACCINES CAN GIVE YOU THE DISEASE THEY ARE DESIGNED TO PROTECT AGAINST 9. I AM CONFIDENT THAT THEY HAVE ALREADY ACQUIRED IMMUNITY (PROTECTION) THROUGH PREVIOUS INFECTION WITH THE VIRUS 10. APPROVAL/DEVELOPMENT FOR THE VACCINE MAY BE RUSHED AND IT MAY NOT BE THOROUGHLY TESTED 87. OTHER, SPECIFY 88. DON'T KNOW	

Section 2000: Health State Description

HEALTH STATE DESCRIPTION

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 <u>rate your health today</u> ?	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.

INTERVIEWER: Read and show scale to respondent

MOBILITY

	Overall in the last 30 days, how much difficulty did you have ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2002	... with <u>moving around</u> ?	1	2	3	4	5
Q2003	... in <u>vigorous activities</u> ('vigorous activities' require hard physical effort and cause large increases in breathing or heart rate)?	1	2	3	4	5

SELF-CARE

	Overall in the last 30 days, how much difficulty did you have ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2004	... with <u>self-care</u> , such as bathing/washing or dressing yourself?	1	2	3	4	5
Q2005	... in <u>taking care of and maintaining your general appearance</u> (for example, grooming, looking neat and tidy)?	1	2	3	4	5
Q2006	... in <u>staying by yourself</u> for a few days (3 to 7 days)?	1	2	3	4	5

PAIN AND DISCOMFORT

Overall in the last 30 days,...		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2007	...how much of <u>bodily aches or pains</u> did you have?	1	2	3	4	5
Q2008	...how much <u>bodily discomfort</u> did you have?	1	2	3	4	5
If Q2007 and Q2008 are both = 1, "None".....						Q2010
Q2009	... how much <u>difficulty</u> did you have in your daily life because of your <u>pain</u> ?	1	2	3	4	5

COGNITION

Overall in the last 30 days, how much difficulty...		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2010	... did you have with <u>concentrating or remembering things</u> ?	1	2	3	4	5
Q2011	... 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

INTERPERSONAL ACTIVITIES

Overall in the last 30 days, how much difficulty did you have,...		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2012	... with <u>personal relationships or participation in the community</u> ?	1	2	3	4	5
Q2013	... in <u>dealing with conflicts and tensions</u> with others?	1	2	3	4	5
Q2014	... with <u>making new friendships or maintaining current friendships</u> ?	1	2	3	4	5
Q2015	...with <u>dealing with strangers</u> ?	1	2	3	4	5

SLEEP AND ENERGY

Overall in the last 30 days, how much of a problem did you...		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2016	... have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or waking up <u>too early</u> in the morning?	1	2	3	4	5
Q2017	... have due to <u>not feeling rested and refreshed</u> during the day (for example, feeling tired, not having energy)?	1	2	3	4	5

AFFECT

Overall in the last 30 days, how much of a problem did you have...		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2018	...with <u>feeling sad, low or depressed</u> ?	1	2	3	4	5
Q2019	... with <u>worry or anxiety</u> ?	1	2	3	4	5

VISION (Respondent should answer, as when wearing glasses/contact lenses if used)

Q2020	When was the last time you had your <u>eyes</u> examined by a medical professional? <i>INTERVIEWER: ENTER YEARS OR MONTHS AGO. ENTER "00" IF LESS THAN 1 YEAR.</i>	<input type="text"/> <input type="text"/> YEARS AGO -8 DON'T KNOW 98 NEVER
Q2021	Do you use eyeglasses or contact lenses to see <u>far away</u> (for example, across the street)?	1 YES 2 No
Q2022	Do you use eyeglasses or contact lenses to see <u>up close</u> (for example, at arm's length, like when you are reading)?	1 YES 2 No
Q2023	In the last 30 days, how much difficulty did you have in seeing and recognising an object or a person you know <u>across the road</u> (from a distance of about 20 meters)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME / CANNOT DO
Q2024	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, reading)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME / CANNOT DO

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

Q2025	Do you wear a <u>hearing aid</u> ?	1 YES 2 No
Q2026	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</u> (even with your hearing aid on if you use one)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO
Q2027	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</u> (even with your hearing aid on if you use one)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO

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. Some of these questions may seem repetitive, but we do need your attention and it is important to give us answers to each question.

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
Q2028	... in standing for long periods?	1	2	3	4	5	9
Q2029	... in taking care of your household responsibilities?	1	2	3	4	5	9
Q2030	... 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
Q2031	... concentrating on doing something for 10 minutes?	1	2	3	4	5	9
Q2032	... in walking a long distance such as a kilometer?	1	2	3	4	5	9
Q2033	... in bathing/washing your whole body?	1	2	3	4	5	9
Q2034	... in getting dressed?	1	2	3	4	5	9
Q2035	... in your day to day work?	1	2	3	4	5	9
Q2036	... with carrying things?	1	2	3	4	5	9
Q2037	... with eating (including cutting up your food)?	1	2	3	4	5	9
Q2038	... with getting up from lying down?	1	2	3	4	5	9
Q2039	... with getting to and using the toilet?	1	2	3	4	5	9
Q2040	... with control of your bowel or bladder functions?	1	2	3	4	5	9
Q2041	... with getting where you want to go, using private or public transport if needed?	1	2	3	4	5	9
Q2042	... getting out of your home?	1	2	3	4	5	9
Q2043	In the last 30 days, how much have you been emotionally affected by your health condition(s)?	1	2	3	4	5	9
Q2044	Overall, in the past 30 days, on how many days were these difficulties present?	<input type="text"/> <input type="text"/> DAYS -8 DK 98 NEVER					
Q2045	Because of these difficulties, have you needed someone to help you in the past 12 months?	1. Yes 2. No, doesn't need it 3. No, doesn't have anyone to help 4. Didn't know/didn't answer					
Q2046	Was there a time you did NOT receive the help you needed in the past year?	1 YES 2 NO					

Section 2100: Disability

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. Please think about the last 30 days taking both good and bad days into account. I want you to answer the following questions on a scale from 1 to 5 where 1 means no difficulty and 5 means you cannot do the activity. Please answer these questions WITHOUT taking into account any help.

		None				Extreme
Q2101	How much difficulty do you have seeing things at a distance?	1	2	3	4	5
Q2102	How much difficulty do you have hearing?	1	2	3	4	5
Q2103	How much difficulty do you have walking or climbing steps?	1	2	3	4	5
Q2104	How much difficulty do you have remembering or concentrating?	1	2	3	4	5
Q2105	How much difficulty do you have washing all over or dressing?	1	2	3	4	5
Q2106	How much difficulty do you have sleeping because of your health?	1	2	3	4	5
Q2107	How much difficulty do you have doing household tasks because of your health?	1	2	3	4	5
Q2108	Because of your health, how much difficulty do you have with joining community activities, such as festivities, religious or other activities?	1	2	3	4	5
Q2109	How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	1	2	3	4	5
Q2110	Because of your health, how much difficulty do you have getting along with people who are close to you, including your family and friends?	1	2	3	4	5
Q2111	How much bodily aches or pain do you have?	1	2	3	4	5

Q2504	INTERVIEWER: Can respondent stand up, yes or no?	1 YES 2 No →	Q2514
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ANTHROPOMETRIC MEASUREMENTS

<i>I would now like to measure how tall you are. To measure your height I need you to please take off your shoes. Put your feet and heels close together, stand straight and look forward, standing with your back, head and heels touching the wall. Look straight ahead.</i>			
Q2506	Measured height in centimetres	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> centimetres 997 Refused 998 Not able	
<i>Now we want to measure your weight – could you please keep your shoes off and step on this scale. We will also measure your waist and hips using a tape measure.</i>			
Q2507	Measured weight in kilograms	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kilograms 997 Refused 998 Not able	
<i>If female, Go to Q2507a; If male, Go to next Q2508</i>			
Q2507a	Are you currently pregnant	1 YES 2 No 8 DK..... →	Q2508
Q2507b	How much did you weigh before this pregnancy	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kilograms 997. Refused -88. DK	
Q2508	Waist circumference INTERVIEWER: identify the top of the hip bone - and make sure the tape measure is parallel to the floor all the way around the body	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> centimetres 997 Refused 998 Not able	
Q2509	Hip circumference INTERVIEWER: measure at the maximum circumference of the hips – and make sure the tape measure is parallel to the floor all the way around the body	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> centimetres 997 Refused 998 Not able	
<i>Now you can put your shoes back on, if you wish, and we can continue.</i>			
Notes:			

TIMED WALK

INTERVIEWER: you will now invite the respondent to do a walking test – using your flexible steel tape measure, mark out length of 4 metres over a flat and straight surface if you have not already done so. Mark the ground at the beginning and end. Mark sure the surface is flat and free of obstacles. You will walk slightly behind the person for both tests.

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.

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.

Q2510 Did respondent complete the walk at usual pace?	1 YES 2 NO, REFUSED 3 NO, CANNOT WALK, EVEN WITH SUPPORT → Q2514
Q2511 Time at 4 metres	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" 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 safely can, and go all the way past the other end of the course I marked out for you.

INTERVIEWER: DEMONSTRATE.

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

“Ready begin.”

Q2512 Did respondent complete the walk at rapid pace?	1 YES 2 NO, REFUSED/UNABLE → Q2514
Q2513 Time at 4 metres	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> SECONDS

VISION TEST

We are now going to test your distance vision and near vision.

INTERVIEWER: Invite the respondent to sit again – in a chair positioned so that the respondent’s head will be 3 meters from the monitor. Make sure the person does not lean in closer to the monitor during the test.

To measure acuity in the left eye, the right eye is covered with right palm or an eye patch and the subject is asked to respond to each “E” in a row slowly, row by row, with your guidance. Only one reading of a given “E” is allowed. When the subject has difficulty, he or she is encouraged to guess. Responses can be verbal (Up, Down, Left, Right) or the respondent can indicate with a finger like in the training video. The right eye can then be tested in the same way. Visual acuity in each eye can be recorded as explained in the Interviewers Manual.

DISTANCE VISION

INTERVIEWER: Start with the distance vision. If the respondent makes more than 2 errors in one row, and reads all letters in the row, their result is read as the previous row.

We will start with your distance vision – and with your left eye. Would you please cover your right eye with the palm of your right hand. Please read

Q2514 <i>Distance Vision – Left Eye</i>	<input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Now cover your left eye with left hand so we can test your right eye. Please read....

Q2515 <i>Distance Vision – Right Eye</i>	<input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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NEAR VISION

INTERVIEWER: Have the person seated 40cm from the monitor. Responses will be verbal (Up, Down, Left, Right).

Okay, now we would like to test your near vision – starting again with your left eye – please cover your right eye with your right hand. Indicate if the “E” is facing Up, Down, Left or Right. Please read....

Q2516 <i>Near Vision – Left Eye</i>	<input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Now cover your left eye with left hand so we can test your right eye. Please read....

Q2517 <i>Near Vision – Right Eye</i>	<input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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HEARING TEST : (HEARSCREEN)

INTERVIEWER: Have the person in a quiet and comfortable place. Ask which of the two ear hears best. Record the participants details and ID in the device. In order to perform audiometry fit the calibrated headphone from the device into the participant's ear and follow the HEARSCREEN kit manual instructions. Perform the test by starting with the ear that hears better.

Interviewer read: Okay now we would like to test your hearing ability – we will start with the ear that hears better.

Okay now we would like to test your hearing ability – we will start with the ear that hears better

Q2518	Do you use a hearing aid	1 YES, WEARS HEARING AID 2 NO, HAS HEARING AID, BUT CANNOT FIND IT 3 NO, HAS HEARING AID, BUT NEVER USES IT 4 NO, DOES NOT HAVE HEARING AID
Q2519	<i>Hearing – Left ear</i>	1 Pass 2 Fail
Q2520	<i>Hearing – Right Ear</i>	1 Pass 2 Fail

GRIP STRENGTH

FILTER: If respondent has obvious problem with hand/arm, skip that side. If problems with both hands/arms, answer 1=yes to Q2521 and Q2522, then → skip to Q2528. Make sure you fit the dynamometer to the respondent's hand size.

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

Q2521	<i>Have you had any surgery on your <u>left arm, hand or wrist</u> in the last 3 months OR arthritis or pain in your left hand or wrist?</i>	1 YES → DO NOT TEST LEFT HAND 2 NO
Q2522	<i>Have you had any surgery on your <u>right arm, hand or wrist</u> in the last 3 months OR arthritis or pain in your right hand or wrist?</i>	1 YES → DO NOT TEST RIGHT HAND 2 NO
Q2523	<i>Which hand do you consider your dominant hand?</i>	1 LEFT 2 RIGHT 3 USE BOTH THE SAME

Remain sitting and let your hand drop to your side. Keep your upper arm against your body and bend your elbow to 90 degrees with palm facing in (like shaking hands). Keep your elbow pressed against your side. *INTERVIEWER: DEMONSTRATE.*

Then grab the two pieces of metal together like this.

INTERVIEWER: DEMONSTRATE.

I will ask you to do this two times in each hand. Let's start with your left hand, please take this in your left hand. If you feel any pain or discomfort, tell me and we will stop.

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

INTERVIEWER: Check positioning and grip to make sure it is correct. WHEN HE OR SHE BEGINS, SAY: SQUEEZE, SQUEEZE, SQUEEZE!

Ready? Squeeze, squeeze, squeeze!

Q2524	First test left hand	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> KILOGRAMS -9 REFUSED → Q2526
Q2525	Second test left hand	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> KILOGRAMS

Okay, now let's do the same on the other side. Hold the device in your right hand, so we can test your strength on this side also.

INTERVIEWER: Check positioning and grip to make sure it is correct.

Ready? Squeeze, squeeze, squeeze!

Q2526	First test right hand	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> KILOGRAMS -9 REFUSED → Q2528
Q2527	Second test right hand	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> KILOGRAMS

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 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.

INTERVIEWER: you can use the table below to assist you with scoring.

LIST OF WORDS:		TRIAL 1	TRIAL 2	TRIAL 3
	Arm			
	Bed			
	Plane			
	Dog			
	Clock			
	Bike			
	Ear			
	Hammer			
	Chair			
	Cat			
SUBSTITUTED WORDS:				
Q2528	Number of words recalled correctly Trial 1	<input type="text"/> <input type="text"/>		
Q2529	Number of words that respondent failed to recall Trial 1	<input type="text"/> <input type="text"/>		
Q2530	Number of words substituted Trial 1	<input type="text"/> <input type="text"/>		
<i>I will read the list to you again, and then again when I am done, repeat them after me.</i>				
Q2531	Number of words recalled correctly Trial 2		<input type="text"/> <input type="text"/>	
Q2532	Number of words that respondent failed to recall Trial 2		<input type="text"/> <input type="text"/>	
Q2533	Number of words substituted Trial 2		<input type="text"/> <input type="text"/>	
<i>One final time – I will read the list and when I am done, you repeat as many as you can remember.</i>				
Q2534	Number of words recalled correctly Trial 3			<input type="text"/> <input type="text"/>
Q2535	Number of words that respondent failed to recall Trial 3			<input type="text"/> <input type="text"/>
Q2536	Number of words substituted Trial 3			<input type="text"/> <input type="text"/>

DIGIT SPAN – DIGITS FORWARD

INTERVIEWER: For the following tests, digits forward and backward, say the digits at the rate of one per second, not grouped. Let the pitch of your voice drop with the last digit of each series. In any series if the subject fails Trial 1 – give Trial 2 of the same series, then proceed to the next series if the respondent responds correctly. Trial 2 is only given if Trial 1 is failed.

I am going to say some numbers to you. Listen carefully, and when I am through, say them right after me. 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 “1-2”. If correct, start with Series 3. If response is incorrect, provide the correct response and attempt once more with another example. Okay, let’s try another example, repeat after me, “5-3”. If correct, continue. If not correct – mark “0” in Q2537 and → skip to Verbal Fluency (Q2539).

Okay, good. Let us start with the numbers.

INTERVIEWER: Stop when respondent fails both trials.

