

STUDY ON GLOBAL AGEING AND ADULT HEALTH

2006

Household Questionnaire



Table of Contents - INDIA

| Section 0000: Coversheet | 2 |
|---|---|
| Section 0100: Sampling Information | |
| Section 0200: Geocoding/GPS Information | |
| Section 0300: Recontact Information | |
| Section 0350: Contact Record - Household | |
| Section 0400: Household Roster | |
| Section 0450: Household Consent | |
| Section 0500: Housing | |
| Section 0600: Household and Family Support Networks and Transfers | |
| Section 0700: Assets and Household Income | |
| Section 0800: Household Expenditure | |
| Section 0900: Interviewer Observations - HHQ | |

Section 0000: Coversheet

| Q0001 | RESEARCH CENTRE NUMBER | | | | | |
|--------|---|--------------------------------|--|--|--|--|
| Q0002 | HOUSEHOLD ID | | | | | |
| Q0003 | IS THIS A NEW, SECOND (FOLLOW-UP FROM WHS), RETEST OR PROXY INTERVIEW? | 1= New | | | | |
| Q0003a | IF RETEST INTERVIEW, INDICATE NUMBER OF DAYS BETWEEN FIRST/SECOND AND RETEST. | | | | | |
| Q0004 | Interviewer ID | | | | | |
| Q0005 | TOTAL NUMBER OF CALLS/VISITS: | 1 2 3 | | | | |
| Q0006 | DATE OF FINAL RESULTS: (DD/MM/YYYY) | | | | | |
| Q0007a | FINAL RESULT CODE HOUSEHOLD Q: | See section 0350 [F] for codes | | | | |
| Q0007b | FINAL RESULT CODE INDIVIDUAL Q FOR UP TO 4 RESPONDENTS - SEE Q1000C FOR CODES | | | | | |
| Q0008 | ROTATION CODE (CIRCLE ONE) NOT FOR PROXY | ABCD | | | | |
| Q0009 | DATE OF EDITING (DD/MM/YYYY) | | | | | |
| Q0010 | SIGNATURE OF SUPERVISOR: | | | | | |
| Q0011 | DATA ENTRY DATE (DD/MM/YYYY) | Day / Month / Year | | | | |
| SUPE | ERVISOR FIELD EDITOR | OFFICE KEYED BY EDITOR | | | | |
| NAME | NAME | | | | | |
| DATE | DATE | | | | | |

| Section 0100: Sampling Information | | | | | | |
|--|----------------------|---|--|--|--|--|
| SAMPLING (PRINT CLEARLY) | | | | | | |
| 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 BE SUCH AREAS INCLUDE TOWNS, CITIES AND METROPOLITAN AR | | 1 = Urban | | | | |
| ALL OTHER AREAS THAT ARE NOT CLASSIFIED AS BEING URBAI INCLUDES COMMERCIAL FARMS, SMALL SETTLEMENTS, RURAL | VILLAGES | 2 = Rural | | | | |
| AND OTHER AREAS WHICH ARE FURTHER AWAY FROM TOWNS | AND CITIES. | | | | | |
| ADMINISTRATIVE DIVISION INFORMATION Refer to Appendix A0100 for administrative names and c | odes | | | | | |
| Q0105a. First Administrative Level Unit Name: | Q0105b . Firs | et Administrative Level Unit Code: | | | | |
| | | | | | | |
| | 99 Not appli | icable if the unit is not in appendix list | | | | |
| If First Administrative Level Unit name is not in the Apper | ndix list, write ı | name clearly here: | | | | |
| | | | | | | |
| Q0106a. Second Administrative Level Unit Name: | Ontoch Cod | cond Administrative Level Unit Code: | | | | |
| QUIUGA. Second Administrative Level Onit Name: | QUIUBD. Sec | cond Administrative Level Onit Code: | | | | |
| | | | | | | |
| | | icable if the unit is not in appendix list | | | | |
| If Second Administrative Level Unit name is not in the Ap | pendix list, wr | ite name clearly here: | | | | |
| | | | | | | |
| | | | | | | |

Section 0200: Geocoding/GPS Information

| Q0201 | Number of satellite signals received | | | |
|---------|--------------------------------------|---------------------|--|---------|
| | | | | |
| Q0202 | Accuracy | feet | | |
| | | | | |
| | | N/S | Degrees | Minutes |
| Q0203 | Latitude: | | o | ' |
| | | | | |
| | | E/W | Degrees | Minutes |
| Q0204 | Longitude: | | o | ' |
| | | | | |
| Q0205 | Waypoint: Circle one | 1 In front of the h | ousehold | |
| Q0203 | On one one | | n (for example, a park, ce or landmark) | |
| Notes a | about GPS rea | nding, if any: | | |

Supervisors: Verify Q0203 and Q0204 using Appendix A0200.