Series	Trial 1	Trial 1 Correct?	Trial 2	Trial 2 Correct?
3	5-8-2	YES → SERIES 4 NO → TRIAL 2	6-9-4	YES → SERIES 4 NO → END
4	6-4-3-9	YES → SERIES 5 NO → TRIAL 2	7-2-8-6	YES → SERIES 5 NO → END
5	4-2-7-3-1	YES → SERIES 6 NO → TRIAL 2	7-5-8-3-6	YES → SERIES 6 NO → END
6	6-1-9-4-7-3	YES → SERIES 7 NO → TRIAL 2	3-9-2-4-8-7	YES → SERIES 7 NO → END
7	5-9-1-7-4-2-8	YES → SERIES 8 NO → TRIAL 2	4-1-7-9-3-8-6	YES → SERIES 8 NO → END
8	5-8-1-9-2-6-4-7	YES → SERIES 9 NO → TRIAL 2	3-8-2-9-5-1-7-4	YES → SERIES 9 NO → END
9	2-7-5-8-6-2-5-8-4	YES → END NO → TRIAL 2	7-1-3-9-4-2-5-6-8	YES → END NO → END

Okay good. *INTERVIEWER: mark the score in Q2537*

Q2537	Total score (the series number in the longest series repeated without error in Trial 1 or 2) (Maximum = 9 points)	<input style="width: 30px; height: 20px;" type="text"/>
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DIGIT SPAN – DIGITS BACKWARD

Now, I am going to say more numbers, but this time when I stop, I want you to say them to me backwards. For example, if I said 1-7, what would you say?

INTERVIEWER: Wait for subject to say 7-1. If response is correct, start with Series 2. If respondent does not reply correctly or fails to understand, give the correct answer and another example, saying Remember, you are to say them backwards. Try this, “3-8”. If response is correct, continue. If fails second example, mark “0” in Q2538 and skip to Verbal Fluency (Q2539).

Okay, lets start.

Series	Trial 1	Trial 1 Correct?	Trial 2	Trial 2 Correct?
2	2-4	YES → SERIES 3 NO → TRIAL 2	5-8	YES → SERIES 3 NO → END
3	6-2-9	YES → SERIES 4 NO → TRIAL 2	4-1-5	YES → SERIES 4 NO → END
4	3-2-7-9	YES → SERIES 5 NO → TRIAL 2	4-9-6-8	YES → SERIES 5 NO → END
5	1-5-2-8-6	YES → SERIES 6 NO → TRIAL 2	6-1-8-4-3	YES → SERIES 6 NO → END
6	5-3-9-4-1-8	YES → SERIES 7 NO → TRIAL 2	7-2-4-8-5-6	YES → SERIES 7 NO → END
7	8-1-2-9-3-6-5	YES → SERIES 8 NO → TRIAL 2	4-7-3-9-1-2-8	YES → SERIES 8 NO → END
8	9-4-3-7-6-2-5-8	YES → END NO → TRIAL 2	7-2-8-1-9-6-5-3	YES → END NO → END

Okay, good. INTERVIEWER: mark score in Q2538.

Q2538	Total score (the series number in the longest series repeated without error in Trial 1 or 2) (Maximum = 8 points)	<input style="width: 30px; height: 20px;" type="text"/>
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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: See Interviewers Manual 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: Press START/STOP on stopwatch. Time for one minute. Use space below to record.

INTERVIEWER: SAY “FINE” OR “GOOD” when completed the one minute.

Q2539	Total score (number of animals named correctly)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Q2540	Number of errors <i>INTERVIEWER: errors include anything that is not an animal</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

DELAYED VERBAL RECALL

I read you a list of words about 10 minutes ago. I will NOT repeat this list to you now, but could you please repeat to me as many of them as you can remember?

INTERVIEWER – DO NOT read the list again to the respondent - the list below is for your own use.

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

Q2541	Number of words recalled correctly	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Q2542	Number of words that respondent failed to recall	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Q2543	Number of words substituted	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

BLOOD TESTS

<p>I would like to get your consent/agreement to give a blood sample. We will only prick your finger to get blood. If you decide not to have the test done, it is your right and we will respect your decision and continue with the other parts of the survey.</p> <p><i>INTERVIEWER: go to the INFORMED CONSENT FORM FOR BLOOD SAMPLE</i></p>		
Q2544	<p><i>INTERVIEWER:</i> Indicate whether the respondent agrees or not.</p>	<p>1. Respondent agrees to provide blood sample 2. Respondent does NOT agree to provide blood sample → NEXT SECTION</p>
Q2545	<p><i>INTERVIEWER: circle one</i></p>	<p>1 Blood sample obtained 2 Blood sample NOT obtained... → NEXT SECTION</p>
Q2546	HbA1c	<input type="text"/> <input type="text"/> . <input type="text"/> %
Q2547h	In the last 12 hours, when did you eat or drink anything other than water?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Q2548h	Time of blood test	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Q2547	Was the A1CNow+ device used for HbA1c measurement?	<p>1 Yes 2. No → Q2550</p>
Q2548	The A1CNow+ monitor displays a QC check code or error code, which code did it display?	<p>0 No error code (QC OK) 1 OR 1 2 OR 2 3 OR 3 4 OR 4 5 OR 5 6 OR 6 7 < 4.0% 8 > 13.0% 9 QC 2, QC 6, QC 7 10 QC 30, QC 31, QC 33 11 QC 50, QC 51, QC 55, QC 56 12 E1 to E99 13.....00 TL 14..... Other</p>
Q2549	If the HbA1c value was below 4.0% or above 6.5% did you tell the participant “these results suggest that you could see a health professional for further investigation”?	<p>1 Yes 2 Not Applicable/HbA1c > 4.0% and < 6.5%</p>
Q2550	Haemoglobin (Hb)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> mg/dL 99.99 = HHH

<p>Q2551 If the Hb value was below the normal cutoff values listed for certain sex and age ranges (listed below) did you tell the participant “these results suggest that you could see a health professional for further investigation”?</p> <p>Non-pregnant women 15 years of age and older < 12.0</p> <p>Pregnant women < 11.0</p> <p>Men 15 years of age and older < 13.0</p>	<p>1 Yes</p> <p>2 Not Applicable/Hb is greater than value listed for sex and age</p>
<p>Q2552 In the last 12 hours, when did you eat or drink anything other than water?</p>	<p><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>
<p>Q2553 Time of blood test</p>	<p><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>
<p>Q2554 Glucose</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> mg/dL</p> <p>888.88 = LOW or <20 mg/dL</p> <p>999.99 = HIGH or >600mg/dL</p>
<p>Q2555 If the glucose value was above 200 mg/dL or below 50 mg/dL did you tell the participant, “these results suggest that you could see a health professional for further investigation”?</p>	<p>1 Yes</p> <p>2 Not Applicable/glucose value is greater than 50 mg/dL and less than 240 mg/dL</p>
<p>Q2556 Total Cholesterol</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> mg/dL</p> <p>888.88 = LOW or <100 mg/dL</p> <p>999.99 = HIGH or >400 mg/dL</p>
<p>Q2557 If the total cholesterol value was above 240 mg/dL did you tell the participant, “these results suggest that you could see a health professional for further investigation”?</p>	<p>1 Yes</p> <p>2 Not Applicable/cholesterol value is less than 240 mg/dL</p>
<p>Q2558 HDL cholesterol</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> mg/dL</p> <p>888.88 = LOW or <20 mg/dL</p> <p>999.99 = HIGH or >120 mg/dL</p>
<p>Q2559 If the HDL cholesterol value was below 40 mg/dL did you tell the participant “these results suggest that you could see a health professional for further investigation”?</p>	<p>1 Yes</p> <p>2 Not Applicable/HDL value is greater than 40 mg/dL</p>

Q2560 Triglycerides	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL <i>888.88 = LOW or <50 mg/dL</i> <i>999.99 = HIGH or >500 mg/dL</i>
Q2561 If the triglycerides value was above 500 mg/dL did you tell the participant, <i>“these results suggest that you could see a health professional for further investigation”</i> ?	1 Yes 2 <i>Not Applicable/triglyceride value is less than 500 mg/dL</i>
Q2562 Calculated LDL Cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL
Q2563 Calculated Total Cholesterol to HDL Cholesterol Ratio (TC/HDL)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dL

Section 3000: Risk Factors and Preventive Health Behaviours

The next question ask about your habits, health behaviours and awareness about health. This includes things like smoking, drinking alcohol, and eating enough fruits and vegetables as part of your diet. I will start with questions about smoking habits.

TOBACCO USE

SMOKING TOBACCO

First, I will ask about use of smoking tobacco. By smoked tobacco, I mean I do not mean electronic products without tobacco, which I will ask about later.

Q3001	Do you currently smoke any of the tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	-> Q3004 -> Q3004 -> Q3004
Q3002	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	1. Yes 2. No 3. No visit in the past 12 months 8. Don't know 9. Refused	
Q3003	During the past 12 months, have you tried to quit smoking for good?	1. Yes 2. No 8. Don't know 9. Refused	-> Q3011 -> Q3011 -> Q3011 -> Q3011
Q3004	In the past, have you smoked any of the tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	-> Q3005 -> Q3011 -> Q3011 -> Q3011 -> Q3011
Q3005	How long ago did you start smoking <u>daily</u> ?	<input type="text"/> <input type="text"/> years ago OR <input type="text"/> <input type="text"/> months ago OR <input type="text"/> <input type="text"/> weeks ago	
Q3006	How long ago did you stop smoking <u>daily</u> ?	<input type="text"/> <input type="text"/> years ago OR <input type="text"/> <input type="text"/> months ago OR <input type="text"/> <input type="text"/> weeks ago	

SMOKELESS TOBACCO

Now I will ask you about use of smokeless tobacco. By smokeless tobacco, I mean do not mean electronic products, which I will ask about later.

Q3011	Do you currently use any of the smokeless tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	-> Q3014 -> Q3014 -> Q3014
Q3012	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit using smokeless tobacco?	1. Yes 2. No 3. No visit in the past 12 months 8. Don't know 9. Refused	
Q3013	During the past 12 months, have you tried to quit using smokeless tobacco for good?	1. Yes 2. No 8. Don't know 9. Refused	-> Q3021 -> Q3021 -> Q3021 -> Q3021
Q3014	In the past, have you used any of the smokeless tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	-> Q3015 -> Q3021 -> Q3021 -> Q3021 -> Q3021
Q3015	How long ago did you start using smokeless tobacco <u>daily</u> ?	<input type="text"/> <input type="text"/> years ago OR <input type="text"/> <input type="text"/> months ago OR <input type="text"/> <input type="text"/> weeks ago	
Q3016	How long ago did you stop using smokeless tobacco <u>daily</u> ?	<input type="text"/> <input type="text"/> years ago OR <input type="text"/> <input type="text"/> months ago OR <input type="text"/> <input type="text"/> weeks ago	

ELECTRONIC CIGARETTES

Now I will ask you about use of electronic cigarettes. Electronic cigarettes include any electronic product that heats a liquid, with or without nicotine, by using a battery or other methods to produce an aerosol, and do not contain tobacco. They have various other names such as e-cigarette, JUUL, vape-pen, e-shisha, e-pipes.

Q3021	Do you currently use electronic cigarettes?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	-> Q3024 -> Q3024 -> Q3024
Q3022	During any visit to a doctor or other health worker in the past 12 months, were you advised to <u>quit</u> using electronic cigarettes?	1. Yes 2. No 3. No visit in the past 12 months 8. Don't know 9. Refused	
Q3023	During the past 12 months, have you tried to <u>quit</u> using electronic cigarettes <u>for good</u> ?	1. Yes 2. No 8. Don't know 9. Refused	-> Q3031 -> Q3031 -> Q3031 -> Q3031
Q3024	In the past, have you used electronic cigarettes?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	-> Q3025 -> NEXT SECTION -> NEXT SECTION -> NEXT SECTION -> NEXT SECTION
Q3025	How long ago did you start using electronic cigarettes <u>daily</u> ?	<input type="text"/> <input type="text"/> years ago OR <input type="text"/> <input type="text"/> months ago OR <input type="text"/> <input type="text"/> weeks ago	
Q3026	How long ago did you stop using electronic cigarettes <u>daily</u> ?	<input type="text"/> <input type="text"/> years ago OR <input type="text"/> <input type="text"/> months ago OR <input type="text"/> <input type="text"/> weeks ago	-> NEXT SECTION

ALCOHOL (show Alcohol card to respondent)

Q3100	Have you ever consumed a drink that contains alcohol (such as beer, wine, spirits)?	1. YES 2. NO, NEVER->	NEXT SECTION
Q3101	How old were you when you first started consuming alcohol?	<input type="text"/> <input type="text"/> years	
Q3102	How often do you have a drink containing alcohol?	1. MONTHLY OR LESS 2. 2-4 TIMES A MONTH 3. 2-3 TIMES A WEEK 4. 4 OR MORE TIMES A WEEK	
Q3103	Have you consumed alcohol in the last 30 days?	1. YES 2. NO->	Q3106
Q3104	How many standard drinks containing alcohol do you have on a typical day?	1. 1 OR 2 2. 3 OR 4 3. 5 OR 6 4. 7 TO 9 5. 10 OR MORE	
Q3105	Now think about the past 7 days. During the <u>past 7 days</u> , <u>how many</u> [standard] drinks of any alcoholic beverage did you have <u>each day</u> ? USE SHOWCARD .	INTERVIEWER: Want respondent to tell you the number of "standard" drinks. By standard drink - refer to Appendix. Include number below:	
	Q3105a. Monday	<input type="text"/> <input type="text"/>	
	Q3105b. Tuesday	<input type="text"/> <input type="text"/>	
	Q3105c. Wednesday	<input type="text"/> <input type="text"/>	
	Q3105d. Thursday	<input type="text"/> <input type="text"/>	
	Q3105e. Friday	<input type="text"/> <input type="text"/>	
	Q3105f. Saturday	<input type="text"/> <input type="text"/>	
	Q3105g. Sunday	<input type="text"/> <input type="text"/>	
Q3106	Now think about the last 12 months. In the <u>last 12 months</u> , how frequently [on how many days] on average, have you had at least one alcoholic drink?	0. NO DAYS-> 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	NEXT SECTION
Q3107	In the <u>last 12 months</u> , on the <u>days you drank</u> alcoholic beverages, how many drinks did you have on average?	<input type="text"/> <input type="text"/> DRINKS -8 DON'T KNOW	
Q3108	How often do you have six or more drinks on one occasion?	1. NEVER 2. LESS THAN MONTHLY 3. MONTHLY 4. WEEKLY 5. DAILY OR ALMOST DAILY	

DIET

Studies have shown that diet and lifestyle are very important health factors. I want to ask you a few questions about your diet. I am going to ask you about the fruit and vegetables you usually eat, about salt and a few other questions.

Q3300	How many servings of <u>fruit</u> do you eat on a typical day?	<input type="checkbox"/> <input type="checkbox"/> SERVINGS -8 DON'T KNOW
Q3301	How many servings of <u>vegetables</u> do you eat on a typical day?	<input type="checkbox"/> <input type="checkbox"/> SERVINGS -8 DON'T KNOW
Q3302	Do you add salt to food at the table? <i>INTERVIEWER: READ LIST</i>	1. ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER
Q3303	In the food you eat at home, salt is added in cooking or preparing food...? <i>INTERVIEWER: READ LIST</i>	1. ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER
Q3304	How much salt do you think you consume? <i>INTERVIEWER: READ LIST</i>	1. FAR TOO MUCH 2. TOO MUCH 3. JUST THE RIGHT AMOUNT 4. TOO LITTLE 5. FAR TOO LITTLE
Q3305	Do you think that a high salt diet could cause a serious health problem?	1. YES 2. NO
Q3306	Do you do anything on a regular basis to control your salt or sodium intake?	1. YES 2. NO

The next few questions ask about availability and access to food – and your food intake.		
Q3307	In the <u>last 12 months</u> , how often did you ever eat less than you felt you should because there wasn't enough food?	1. EVERY MONTH 2. ALMOST EVERY MONTH 3. SOME MONTHS, BUT NOT EVERY MONTH 4. ONLY IN 1 OR 2 MONTHS 5. NEVER
Q3308	In the <u>last 12 months</u> , were you ever hungry, but didn't eat because you couldn't afford enough food?	1. EVERY MONTH 2. ALMOST EVERY MONTH 3. SOME MONTHS, BUT NOT EVERY MONTH 4. ONLY IN 1 OR 2 MONTHS 5. NEVER
Q3309	Has your food intake declined over the past 3 months due to: loss of appetite, digestive problems, chewing or swallowing difficulties?	1. SEVERE DECREASE IN FOOD INTAKE 2. MODERATE DECREASE IN FOOD INTAKE 3. NO DECREASE IN FOOD INTAKE
Q3310	How has your weight loss been during the last 3 months?	1. WEIGHT LOSS GREATER THAN 3 KG (6.6 LBS) 2. WEIGHT LOSS BETWEEN 1 AND 3 KG (2.2 AND 6.6 LBS) 3. NO WEIGHT LOSS 4. WEIGHT GAIN 8. DON'T KNOW

PHYSICAL ACTIVITY

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. 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/crops, fishing or hunting for food, providing care or seeking employment.

In answering the following questions 'vigorous activities' require hard physical effort and cause large increases in breathing or heart rate, 'moderate activities' require moderate physical effort and cause small increases in breathing or heart rate.

Q3401	Does your work involve <u>vigorous-intensity</u> activity that causes large increases in breathing or heart rate, [like heavy lifting, digging or chopping wood] for at least 10 minutes continuously? INSERT EXAMPLES & USE SHOWCARD	1 YES 2 No→	Q3404
Q3402	In a typical week, on how many days do you do <u>vigorous-intensity</u> activities as part of your work?	<input type="text"/> DAYS	
Q3403	How much time do you spend doing <u>vigorous-intensity</u> activities at work on a typical day?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES	
Q3404	Does your work involve <u>moderate-intensity</u> activity that causes small increases in breathing or heart rate [such as brisk walking, carrying light loads, cleaning, cooking, or washing clothes] for at least 10 minutes continuously? INSERT EXAMPLES & USE SHOWCARD	1 YES 2 No→	Q3407
Q3405	In a typical week, on how many days do you do <u>moderate-intensity</u> activities as part of your work?	<input type="text"/> DAYS	
Q3406	How much time do you spend doing <u>moderate-intensity</u> activities at work on a typical day?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES	
The next questions exclude the physical activities at work that you've already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example, getting to work, to shopping, to the market, to place of worship. [Insert other examples if needed]			
Q3407	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	1 YES 2 No→	Q3410
Q3408	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	<input type="text"/> DAYS	
Q3409	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 exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness, leisure and recreational activities [insert relevant terms].

Q3410	Do you do any <u>vigorous intensity sports, fitness or recreational (leisure) activities</u> that cause large increases in breathing or heart rate [like running or football], for at least 10 minutes continuously? <i>INSERT EXAMPLES & USE SHOWCARD</i>	1 YES 2 No→	Q3413
Q3411	In a typical week, on how many days do you do <u>vigorous intensity sports, fitness or recreational (leisure) activities</u> ?	<input type="text"/> DAYS	
Q3412	How much time do you spend doing <u>vigorous intensity sports, fitness or recreational activities</u> on a typical day?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES	
Q3413	Do you do any <u>moderate-intensity sports, fitness or recreational (leisure) activities</u> that causes a small increase in breathing or heart rate [such as brisk walking, cycling or swimming] for at least 10 minutes at a time? <i>INSERT EXAMPLES & USE SHOWCARD</i>	1 YES 2 No→	Q3416
Q3414	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	<input type="text"/> DAYS	
Q3415	How much time do you spend doing moderate intensity sports, fitness or recreational (leisure) activities on a typical day?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES	
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping. <i>INSERT EXAMPLES & USE SHOWCARD</i>			
Q3416	How much time do you usually spend sitting or reclining on a typical day?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES	

Section 4000: Chronic Conditions and Health Service Coverage

We would now like to ask you some questions about your habits, health behaviours and awareness about health. This includes things like smoking, drinking alcohol, eating enough fruits and vegetables as part of your diet and your levels of physical activity. I will start with questions about smoking habits.

Now I would like to ask 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. I will also ask about health habits and behaviours. First I will ask about a few different health conditions.

ARTHRITIS

Q4001	Has a health care professional/doctor ever told you that you have <u>arthritis</u> (a disease of the joints)?	1 YES 2 No	→	Q4003
Q4001a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had...arthritis?	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW		
Q4002	If yes, Have you been taking medications or other treatment for it....			
	Q4002a. ...during the last 2 weeks?	1 YES 2 No		
	Q4002b ...during the last 12 months?	1 YES 2 No		
Q4003	During the <u>last 12 months</u> 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		
Q4004	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	→	Q4007
	<i>If Q4003 and Q4004 are both "No" (that is, no symptoms of arthritis), skip to</i>			→ Q4008
Q4005	How long did this stiffness last?	1 About 30 minutes or less 2 More than 30 minutes		
Q4006	Did this stiffness go away after exercise or movement in the joint?	1 YES 2 No		
Q4007	These symptoms that you have said you experienced in the last 12 months, have you experienced them in the <u>last 2 weeks</u> ?	1 YES 2 No		
Q4008	Have you experienced <u>back pain</u> during the <u>last 30 days</u> ?	1 YES 2 No	→	Q4010

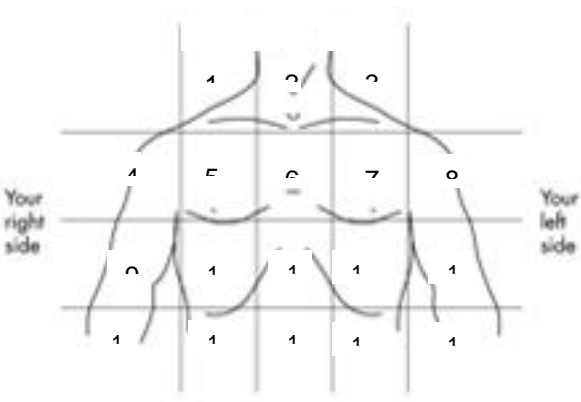
Q4009	On how many days did you have this back pain <u>during the last 30 days</u> ?	<input type="text"/> <input type="text"/> DAYS	
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STROKE

Q4010	Has a health care professional/doctor ever told you that you have had a <u>stroke</u> ?	1 YES 2 No →	Q4012
Q4010a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long ago did you have a stroke/your last stroke?	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW	
Q4011	Have you been taking any <u>medications or other treatment</u> for it...		
	Q4011a. ...during the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4011b. ...during the <u>last 12 months</u> ?	1 YES 2 No	
Q4012	Have you ever suffered from <u>sudden onset</u> of paralysis or weakness in your arms or legs on <u>one side</u> of your body for more than 24 hours?	1 YES 2 No	
Q4013	Have you ever had, for more than 24 hours, <u>sudden onset</u> of loss of feeling on <u>one side</u> of your body, without anything having happened to you immediately before?	1 YES 2 No	

ANGINA

Q4014	Has a health care professional/doctor ever told you that you have <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1 YES 2 No →	Q4016
Q4014a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had...angina?	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW	
Q4015	Have you been taking any <u>medications or other treatment</u> for it...		
	Q4015a ...during the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4015b ...during the <u>last 12 months</u> ?	1 YES 2 No	
Q4016	During the <u>last 12 months</u> , have you experienced any <u>pain or discomfort</u> in your <u>chest</u> when you walk uphill or hurry?	1 YES 2 No 3 NEVER WALKS UPHILL OR HURRIES	
Q4017	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 →	Q4022

Q4018	<p><u>What do you do</u> if you get the pain or discomfort when you are walking? <i>Read choices</i></p>	<p>1 Stop or slow down 2 Carry on after taking a pain relieving medicine that dissolves in your mouth 3 Carry on walking</p>	
Q4019	<p>If you stand still, what happens to the pain or discomfort? <i>Read choices</i></p>	<p>1 Relieved 2 Not relieved</p>	
Q4020	<p>Will you show me where you usually experience the pain or discomfort? <i>INTERVIEWER: Circle number in each of the boxes in the areas of body mentioned or shown by the respondent.</i></p>		
Q4021	<p>These symptoms that you have said you experienced in the last 12 months, have you experienced them in the <u>last 2 weeks</u>?</p>	<p>1 YES 2 No</p>	

DIABETES

Q4022	<p>Have you been diagnosed with <u>diabetes</u> (high blood sugar)? <i>(Not including diabetes associated with a pregnancy)</i></p>	<p>1 YES 2 No →</p>	Q4025
Q4022a	<p>When were you diagnosed? <i>INTERVIEWER: If don't know then ask: How long ago were you diagnosed? OR How long have you had diabetes?</i></p>	<p><input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW</p>	
Q4023	<p>Have you been taking insulin or other blood sugar lowering medications...</p>		
	<p>Q4023a ...in the <u>last 2 weeks</u>?</p>	<p>1 YES 2 No</p>	
	<p>Q4023b ...in the <u>last 12 months</u>?</p>	<p>1 YES 2 No</p>	
Q4024	<p>Are you following a special diet, exercise regime or weight control program for diabetes during the <u>last 2 weeks</u>? <i>(As recommended by health professional)</i></p>	<p>1 YES 2 No</p>	

CHRONIC LUNG DISEASE

Q4025	<p>Have you ever been told by a doctor or health care professional that you have <u>chronic lung disease</u> (emphysema, bronchitis, COPD)?</p>	<p>1 YES 2 No →</p>	Q4027
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Q4025a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had...COPD/emphysema?	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW	
Q4026	Have you been taking any medications or other treatment (like oxygen) for it ...		
	Q4026a ...in the <u>last 2 weeks</u> ?	1 YES 2 NO	
	Q4026b ...in the <u>last 12 months</u> ?	1 YES 2 NO	
Q4027	During the <u>last 12 months</u> , have you experienced any <u>shortness of breath</u> at rest? (while awake)	1 YES 2 NO	
Q4028	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	
Q4029	During the last 12 months, have you experienced any <u>coughing up sputum</u> or <u>phlegm</u> for most days of the month <u>for at least 3 months</u> ?	1 YES 2 NO	

ASTHMA

Q4033	Have you ever been diagnosed with asthma (an allergic respiratory disease)?	1 YES 2 NO →	Q4035
Q4033a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had...asthma?	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW	
Q4034	Have you been taking any medications or other treatment for it ...		
	Q4034a ...in the <u>last 2 weeks</u> ?	1 YES 2 NO	
	Q4034b ...in the <u>last 12 months</u> ?	1 YES 2 NO	
<i>During the <u>last 12 months</u>, have you experienced any of the following:</i>			
Q4035	Attacks of <u>wheezing</u> or <u>whistling</u> breathing?	1 YES 2 NO	
Q4036	Attack of wheezing that came on <u>after</u> you stopped exercising or some other physical activity?	1 YES 2 NO	
Q4037	A feeling of tightness in your chest?	1 YES 2 NO	
Q4038	Have you woken up with a feeling of tightness in your chest in the morning or any other time?	1 YES 2 NO	
Q4039	Have you had an attack of shortness of breath that came on without obvious cause when you were <u>not</u> exercising or doing some physical activity?	1 YES 2 NO	

IF Q4035 TO Q4039 ARE ALL 'No', SKIP TO →		Q4040
IF ONE OF THE SYMPTOM QUESTIONS (Q4035 TO Q4039) IS 'Yes', CONTINUE WITH Q4039a.		
Q4039a	These symptoms that you said you experienced in the last 12 months, have you experienced them in the <u>last 2 weeks</u> ?	1 YES 2 NO

DEPRESSION

Q4040	Has a health care professional/doctor ever told you that you have depression?	1 YES 2 NO →	Q4042
Q4040a	INTERVIEWER: If don't know then ask: When were you diagnosed? How long ago were you diagnosed? OR How many years have you had depression?	<div style="display: flex; align-items: center; gap: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEARS AGO <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTHS </div> AGO -8 DON'T KNOW	
Q4041	Have you been taking any <u>medications or other treatment</u> for it ... (Other treatment can include attending therapy or counseling sessions.)		
	Q4041a ...during the <u>last 2 weeks</u> ?	1 YES 2 NO	
	Q4041b ...during the <u>last 12 months</u> ?	1 YES 2 NO	
Q4042	During the last 12 months, have you had a period <u>lasting 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 personal relationships, work or hobbies/recreation?	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 2 NO	
INTERVIEWER: IF ANY ONE OF Q4042, Q4043 OR Q4044 IS "Yes", CONTINUE TO Q4045 IF ALL 3 (Q4042, Q4043 AND Q4044) ARE "No" ... SKIP TO Q4057			
Q4045	Was this period [of sadness/loss of interest/low energy] for <u>more than 2 weeks</u> ?	1 YES 2 NO →	Q4060
Q4046	Was this period [of sadness/loss of interest/low energy] <u>most of the day, nearly every day</u> ?	1 YES 2 NO	
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</u> and <u>worried</u> most days?	1 YES 2 No	
Q4054	During this period, were you so <u>restless</u> or <u>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> , or <u>wish you were dead</u> ?	1 YES 2 No	
Q4059	During this period, did you ever <u>try to end your life</u> ?	1 YES 2 No	

PANIC AND ANXIETY

The next question is about panic attacks, also sometimes called anxiety attacks. These are sudden, strong feelings of fear or anxiety that reach their peak within a few minutes and are usually accompanied by physical reactions like racing heart, sweating, shortness of breath, feeling faint, or feeling sick to your stomach. People who have panic attacks sometimes feel like they might lose control, go crazy, or suddenly die.

Q4060	With this definition in mind, did you <u>ever in your life</u> have a panic attack?	1 YES 2 No →	Q4063
Q4061	Panic attacks sometimes happen "out of the blue" for no apparent reason. Other times they occur in situations where a person has a strong fear, such as a fear of snakes or of heights, or when a person is in real danger, like a car accident. How many of your panic attacks ever occurred " <u>out of the blue</u> "?	1 All 2 Most 3 Some 4 None	
Q4062	On how many <u>days in the last 30</u> days did you have a panic attack?	<input type="text"/> <input type="text"/> DAYS -8 DON'T KNOW 98 NEVER	

STRESSFUL EXPERIENCES

People who are exposed to extremely stressful experiences, like being assaulted or involved in a serious accident, often have a number of negative reactions. The next questions are about reactions of this sort.