Section 0300: Recontact Information

| Q0301 | What is the informant's <u>full name</u> ? (verify spelling and write clearly) | | | | | | |
|-------|--|-------|------------|-----------------|--|--|--|
| | Q0301a. Last Name (surname): | | | | | | |
| | Q0301B. FIRST NAME: What is the informant's address? | | | <u> </u> | | | |
| Q0302 | Q0302a. Street number and name:: | | | | | | |
| | Q0302B. CITY: | | | | | | |
| | Q0302c. Postal Code:: | | | | | | |
| | Q0302d. Other: | | | | | | |
| | | 1 | YES | | | | |
| Q0303 | Does this informant/household have a telephone? | 2 | No→ | Q0306 | | | |
| Q0304 | What is the telephone number? | | | | | | |
| | | | | | | | |
| Q0305 | Is this telephone number listed in the telephone directory? | 1 2 | YES No | | | | |
| Q0306 | 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 2 | Yes No→ | Next section | | | |
| | What is this person's name, relationship to you and his or her a | addre | ess? | | | | |
| | Please enter all additional information in "other location information". Use relationship codes from Q0405, Section 0400: Household Rostel | r. | | | | | |
| | Q0306a. Last Name (surname): | | | | | | |
| | Q0306b. FIRST NAME:: | | | | | | |
| | Q0306c. RELATIONSHIP: | | | | | | |
| | Q0306d. STREET NUMBER AND NAME: | | | | | | |
| | Q0306e. City: | | | | | | |
| | Q0306f. Postal Code:: | | | | | | |
| | 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. | | | |
| C. Interviewer I.D. | | | |
| | | | |
| D. Contact with | | | |
| 1=Household Informant | 4 | | 4 |
| 2=Other household member | 1 2 | 1 2 | 1 2 |
| 3=No one | 3 | 3 | 3 |
| E. Household roster obtained | | | |
| 1=YES | 1 | 1 | 1 |
| 2=NO | 2 | 2 | 2 |
| F. Result code | | | |
| 01=COMPLETED INTERVIEW (INTERVIEW IS | 01 | 04 | 01 |
| ACCEPTED AND CONDUCTED) | 01 | 01 | 01 |
| 02=PARTIAL INTERVIEW (INTERVIEW IS | 02 | 02 | 02 |
| PARTIALLY COMPLETED AND PERSON WILL | | 02 | |
| NOT BE CONTACTED ANYMORE). | | | |
| 03=HOUSEHOLD CONTACTED-INITIAL | 03 | 03 | 03 |
| REFUSAL 04=HOUSEHOLD CONTACTED-UNCERTAIN | 04 | | 04 |
| ABOUT INTERVIEW | 04 | 04 | 04 |
| 05=RESISTANCE/REFUSAL BY HOUSEHOLD | 05 | 05 | 05 |
| INFORMANT | | | |
| 06=FINAL REFUSAL BY HOUSEHOLD INFORMANT | 06 | 06 | 06 |
| 07=FINAL REFUSAL BY OTHER HOUSEHOLD | 07 | 07 | 07 |
| MEMBER | 01 | 07 | 01 |
| 08=UNABLE TO LOCATE HOUSEHOLD OR | 08 | 08 | 08 |
| HOUSEHOLD INFORMANT 09=NO INTERVIEW BECAUSE INFORMANT IS | 00 | | 00 |
| NOT ELIGIBLE: LESS THAN 18, MENTALLY | 09 | 09 | 09 |
| UNFIT OR TOO ILL. | 10 | 10 | 10 |
| 10=LANGUAGE BARRIER | | . • | |
| 11=HOUSE IS VACANT OR HOUSEHOLD | 11 | 11 | 11 |
| OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE) | 12 | 40 | 40 |
| 12=UNSAFE OR DANGEROUS AREA OR NO | 12 | 12 | 12 |
| ACCESS TO INFORMANT | 13 | 13 | 13 |
| 13= DECEASED INFORMANT | | | |
| 14=INFORMANT IN INSTITUTION: JAIL, | 14 | 14 | 14 |
| HOSPITAL AND NOT ACCESSIBLE | | | |
| | | | |
| INTERVIEWER: INSERT final result | | | |
| code in Section 0000: Coversheet, | | | |
| Q0007. | | | |

| | Section 0400: Household Roster | | | | | | | |
|-----------|--|---|--|--|--|--|--|--|
| Time Be | gin . | | | | | | | |
| informati | 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 cooking pot') and usually stay here for at least four months a year. | | | | | | | |
| | | ex, marital status, educational level and relationship to the household head of ousehold who live here. | | | | | | |
| | clude people who ma e's home) for a short | ay presently be in an institution due to their health (for example, in hospital or time. | | | | | | |
| Q0401 | What is the total nu household? | mber of people who live in this Persons | | | | | | |
| main dec | 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? | Q0402a. Surname (last name): | | | | | | |
| | Use Column 01 on the Household | Q0402b First (given) name: | | | | | | |

INTERVIEWER: Identify and collect information on REINTERVIEW household members first, then address new household members (those who were not part of the household in the previous interview in 2003).

Roster for this person.

INTERVIEWER: By "new" household member, we mean someone who was not a household member when we interviewed this household in 2002/2003 as part of WHO's World Health Survey.

INTERVIEWER AND SUPERVISOR: ID numbers should be inserted from WHS ID or HH roster row number for reinterview household members, using the format listed in Q0403a. If new household member, insert "9 8".

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): | | | | | |
| Q0404a | Is person still a member of the HH (follow-up interviews only)? 1= Yes; 2 =No | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| Q0404b | Person number (from WHS 2003) If new household member, insert "9 8" | Q04 | Q04 | Q04 | Q04 | Q04 |
| Q0405 | 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=DON'T KNOW | 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 |
| Q0406 | Is [NAME] a male or a female? 1 = MALE 2 = FEMALE | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| Q0407 | How old is he/she? (if less than 1 year old enter "00") | | | | | |
| Q0408 | What is [NAME]'s marital status? 1= NEVER MARRIED (AND NOT COHABITING) 2= CURRENTLY MARRIED 3= COHABITATING 4= SEPARATED/DIVORCED 5= WIDOWED 88=DON'T KNOW | 1 2 3 4 5 88 | 1 2 3 4 5 88 | 1 2 3 4 5 88 | 1 2 3 4 5 88 | 1 2 3 4 5 88 |
| Q0409 | 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 COMPLETED 6=POST GRADUATE DEGREE 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 |