Overall in the <u>last 30 days</u> , how much were you bothered by the following reactions to any extremely stressful experience that ever happened to you?						
		NOT AT ALL	A LITTLE	SOME	A LOT	EXTREMELY
Q4063	Avoiding external reminders of a stressful experience, for example, people, places, conversations, activities, objects, or situations?	1	2	3	4	5
Q4064	Feeling distant or cut off from other people?	1	2	3	4	5
Q4065	Feeling irritable, having angry outbursts, or acting aggressively?	1	2	3	4	5

Q4066	Suddenly feeling or acting as if a stressful experience were actually happening again, as if you were actually back there reliving it?	1	2	3	4	5
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HIGH MOOD

Q4067	<p>The next question is about whether in the last 30 days you had an episode lasting 2 days or longer when your mood was either much higher than usual most of the day, much more irritable than usual most of the day, or a mix of these things. During these episodes, people are often much more excitable than usual, extremely self-confident, or optimistic. They often do potentially risky or embarrassing things they normally would not do. And sometimes this gets them into trouble.</p> <p>With this definition in mind, did you have an episode of this sort <u>lasting 2 days or longer</u> at any time in the <u>last 30 days</u>?</p>						Q4071
	<p>1 YES</p> <p>2 NO..... →</p>						
	<p>How often during that episode did you have each of the following experiences?</p>	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OR ALMOST ALL OF THE TIME	
Q4068	You were in a much better mood, much happier, or more excitable than usual?	1	2	3	4	5	
Q4069	You felt extremely self-confident, optimistic, or believed you could do anything?	1	2	3	4	5	
Q4070	You were much more irritable or quick to take offense than usual?	1	2	3	4	5	

SADNESS

	Overall in the <u>last 30 days</u> , how often did you ...						
		NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OR ALMOST ALL OF THE TIME	
Q4071	... feel sad or depressed?	1	2	3	4	5	
Q4072	... feel empty or hopeless?	1	2	3	4	5	
Q4073	... take little or no interest or pleasure in things you used to enjoy?	1	2	3	4	5	
Q4074	... feel down on yourself, no good, or worthless?	1	2	3	4	5	

ANXIETY

	Overall in the <u>last 30 days</u> , how often did you ...						
		NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OR ALMOST ALL OF THE TIME	
Q4075	... feel worried or anxious?	1	2	3	4	5	
Q4076	... worry about a number of different things in your life, such as your work, family, health, or finances?	1	2	3	4	5	
Q4077	... feel more worried than other people in your same situation?	1	2	3	4	5	
Q4078	... worry excessively or too much?	1	2	3	4	5	

HYPERTENSION

Q4079	Has a health care professional/doctor ever told you that you have high blood pressure (hypertension)?	1 YES 2 No	→	Q4082
Q4079a	When were you diagnosed? INTERVIEWER: If don't know then ask: How long ago were you diagnosed? OR How many years have you had...hypertension?	<input type="text"/> <input type="text"/> YEARS AGO AGO -8 DON'T KNOW	<input type="text"/> <input type="text"/> MONTHS	
Q4080	Have you been taking any <u>medications</u> or <u>other treatment</u> for it during ... (Other treatment might include weight loss programme or change in eating habits.)			
	Q4080athe <u>last 2 weeks</u> ?	1 YES 2 No		
	Q4080bthe <u>last 12 months</u> ?	1 YES 2 No		
Q4081	Have you been using other methods, such as weight loss, exercise or changing diets to control your blood pressure in the last two weeks?	1 YES 2 No		

CATARACTS

Q4082	Has a health care professional/doctor ever told you diagnosed with a <u>cataract</u> in one or both of your eyes (a cloudiness in the lens of the eye)?	1 YES 2 No	→	Q4086
Q4083	In the last 5 years, have you had <u>eye surgery</u> to remove this cataract(s)?	1 YES 2 No		
In the <u>last 12 months</u> have you experienced any of the following:...				
Q4084	...cloudy or blurry vision?	1 YES 2 No		
Q4085	...vision problems with light, such as glare from bright lights, or halos around lights?	1 YES 2 No		

ORAL HEALTH

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

Q4086	Have you <u>lost all</u> of your natural teeth?	1 YES 2 No		
Q4087	During the <u>last 12 months</u> , have you had any problems with your mouth and/or teeth (this includes problems with swallowing)?	1 YES 2 No	→	Q4089
Q4088	Have you received any <u>treatment</u> from a dentist or other oral health specialist during...			
	Q4088a ... the <u>last 2 weeks</u> ?	1 YES 2 No		
	Q4088b ... the <u>last 12 months</u> ?	1 YES 2 No		

CERVICAL CANCER AND BREAST CANCER SCREENING (WOMEN ONLY)

Questions to be asked to FEMALE respondents only.

FEMALEGO TO Q4089

MALEGO TO NEXT SECTION

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

Q4089	<p>When was <u>the last time</u> you had a <u>pelvic examination</u>, if ever?</p> <p><i>(By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?)</i></p> <p>ENTER "00" IF LESS THAN 1 YEAR AGO.</p>	<p><input type="text"/> <input type="text"/> YEARS AGO</p> <p>98 NEVER HAD EXAM →</p>	NEXT SECTION
Q4090	<p>The last time you had the pelvic examination, did you have a PAP smear test?</p> <p><i>(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?)</i></p>	<p>1 YES</p> <p>2 NO</p>	
Q4091	<p>When was the last time you had a mammography, if ever?</p> <p><i>(That is, an x-ray of your breasts taken to detect breast cancer at an early stage.)</i></p> <p>ENTER "00" IF LESS THAN 1 YEAR AGO.</p>	<p><input type="text"/> <input type="text"/> YEARS AGO</p> <p>98 NEVER HAD EXAM</p>	

Section 4100: Accidents

Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in.

Q4101	During the past 12 months, how many persons in your household were killed either in a road traffic accident, other accidents or suicide, or died due to the complications caused by these events?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
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ROAD TRAFFIC ACCIDENT

Q4102	During the past 12 months, was anyone in your household killed in a road traffic accident, or injured in a road traffic accident with injuries severe enough that for at least one day they could not carry out their normal daily activities?	1. Yes 2. No➔	Q4114
For each person, repeat Q4103-Q4115			
Q4103	What is the name of the first/next person killed or injured in a road traffic accident? [record name]	Name _____	
Q4104	Was [Name] in a car, truck, bus, motorcycle, bicycle, another kind of vehicle, or was [Name] a pedestrian?	1. Car 2. Truck 3. Bus 4. Motorcycle 5. Bicycle 6. Pedestrian 7. Other vehicle, specify 8. Don't know	
Q4105	Is [Name] still alive?	1. Yes➔ 2. No 8. Don't know.....➔	Q4110 Q4110
Q4106	Was [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4107	What was [Name]'s age when [Name] died?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEARS -8 DK	
Q4108	Was [Name]'s death related to the road traffic accident?	1. Yes.....➔ 2. No	Q4115
Q4109	What kind of injuries did [Name] have as a result of the accident? Select All Applicable.	1. Cut/Open Wound 2. Broken Bone 3. Burn 4. Head injury 5. Internal Injury 6. Suffocation 7. Other, specify. 8. Don't know	
Q4110	Is [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4111	What is [Name]'s age?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEARS -8 DK	

Q4112	What kind of injuries did [Name] have as a result of the accident? Select All Applicable.	1. Cut/Open Wound 2. Broken Bone 3. Burn 4. Head injury 5. Internal Injury 6. Suffocation 7. Other, specify. 8. Don't know	
Q4113	Does [NAME] continue to have any health problems as a result of the road traffic accident?	1. Yes 2. No → 8. Don't know..... →	Q4115 Q4115
Q4114	In what ways does (NAME) continue to have health problems as a result of the road traffic accident? Select all apply.	1. Paralyzed 2. Brain damage 3. Loss of limb 4. Loss of limb function 5. Loss of eyesight 6. Loss of hearing 7. Chronic pain 8. Emotional trauma 87. Other, specify. 88. Don't know	
Q4115	Was there any other member of this household killed or injured in a road traffic accident in the past 12 months?	1. Yes → 2. No	Q4103

NON-ROAD TRAFFIC ACCIDENT

I would like to ask about any other accidents or injuries to members of your household that may have occurred – not related to road traffic.

Q4116	In the past 12 months, was anyone in your household killed or injured in an accident other than a road traffic accident. By injuries, I mean that their injuries were severe enough that for at least one day they could not carry out their normal daily activities.	1. Yes 2. No →	Next section
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For each person, repeat Q4117-Q4130

Q4117	What is the name of the first/next person killed or injured in the accident other than a road traffic accident? [record name]	Name _____	
Q4118	In what type of incident was [Name] killed or injured? [IF A PERSON HAD MORE THAN ONE INCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT INCIDENT ONLY.]	1. Fire/Burning 2. Animal bite 3. Fall 4. Drowning, near drowning 5. Poisoning 6. Electrical injury 7. Struck by person or object 8. Cut or stabbed 9. Gunshot 87. Other reasons, specify. 88. Don't know	

Q4119	How did the death or injury happen?	1. Accidental 2. Natural disaster 3. Violence/Assault 4. Self-harm 8. Don't know	
Q4120	Is [Name] still alive?	1. Yes → 2. No 8. Don't know →	Q4125 Q4125
Q4121	Was [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4122	What was [Name]'s age when [Name] died?	<input type="text"/> <input type="text"/> YEARS -8 DK	
Q4123	Was [Name]'s death related to this incident?	1. Yes → 2. No	Q4129
Q4124	What kind of injuries did [Name] have as a result of the incident? Select All Applicable.	1. Cut/Open Wound 2. Broken Bone 3. Burn 4. Poisoning 5. Head injury 6. Internal Injury 7. Suffocation 87. Other, specify. 88. Don't know	Q4129
Q4125	Is [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4126	What is [Name]'s age?	<input type="text"/> <input type="text"/> YEARS -8 DK	
Q4127	What kind of injuries did [Name] have as a result of the incident? Select All Applicable.	1. Cut/Open Wound 2. Broken Bone 3. Burn 4. Poisoning 5. Head injury 6. Internal Injury 7. Suffocation 87. Other, specify. 88. Don't know	
Q4128	Does (NAME) continue to have any health problems as a result of the incident?	1. Yes → 2. No 8. Don't know..... →	Q4130 Q4130
Q4129	In what ways does (NAME) continue to have health problems as a result of the incident?	1. Paralyzed 2. Brain damage 3. Loss of limb 4. Loss of limb function 5. Loss of eyesight 6. Loss of hearing 7. Chronic pain 8. Emotional trauma 87. Other, specify. 88. Don't know	
Q4130	Was there any other member of this household killed or injured in a road traffic accident in the past 12 months?	1. Yes → 2. No	Go back to Q4117

Section 4200: Reproductive Health

Section 4500: Antimicrobial Resistance

Q4501	Have you taken any antibiotics orally, such as tablets, powder or syrup in the last 12 months?	1. Yes 2. No 8. DK/Not Sure	2 -> Go to Q4507 8 -> Go to Q4507
Q4502	How did you obtain the last course of antibiotics that you used?	1. From a medical prescription 2. Given directly by a medical practitioner (doctor or nurse) 3. Without prescription from a pharmacy 4. You used leftover antibiotics (either yours or a friend/family members) 5. Without prescription from elsewhere (internet, stall, street hawker or medical store) 8. DK/Not sure	2 -> Go to Q4504 3 -> Go to Q4504 4 -> Go to Q4505 5 -> Go to Q4505 8 -> Go to Q4505
Q4503	When obtaining your prescription, did you get advice on how to take them and for how long?	1. Yes 2. No 8. DK/Not Sure	
Q4504	When obtaining your antibiotics, did you get advice on how to take them and for how long?	1. Medical store or pharmacy 2. Stall or hawker 3. The internet 4. Friend or family member 5. I had them saved up from a previous time 6. Somewhere/someone else 8. DK/Not Sure	8 -> Go to Q4506
Q4505	Did you have a test, for example a blood or urine test, or throat swab, to find out what was causing your illness, before or at the same time as you started antibiotics ?	1. Yes 2. No 8. DK/Not Sure	

Have you ever taken antibiotics without either receiving a prescription or advice from a health worker, to treat any of the following conditions?			
Q4506a	Diarrhoea	1. Yes 2. No 8. DK/Not Sure	
Q4506b	Fever	1. Yes 2. No 8. DK/Not Sure	
Q4506c	Skin or wound infection	1. Yes 2. No 8. DK/Not Sure	
Q4506d	Sore throat	1. Yes 2. No 8. DK/Not Sure	

Q4506e	Body aches	1. Yes 2. No 8. DK/Not Sure
Q4506f	Cough	1. Yes 2. No 8. DK/Not Sure
Q4506g	Headaches	1. Yes 2. No 8. DK/Not Sure
Q4506h	Runny nose	1. Yes 2. No 8. DK/Not Sure

KNOWLEDGE ABOUT ANTIBIOTIC USE

Q4507	Antibiotics are an effective treatment for COVID-19.	1. True 2. False 8. DK/Not Sure
Q4508	It's okay to use leftover antibiotics that were given to a friend or family member?	1. True 2. False 8. DK/Nor Sure
Q4509	It is okay to buy the same antibiotics, if you're sick and they helped you get better when you had the same symptoms before?	1. True 2. False 8. DK/No Sure

Answer true or false whether the following diseases or illness can be treated with antibiotics.

Q4510a	HIV/AIDS	1. True 2. False 8. DK/Not Sure
Q4510b	Gonorrhoea	1. True 2. False 8. DK/Not Sure
Q4510c	Bladder infection or urinary tract infection (UTI)	1. True 2. False 8. DK/Not Sure
Q4510d	Malaria	1. True 2. False 8. DK/Not Sure
Q4510e	COVID-19	1. True 2. False 8. DK/Not Sure
Q4510f	Measles	1. True 2. False 8. DK/Not Sure
Q4510g	Flu (influenza)	1. True 2. False 8. DK/Not Sure
Q4510h	Common cold	1. True 2. False 8. DK/Not Sure

KNOWLEDGE ABOUT ANTIBIOTIC RESISTANCE

Q4511	aa. Have you heard of antibiotic resistance ?	1. Yes-> 2. No	ab. Where did you hear about antibiotic resistance? (circle all that apply)	1. Doctor, nurse or other health worker (not a pharmacist) 2. Pharmacist 3. Community, family member or friend 4. Media (newspaper, magazine, leaflet, poster, TV, radio) 5. Internet or other online social media 6. Specific campaign 7. Other 8. DK/Not Sure
Q4511	ba. Superbugs	1. Yes-> 2. No	bb. Where did you hear about Superbugs? (circle all that apply)	1. Doctor, nurse or other health worker (not a pharmacist) 2. Pharmacist 3. Community, family member or friend 4. Media (newspaper, magazine, leaflet, poster, TV, radio) 5. Internet or other online social media 6. Specific campaign 7. Other 8. DK/Not Sure
Q4511	ca. Antimicrobial resistance	1. Yes-> 2. No	cb. Where did you hear about Antimicrobial resistance? (circle all that apply)	1. Doctor, nurse or other health worker (not a pharmacist) 2. Pharmacist 3. Community, family member or friend 4. Media (newspaper, magazine, leaflet, poster, TV, radio) 5. Internet or other online social media 6. Specific campaign 7. Other 8. DK/Not Sure
Q4511	da. AMR	1. Yes-> 2. No	db. Where did you hear about AMR? (circle all that apply)	1. Doctor, nurse or other health worker (not a pharmacist) 2. Pharmacist 3. Community, family member or friend 4. Media (newspaper, magazine, leaflet, poster, TV, radio) 5. Internet or other online social media 6. Specific campaign 7. Other 8. DK/Not Sure
Q4511	ea. Drug resistance	1. Yes-> 2. No	eb. Where did you hear about drug resistance? (circle all that apply)	1. Doctor, nurse or other health worker (not a pharmacist) 2. Pharmacist 3. Community, family member or friend 4. Media (newspaper, magazine, leaflet, poster, TV, radio)

				5. Internet or other online social media 6. Specific campaign 7. Other 8. DK/Not Sure
Q4511	fa. Antibiotic-resistant bacteria	1. Yes-> 2. No	fb. Where did you hear about Antibiotic-resistant bacteria? (circle all that apply)	1. Doctor, nurse or other health worker (not a pharmacist) 2. Pharmacist 3. Community, family member or friend 4. Media (newspaper, magazine, leaflet, poster, TV, radio) 5. Internet or other online social media 6. Specific campaign 7. Other 8. DK/Not Sure

Please indicate whether you think the following statements are 'true' or 'false'		
Q4512a	Antibiotic resistance occurs when bacteria evolve to become resistant to antibiotics, and these medicines no longer work as well?	1. True 2. False 8. DK/Not Sure
Q4512b	Many infections are becoming increasingly resistant to antibiotics	1. True 2. False 8. DK/Not Sure
Q4512c	If bacteria are resistant to antibiotics, it can be very difficult or impossible to treat the infections they cause	1. True 2. False 8. DK/Not Sure
Q4512d	Antibiotic resistance is an issue in other countries but not here	1. True 2. False 8. DK/Not Sure
Q4512e	Antibiotic resistance is an issue that could affect me or my family	1. True 2. False 8. DK/Not Sure
Q4512f	Antibiotic resistance is only a problem for people who take antibiotics regularly	1. True 2. False 8. DK/Not Sure
Q4512g	Bacteria which are resistant to antibiotics can be spread from person to person	1. True 2. False 8. DK/Not Sure
Q4512h	Antibiotic resistant infections could make medical procedures like surgery, organ transplants and cancer treatment much more dangerous	1. True 2. False 8. DK/Not Sure
Q4512i	Use of antibiotics for animals and plants (for example, in farming) can increase antibiotic resistant infections in humans	1. True 2. False 8. DK/Not Sure

	How much do you agree the following actions would help address the problem of antibiotic resistance?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Q4513a	People should use antibiotics only when they are prescribed by a qualified healthcare worker.	1	2	3	4	5
Q4513b	People should ensure that they and their children have received all doses of recommended vaccines on time.	1	2	3	4	5
Q4513c	People should wash their hands regularly.	1	2	3	4	5
Q4513d	Qualified healthcare workers should only prescribe antibiotics when they are needed	1	2	3	4	5

Section 4600: Immunization Coverage

The next questions ask about the health and vaccinations of children (aged 6 months to 5 years) living or staying in your household. We will also ask about vaccinations you have had as an adult. This provides important information about the risk of diseases in our communities.