Interviewer: No Q0410.

| Person (Household Member) number | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|
| | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 |
| First (given) name | | | | | | | | | |
| Surname | | | | | | | | | |
| Q0404a | 1 2 |
| Q0404b | Q04 |
| Q0405 | 01 02 03 04 05 06 07 08 09 10 11 12 88 |
| Q0406 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| Q0407 | | | | | | | | | |
| Q0408 | 1 2 3 4 5 88 |
| Q0409 | 0 1 2 3 4 5 6 |

| | | Person (HH member) Number | | | | |
|--|---|---------------------------|-----|----|-----|----|
| | | 01 | 02 | 03 | 04 | 05 |
| Write initials from Q0403 Respondent initials: | | Head | | | | |
| | Does [NAME] have health insurance | | | | | |
| Q0411 | coverage? | 1 | 1 | 1 | 1 | 1 |
| | 1 = Yes, mandatory insurance | 2 3 | 2 3 | 2 | 2 3 | 2 |
| | 2 = Yes, voluntary insurance | | | 3 | | 3 |
| | 3 = Yes, both mandatory and voluntary insurance 4 = No. none. | 4 | 4 | 4 | 4 | 4 |
| | Does [NAME] need care due to his/her health | | | | | |
| Q0412 | condition, such as a long-term physical or mental illness or disability, or because | 1 | 1 | 1 | 1 | 1 |
| | he/she is getting old and weak? | 2 | 2 | 2 | 2 | 2 |
| | 1 = YES → Continue | | | | | |
| | 2 = No → Go to Q0415 or Next Person | | | | | |
| Q0413 | 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 | 1 | 1 | 1 | 1 | 1 |
| | 3 = Can be left on his/her own at home for several hours but requires accompaniment when leaving | 2 | 2 | 2 | 2 | 2 |
| | home 4 = Needs some help at home and sometimes needs | 3 | 3 | 3 | 3 | 3 |
| | to be accompanied when leaving home | 4 | 4 | 4 | 4 | 4 |
| Q0414 | Is [NAME] presently in an institution (hospital, after care home, home for the | 1 | 1 | 1 | 1 | 1 |
| | aged, hospice) due to his/her health condition? | 2 | 2 | 2 | 2 | 2 |
| lf marsar | 1 = YES; 2 = NO | | | _ | | |

If person was a household member in WHS 2003, but is now NOT a household member, continue with Q0415. If person is a NEW household member or was household member in 2003 and is still a household member today, do NOT answer Q0415 or Q0416 → go to Next HH member, or if last HH member → go to Q0417.

| | What is the reason for [NAME]'s absence? | | | | | |
|-------|---|----------|---------|-------|-------|----|
| Q0415 | 01 = EMPLOYMENT | 01 | 01 | 01 | 01 | 01 |
| | 02 = LOOKING FOR WORK | 02 | 02 | 02 | 02 | 02 |
| | 03 = School | 03 | 03 | 03 | 03 | 03 |
| | 04 = VISIT FAMILY | 04 | 04 | 04 | 04 | 04 |
| | 05 = VISIT FRIENDS | 05 | 05 | 05 | 05 | 05 |
| | 06 = Marriage/cohabitation | 06 | 06 | 06 | 06 | 06 |
| | 07 = Personal reasons | 07 | 07 | 07 | 07 | 07 |
| | 08 = ESCAPE VIOLENCE OR POLITICAL PROBLEMS | 08 | 08 | 80 | 08 | 80 |
| | 09 = Prison | 09 | 09 | 09 | 09 | 09 |
| | 10 = HOSPITAL/CLINIC | 10 | 10 | 10 | 10 | 10 |
| | 11 = NURSING HOME/OLD PERSONS HOME | 11 | 11 | 11 | 11 | 11 |
| | 12 = DIED → go to Next HH member | 12 | 12 | 12 | 12 | 12 |
| | 87 = OTHER, SPECIFY: | 87 | 87 | 87 | 87 | 87 |
| | 88 = Don't know | 88 | 88 | 88 | 88 | 88 |
| | Where did [NAME] go to? | | _ | | | |
| Q0416 | 1 = DIFFERENT HOUSEHOLD IN SAME | 1 | 1 | 1 | 1 | 1 |
| | COMMUNITY/LOCALITY/ NEIGHBOURHOOD | _ | | _ | | |
| | 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 |
| | 88 = DON'T KNOW | 88 | 88 | 88 | 88 | 88 |
| | Go to next HH member or if la | st HH me | ember - | go to | Q0417 | |

| | Person (Household member) number | | | | | | | | |
|-----------|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 |
| Initials: | | | | | | | | | |
| Q0411 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| Q0412 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Q0413 | 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 |
| Q0414 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

If person was a household member in WHS 2003, but is now NOT a household member, continue with Q0415. If person is a NEW household member or was household member in 2003 and is still a household member today, do NOT answer Q0415 or Q0416 → go to Next HH member, or if last HH member → go to Q0417.

| Q0415 | | | | | | | | | | |
|--|-------|--|--|--|--|--|--|--|--|--|
| 87 87 87 87 87 87 87 87 87 88< | Q0415 | 02 03 04 05 06 07 08 09 10 |
| 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 7 6 7 6 7 <td>Q0416</td> <td>88</td> <td>88</td> <td>88</td> <td>88</td> <td>88</td> <td>88</td> <td>88</td> <td>88</td> <td>88</td> | Q0416 | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| | | 2 3 4 5 88 | 2 3 4 5 88 | 2 3 4 5 88 | 3 | 2 3 4 5 88 | 3 4 | 3 4 | 2 3 4 5 88 | 3 4 |

Go to next HH member or if last HH member → go to Q0417

| | Just to make sure I have a complete listing of everyone in the household - you said previously that | | | | | | | |
|-------------------------|--|-------------------|--------------------------------------|----------------------------|-----------------------------|--------------------|--|--|
| (SEE Q | 0401) people live in the | nis household. | | | | | | |
| | IEWER: Check Q0401 - make ber of persons living in the hou | | ber of persons | listed in the ros | ster table abov | e is equal to | | |
| Q0417 | Are there any other persons infants that we have not liste | | children or | 1 YES 2 No | (GO BACK TO HH ROSTER | | | |
| Q0418 | Are there any other persons are usually part of your house | 1 YES 2 No | > | AND COMPLETE COLUMN) | | | | |
| Q0419 | Who is the main income ear (person who brings in most INTERVIEWER: insert the Person the roster table above. | money)? | | 87 OTHER PSR | SON | | | |
| Q0420 | Who is the household member who completed the | | | | | | | |
| | in the household/dwelling in IEWER: Check HH roster Q04 | | ns (for 'Second | (follow-up)' ii | nterviews onl | y) | | |
| | to know if there have been ar | | | elling in the las | t 24 months. | | | |
| | Has any member of this house months? | enoia alea in tri | e last 24 | 1 YES 2 No | → | o .: | | |
| | INTERVIEWER: (identify the o | 2 NO | | | | | | |
| | example, "since September 20 | | riod - for | | | 0450 | | |
| Q0422 | | 003?"). | | | | | | |
| Q0422 | example, "since September 20 How many deaths were there | 003?"). | | | d. Person 4 | 0450 | | |
| Q0422 Q0423 | example, "since September 20 How many deaths were there months? Sex of deceased? 1=Male, 2=Female | in the househo | ld in the last 24 | | | 0450 | | |
| Q0422 Q0423 | How many deaths were there months? Sex of deceased? | in the househo | ld in the last 24 b. Person 2 | c. Person 3 | d. Person 4 | e. Person 5 | | |
| Q0422 Q0423 Q0424 | How many deaths were there months? Sex of deceased? 1=Male, 2=Female a) What was his/her age at | in the househo | ld in the last 24 b. Person 2 | c. Person 3 | d. Person 4 | e. Person 5 | | |
| Q0422 Q0423 Q0424 | How many deaths were there months? Sex of deceased? 1=Male, 2=Female a) What was his/her age at death (in years)? Age at last birthday. For children less than 1 year, | a. Person 1 | b. Person 2 | c. Person 3 | d. Person 4 | e. Person 5 | | |

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.** We want to interview <u>all</u> persons aged 50 years and older present in the household on the day of the interview, but someone younger than 50 may complete the household questionnaire.

A. INSTRUCTIONS FOR SELECTING RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE

INTERVIEWER: For the Household Informant, choose the person in the household <u>most knowledgeable</u> 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 | INTERVIEWER: Indicate who is the 'Household Informant'? Record the Person (HH member) number from the Household Roster | |
|--------|--|---|
| Q0451a | Was the Household Consent Form Agreed to and Signed / Agreed but Witness Signed or Refused? | 1 Agreed and signed 2 Agreed, but witness signed 3 Refused Individual Q |

B. INSTRUCTIONS FOR SELECTING RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE

For Households scheduled for an interview with a respondent aged 18 to 49, include that Person (Household member) number from the Household roster column. The Person number be recorded below in Q0452 and then in Q1007 on the Individual Respondent Questionnaire. The younger respondent will be a follow-up respondent from the World Health Survey.

For households scheduled for an interview with a respondent aged 50+ years - you will interview all persons aged 50+ years. Someone younger than 50 years may complete the Household Questionnaire.

You may have multiple individual interviews for one household, but you need to complete the household questionnaire only once. The multiple respondents for the individual questionnaire should be listed below starting with Q0452 for the first person, Q0453 for the second...and then in Q1007 on the Individual Respondent Questionnaire.

| Q0452 | Person (Household member) number | |
|-------|--|--|
| Q0453 | If more than one; Person (Household member) number | |
| Q0454 | If more than two, Person (Household member) number | |
| Q0455 | If more than three, Person (Household member) number | |
| Q0456 | If more than four, Person (Household member) number | |

INTERVIEWER:

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

| | Section 0500: Housing | | | | | |
|---------|---|---|---|--|--|--|
| Time Be | egin . | | | | | |
| I would | like to ask you some questions about your dy | velling or home. | <u> </u> | | | |
| Q0501 | Is this dwelling where you live? INTERVIEWER: read options to the respondent. | Owned by the household head and fully paid off Owned by the household head but not yet fully paid off Owned by someone else in household and fully paid off Owned by someone else in household but not yet fully paid off Rented | Q0503 Q0503 | | | |
| Q0502 | If the owner [you] were to sell this dwelling today, what is the approximate value (about how much is it worth)? Use local currency. | -8 DON'T KNOW | | | | |
| Q0503 | How many rooms does this dwelling have in total, without counting the bathrooms/toilets or hallways/passage ways? | | | | | |
| ENVIRON | IMENTAL RISK FACTORS / WATER AND SANITATIO | N | | | | |
| Q0504 | What type of floor does your dwelling have? | Hard Floor (Tile, Cement, Brick, Wood) Earth Floor | | | | |
| Q0505 | What type of wall does your dwelling have? (Circle main type) | 1 CEMENT, BRICK, STONE OR WOOD 2 MUD/ MUD BRICK 3 THATCH AND OTHER 4 PLASTIC SHEET 5 METAL SHEET 87 OTHER, SPECIFY: | | | | |
| Q0506 | What is the main source of drinking water for members of this household? (Use pictorials in Appendix A0500A) | 1 PIPED WATER INTO DWELLING | Q0508 Q0508 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 | | | |