INTERVIEWERS: *For all children aged 12 to 35 months and alive, and living in the household, repeat the questions. If no children, proceed to the next section.*

Q4600	Can you please tell me [child's NAME] date of birth? [Confirm birth date of child]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD: MM: YYYY	
Q4601	Do you have a card or other document where [child's NAME]'s vaccinations are written down?	1 YES, HAS A CARD OR OTHER DOCUMENT OR BOTH. → 2 NO, HAS NO CARD AND NO OTHER DOCUMENT	Next Section
Q4602	Did you ever receive a vaccination card/booklet for [child's NAME]?	1 YES 2 No	
Q4603	May I see the card or other documents where [child's NAME]'s vaccinations are written down?	1 YES, ONLY CARD SEEN. 2 YES, ONLY OTHER DOCUMENT SEEN 3 YES, CARD AND OTHER DOCUMENT SEEN 4 NO CARD AND OTHER DOCUMENT SEEN →	Next Child
Q4603a	May I take a picture of the documents?	1 YES 2 No	
Q4604a	<i>Copy dates from the card and other documents – AND take a picture. Write 44 in day column if card shows that a dose was given, but no date is recorded.</i>	1 ALL RECORDED + PICTURE TAKEN.. → 2 ALL RECORDED, NO PICTURE..... → 3 NOT ALL RECORDED, BUT PICTURE TAKEN. → 4 NOT ALL RECORDED, NO PICTURE.. →	Next Child Next Child Q4606 Q4606

Q4604b	<ol style="list-style-type: none"> 1. BCG 2. Hepatitis B birth dose 3. Oral Polio Vaccine 0 (OPV)(birth dose) 4. Oral Polio Vaccine 1 5. Oral Polio Vaccine 2 6. Oral Polio Vaccine 3 7. Inactivated Polio Vaccine (IPV) 8. Inactivated Polio Vaccine 2 (IPV 2) 9. DPT-HEP.B-Hib (Pentavalent) 1 10. DPT-HEP.B-Hib (Pentavalent) 2 11. DPT-HEP.B-Hib (Pentavalent) 3 12. DPT-HEP.B-HiB (Pentavalent) 4/or 1st booster 13. Pneumococcal 1 14. Pneumococcal 2 15. Pneumococcal 3 16. Rotavirus 1 17. Rotavirus 2 18. Rotavirus 3 19. Measles containing vaccine 1 20. Measles containing vaccine 2 21. Vitamin A (most recent) 22. Other (specify) 23. Other (specify) 24. Other (specify) 	1	DD	MM	YYYY
		2	DD	MM	YYYY
		3	DD	MM	YYYY
		4	DD	MM	YYYY
		5	DD	MM	YYYY
		6	DD	MM	YYYY
		7	DD	MM	YYYY
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		15	DD	MM	YYYY
		16	DD	MM	YYYY
		17	DD	MM	YYYY
		18	DD	MM	YYYY
		19	DD	MM	YYYY
		20	DD	MM	YYYY
		21	DD	MM	YYYY
		22	DD	MM	YYYY
		23	DD	MM	YYYY
		24	DD	MM	YYYY
Q4605	<p>In addition to what is recorded above, did [child's NAME] receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p><i>Record YES if respondent mentioned at least one of the vaccinations in Q604b that was not recorded.</i></p>	<ol style="list-style-type: none"> 1 YES 2 No 8. DON'T KNOW 	Probe for vaccinations and write 66 in corresponding day column in Q4604b and write 00 in corresponding day column for all vaccinations not given		
If VACCINATION CARD IS AVAILABLE for this child → If no more children in house →		NEXT CHILD. NEXT SECTION.			
IF NO VACCINATION CARD AVAILABLE CONTINUE					
Q4606a	Has [child's NAME] ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<ol style="list-style-type: none"> 1 YES 2 NO 8. DON'T KNOW 			
Q4606b1	Within 24 hours after birth, did [child's NAME] receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	<ol style="list-style-type: none"> 1 YES → 2 NO → 8. DON'T KNOW 	Q4606b2 Q4606b2		

Q4606b2	If not within 24 hours, did [child's NAME] receive a Hepatitis B vaccination within the first week of birth?	1 YES 2 No 8. DON'T KNOW	
Q4606c	Has [child's NAME] ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	1 YES→ 2 No→ 8. DON'T KNOW	Q4606f Q4606f
Q4606d	Did [child's NAME] received the first oral polio vaccine in the first two weeks after birth or later?	1 YES 2 No 8. DON'T KNOW	
Q4606e	How many times did [child's NAME] received the polio vaccine? [Number of times]	<input type="text"/> <input type="text"/> TIMES	
Q4606f	The last time [child's NAME] received the polio drops, did [NAME] also get an IPV injection in the arm or thigh to protect against polio?	1 YES 2 No 8. DON'T KNOW	
Q4606g	Has [child's NAME] ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	1 YES→ 2 No→ 8. DON'T KNOW	Q4606i Q4606i
Q4606h	How many times did [child's NAME] receive the pentavalent vaccine? [Number of times]	<input type="text"/> <input type="text"/> TIMES	
Q4606i	Has (child's NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	1 YES 2 No 8. DON'T KNOW	
Q4606j	How many times did (child's NAME) receive the pneumococcal vaccine? [Number of times]	<input type="text"/> <input type="text"/> TIMES	
Q4606k	Has (child's NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhoea	1 YES→ 2 No→ 8. DON'T KNOW	Q4606m Q4606m
Q4606l	How many times did (child's NAME) receive the rotavirus vaccine? [Number of times]	<input type="text"/> <input type="text"/> TIMES	
Q4606m	Has (child's NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	1 YES→ 2 No→ 8. DON'T KNOW	Next Child Next Child
Q4606n	How many times did (child's NAME) receive the measles vaccine? [Number of times]	<input type="text"/> <input type="text"/> TIMES	

Section 5000: Health Care Utilization

I would now like to know about your recent experiences with obtaining health care from health care workers, hospitals, clinics and the health care system. I want to know if you needed health care recently, and if so, why you needed health care and what type of facility and health care provider you received care from.

Q5001	When was the last time that you needed health care? <i>INTERVIEWER: this can be inpatient or outpatient care. If less than one month ago, enter "00" for years, "00" for months and enter the number of days.</i>	<input type="text"/> <input type="text"/> years ago <input type="text"/> <input type="text"/> months ago... <input type="text"/> <input type="text"/> days ago 98 Never → -8 Don't know	Q5046
Q5002	<i>If 'don't know', Was it more than 3 years ago?</i>	1 Yes → 2 No	Q5046
Q5003	The last time you needed health care, did you get health care?	1 YES 2 No →	Q5025
Q5004	Thinking about health care you needed in the last 3 years, where did you go <u>most often</u> when you felt sick or needed to consult someone about your health? <i>INTERVIEWER: Only one answer allowed.</i>	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 87 Other, specify:	

INPATIENT HOSPITAL CARE

The next two questions ask about any overnight stay in a hospital or other health care facility you have had in the last 3 years.

Q5005	In the last 3 years, have you ever stayed <u>overnight</u> in a hospital or long-term care facility?	1 YES, A HOSPITAL 2 YES, LONG TERM CARE FACILITY 3 BOTH (HOSPITAL AND LONG TERM CARE FACILITY) 4 No →	Q5025
Q5006	When was the <u>last</u> overnight stay in a hospital or long-term care facility? <i>INTERVIEWER: If less than one month ago, enter "00" for years, "00" for months and enter number of days.</i>	<input type="text"/> <input type="text"/> years ago <input type="text"/> <input type="text"/> months ago <input type="text"/> <input type="text"/> days ago -8 DON'T KNOW If more than 3 years ago →	Q5025

INPATIENT HOSPITAL CARE Continued...

Now I 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	Over the last 12 months, how many different times were you a patient in a hospital/long-term care facility for at least one night?	<input type="text"/> <input type="text"/> TIMES -8 DON'T KNOW IF "00" (NO OVERNIGHT STAYS) →	Q5025
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I want to know more about why you needed an overnight stay in a health care facility. Starting with the most recent stay, I want to know more about your overnight stays, including why you needed to be hospitalized each time. But first I would like you to come back to thinking about your last overnight hospital stay only.

Q5008	What type of hospital or facility was it? Remember we are asking now about your last (most recent) overnight stay. <i>INTERVIEWER: One answer only.</i>	1 <i>Public hospital</i> 2 <i>Private hospital</i> 3 <i>Charity or church-run hospital</i> 4 <i>Old person's home or long-term care facility</i> 7 <i>Other, specify:</i>			
	Q5008a. What was the name of this hospital or facility?				
	Q5008b. Which reason best describes why you were last hospitalised? <i>INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> 1 <i>COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</i> 2 <i>MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</i> 3 <i>NUTRITIONAL DEFICIENCIES</i> 4 <i>ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</i> 5 <i>INJURY (NOT OCCUPATION RELATED)</i> 6 <i>SURGERY</i> 7 <i>SLEEP PROBLEMS</i> 8 <i>OCCUPATION/WORK RELATED CONDITION/INJURY</i> 9 <i>CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</i> </td> <td style="width: 50%; padding: 2px;"> 10 <i>DIABETES OR RELATED COMPLICATIONS</i> 11 <i>PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST</i> 12 <i>PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING</i> 13 <i>PROBLEMS WITH YOUR BREATHING</i> 14 <i>HIGH BLOOD PRESSURE / HYPERTENSION</i> 15 <i>STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY</i> 16 <i>GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)</i> 17 <i>DEPRESSION OR ANXIETY</i> 18 <i>CANCER</i> 87 <i>OTHER, SPECIFY:</i> </td> </tr> </table>			1 <i>COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</i> 2 <i>MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</i> 3 <i>NUTRITIONAL DEFICIENCIES</i> 4 <i>ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</i> 5 <i>INJURY (NOT OCCUPATION RELATED)</i> 6 <i>SURGERY</i> 7 <i>SLEEP PROBLEMS</i> 8 <i>OCCUPATION/WORK RELATED CONDITION/INJURY</i> 9 <i>CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</i>
1 <i>COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</i> 2 <i>MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</i> 3 <i>NUTRITIONAL DEFICIENCIES</i> 4 <i>ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</i> 5 <i>INJURY (NOT OCCUPATION RELATED)</i> 6 <i>SURGERY</i> 7 <i>SLEEP PROBLEMS</i> 8 <i>OCCUPATION/WORK RELATED CONDITION/INJURY</i> 9 <i>CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</i>	10 <i>DIABETES OR RELATED COMPLICATIONS</i> 11 <i>PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST</i> 12 <i>PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING</i> 13 <i>PROBLEMS WITH YOUR BREATHING</i> 14 <i>HIGH BLOOD PRESSURE / HYPERTENSION</i> 15 <i>STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY</i> 16 <i>GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)</i> 17 <i>DEPRESSION OR ANXIETY</i> 18 <i>CANCER</i> 87 <i>OTHER, SPECIFY:</i>				
Q5009	How did you get there? <i>INTERVIEWER: Circle all that the respondent mentions.</i>	1 <i>Private vehicle</i> 2 <i>Public transportation</i> 3 <i>Taxicab</i> 4 <i>Ambulance or emergency vehicle</i> 5 <i>Bicycle</i> 6 <i>Walked</i> 8 <i>DON'T KNOW</i>			
	Q5009a. About how long did it take you to get there?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES -8 DON'T KNOW			

Q5025	In the last 12 months, has there been a time when you needed to stay overnight in a health care facility but did not get that care?	1 YES 2 No →	Q5026
Q5025a. What was the main reason you needed care, but did not get care? <i>INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD</i>			
1 Communicable disease (infections, malaria, tuberculosis, HIV) 2 Maternal and perinatal conditions (pregnancy) 3 Nutritional deficiencies 4 Acute conditions (diarrhoea, fever, flu, headaches, cough, other) 5 Injury (not work related, see 8 below) 6 Surgery 7 Sleep problems 8 Occupation/work related condition/injury 9 Chronic pain in your joints/arthritis (joints, back, neck) 10 Diabetes or related complications		11 Problems with your heart including unexplained pain in chest 12 Problems with your mouth, teeth or swallowing 13 Problems with your breathing 14 High blood pressure / hypertension 15 Stroke/sudden paralysis of one side of body 16 Generalized pain (stomach, muscle or other nonspecific pain) 17 Depression or anxiety 18 Cancer 87 Other, specify:	
Q5025b. Which reason(s) best explains why you did not get health care? <i>INTERVIEWER: Circle all that the respondent indicates.</i>		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 WERE INADEQUATE 7 THE HEALTH CARE PROVIDER'S SKILLS WERE 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 87 OTHER, SPECIFY	

OUTPATIENT CARE AND CARE AT HOME

Now I will shift away from questions about overnight stays – to questions about health care you received that did not include an overnight hospital stay. The following questions are about care you received at a hospital, health centre, clinic, private office or at home from a health care provider, but where you did not stay overnight.

Q5026	Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital or long-term care facility?	1 YES 2 No →	Q5046
Q5027	In total, how many times did you receive health care or consultation in the <u>last 12 months</u> ?	<input type="text"/> <input type="text"/> TIMES	

Now I would like you to think about the most recent visit - and ask you specifically about your last or most recent visit.

Q5028	What was the last (most recent) health care facility you visited in the <u>last 12 months</u> ? <i>INTERVIEWER:</i> <i>Read out responses, circle one option only</i>	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 Home visit 87 Other, specify:	
	Q5028a. What was the name of this health care facility or provider?		
Q5029	Which was the last (most recent) health care provider you visited? <i>INTERVIEWER:</i> <i>After Q5029 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses</i>	1 GENERALIST MEDICAL PRACTITIONER (PRIMARY CARE PROVIDER, MEDICAL DOCTOR) 2 SPECIALIST MEDICAL PRACTITIONER (E.G. OBSTETRICIAN, PEDIATRICIAN, CARDIOLOGIST...) 3 SURGEON/ ANESTHESIOLOGIST 4 DENTIST 5 PHARMACIST 6 NURSING PROFESSIONAL 7 MIDWIFERY PROFESSIONAL 8 TRADITIONAL AND COMPLEMENTARY MEDICINE PROFESSIONAL 9 PARAMEDICAL PRACTITIONER 10 PHYSIOTHERAPIST OR CHIROPRACTOR 11 TRADITIONAL MEDICINE PRACTITIONER (USE LOCAL NAME) 12 HOME HEALTH CARE WORKER 87 OTHER, SPECIFY	
	Q5029a. What was the sex of the [health care provider]?	1 MAN 2 WOMAN 3 NON-BINARY	

	Q5029b. Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition, both or routine check-up?	1 CHRONIC 2 NEW 3 BOTH 4 ROUTINE CHECK-UP
	Q5029c. Which reason best describes why you needed this visit? <i>INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD.</i>	
	1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) 2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY) 3 NUTRITIONAL DEFICIENCIES 4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER) 5 INJURY 6 SURGERY 7 SLEEP PROBLEMS 8 OCCUPATION/WORK RELATED CONDITION/INJURY 9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)	10 DIABETES OR RELATED COMPLICATIONS 11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST 12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING 13 PROBLEMS WITH YOUR BREATHING 14 HIGH BLOOD PRESSURE / HYPERTENSION 15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY 16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN) 17 DEPRESSION OR ANXIETY 18 CANCER 87 OTHER, SPECIFY:
Q5030	Thinking about your <u>last visit</u> , how did you get there? <i>INTERVIEWER: Circle all that the respondent mentions.</i>	1 Private vehicle 2 Public transportation 3 Taxicab 4 Ambulance or emergency vehicle 5 Bicycle 6 Walked 8 DON'T KNOW 9 NOT APPLICABLE
Q5031	About how long did it take you to get there?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES -8 DON'T KNOW
Q5032	Who paid for this most recent visit? Anyone else? <i>INTERVIEWER: Circle all responses. Probe to see if anyone else paid or contributed to paying for the care?</i>	1 RESPONDENT 2 SPOUSE/PARTNER 3 SON/DAUGHTER 4 OTHER FAMILY MEMBER 5 NON-FAMILY MEMBER 6 MANDATORY INSURANCE SCHEME 7 VOLUNTARY INSURANCE SCHEME 8 IT WAS FREE → Q5034

Q5046	In the last 12 months was there a time when you needed health care from a doctor/in a clinic, but did not get care?	1 YES 2 No →	Q5047
Q5046a. What was the main reason you needed care, even if you did not get care? <i>INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD</i>			
1 Communicable disease (infections, malaria, tuberculosis, HIV) 2 Maternal and perinatal conditions (pregnancy) 3 Nutritional deficiencies 4 Acute conditions (diarrhoea, fever, flu, headaches, cough, other) 5 Injury (not work related, see 8 below) 6 Surgery 7 Sleep problems 8 Occupation/work related condition/injury 9 Chronic pain in your joints/arthritis (joints, back, neck) 10 Diabetes or related complications		11 Problems with your heart including unexplained pain in chest 12 Problems with your mouth, teeth or swallowing 13 Problems with your breathing 14 High blood pressure / hypertension 15 Stroke/sudden paralysis of one side of body 16 Generalized pain (stomach, muscle or other nonspecific pain) 17 Depression or anxiety 18 Cancer 87 Other, specify:	
Q5046b. Which reason(s) best explains why you did not get health care? <i>INTERVIEWER: Circle all that the respondent indicates.</i>		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 WERE INADEQUATE 7 THE HEALTH CARE PROVIDER'S SKILLS WERE 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 87 Other, specify:	

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

Q5047	In general, how satisfied are you with how the health care services are run in your country [in your area] – are you very satisfied, satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, or very dissatisfied?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very Dissatisfied
Q5048	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

Section 6000: Social Networks

We would like to shift away from questions about your direct health. This section of the survey asks your opinions about other areas and issues in your life. The following questions are to get your opinions about community, social and political aspects in your life.

We'd like to know about some of your involvement in your community. 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.

<i>How often in the last 12 months have you ...</i>	<i>NEVER</i>	<i>ONCE OR TWICE PER YEAR</i>	<i>ONCE OR TWICE PER MONTH</i>	<i>ONCE OR TWICE PER WEEK</i>	<i>DAILY</i>
Q6001 ... attended any public meeting in which there was discussion of local or school affairs?	1	2	3	4	5
Q6002 ... met personally with someone you consider to be a community leader?	1	2	3	4	5
Q6003 ...attended any group, club, society, union or organizational meeting?	1	2	3	4	5
Q6004 ... worked with other people in your neighborhood to fix or improve something?	1	2	3	4	5
Q6005 ... had friends over to your home?	1	2	3	4	5
Q6006 ... been in the home of someone who lives in a different neighbourhood than you do or had them in your home?	1	2	3	4	5
Q6007 ... socialized with coworkers outside of work?	1	2	3	4	5
Q6008 ... attended religious services (not including weddings and funerals)?	1	2	3	4	5
Q6009 ... gotten out of the house/your dwelling to attend social meetings, activities, programs or events or to visit friends or relatives?	1	2	3	4	5
Q6010 ...communicated with your closest friends?	1	2	3	4	5

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

		<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
Q6011a	First, how often do you feel that you lack companionship?	1	2	3	4
Q6011b	How often do you feel left out?	1	2	3	4
Q6011c	How often do you feel isolated from others?	1	2	3	4

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

Q6012	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
Q6013	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.

		To a very great extent	To a great extent	Neither great nor small extent	To a small extent	To a very small extent
Q6014	First, think about people in your neighbourhood. Generally speaking, would you say that you can trust them...?	1	2	3	4	5
Q6015	Now, think about people whom you work with. Generally speaking, would you say that you can trust them ...?	1	2	3	4	5
Q6016	And how about strangers? Generally speaking, would you say that you can trust them ...?	1	2	3	4	5

For the last three questions in this section, we ask about safety in the area where you live.

Q6017	In general, how safe from crime and violence do you feel when you are alone at home?	1 Completely safe 2 Very safe 3 Moderately safe 4 Slightly safe 5 Not safe at all
Q6018	How safe do you feel when walking down your street alone after dark?	1 Completely safe 2 Very safe 3 Moderately safe 4 Slightly safe 5 Not safe at all
Q6019	In the last 12 months, have you or anyone in your household been the victim of a violent crime, such as assault or mugging?	1 YES 2 No

Section 7000: Quality of Life and Subjective Wellbeing

Now, we'd like to ask for your thoughts about your life and life situation. We want to know how you feel about your health and quality of life.						
Q7001	Do you have enough energy for everyday life?	<ol style="list-style-type: none"> 1. Completely 2. Mostly 3. Moderately 4. A little 5. None at all 				
Q7002	Do you have enough money to meet your needs?	<ol style="list-style-type: none"> 1. Completely 2. Mostly 3. Moderately 4. A little 5. None at all 				
Please tell us how satisfied you are with the following issues.						
	How satisfied are you with...	VERY SATISFIED	SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
Q7003	... your health?	1	2	3	4	5
Q7004	... yourself?	1	2	3	4	5
Q7005	... your ability to perform your daily living activities?	1	2	3	4	5
Q7006	... your personal relationships?	1	2	3	4	5
Q7007	... the conditions of your living place?	1	2	3	4	5
Q7008	Taking all things together, how <u>satisfied</u> are you with your life as a whole these days?	1	2	3	4	5
Q7009	How often have you felt that you were <u>unable</u> to <u>control the important things</u> in your life? Read responses	<ol style="list-style-type: none"> 1. Never 2. Almost never 3. Sometimes 4. Fairly often 5. Very often 				
Q7010	How often have you found that you could <u>not</u> <u>cope</u> with all the things that you had to do? Read responses	<ol style="list-style-type: none"> 1. Never 2. Almost never 3. Sometimes 4. Fairly often 5. Very often 				
Q7011	How would you rate your overall quality of life? Read responses	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Moderate 4. Bad 5. Very Bad 				
Q7012	Taking all things together, how would you say you are these days? Are you...? Read responses	<ol style="list-style-type: none"> 1. Very happy 2. Happy 3. Neither happy nor unhappy 4. Unhappy 5. Very unhappy 				

Day reconstruction – Summary Full Day

INTERVIEWER: For this module, you will ask the respondent to reconstruct his or her entire previous day beginning from when s/he woke up until s/he went to sleep. You will not record the day in an event-by-event manner. You will only record broadly what was done in the morning, afternoon and evening. You will also ask the respondent how s/he felt during these 3 parts of the day.

In addition, you will ask details about one experience from each part of the day.

INTRODUCTION to Day Reconstruction - Full Day

Now I would like to ask you questions about what you did yesterday. I want you to try to remember the sequence of activities that you did from when you woke up until when you went to sleep last night.

I will start by asking you what you did in the morning yesterday, and you should just give me a short description. Then I will ask about the afternoon and then the evening.

Q7013	At what time did you wake up yesterday? <i>INTERVIEWER: If respondent can't remember, get his or her best guess.</i>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME
Q7014	At what time did you go to sleep yesterday? <i>INTERVIEWER: If respondent can't remember, get his or her best guess.</i>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME

INTERVIEWER: Please note for Q7015 and Q7016, Q7050 and Q7051, Q7100 and Q7101 :

- *Circle all activities that the person spontaneously mentions.*
- *You do not need to record the order and you do not need to record an item that is repeated.*
- *This does not have to be comprehensive. It is just meant to be an approximation.*
- *Please also circle all people that they say they were with.*
- *If the person takes more than 3 minutes to tell you about their morning/afternoon/evening experiences, you should ask them to give you less detail.*

MORNING

Q7015	<p>Please tell me the main things that you did yesterday morning from the time you woke up until around noon/mid-day. Please also mention if you were talking or interacting with anyone for any parts of the morning. By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting.</p> <p>Be sure to cover as much as you can remember. You don't have to go in order, but it's probably easier that way. Be sure to stop with activities from around noon/mid-day.</p>
-------	---

- | | | |
|---|---|---|
| 1 WORKING
2 PREPARING FOOD
3 DOING HOUSEWORK
4 SUBSISTENCE FARMING
5 WATCHING CHILDREN
6 SHOPPING
7 WALKING SOMEWHERE
8 TRAVELING BY BICYCLE
9 TRAVELING BY CAR/BUS/TRAIN | 10 REST (INCLUDES TEA/COFFEE BREAK)
11 CHATTING WITH SOMEONE
12 PLAYING (INCLUDES CARDS/GAMES)
13 READING
14 LISTENING TO RADIO
15 WATCHING TV
16 EXERCISING OR LEISURELY WALK
17 OTHER LEISURELY ACTIVITY | 18 GROOMING OR BATHING
19 EATING
20 RELIGIOUS ACTIVITY
21 PROVIDING CARE TO SOMEONE
22 INTIMATE RELATIONS/SEX
23 WENT TO SLEEP FOR THE NIGHT |
|---|---|---|

- | | |
|-------|--|
| Q7016 | 1 ALONE
2 SPOUSE
3 ADULT CHILDREN (AGED 18 YEARS AND OLDER)
4 YOUNG CHILDREN OR GRANDCHILDREN
5 FAMILY (OTHER THAN SPOUSE, CHILDREN OR GRANDCHILDREN)
6 FRIENDS
7 CO-WORKERS
87 OTHER, SPECIFY: |
|-------|--|

Q7017	Did you do anything else before noon/mid-day yesterday?	CIRCLE RESPONSES IN Q7015 ABOVE.
Q7018	Were you talking or interacting with anyone else before noon/mid-day yesterday?	CIRCLE RESPONSES IN Q7016 ABOVE

Q7019	Now I want you to think about the XXX (from Q7015) you mentioned during the morning. How long did this activity last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES
Q7020	At what time did this activity begin? <i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME
Q7021	Were you talking or interacting with anyone when you did this? By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting. <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE → Q7022 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:

	Q7021a. At the time, how friendly were you feeling towards this person (these people)?	1	Very friendly						
		2	A little friendly						
		3	A little irritated						
		4	Very irritated						
Please think about how you felt yesterday morning during your XXX (Q7015). Rate your feelings from 0 to 6 where 0 means you did not feel like that at all and 6 means you felt very much like that.									
		Not at all							Very much
Q7022	How <u>worried</u> were you feeling?	0	1	2	3	4	5	6	
Q7023	How <u>rushed</u> were you feeling?	0	1	2	3	4	5	6	
Q7024	How <u>irritated or angry</u> were you feeling?	0	1	2	3	4	5	6	
Q7025	How <u>depressed</u> were you feeling?	0	1	2	3	4	5	6	
Q7026	How <u>tense or stressed</u> were you feeling?	0	1	2	3	4	5	6	
Q7027	How <u>calm or relaxed</u> were you feeling?	0	1	2	3	4	5	6	
Q7028	How much were you <u>enjoying</u> what you were doing?	0	1	2	3	4	5	6	

AFTERNOON

Q7050	<p>Please tell me the main things that you did yesterday afternoon from around noon/mid-day until evening time (around 18.00 or 6pm). Please also mention if anyone was with you for any parts of the afternoon.</p> <p>Be sure to cover as much as you can remember. You don't have to go in order, but it's probably easier that way. Be sure to describe only the activities from your afternoon yesterday between mid-day and evening.</p>	
<ul style="list-style-type: none"> 1 WORKING 2 PREPARING FOOD 3 DOING HOUSEWORK 4 SUBSISTENCE FARMING 5 WATCHING CHILDREN 6 SHOPPING 7 WALKING SOMEWHERE 8 TRAVELING BY BICYCLE 9 TRAVELING BY CAR/BUS/TRAIN 	<ul style="list-style-type: none"> 10 REST (INCLUDES TEA/COFFEE BREAK) 11 CHATTING WITH SOMEONE 12 PLAYING (INCLUDES CARDS/GAMES) 13 READING 14 LISTENING TO RADIO 15 WATCHING TV 16 EXERCISING OR LEISURELY WALK 17 OTHER LEISURELY ACTIVITY 	<ul style="list-style-type: none"> 18 GROOMING OR BATHING 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7051	<ul style="list-style-type: none"> 1 ALONE 2 SPOUSE 3 ADULT CHILDREN (AGED 18 YEARS AND OLDER) 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE, CHILDREN OR GRANDCHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
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Q7052	Did you do anything else yesterday afternoon between noon/ mid-day and about 6pm (18.00)?	CIRCLE RESPONSES IN Q7050 ABOVE.
Q7053	Were you talking or interacting with anyone else between noon/mid-day and 6pm (evening) yesterday?	CIRCLE RESPONSES IN Q7051 ABOVE

Q7054	<p>Now I want you to think about the YYY (from Q7050) you mentioned during the morning.</p> <p>How long did this activity last?</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> HOURS : MINUTES
Q7055	<p>At what time did this activity begin?</p> <p><i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i></p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> TIME
Q7056	<p>Were you talking or interacting with anyone when you did this? By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting.</p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	<ul style="list-style-type: none"> 1 ALONE→ Q7057 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:

	Q7056a. At the time, how friendly were you feeling towards this person (these people)?	1	Very friendly						
		2	A little friendly						
		3	A little irritated						
		4	Very irritated						
Please think about how you felt yesterday afternoon during your YYY (Q7050). Rate your feelings from 0 to 6 where 0 means you did not feel like that at all and 6 means you felt very much like that.									
		Not at all							Very much
Q7057	How <u>worried</u> were you feeling?	0	1	2	3	4	5	6	
Q7058	How <u>rushed</u> were you feeling?	0	1	2	3	4	5	6	
Q7059	How <u>irritated or angry</u> were you feeling?	0	1	2	3	4	5	6	
Q7060	How <u>depressed</u> were you feeling?	0	1	2	3	4	5	6	
Q7061	How <u>tense or stressed</u> were you feeling?	0	1	2	3	4	5	6	
Q7062	How <u>calm or relaxed</u> were you feeling?	0	1	2	3	4	5	6	
Q7063	How much were you <u>enjoying</u> what you were doing?	0	1	2	3	4	5	6	

EVENING

Q7100	<p>Please tell me the main things that you did yesterday evening from around 6pm (18.00) until you went to sleep. Please also mention if anyone was with you for any parts of the evening.</p> <p>Be sure to cover as much as you can remember. You don't have to go in order, but it's probably easier that way.</p>
<ul style="list-style-type: none"> 1 WORKING 2 PREPARING FOOD 3 DOING HOUSEWORK 4 SUBSISTENCE FARMING 5 WATCHING CHILDREN 6 SHOPPING 7 WALKING SOMEWHERE 8 TRAVELING BY BICYCLE 9 TRAVELING BY CAR/BUS/TRAIN 	<ul style="list-style-type: none"> 10 REST (INCLUDES TEA/COFFEE BREAK) 11 CHATTING WITH SOMEONE 12 PLAYING (INCLUDES CARDS/GAMES) 13 READING 14 LISTENING TO RADIO 15 WATCHING TV 16 EXERCISING OR LEISURELY WALK 17 OTHER LEISURELY ACTIVITY
	<ul style="list-style-type: none"> 18 GROOMING OR BATHING 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7101	<ul style="list-style-type: none"> 1 ALONE 2 SPOUSE 3 ADULT CHILDREN (AGED 18 YEARS AND OLDER) 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE, CHILDREN OR GRANDCHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
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Q7102	Did you do anything else yesterday evening between around 6pm and going to bed?	CIRCLE RESPONSES IN Q7100 ABOVE.
Q7103	Were you talking or interacting with anyone else between around 6pm and going to bed yesterday?	CIRCLE RESPONSES IN Q7101 ABOVE

Q7104	<p>Now I want you to think about the ZZZ (from Q7100) you mentioned from yesterday evening.</p> <p>How long did this activity last?</p>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES
Q7105	<p>At what time did this activity begin?</p> <p><i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i></p>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME
Q7106	<p>Were you talking or interacting with anyone when you did this? By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting.</p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	<ul style="list-style-type: none"> 1 ALONE → Q7107 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
Q7106a.	At the time, how friendly were you feeling	<ul style="list-style-type: none"> 1 Very friendly 2 A little friendly

	towards this person (these people)?	3 A little irritated 4 Very irritated						
Please think about how you felt yesterday evening during your ZZZ (Q7100). Rate how you were feeling from 0 to 6 where 0 means you did not feel like that at all and 6 means you felt very much like that.								
		Not at all						Very much
Q7107	How <u>worried</u> were you feeling?	0	1	2	3	4	5	6
Q7108	How <u>rushed</u> were you feeling?	0	1	2	3	4	5	6
Q7109	How <u>irritated or angry</u> were you feeling?	0	1	2	3	4	5	6
Q7110	How <u>depressed</u> were you feeling?	0	1	2	3	4	5	6
Q7111	How <u>tense or stressed</u> were you feeling?	0	1	2	3	4	5	6
Q7112	How <u>calm or relaxed</u> were you feeling?	0	1	2	3	4	5	6
Q7113	How much were you <u>enjoying</u> what you were doing?	0	1	2	3	4	5	6