| | Q0506a. What is the main source of water used by your household for other purposes such as handwashing? (Use pictorials in Appendix A0500A) | 1 PIPED WATER INTO DWELLING | Q0508 Q0508 |
|-------|--|--|-------------------------|
| Q0507 | How long does it take to go there, get water and come back? | minutes 0 Water on premises→ -8 Don't know | Q0508 |
| | Q0507a. Who usually goes to this source to fetch the water for your household? | 1 Adult man 2 Adult woman 3 Male child (under 15 years old) 4 Female child (under 15 years old) 87 Other, specify: | |
| Q0508 | What type of toilet facility do members of your household usually use? (Use pictorials in Appendix A0500B) If respondent indicates "flush" or "pour flush", probe: Where does it flush to? | 1 Flush/pour flush to piped sewer system 2 Flush/pour flush to septic tank 3 Flush/pour flush to pit latrine 4 Flush/pour flush to other location 5 Flush/pour flush to unknown place/not sure 6 Ventilated improved pit latrine (VIP) 7 Pit latrine with slab 8 Pit latrine without slab/open pit 9 Composting toilet 10 Bucket latrine 11 Hanging toilet/hanging latrine 12 No facilities or bush or field | Q0510 |
| Q0509 | Do you share this facility with other households? | 1 YES 2 No | |
| Q0510 | What type of fuel does your household mainly use for cooking? | 1 Gas → 2 Electricity → 3 Kerosene/paraffin → 4 Coal/Charcoal 5 Wood 6 Agriculture/crop 7 Animal dung 8 Shrubs/grass 87 Other, specify: | Q0601 Q0601 Q0601 |

| Q0511 | In this household, is food cooked on an open fire, an open or closed stove? INTERVIEWER: indicate main type. Use pictorials in Appendix A0500C. | 1 2 3 87 | Open fire Open stove Closed stove Other, specify: | |
|-------|--|------------------------|---|--|
| Q0512 | Does the fire/stove have a chimney, hood or neither? | 1 2 3 | Chimney Hood Neither | |
| Q0513 | Where is cooking usually done? | 1 2 3 4 87 | In a room used for living or sleeping In a separate room used as kitchen In a separate building used as kitchen Outdoor Other, specify: | |

| | | | • | | 1 | |
|------|-----|--|---|--|---|--|
| Time | End | | | | | |

Section 0600: Household and Family Support Networks and

| | Tra | nsfers | |
|---|--|--|--|
| Т | ime Begin ••• | | |
| | EWER: The first part of this section is intens into the household from those outside the | | information about sources of |
| Families a can be in questions support e | questions are about your family and friends, and friends sometimes help one another in a vanportant. Part of our survey involves finding of about your family and friends who do not live each other. The next questions are about help reach KIN (TRANSFERS IN) | ariety of differed but how they do with you, and | nt ways, and each type of help or suppo lo that. We would now like to ask som d the different ways in which you help o |
| FAMILT AN | In the last 12 months, has anyone in the | | |
| Q0601 | household <u>received</u> any financial or in-kind support from your family (children, siblings | _ | Q0604 |
| | or parents) and relatives (other kin) who do not live with you? | 88 Don't kn | ow → Q0604 |
| Q0602 | What type of financial or in-kind support did your household receive? | A. If Yes, → Column B. If no → skip to next Q | B. Can you estimate an approximate total amount for this for the last 12 months? |
| | Q0602a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)? | 1 Yes 2 No → b 88 <i>DK</i> | -8 Don't know |
| | Q0602b. Value of food or other goods (that is, non-monetary)? | 1 Yes 2 No → c 88 DK | -8 Don't know |
| | Q0602c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include help you paid for or hired. | 1 YES 2 No → Q0603 88 DK | AVERAGE HOURS PER WEEK -8 DON'T KNOW |
| 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 88 Don't kno | ow . |
| Communi | TY 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 | Q0607 Q0607 Q0607 |
| Q0605 | What type of financial or in-kind support did your household receive? | A. If Yes, → Column B. If no → skip to next Q | B. Can you estimate an approximate total amount for this for the last 12 months? |
| | Q0605a. Money, loans, tuition, paying for | 1 YES | |

2 No → b

88 DK

-8 Don't know

bills, fees or taxes (that is, cash)?

| | Q0605b. Value of food or other goods (that is, non-monetary)? Q0605c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include help you paid for or hired. | 1 YES 2 No → c 88 DK 1 YES 2 No → Q0606 88 DK | -8 Don't know AVERAGE HOURS PER WEEK -8 DON'T KNOW |
|----------|---|--|--|
| 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 88 DON'T KNO | ow |
| GOVERNME | ENT 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? | | Q0610 Q0610 |
| Q0608 | What type of support did your household receive? | A. If Yes, → Column B If no → skip to next Q | B. Can you estimate an approximate total amount for this for the last 12 months? |
| | Q0608a Money loans tuition paying for | 1 Yes | |

No → b

YES

YES

NO 88 DON'T KNOW

No →

Q0609

-8 Don't know

-8 Don't know

2

2

88 *DK*

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

Q0608a. Money, loans, tuition, paying for

Q0608b. Value of food or other goods (that

Keeping in mind what you just described

as income or support that the household

from the government, do you consider this

bills, fees or taxes (that is, cash)?

is, non-monetary)?

can count on in the future?