I will now ask you some questions about how you felt yesterday overall.		
Looking at the whole day (morning, afternoon, AND evening), please tell me whether you had these feelings for much of the day. Please just answer "yes" or "no".		
Q7501	Did you feel ...worried... for much of the day yesterday? Yes or no.	1 YES 2 No
Q7502	Did you feel ...rushed... for much of the day yesterday? Yes or no.	1 YES 2 No
Q7503	Did you feel ...irritated or angry...for much of the day yesterday?	1 YES 2 No
Q7504	Did you feel ...depressed...?	1 YES 2 No
Q7505	Did you feel ...tense or stressed...?	1 YES 2 No
Q7506	Did you feel ...calm or relaxed...?	1 YES 2 No
Q7507	Were you enjoying what you were doing for much of the day yesterday?	1 YES 2 No
Q7508	Did you feel ...lonely ... for much of the day yesterday?	1 YES 2 No
Q7509	Did you feel ... bored ...?	1 YES 2 No

Q7510	Did you feel ...physical pain... for much of the day yesterday?	1 YES 2 NO
Q7511	Did you feel ...tired...?	1 YES 2 NO
Q7512	Did you have a stomach ache at any time yesterday?	1 YES 2 NO
Q7513	Did you have a headache at any time yesterday?	1 YES 2 NO
Q7514	Did you smile or laugh a lot yesterday?	1 YES 2 NO
Q7515	What part of the day did you enjoy most yesterday? Was it the morning, the afternoon, or the evening?	1 MORNING 2 AFTERNOON 3 EVENING
Q7516	Compared to a typical day, how much free time did you have yesterday? Was yesterday typical, or did you have more free time yesterday, or did you have less free time yesterday?	1 MORE FREE TIME 2 TYPICAL 3 LESS FREE TIME
Q7517	Compared to a typical day, how was your mood yesterday? Was it typical, or were you in a better mood yesterday, or were you in a worse mood yesterday?	1 BETTER MOOD 2 TYPICAL 3 WORSE MOOD
Q7518	How many hours did you sleep last night?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES -8 DON'T REMEMBER
Q7519	Please rate the quality of your sleep last night. Was it very good, good, moderate, poor or very poor?	1 VERY GOOD 2 GOOD 3 MODERATE 4 POOR 5 VERY POOR
Q7520	How many hours did you sleep the night before last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8 DON'T REMEMBER
Q7521	Please rate the quality of your sleep the night before last. Was it very good, good, moderate, poor or very poor?	1 VERY GOOD 2 GOOD 3 MODERATE 4 POOR 5 VERY POOR

Q7522	Who do you think are happier, men or women? Or are they equally happy?	1 MEN 2 WOMEN 3 EQUALLY HAPPY
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For the following questions, I will ask you to compare yourself to other people your age who live in this area.		
Q7523	Compared to other people, are you usually in a better mood or a worse mood or are you about the same?	1 BETTER MOOD 2 SAME MOOD 3 WORSE MOOD
Q7524	Are you more anxious or less anxious than most others? Or are you about the same?	1 MORE ANXIOUS 2 SAME LEVEL 3 LESS ANXIOUS
Q7525	Are you more healthy or less healthy than most people your age? Or are you about the same?	1 MORE HEALTHY 2 SAME LEVEL OF HEALTH 3 LESS HEALTHY

Section 8000: Preventing Unsafe Abortion

Abortion Knowledge, Attitudes, Practices, and Intentions

Measured for female and male respondents

INTERVIEWER READS ALOUD: Sometimes, for health or other reasons, a woman may choose to terminate her pregnancy. We will refer to this as 'induced abortion' or, simply, 'abortion'. Sometimes women are pregnant and the pregnancy ends by itself; we will call that a miscarriage. Family planning is the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as non-invasive methods such as the calendar method and abstinence. Family planning also includes information about how to become pregnant when it is desirable, as well as treatment of infertility. I am going to first read a couple of statements about reproductive health. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement.							
Q81100	Sexual and reproductive health knowledge	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81101	I know where someone in my community can get family planning	1	2	3	4	5	97
Q81105	I know where someone in my community can get safe care for a miscarriage	1	2	3	4	5	97
INTERVIEWER READS ALOUD: I am going to read a series of statements about abortion. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement. In these statements, when I refer to “women”, this includes all females, married or unmarried, who can become pregnant.							
Q81110	Abortion Knowledge Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81111	Abortion is allowed in certain situations in my country.	1	2	3	4	5	97
Q81112	Abortion can be a safe procedure.	1	2	3	4	5	97
Q81113	I know where someone in my community can get a safe abortion.	1	2	3	4	5	97
Q81114	Women have the human right to have an abortion regardless of the laws in my country.	1	2	3	4	5	97
INTERVIEWER READS ALOUD: Now I'm going to ask you about your attitudes about safe abortion. When I say, “safe abortion”, I mean the type of care which does not put a woman's health at risk. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement. As a reminder, when I refer to “women”, this includes all females, married or unmarried, who can become pregnant.							
Q81120	Abortion Attitude Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81121	I think women should be able to get a safe abortion.	1	2	3	4	5	97
Q81122	I think women seeking safe abortion care deserve to be treated with respect.	1	2	3	4	5	97
Q81123	I respect a woman's decision to have an abortion.	1	2	3	4	5	97
INTERVIEWER READS ALOUD: In these next few questions, I am going to read statements about your practices, or actions, related to abortion. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement.							
Q81130	Practices Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81131	I have openly discussed safe abortion with someone I know.	1	2	3	4	5	97
Q81132	I have helped someone get safe abortion information or services.	1	2	3	4	5	97
Q81133	I treat women who have had an abortion with respect.	1	2	3	4	5	97
Q81134	I have tried to stop the spread of false information about abortion in my community.	1	2	3	4	5	97
Q81135	I have challenged someone about their negative views on abortion.	1	2	3	4	5	97

Incidence of care related to abortion and pregnancy loss
Measured only for females 15-49 years old

<p><i>INTERVIEWER READS ALOUD:</i> Now I want to ask you about your own experiences with miscarriage or abortion, if you are comfortable sharing that information. Again we use 'induced abortion' or, simply, 'abortion' to refer to when, for health or other reasons, a woman terminates a pregnancy. We use 'miscarriage' to refer to when women are pregnant and the pregnancy ends by itself.</p>			
Q82001	Have you ever had a pregnancy that ended in miscarriage or induced abortion?	YES 1 NO 2 DON'T KNOW 8	2 → END 8 → END
Q82101	In the past three years, how many miscarriages have you had?	<input type="text"/> <input type="text"/> DON'T KNOW -8	
Q82102	In the past three years, how many induced abortions have you had?	<input type="text"/> <input type="text"/> DON'T KNOW -8	If Q82101 + Q82102 = 0 or both = -8 → END
Q82210	Now I want to ask about each of these experiences, starting with the most recent. Thinking about the most recent miscarriage or abortion you had:		
Q82211	Was this a miscarriage or an induced abortion?	MISCARRIAGE 1 INDUCED 2	
Q82212	When did it occur? <i>INSTRUCTION: IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED</i> <i>IF THE RESPONDENT DOESN'T KNOW, ENTER "-8"</i>	MM: YY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IF Q82211 = 1 - > Q82215 IF Q82211 = 2 - > Q82216
Q82215	Who decided whether or not you would access care for the miscarriage?	RESPONDENT 1 PARTNER 2 RESPONDENT AND SPOUSE/PARTNER JOINTLY 3 OTHER FAMILY/RELATIVE 4 MEDICAL PROFESSIONAL 5 OTHER (SPECIFY) 7 DON'T KNOW 8	} → Q82218
Q82216	Who decided whether you would have an abortion or continue the pregnancy?	RESPONDENT 1 PARTNER 2 RESPONDENT AND SPOUSE/PARTNER JOINTLY 3 OTHER FAMILY/RELATIVE 4 MEDICAL PROFESSIONAL 5 OTHER (SPECIFY) 7 DON'T KNOW 8	
Q82218	How many weeks into the pregnancy were you at the time of the miscarriage or abortion? <i>INSTRUCTIONS: If respondent unsure, ask: 1) the time between their last period and the abortion, and help calculate the number of weeks; and/or 2) if they know the due date. IF STILL CANNOT FIGURE OUT, ENTER "-8"</i>	WEEKS: <input type="text"/> <input type="text"/> DON'T KNOW -8	

Q82220	[IF 2 OR MORE MISCARRIAGES OR ABORTION REPORTED IN Q82101+Q82102]: Thank you for sharing that with me. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 2 →Q82301
Q82221	Was this a miscarriage or an induced abortion?	MISCARRIAGE1 INDUCED2	
Q82222	When did it occur? <i>IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED</i> <i>IF RESPONDENT DOESN'T KNOW, ENTER "-8"</i>	MM: <input type="text"/> <input type="text"/> YY: <input type="text"/> <input type="text"/>	
Q82230	[IF 3 OR MORE MISCARRIAGES OR ABORTIONS REPORTED IN 1.2 and 1.3]: Thank you. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 3 →Q82301
Q82231	Was this a miscarriage or an induced abortion?	MISCARRIAGE1 INDUCED2	
Q82232	When did it occur? <i>IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED</i> <i>IF RESPONDENT DOESN'T KNOW, ENTER "-8"</i>	MM: <input type="text"/> <input type="text"/> YY: <input type="text"/> <input type="text"/>	
Q82240	[IF 4 OR MORE MISCARRIAGES OR ABORTIONS REPORTED IN 1.2 and 1.3]: Thank you. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 4 →Q82301
Q82241	Was this a miscarriage or an induced abortion?	MISCARRIAGE1 INDUCED2	
Q82242	When did it occur? <i>IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED</i> <i>IF RESPONDENT DOESN'T KNOW, ENTER "-8"</i>	MM: <input type="text"/> <input type="text"/> YY: <input type="text"/> <input type="text"/>	
Q82250	[IF 5 MISCARRIAGES OR ABORTIONS REPORTED IN 1.2 and 1.3]: Thank you. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 5 →Q82301
Q82251	Was this a miscarriage or an induced abortion?	MISCARRIAGE1 INDUCED2	

Safety and quality of care related to abortion and pregnancy loss
Measured only for females 15-49 years old

INTERVIEWER READS ALOUD: When seeking miscarriage or abortion care, some women end up going to multiple people or places before receiving care. Sometimes, women also have to follow up for more care. I want to talk with you about steps you took to get care for your most recent miscarriage or abortion.

I want to start with the first place or person who provided you with miscarriage or abortion care.

If before then, you looked for information on how to get care or went somewhere that turned you away, we will discuss that later.

INSTRUCTIONS: FILL OUT Q83101A-Q83701A for STEP 1, then Q83101B-Q83701B for STEP 2, etc

		A. STEP 1	B. STEP 2	C. STEP 3	D. STEP 4
Q83101	Why did you first (next) seek care?	TO GET INFORMATION.....1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED.....2 TO TREAT COMPLICATIONS.....3 TO HAVE INDUCED ABORTION.....4 OTHER (SPECIFY).....7	TO GET INFORMATION.....1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED.....2 TO TREAT COMPLICATIONS.....3 TO HAVE INDUCED ABORTION.....4 OTHER (SPECIFY).....7	TO GET INFORMATION..... 1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED..... 2 TO TREAT COMPLICATIONS..... 3 TO HAVE INDUCED ABORTION 4 OTHER (SPECIFY) 7	TO GET INFORMATION.....1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED2 TO TREAT COMPLICATIONS.....3 TO HAVE INDUCED ABORTION4 OTHER (SPECIFY)7
Q83103	At that point, where did you go to get care for your miscarriage/abortion?	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....2 GOVERNMENT HEALTH POST.....3 OTHER PUBLIC SECTOR (SPECIFY).....4 PRIVATE HOSPITAL.....5 PRIVATE CLINIC.....6 OTHER PRIVATE SECTOR (SPECIFY).....7 NGO HOSPITAL.....8 NGO CLINIC.....9 OTHER NGO SECTOR (SPECIFY).....10 PHARMACY.....11 CHEMIST/DRUG VENDOR.....12 COMMUNITY HEALTH WORKER/FIELD WORKER.....13 OUTSIDE A FORMAL FACILITY.....14 OTHER (SPECIFY).....87	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....2 GOVERNMENT HEALTH POST.....3 OTHER PUBLIC SECTOR (SPECIFY).....4 PRIVATE HOSPITAL.....5 PRIVATE CLINIC.....6 OTHER PRIVATE SECTOR (SPECIFY).....7 NGO HOSPITAL.....8 NGO CLINIC.....9 OTHER NGO SECTOR (SPECIFY).....10 PHARMACY.....11 CHEMIST/DRUG VENDOR12 COMMUNITY HEALTH WORKER/FIELD WORKER.....13 OUTSIDE A FORMAL FACILITY14 OTHER (SPECIFY)87	GOVERNMENT HOSPITAL..... 1 GOVERNMENT HEALTH CENTER..... 2 GOVERNMENT HEALTH POST..... 3 OTHER PUBLIC SECTOR (SPECIFY)..... 4 PRIVATE HOSPITAL 5 PRIVATE CLINIC..... 6 OTHER PRIVATE SECTOR (SPECIFY) 7 NGO HOSPITAL..... 8 NGO CLINIC..... 9 OTHER NGO SECTOR (SPECIFY) 10 PHARMACY 11 CHEMIST/DRUG VENDOR 12 COMMUNITY HEALTH WORKER/FIELD WORKER..... 13 OUTSIDE A FORMAL FACILITY 14 OTHER (SPECIFY) 87	GOVERNMENT HOSPITAL..... 1 GOVERNMENT HEALTH CENTER 2 GOVERNMENT HEALTH POST 3 OTHER PUBLIC SECTOR (SPECIFY)..... 4 PRIVATE HOSPITAL 5 PRIVATE CLINIC 6 OTHER PRIVATE SECTOR (SPECIFY) 7 NGO HOSPITAL..... 8 NGO CLINIC 9 OTHER NGO SECTOR (SPECIFY)..... 10 PHARMACY 11 CHEMIST/DRUG VENDOR 12 COMMUNITY HEALTH WORKER/FIELD WORKER ..13 OUTSIDE A FORMAL FACILITY 14 OTHER (SPECIFY)87