Q0609

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

| FAMILY AN | ID KIN (TRANSFERS OUT) | | |
|-----------|---|--|--|
| Q0610 | In the last 12 months, has your household provided 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? | | |
| Q0611 | What type of financial or in-kind support did your household give? | A. If Yes, → Column B If no → skip to next Q | B. Can you give an approximate total amount for this for the last 12 months? |
| | Q0611a. Money, loans, tuition, paying for bills, fees or taxes (cash)? | 1 YES 2 No → b 88 <i>DK</i> | -8 Don't know |
| | Q0611b. Value of food or other goods (that is, non-monetary)? | 1 Yes 2 No → c 88 <i>DK</i> | -8 Don't know |
| | Q0611c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include paid help. | 1 YES 2 No→ Q0612 88 <i>DK</i> | AVERAGE HOURS PER WEEK -8 Don't know |
| COMMUNIT | TY, 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? | | → Q0614 Q0614 |
| Q0613 | What type of support did your household give? | A. If Yes, → Column B If no → skip to next Q | B. Can you give an approximate total amount for this for the last 12 months? |
| | Q0613a. Money, loans, tuition, paying for bills, fees or taxes? | 1 YES 2 No → b 88 <i>DK</i> | -8 Don't know |
| | Q0613b. Value of food or other goods (that is, non-monetary)? | 1 YES 2 No → c 88 <i>DK</i> | -8 Don't know |
| | Q0613c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? INTERVIEWER: This DOES NOT include paid help. | 1 YES 2 No→ Q0614 88 DK | AVERAGE HOURS PER WEEK -8 Don't know |

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. Remember this is for persons outside the household.

| 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 | → Q(| 0701 |
|-------|---|---|---|------|
| | | Α. | В. | |
| Q0615 | Please tell me the kind of care that was provided: | If Yes, → Column B If no → skip to next Q | Can you give an approximate weekly average time over the 12 months? | |
| | Q0615a. Helped with personal care, such as going to the toilet, washing, getting dressed, and eating? | 1 YES 2 NO → b 88 DK | AVERAGE HOURS/ WEI | EK |
| | Q0615b. Helped with medical care, like changing bandages and giving medicines? | 1 YES 2 NO → C 88 DK | AVERAGE HOURS/ WEI | EK |
| | Q0615c. Watched over them since their behaviour can be upsetting or dangerous to themselves or others? | 1 YES 2 NO 88 <i>DK</i> | AVERAGE HOURS/ WEI | EK |

Time End

| | | Section 0700: Assets and Household Income | | | |
|-------|---------|---|---------------|--|--|
| · | Tim | e Begin . | | | |
| I wou | ıld lik | NT INCOME INDICATORS (ASSETS) e to ask you a few more questions about your home ar that any information you provide will be kept confiden | | | |
| Q07 | 701 | How many chairs are there in your household? (If none enter "00") | | | |
| Q07 | 702 | How many tables are there in your household? (If none enter "00") | | | |
| Q07 | 703 | How many cars are there in your household? (If none enter "00") | | | |
| Q07 | 704 | Does your home have electricity? | 1 YES 2 NO | | |
| Does | your | household or anyone in your household have? | | | |
| Q07 | | A bicycle? | 1 YES 2 NO | | |
| Q07 | 706 | A clock? | 1 YES 2 NO | | |
| Q07 | 707 | A bucket? | 1 YES 2 NO | | |
| Q07 | 708 | A cot / bed / mattress? | 1 YES | | |
| Q07 | 709 | A dishwasher? | 2 NO 1 YES | | |
| Q07 | 710 | A refrigerator? | 2 NO 1 YES | | |
| Q07 | 711 | A fixed-line telephone? | 2 NO 1 YES | | |
| Q07 | 712 | A mobile / cellular telephone? | 2 NO 1 YES | | |
| Q07 | | A television? | 2 NO 1 YES | | |
| | | | 2 NO 1 YES | | |
| Q07 | 714 | A computer? | 2 NO | | |
| Q07 | 715 | A radio / tape or CD player? | 1 YES 2 NO | | |
| Q07 | 716 | Livestock (cattle only)? | 1 YES 2 NO | | |
| Q07 | 717 | A sewing machine? | 1 YES | | |
| Q07 | 718 | A moped / scooter / motorcycle? | 1 YES | | |
| | | , | 2 NO 1 YES | | |
| Q07 | 19 | A bullock cart or animal drawn cart? | 2 NO | | |

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

| Please tell us if you own any land or jewellery and other items of value. | | A. If Yes, → Column B If no → skip to next Q | B. Can you estimate an approximate total amount/value? |
|---|--|--|--|
| Q0720 | Land or property? | 1 YES 2 No → b 88 DK | -8 Don't know -9 Refused |
| Q0721 | Other valuable items, such as jewellery, books, art or other valuable items? | 1 Yes 2 No → Q0722 88 <i>DK</i> | -8 Don't know -9 Refused |

In the last part of this section, I will ask about the <u>total income for the household in the last 12 months</u> (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.

| Q0722 | Does your household have a regular source of income? | 1 2 | Yes, regular source Yes, regular but seasonal |
|-------|---|-----|--|
| | 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. | 3 | No |

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.

| ton mo wi | en me whichever time period that is easier for you. | | | | | |
|-----------|--|---|--|--|--|--|
| Q0723 | Please tell me from which of these sources members of your household receive income: | A. If Yes, → Column B If no → go to next Q | B. Can you estimate an approximate total amount of income for the household over the last [insert time period selected in Column A]? | | | |
| | Q0723a. Wages, salary from job? | 1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 NO → b 88 DK | -8 Don't know | | | |
| | Q0723b. Earnings from selling, trading or hawking products? | 1 Yes, weekly 2 Yes, monthly 3 Yes, Yearly 4 No → c 88 DK | -8 Don't know | | | |
| | Q0723c. Income from rental of property? | 1 Yes, weekly 2 Yes, monthly 3 Yes, yearly 4 No → d 88 DK | -8 Don't know | | | |

| | | T | | | |
|----------|--|--|--|--|--|
| | Please tell me from which of these sources members of your household receive income: | A. If Yes, → Column B If no → skip to nex Q | B. Can you estimate an approximate total amount of income for the household over the last [insert time period selected in Column A]? | | |
| | Q0723d. 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 88 DK | -8 Don't know | | |
| | Q0723e. Interest, dividends (for example, from savings account or fixed deposits)? | 1 Yes, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → f 88 DK | -8 Don't know | | |
| | Q0723f. Other (specify): | 1 Yes, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → Q0724 | -8 Don't know | | |
| | | | | | |
| Q0724 | So to verify this information, your approximation household income from <u>ALL</u> sources ove months is about how much? | | -8 DON'T KNOW | | |
| Q0725 | | NTERVIEWER: This number should include the spondent - so enter "01" if only the respondent depends | | | |
| Q0726 | Does your household or any members of have current debt or outstanding loans? | es your household or any members of the household | | | |
| | Q0726a. What is the approximate total amount of this debt or loan(s)? | | -8 DON'T KNOW | | |
| Q0727 | Thinking about the income for this househ believe that it is enough money to cover y needs and obligations? | | 1 YES 2 NO 88 <i>DON'T KNOW</i> | | |
| Q0728 | Would you say your household's financial situation is? | | 1 Very Good 2 Good 3 Moderate 4 Bad 5 Very Bad | | |
| Time End | | | | | |

Section 0800: Household Expenditure

| | | • | |
|------------|--|---|--|
| Time Begin | | | |

I would like to ask you some questions about how much your household and all its members spends on food, household items, health services and other things. Expenditures can be monetary or in-kind. The value of in-kind payments and items produced or raised, and consumed, by the household need to be estimated and included. We ask about different time periods, so please listen carefully to the time frame.

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

I would like to start by asking about household expenses over the last 7 days. The next questions are about <u>food items</u> purchased by the household. I would like to start with asking details about the types of food your household has purchased in cash or kind and/or self-produced goods consumed in the last 7 days.

| days. | | | | | | |
|------------|---|-----------------------------------|--|--|--|--|
| In the las | In the last 7 days, how much did your household spend on: | | | | | |
| Q0801 | Q0801a. Staple foods (rice, cassava, pasta, potatoes, bread, crackers)? | -8 DON'T KNOW | | | | |
| | Q0801b. Meat (beef, pork, lamb, mutton, chicken, turkey, duck, bushmeat, or other meat - fish or other seafood)? | -8 DON'T KNOW | | | | |
| | Q0801c. Fruits and vegetables? | -8 DON'T KNOW | | | | |
| | Q0801d. Milk and eggs? | -8 DON'T KNOW | | | | |
| | Q0801e. Spices and oils (salt, sugar, curry, garlic, ginger, pepper, chilli, or other - butter, lard, cooking oils (coconut oil, palm oil, vegetable oil, corn oil))? | -8 DON'T KNOW | | | | |
| | Q0801f. Beverages and other non-alcoholic drinks such as coffee, tea, juice, water and soft drinks. | -8 DON'T KNOW | | | | |
| | Q0801g. Tobacco and alcoholic beverages (including, beer, wine, spirits)? | -8 DON'T KNOW | | | | |
| | Q0801h. Food eaten outside the dwelling (for example, at vendors, kiosks or restaurants)? | -8 DON'T KNOW | | | | |
| | Q0801i. All other food items. | -8 DON'T KNOW | | | | |
| Please if | you could now give us a total of how much your house | hold spent overall on food items. | | | | |
| Q0802 | In the <u>last 7 days</u> , how much did your household spend on food items overall? | -8 DON'T KNOW | | | | |

Now I will shift into expenses for your household over the <u>last 30 days</u>. We are interested in frequent or regularly occurring non-food expenditures for the household.

| regularly of | occurring non-food expenditures for the household. | |
|--------------|--|--|
| | st 30 days, how much did your household spend on: | |
| Q0803 | Q0803a. Housing and utilities (rent, mortgage, electricity, heating/cooking fuel, water, telephone)? | -8 DON'T KNOW |
| | Q0803b. Clothing (footwear, hats, shirts, pants, dresses, skirt, jackets, coats) and other personal items (soap, shampoo, cosmetics, shaving cream)? | -8 DON'T KNOW |
| | Q0803c. Transportation (bus fares, cab/taxi fares, vehicle repair costs, petrol)? | -8 DON'T KNOW |
| | Q0803d. Recreation and entertainment? | -8 DON'T KNOW |
| | Q0803e. All other goods and services? Specify: | |
| | INTERVIEWER: See QxQ for acceptable items - do not include items that would be under 12 month below. | -8 DON'T KNOW |
| spent in c | ke to ask you more specific questions about how muash or in-kind on all health care and services that did genses in the last 30 days. If payment was in-kind, pleosts to be reimbursed by insurance. | not require an overnight stay. Again, we |
| In the las | st 30 days, how much did your household spend on: | |
| Q0804 | Registration and consultation fees by doctors, nurses, or trained midwives that did not require an overnight stay? | -8 DON'T KNOW |
| Q0805 | Health care by traditional or alternative healers (use other local names)? | -8 DON'T KNOW |
| Q0806 | Diagnostic and laboratory tests such as X-rays or blood tests? | -8 DON'T KNOW |
| Q0807 | Medications or drugs (prescription, non-prescription, traditional, homeopathic)? | -8 DON'T KNOW |
| Q0808 | Dentists or dental care? | -8 DON'T KNOW |
| Q0809 | Ambulance? | -8 DON'T KNOW |
| Q0810 | Any other health care products or services that were not included above? | -8 DON'T KNOW |