Q83105	Who provided the care you received?	DOCTOR 1 NURSE/MIDWIFE 2 AUXILIARY MIDWIFE 3 CLINICAL OFFICER 4 SOME MEDICAL PROFESSIONAL, DK TITLE 5 COMMUNITY HEALTH WORKER/FIELD WORKER 6 PHARMACIST/PHARM. WORKER 7 CHEMIST/DRUG VENDOR 8 TRADITIONAL BIRTH ATTENDANT 9 SELF 10 PARTNER/SPOUSE 11 FRIEND OR RELATIVE 12 OTHER (SPECIFY) 87	DOCTOR 1 NURSE/MIDWIFE 2 AUXILIARY MIDWIFE 3 CLINICAL OFFICER 4 SOME MEDICAL PROFESSIONAL, DK TITLE 5 COMMUNITY HEALTH WORKER/FIELD WORKER 6 PHARMACIST/PHARM. WORKER 7 CHEMIST/DRUG VENDOR 8 TRADITIONAL BIRTH ATTENDANT 9 SELF 10 PARTNER/SPOUSE 11 FRIEND OR RELATIVE 12 OTHER (SPECIFY) 87	DOCTOR 1 NURSE/MIDWIFE 2 AUXILIARY MIDWIFE 3 CLINICAL OFFICER 4 SOME MEDICAL PROFESSIONAL, DK TITLE 5 COMMUNITY HEALTH WORKER/FIELD WORKER 6 PHARMACIST/PHARM. WORKER 7 CHEMIST/DRUG VENDOR 8 TRADITIONAL BIRTH ATTENDANT 9 SELF 10 PARTNER/SPOUSE 11 FRIEND OR RELATIVE 12 OTHER (SPECIFY) 87	DOCTOR 1 NURSE/MIDWIFE 2 AUXILIARY MIDWIFE 3 CLINICAL OFFICER 4 SOME MEDICAL PROFESSIONAL, DK TITLE 5 COMMUNITY HEALTH WORKER/FIELD WORKER 6 PHARMACIST/PHARM. WORKER 7 CHEMIST/DRUG VENDOR 8 TRADITIONAL BIRTH ATTENDANT 9 SELF 10 PARTNER/SPOUSE 11 FRIEND OR RELATIVE 12 OTHER (SPECIFY) 87
Q83211	How did you know that abortion care was available there/from that person?	HEALTH FACILITY STAFF 1 COMMUNITY HEALTH WORKER OR LOCAL NGO 2 INFORMAL HEALTH SECTOR, LIKE TBA 3 PHARMACY 4 INTERNET 5 ADVERTISEMENT 6 SOCIAL NETWORK 7 OTHER (SPECIFY) 87	HEALTH FACILITY STAFF 1 COMMUNITY HEALTH WORKER OR LOCAL NGO 2 INFORMAL HEALTH SECTOR, LIKE TBA 3 PHARMACY 4 INTERNET 5 ADVERTISEMENT 6 SOCIAL NETWORK 7 OTHER (SPECIFY) 87	HEALTH FACILITY STAFF 1 COMMUNITY HEALTH WORKER OR LOCAL NGO 2 INFORMAL HEALTH SECTOR, LIKE TBA 3 PHARMACY 4 INTERNET 5 ADVERTISEMENT 6 SOCIAL NETWORK 7 OTHER (SPECIFY) 87	HEALTH FACILITY STAFF 1 COMMUNITY HEALTH WORKER OR LOCAL NGO 2 INFORMAL HEALTH SECTOR, LIKE TBA 3 PHARMACY 4 INTERNET 5 ADVERTISEMENT 6 SOCIAL NETWORK 7 OTHER (SPECIFY) 87
Q83213	What was the main reason you chose this care as opposed to an alternative?	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) 1 CONFIDENT METHOD WOULD WORK 2 GEOGRAPHIC ACCESSIBILITY 3 AFFORDABILITY 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL 5 CONFIDENTIALITY 6 TIMELINESS OF CARE 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE 9 OTHER (SPECIFY) 87	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) 1 CONFIDENT METHOD WOULD WORK 2 GEOGRAPHIC ACCESSIBILITY 3 AFFORDABILITY 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL 5 CONFIDENTIALITY 6 TIMELINESS OF CARE 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE 9 OTHER (SPECIFY) 87	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) 1 CONFIDENT METHOD WOULD WORK 2 GEOGRAPHIC ACCESSIBILITY 3 AFFORDABILITY 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL 5 CONFIDENTIALITY 6 TIMELINESS OF CARE 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE 9 OTHER (SPECIFY) 87	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) 1 CONFIDENT METHOD WOULD WORK 2 GEOGRAPHIC ACCESSIBILITY 3 AFFORDABILITY 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL 5 CONFIDENTIALITY 6 TIMELINESS OF CARE 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE 9 OTHER (SPECIFY) 87



WHO
WORLD HEALTH SURVEY PLUS
INDIVIDUAL Questionnaire

Q83215	How much time did it take to travel to this care location? INSTRUCTION: THIS IS A MEASURE OF TIME REQUIRED TO TRAVEL FROM HOME TO FACILITY - ONE TRIP, ONE-WAY ONLY	NO TRAVEL/AT HOME 1 LESS THAN ONE HOUR 2 BETWEEN 1 - 2 HOURS 3 BETWEEN 2 - 6 HOURS 4 BETWEEN 6 - 12 HOURS 5 MORE THAN 12 HOURS 6	NO TRAVEL/AT HOME 1 LESS THAN ONE HOUR 2 BETWEEN 1 - 2 HOURS 3 BETWEEN 2 - 6 HOURS 4 BETWEEN 6 - 12 HOURS 5 MORE THAN 12 HOURS 6	NO TRAVEL/AT HOME 1 LESS THAN ONE HOUR 2 BETWEEN 1 - 2 HOURS 3 BETWEEN 2 - 6 HOURS 4 BETWEEN 6 - 12 HOURS 5 MORE THAN 12 HOURS 6	NO TRAVEL/AT HOME 1 LESS THAN ONE HOUR 2 BETWEEN 1 - 2 HOURS 3 BETWEEN 2 - 6 HOURS 4 BETWEEN 6 - 12 HOURS 5 MORE THAN 12 HOURS 6
Q83301	Please tell me about the type of care you received?	WAIT/EXPECTANT MGMNT 1 ABORTION PILLS 2 SURGICAL METHOD 3 COMBINATION OF PILLS & SURGICAL METHOD 4 OTHER PILLS 5 CARE FOR INFECTION/FEVER 6 BLOOD TRANSFUSION 7 INFORMATION 8 → 3501A OTHER (SPECIFY) 87	WAIT/EXPECTANT MGMNT 1 ABORTION PILLS 2 SURGICAL METHOD 3 COMBINATION OF PILLS & SURGICAL METHOD 4 OTHER PILLS 5 CARE FOR INFECTION/FEVER 6 BLOOD TRANSFUSION 7 INFORMATION 8 → 3501B OTHER (SPECIFY) 87	WAIT/EXPECTANT MGMNT 1 ABORTION PILLS 2 SURGICAL METHOD 3 COMBINATION OF PILLS & SURGICAL METHOD 4 OTHER PILLS 5 CARE FOR INFECTION/FEVER 6 BLOOD TRANSFUSION 7 INFORMATION 8 → 3501C OTHER (SPECIFY) 87	WAIT/EXPECTANT MGMNT 1 ABORTION PILLS 2 SURGICAL METHOD 3 COMBINATION OF PILLS & SURGICAL METHOD 4 OTHER PILLS 5 CARE FOR INFECTION/FEVER 6 BLOOD TRANSFUSION 7 INFORMATION 8 → 3501D OTHER (SPECIFY) 87
Q83305	Prior to receiving care, were you given information about the procedure? For example: what to expect, side effects, how to know if there is an issue, and who to call?	YES 1 NO 2 → Q83401A N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL 3 → Q83401A DON'T KNOW 8 → Q83401A	YES 1 NO 2 → Q83401B N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL 3 → Q83401B DON'T KNOW 8 → Q83401B	YES 1 NO 2 → Q83401C N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL 3 → Q83401C DON'T KNOW 8 → Q83401C	YES 1 NO 2 → Q83401D N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL 3 → Q83401D DON'T KNOW 8 → Q83401D
Q83306	Do you feel you were offered enough information to feel comfortable going ahead with this procedure?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
Q83401	For this procedure, did you receive any medication or a prescription for medication to control the pain?	YES, RECEIVED MEDICATION 1 YES, PRESCRIPTION ONLY 2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION 3 NO 4 → Q83405A DON'T KNOW 8 → Q83411A	YES, RECEIVED MEDICATION 1 YES, PRESCRIPTION ONLY 2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION 3 NO 4 → Q83405B DON'T KNOW 8 → Q83411B	YES, RECEIVED MEDICATION 1 YES, PRESCRIPTION ONLY 2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION 3 NO 4 → Q83405C DON'T KNOW 8 → Q83411C	YES, RECEIVED MEDICATION 1 YES, PRESCRIPTION ONLY 2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION 3 NO 4 → Q83405D DON'T KNOW 8 → Q83411D
Q83402	Was the medication enough to manage the pain?	YES 1 → Q83411A NO 2 → Q83411A DON'T KNOW 8 → Q83411A	YES 1 → Q83411B NO 2 → Q83411B DON'T KNOW 8 → Q83411B	YES 1 → Q83411C NO 2 → Q83411C DON'T KNOW 8 → Q83411C	YES 1 → Q83411D NO 2 → Q83411D DON'T KNOW 8 → Q83411D

Q83405	Why did you not receive pain medication?	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT) 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION 2 OTHER (SPECIFY) 7	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT) 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION 2 OTHER (SPECIFY) 7	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT) 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION 2 OTHER (SPECIFY) 7	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT) 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION 2 OTHER (SPECIFY) 7
Q83411	Did you have any complications as a result of this care, such as fever, poisoning, infection, or losing a lot of blood? (CIRCLE ALL THAT APPLY)	NONE 1 HEAVY BLEEDING/ HEMORRHAGE 2 FEVER 3 LOST CONSCIOUSNESS 4 POISONING/TOXIC SUBSTANCE INGESTION 5 UTERINE/GUT/VAGINA PERFORATION 6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK 7 ORGAN/SYSTEM FAILURE 8 OTHER (SPECIFY) 87	NONE 1 HEAVY BLEEDING/ HEMORRHAGE 2 FEVER 3 LOST CONSCIOUSNESS 4 POISONING/TOXIC SUBSTANCE INGESTION 5 UTERINE/GUT/VAGINA PERFORATION 6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK 7 ORGAN/SYSTEM FAILURE 8 OTHER (SPECIFY) 87	NONE 1 HEAVY BLEEDING/ HEMORRHAGE 2 FEVER 3 LOST CONSCIOUSNESS 4 POISONING/TOXIC SUBSTANCE INGESTION 5 UTERINE/GUT/VAGINA PERFORATION 6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK 7 ORGAN/SYSTEM FAILURE 8 OTHER (SPECIFY) 87	NONE 1 HEAVY BLEEDING/ HEMORRHAGE 2 FEVER 3 LOST CONSCIOUSNESS 4 POISONING/TOXIC SUBSTANCE INGESTION 5 UTERINE/GUT/VAGINA PERFORATION 6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK 7 ORGAN/SYSTEM FAILURE 8 OTHER (SPECIFY) 87
Q83501	After you received this care, was your abortion/ miscarriage complete?	YES 1 NO 2 → Q83601A	YES 1 NO 2 → Q83601B	YES 1 NO 2 → Q83601C	YES 1 NO 2 → Q83601D
Q83502	How did you determine that your miscarriage/abortion was complete?	PROVIDER/CLINICAL CONFIRMATION 1 MENSTRUATION RETURNED 2 BLEEDING STOPPED 3 ALL SYMPTOMS STOPPED 4 AFTER SEEING PRODUCTS OF CONCEPTION 5 ALL COMPLICATIONS RESOLVED 6 OTHER (SPECIFY) 7 DON'T KNOW 8	PROVIDER/CLINICAL CONFIRMATION 1 MENSTRUATION RETURNED 2 BLEEDING STOPPED 3 ALL SYMPTOMS STOPPED 4 AFTER SEEING PRODUCTS OF CONCEPTION 5 ALL COMPLICATIONS RESOLVED 6 OTHER (SPECIFY) 7 DON'T KNOW 8	PROVIDER/CLINICAL CONFIRMATION 1 MENSTRUATION RETURNED 2 BLEEDING STOPPED 3 ALL SYMPTOMS STOPPED 4 AFTER SEEING PRODUCTS OF CONCEPTION 5 ALL COMPLICATIONS RESOLVED 6 OTHER (SPECIFY) 7 DON'T KNOW 8	PROVIDER/CLINICAL CONFIRMATION 1 MENSTRUATION RETURNED 2 BLEEDING STOPPED 3 ALL SYMPTOMS STOPPED 4 AFTER SEEING PRODUCTS OF CONCEPTION 5 ALL COMPLICATIONS RESOLVED 6 OTHER (SPECIFY) 7 DON'T KNOW 8
Q83601	Were you offered contraceptive information?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
Q83611	Do you feel the health care provider treated you with respect?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
Q83621	How much did you have to pay for this procedure or care?	[local currency] _____ DON'T KNOW -8	[local currency] _____ DON'T KNOW -8	[local currency] _____ DON'T KNOW -8	[local currency] _____ DON'T KNOW -8
Q83701	After receiving the care you described already, did you seek additional care somewhere else for this miscarriage, abortion, or for associated complications? <i>Instructions: If the only additional care was seeking contraception, do not include as a separate step</i>	YES 1 → Q83101B NO 2 → Q84101	YES 1 → Q83101C NO 2 → Q84101	YES 1 → Q83101D NO 2 → Q84101	[SKIP THIS QUESTION FOR STEP 4 and go directly to Q84101]

Health system support for access to induced abortion and care related to pregnancy loss
Measured only for females 15-49 years old

<i>INTERVIEWER READS ALOUD:</i> Please think about your most recent abortion/miscarriage. I would like to ask more about your entire experience of accessing care, at all of the places you went for care.			
Q84101	<p>Please remember when you decided to seek care for the abortion / miscarriage. Now remember when the abortion / miscarriage process was completed.</p> <p>How much time passed between your decision to seek care for your miscarriage/ abortion, and the completion of the process?</p>	<p>DAYS: <input type="text"/> <input type="text"/></p> <p>WEEKS: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW.....-8</p>	
Only ask Q84201 if Q83411A or Q83411B or Q83411C or Q83411D is [2 3 4 5 6 7 8 87] else go to Q84311			
Q84201	You told me earlier that you had some complications during the abortion/miscarriage process. What were the long-term effects of these complications?	<p>NONE.....1</p> <p>FULLY RECOVERED WITH NO LONG-TERM NEGATIVE OUTCOMES.....2</p> <p>ONGOING TREATMENT, BUT LONG-TERM NEGATIVE OUTCOMES NOT EXPECTED.....3</p> <p>PERMANENT/LONG-TERM NEGATIVE OUTCOMES.....4</p> <p>DON'T KNOW.....8</p>	
Q84311	Before your experience with miscarriage/abortion, did you know how to access care for it?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW.....8</p>	1 → Q84321
Q84312	How long of a delay did initially not knowing how to access care cause in completing the miscarriage or abortion process?	<p>NO DELAY 1</p> <p>< 1 DAY 2</p> <p>A FEW DAYS 3</p> <p>1 WEEK 4</p> <p>2 WEEKS 5</p> <p>MORE THAN 2 WEEKS 6</p> <p>DON'T KNOW 8</p>	
Q84321	When accessing care, did you need permission from an individual or institution - for example a husband/partner, parent or guardian, or another clinician?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	2 → Q84331 8 → Q84331
Q84322	How long of a delay did obtaining permission contribute to your obtaining care?	<p>NO DELAY 1</p> <p>< 1 DAY 2</p> <p>A FEW DAYS 3</p> <p>1 WEEK 4</p> <p>2 WEEKS 5</p> <p>MORE THAN 2 WEEKS 6</p> <p>DON'T KNOW 8</p>	
Q84323	Did having to obtain permission or difficulties in obtaining permission cause you to switch to a provider you preferred less?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

Q84331	When accessing care, did you have any difficulties arranging funds to pay for the care, if the care was not free?	YES 1 NO 2 CARE WAS FREE 3 DON'T KNOW 8	2 → Q84410 3 → Q84410 8 → Q84410
Q84332	How long of a delay did arranging funds to pay for care contribute to your obtaining care?	NO DELAY 1 < 1 DAY 2 A FEW DAYS 3 1 WEEK 4 2 WEEKS 5 MORE THAN 2 WEEKS 6 DON'T KNOW 8	
Q84333	Did difficulties in arranging funds cause you to switch to a provider you preferred less?	YES 1 NO 2 DON'T KNOW 8	
Q84410	I now want to ask if anyone refused to provide you with care for your abortion/miscarriage at any point during the care-seeking attempts that you described earlier. Were you refused care because:		
Q84410a	...medicine or supplies were unavailable?	YES 1 NO 2 DON'T KNOW 8	
Q84410b	...a provider was unavailable?	YES 1 NO 2 DON'T KNOW 8	
Q84410c	...the pregnancy was assessed as too far along to receive care?	YES 1 NO 2 DON'T KNOW 8	
Q84410d	...providing care was against the health care worker's religious or other beliefs?	YES 1 NO 2 DON'T KNOW 8	
Q84410e	...the requested procedure was said to be illegal?	YES 1 NO 2 DON'T KNOW 8	
Thank you for sharing the experience of your abortion/miscarriage with me and for sharing your opinions.			

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 supervisor's name]. As mentioned in the consent form, we may return to you in two years' time and would appreciate speaking with you again.