I know these questions may be difficult to answer - try to give us the best estimate of expenses. Now I want you to focus on household expenses over the <u>last 12 months</u>. These are expenses that may be more periodic or "big purchases". I would like to ask how much money was spent by all household members for the following items in the <u>last 12 months</u>.

| In the last 12 months, how much did your household spend on: | | | |
|--|--|---------------|--|
| Q0811 | Education fees and supplies (tuition, course fees, books)? | -8 DON'T KNOW | |
| Q0812 | Durable goods (televisions, phones, bed sheets, towels, tools), furniture (tables, chairs, beds) and appliances (refrigerators, washing machines)? | -8 DON'T KNOW | |
| Q0813 | Vehicles (trucks, cars, motorcycles, scooters, bicycles) and upkeep/repairs? | -8 DON'T KNOW | |
| Q0814 | Rituals, gifts or ceremonies (funerals, birthdays, weddings)? | -8 DON'T KNOW | |
| Q0815 | Taxes (property tax, vehicle tax, income tax) and non-health related insurance (personal, vehicle, household, life)? | -8 DON'T KNOW | |
| Q0816 | Mandatory health insurance premiums or pre-paid health plans? | -8 DON'T KNOW | |
| Q0817 | Voluntary health insurance premiums (including, community health insurance schemes)? | -8 DON'T KNOW | |
| Q0818 | Health-related items (prescription glasses, hearing aids, canes, prosthetic devices)? | -8 DON'T KNOW | |
| Q0819 | Costs associated with overnight stays in a hospital or health facility? Please exclude any reimbursements from insurance and | -8 DON'T KNOW | |
| | transportation costs. | | |
| Q0820 | Costs associated with long-term care facility? | | |
| | Please exclude any reimbursements from insurance and transportation costs. | -8 DON'T KNOW | |
| Q0821 | All other goods and services (property, land, livestock, cleaning services, repair services)? | -8 DON'T KNOW | |

INTERVIEWER: If no health expenditures, (Q0804 to Q0810 = "0" and Q0818 to Q0820 = "0") \rightarrow SKIP TO Q0829

Finally, I want you to think of how you paid for your health care expenditures over the <u>last 12 months</u>. This includes costs for all fees, services and goods, including overnight stays.

In the last 12 months, which of the following financial sources did your household use to pay for any and

all health expenditures?

| <u>ali Heallii</u> | <u>expenditures</u> ? | | |
|--------------------|---|--------------|-------------------------|
| Q0822 | Current income of any household members (salaries, pensions, paid benefits)? | 1 2 88 | YES NO DON'T KNOW |
| Q0823 | Savings? | 1 2 88 | YES NO DON'T KNOW |
| Q0824 | Payment or reimbursement from a health insurance plan (including community health schemes)? | 1 2 88 | YES NO DON'T KNOW |
| Q0825 | Sold items (land, property, furniture, livestock, jewellery)? | 1 2 88 | YES NO DON'T KNOW |
| Q0826 | Relatives or friends from outside the household? | 1 2 88 | YES NO DON'T KNOW |
| Q0827 | Borrowed from financial institutions or agencies (microfinance schemes, banks)? | 1 2 88 | YES NO DON'T KNOW |
| Q0828 | Other, specify: | 1 2 88 | YES NO DON'T KNOW |

Last, we want you to think of a typical month and the expenditures for your household. We want to know an average total amount your household spends on all items. This includes the total amount your household and all its members spent on everything, for example, clothing, transport, rent and rates, school fees, food, drink, entertainment, health care and all other expenses.

| Q0829 | In general, what is your household's average overall monthly spending? | |
|---------|--|---------------|
| | mentally eponemis | -8 DON'T KNOW |
| Time En | d | |

INTERVIEWER: If respondent for household survey is 50 years of age or older - continue with Individual Q. If respondent is aged 18-49 years, and this is meant to be a individual interview with a younger adult - use the KISH table results (see **Section 0450**) to correctly identify the respondent for the Individual Q.

INTERVIEWER: If deaths in the household in the last year, COMPLETE VERBAL AUTOPSY module for all deaths. Complete interviewer observations first – then complete verbal autopsy.

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.

Section 0900: Interviewer Observations - HHQ

| Q0901 | Was someone else present during the interview? | 1 2 | YES No |
|-------|---|-----------------------|--|
| Q0902 | What is your evaluation of the accuracy of the informant's answers? | 1 2 3 4 5 | VERY GOOD GOOD MODERATE BAD VERY BAD |

| | | QUESTION NUMBER(s) | NOTES |
|-------|---|--------------------|-------|
| Q0903 | Questions with doubtful answers | | |
| Q0904 | Questions needing follow-up or clarification from supervisor | | |
| Q0905 | Other problems or issues | | |
| Q0906 | What questions did informant find difficult, embarrassing or confusing? | | |
| Q0907 | What questions did you the interviewer find difficult, embarrassing or confusing? | | |

| INTERVIEWER NOTES | | |
|-------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |