



STUDY ON GLOBAL AGEING AND ADULT HEALTH 2006

Individual Questionnaire – Set A



Table of Contents - INDIA

Contact Record – Individual or Proxy Respondent.....	2
Section 1000: Socio-Demographic Characteristics.....	4
Section 1500: Work History and Benefits.....	8
Section 2000: Health State Descriptions.....	10
Section 2500: Anthropometrics, Performance Tests and Biomarkers.....	16
Section 3000: Risk Factors and Preventive Health Behaviours.....	26
Section 4000: Chronic Conditions and Health Services Coverage.....	30
Section 5000: Health Care Utilisation.....	38
Section 6000: Social Cohesion.....	50
Section 7000: Subjective Well-Being and Quality of Life.....	53
Section 8000: Impact of HIV/AIDS (caregiving).....	68
Section 9000: Interviewer Assessment.....	78

World Health Organization Study on Global Ageing and Adult Health (SAGE)
Individual Questionnaire A - INDIA

Contact Record – Individual or Proxy Respondent

Q1000A. INTERVIEWER I.D.

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Q1000B. CONTACT WITH:

- 1=INDIVIDUAL RESPONDENT
 2=PROXY RESPONDENT
 3=NO ONE

- 1
2
3

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=DECEASED RESPONDENT
 14=RESPONDENT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE

- 01
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INTERVIEWER: INSERT FINAL RESULT CODE IN SECTION 0000: COVERSHEET, Q0007B.

World Health Organization Study on Global Ageing and Adult Health (SAGE)
Individual Questionnaire A - INDIA

Q1001	<i>INTERVIEWER:</i> <i>Does the respondent have obvious cognitive limitations that prevent him/her from being interviewed?</i>	1 YES→ 2 NO	Q1005
<p>I would like to start by asking you some background questions before asking you questions about your health. This information is confidential and you will not be identified individually or without your consent.</p> <p>One of the issues we are exploring in this study are the memory problems that some older persons can have. I know these questions may be sensitive or difficult to answer, but please try to provide an answer. I would like to start by asking you two questions about your memory.</p>			
Q1002	How would you best describe your memory at present? Is it very good, good, moderate, bad or very bad?	1 VERY GOOD 2 GOOD 3 MODERATE 4 BAD 5 VERY BAD	
Q1003	Compared to 12 months ago, would you say your memory is now better, the same or worse than it was then?	1 BETTER 2 SAME 3 WORSE	
Q1004	<i>INTERVIEWER:</i>	1 NO REASON TO THINK RESPONDENT HAS ANY COGNITIVE LIMITATIONS ..→ 2 COGNITIVE LIMITATIONS OR HEALTH PROBLEMS, PROXY.....→	INDIVIDUAL CONSENT FORM AND INDIVIDUAL Q Q1005
Q1005	<i>INTERVIEWER: WE WOULD LIKE TO ASK SOMEONE WHO KNOWS THE RESPONDENT A FEW QUESTIONS ABOUT THE RESPONDENT'S MEMORY AND HEALTH. Who is the proxy?</i>	1 SPOUSE→ 2 NON-SPOUSE.....→	Proxy Q Proxy Q
INTERVIEWER: GO TO PROXY CONSENT & QUESTIONNAIRE			

Section 1000: Socio-Demographic Characteristics

Time Begin :

Q1006	Household ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q1007	Person (HH member) number from HH roster (number from column)	<input type="text"/> <input type="text"/>
Q1008	<p>What is your mother tongue?</p> <p>By mother tongue, we mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with.</p>	<p>1 ASSAMEE</p> <p>2 BENGALI</p> <p>3 ENGLISH</p> <p>4 GUJARATI</p> <p>5 HINDI</p> <p>6 KANNADA</p> <p>7 KASHMIRI</p> <p>8 KONKANI</p> <p>9 MALAYAM</p> <p>10 MANIPURI</p> <p>11 MARATHI</p> <p>12 NEPALI</p> <p>13 ORIYA</p> <p>14 PUNJABI</p> <p>15 SINDHI</p> <p>16 TAMIL</p> <p>17 TELUGU</p> <p>18 URDU</p> <p>87 OTHER, SPECIFY:</p>
Q1009	INTERVIEWER: Record sex of the respondent	<p>1 MALE</p> <p>2 FEMALE</p>
Q1010	<p>What day, month and year were you born?</p> <p>DD / MM / YYYY</p> <p>Check birth certificate if available.</p>	<p><input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>-8 DON'T KNOW</p>
Q1011	<p>How old are you now?</p> <p>INTERVIEWER: If don't know - probe.</p>	<p><input type="text"/><input type="text"/><input type="text"/> AGE IN YEARS</p>
Q1012	What is your <u>current</u> marital status?	<p>1 NEVER MARRIED→ Q1015</p> <p>2 CURRENTLY MARRIED→ Q1014</p> <p>3 COHABITING→ Q1014</p> <p>4 SEPARATED/DIVORCED→ Q1013</p> <p>5 WIDOWED→ Q1013</p>
Q1013	<p>For how many <u>years</u> have you been separated, divorced or widowed?</p> <p>INTERVIEWER: if less than 1 year, enter "00"</p>	<p><input type="text"/><input type="text"/> NUMBER OF YEARS→ Q1015</p> <p>-8 DON'T KNOW→ Q1015</p>

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Q1014	For how many <u>years</u> have you been married or living together? <i>INTERVIEWER: if less than 1 year, enter "00"</i>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> NUMBER OF YEARS -8 <i>DON'T KNOW</i>	
Q1015	Have you <u>ever</u> been to school?	1 YES 2 No→	Q1018
Q1016	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	
Q1017	How many <u>years of school</u> , including higher education have you <u>completed</u> ?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> NUMBER OF YEARS -8 <i>DON'T KNOW</i>	
Q1018	What is your <u>background or ethnic group</u> ?	1 SCHEDULED TRIBE 2 SCHEDULED CASTE 3 NO CASTE OR TRIBE 87 OTHER, SPECIFY:	
Q1019	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	
Q1020	Have you always lived in this village/town/city?	1 YES→ 2 No	Q1025
Q1021	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; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEARS -8 <i>DON'T KNOW</i>	
Q1022	Where were you living before?	1 In a different household in same community/locality/neighborhood 2 In another city in this state/province 3 In another rural area in this state/province 4 In another city outside this state/province but in country 5 In another rural area in this state but in country 6 Outside the country	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Q1023 Where have you lived for most of your adult life (18+ years)?	1 IN A DIFFERENT HOUSEHOLD IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD 2 IN ANOTHER CITY IN THIS STATE/PROVINCE 3 IN ANOTHER RURAL AREA IN THIS STATE/PROVINCE 4 IN ANOTHER CITY OUTSIDE THIS STATE/PROVINCE BUT IN COUNTRY 5 IN ANOTHER RURAL AREA IN THIS STATE BUT IN COUNTRY 6 OUTSIDE THE COUNTRY
Q1024 Where did you live for most of your childhood (before age 10 years)?	1 IN A DIFFERENT HOUSEHOLD IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD 2 IN ANOTHER CITY IN THIS STATE/PROVINCE 3 IN ANOTHER RURAL AREA IN THIS STATE/PROVINCE 4 IN ANOTHER CITY OUTSIDE THIS STATE/PROVINCE BUT IN COUNTRY 5 IN ANOTHER RURAL AREA IN THIS STATE BUT IN COUNTRY 6 OUTSIDE THE COUNTRY

Before we move onto the next section, I would like to ask you a few questions about your *[biological]* parents. I would like to know about their level of education and main occupation.

Let's start with your mother.

Q1025 Was your mother ever employed?	1 YES 2 No→	Q1028
Q1026 Who is/was your mother's main employer over her working life?	1 Public sector (Government) 2 Private Sector (For profit or not for profit) 3 Self-employed 4 Informal employment	
Q1027 What is/was her main occupation? <i>INTERVIEWER: write exactly what the respondent says - clarify if you do not understand - write clearly in capital letters</i>		
Q1028 What is the <u>highest level</u> of education that she <u>completed</u> ?	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 6 POST GRADUATE DEGREE COMPLETED -8 DON'T KNOW	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Now if you would please tell me about your father.

Q1029	Was your father ever employed?	1 YES 2 No→	Q1032
Q1030	Who is/was your father's main employer over his working life?	1 Public sector (Government) 2 Private Sector (For profit or Not for profit) 3 Self-employed 4 Informal employment	
Q1031	What is/was his main occupation? <i>INTERVIEWER: write exactly what the respondent says - clarify if you do not understand - write clearly in capital letters</i>		
Q1032	What is the <u>highest level</u> of education that he <u>completed</u> ?	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 -8 DON'T KNOW	

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

Time End :

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Section 1500: Work History and Benefits

Time Begin :

Now I would like to ask you some questions about any work you may be doing now or have done in the past. I will ask some questions about the type and amount of your current or past work, benefits, if any, you may be receiving or have received from your work, and the reasons for why you may not be working currently.

Q1501	<p>As you know, some people take jobs for which they are paid in cash or kind. Other people sell things, have a small business, or work on the family farm or family business. Have you ever in your life done any of these things or any type of work (not including housework)?</p>	<p>1 YES→ 2 No</p>	Q1502
	<p>Q1501a. What is the main reason that you have never worked?</p>	<p>1 HOMEMAKER / CARING FOR FAMILY 2 COULD NOT FIND A JOB 3 DO VOLUNTARY WORK 4 IN STUDIES / TRAINING 5 HEALTH PROBLEMS/DISABLED 6 HAVE TO TAKE CARE OF FAMILY MEMBER 7 DO NOT HAVE THE ECONOMIC NEED 8 PARENTS / SPOUSE DID NOT LET ME 87 OTHER, SPECIFY:</p>	Q2000
Q1502	<p>At what age did you start working for pay?</p>	<p><input type="text"/><input type="text"/> YEARS OF AGE→ -8 DON'T KNOW</p>	Q1503
	<p>Q1502a. How many years ago did you start working?</p>	<p><input type="text"/><input type="text"/> YEARS AGO</p>	
Q1503	<p>Have you worked for at least 2 days during the last 7 days?</p>	<p>1 YES→ 2 No</p>	Q1508
Q1504	<p>What is the main reason you are not currently working?</p> <p><i>INTERVIEWER: Only one answer allowed</i></p>	<p>1 HOMEMAKER / CARING FOR FAMILY 2 CANNOT FIND A JOB 3 DO VOLUNTARY WORK (NOT PAID OR SUBSISTENCE WORK) 4 IN STUDIES / TRAINING 5 HEALTH PROBLEMS/DISABLED 6 HAVE TO TAKE CARE OF FAMILY MEMBER 7 DO NOT HAVE THE ECONOMIC NEED 8 MY FAMILY/SPOUSE DOESN'T WANT ME TO WORK 9 RETIRED / TOO OLD TO WORK 10 LAID OFF / MADE REDUNDANT 11 SEASONAL WORK 12 VACATION / SICK LEAVE / VOLUNTARY AND TEMPORARY TIME OFF→ 87 OTHER, SPECIFY:</p>	Q1508
Q1505	<p>At what age did you stop working?</p>	<p><input type="text"/><input type="text"/> YEARS OF AGE→ -8 DON'T KNOW</p>	Q1506

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

	Q1505a. (only if Q1505 is Don't Know) How many years ago did you stop working?	<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	
Q1506	Are you actively looking for work at this time?	1 YES 2 No→	Q1508
Q1507	What is the <u>main reason</u> that you would you like to work at present? <i>INTERVIEWER: Only one answer allowed - read categories if needed.</i>	1 NEED THE INCOME 2 WANT TO/NEED TO BE ACTIVE 3 WANT TO FEEL USEFUL 4 HELP MY FAMILY 87 OTHER, SPECIFY:	
Now I will ask you some questions about your current work or your most recent work. Please answer these questions thinking about your current work, or if you are not working currently, think about your most recent work.			
Q1508	Are/were you paid in cash or kind for your work or are/were you not paid at all?	1 CASH ONLY 2 IN KIND ONLY 3 CASH AND KIND 4 NOT PAID	
Q1509	Who is/was your employer in your current/most recent <u>MAIN</u> job?	1 PUBLIC SECTOR (GOVERNMENT) 2 PRIVATE SECTOR (FOR PROFIT AND NOT FOR PROFIT) 3 SELF-EMPLOYED 4 INFORMAL EMPLOYMENT	
Q1510	In the last 12 months, for your <u>main</u> job, what has been your main occupation? <i>INTERVIEWER: Write exactly what the respondent says - write clearly in capital letters.</i>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Q1511	Do/did you usually work throughout the year, or do/did you work seasonally, or only once in a while for your <u>main</u> job?	1 WORK THROUGHOUT THE YEAR 2 SEASONALLY/PART OF THE YEAR 3 ONCE IN A WHILE	
Q1512	On average, how many days a week do/did you work in your <u>main</u> job?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DAYS	
Q1513	On average, how many hours a day do/did you work in your <u>main</u> job?	<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	
Q1514	In this <u>main</u> job, do/did you receive any of the following benefits in addition to your payment in cash or in kind?	a. Retirement or pension	1 YES 2 NO
		b. Medical services/health care	1 YES 2 NO
		c. Food or provisions	1 YES 2 NO
		d. Cash bonuses	1 YES 2 NO
		e. No benefits	1 YES 2 NO
		f. Other, specify:	1 YES 2 NO
Q1515	Have you worked at <u>more than one job</u> over the <u>last 12 months</u> ?	1 YES 2 NO	

Time End
 :

Section 2000: Health State Descriptions

Time Begin :

Now we will switch to questions specifically about your health. The first questions are about your overall health, including both your physical and your mental health. By difficulty in the second question, I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity.

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. Let me remind you, 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

INTERVIEWER: Use Showcard if needed for mobility.

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

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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 not feeling rested and <u>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

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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 arms 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

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. 'N/A' means 'not applicable'.

	In the last 30 days, how much difficulty did you have ...	None	Mild	Moderate	Severe	Extreme/ cannot do	N/A
Q2025	... in sitting for long periods?	1	2	3	4	5	98
Q2026	... in walking 100 meters?	1	2	3	4	5	98
Q2027	... in standing up from sitting down?	1	2	3	4	5	98
Q2028	... in standing for long periods?	1	2	3	4	5	98
Q2029	... with climbing one flight of stairs without resting?	1	2	3	4	5	98
Q2030	... with stooping, kneeling or crouching?	1	2	3	4	5	98
Q2031	... picking up things with your fingers (such as picking up a coin from a table)?	1	2	3	4	5	98
Q2032	... in taking care of your household responsibilities?	1	2	3	4	5	98

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

	In the last 30 days, how much difficulty did you have ...	NONE	MILD	MODERATE	SEVERE	EXTREME/ CANNOT DO	N/A
Q2033	... 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	98
Q2034	... in extending your arms above shoulder level?	1	2	3	4	5	98
Q2035	... concentrating on doing something for 10 minutes?	1	2	3	4	5	98
Q2036	... in walking a long distance such as a kilometer?	1	2	3	4	5	98
Q2037	... in bathing/washing your whole body?	1	2	3	4	5	98
Q2038	... in getting dressed?	1	2	3	4	5	98
Q2039	... in your day to day work?	1	2	3	4	5	98
Q2040	... with carrying things?	1	2	3	4	5	98
Q2041	... with moving around inside your home (such as walking across a room)?	1	2	3	4	5	98
Q2042	... with eating (including cutting up your food)?	1	2	3	4	5	98
Q2043	... with getting up from lying down?	1	2	3	4	5	98
Q2044	... with getting to and using the toilet?	1	2	3	4	5	98
Q2045	... with getting where you want to go, using private or public transport if needed?	1	2	3	4	5	98
Q2046	... getting out of your home?	1	2	3	4	5	98
Q2047	In the last 30 days, how much have you been emotionally affected by your health condition(s)?	1	2	3	4	5	98
Q2048	Overall, how much did these difficulties interfere with your life?	1	2	3	4	5	98

Q2049	Besides any vision aids (eyeglasses or contact lenses) or hearing aids mentioned above, do you use any other assistive devices (cane, walker or other) for any difficulties you experience?	1 YES 2 NO
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VIGNETTES FOR HEALTH STATE DESCRIPTIONS

This next section will require additional concentration. I will read to you some stories about people with varying levels of difficulties in different areas of health. I want you to think about these people's experiences as if they were your own. Once I have finished reading each story, I will ask you to rate what happened in the story.

I would like to know how you view each story and rate how much of a problem or difficulty the person described has in that area of health in the same way that you described your own health to me earlier. While giving the rating, think of the person in the story as someone who is of your age and background.

Set A Affect and Mobility						
[Yusuf] is able to walk distances of up to 200 metres without any problems but feels tired after walking one kilometre or climbing up more than one flight of stairs. He has no problems with day-to-day physical activities, such as carrying food from the market.						
	Overall in the last 30 days, how much difficulty did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2101	...[Yusuf] have with <u>moving around</u> ?	1	2	3	4	5
Q2102	...[Yusuf] have 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
[Lucas] feels nervous and anxious. He worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests him. When he is alone he tends to feel useless and empty.						
	Overall in the last 30 days, how much of a problem did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2103	...[Lucas] have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2104	...[Lucas] have with <u>worry or anxiety</u> ?	1	2	3	4	5
[Gabriel] has a lot of swelling in his legs due to his health condition. He has to make an effort to walk around his home as his legs feel heavy.						
	Overall in the last 30 days, how much difficulty did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2105	...[Gabriel] have with <u>moving around</u> ?	1	2	3	4	5
Q2106	...[Gabriel] have in <u>vigorous activities</u> ?	1	2	3	4	5
[Jane] enjoys her work and social activities and is generally satisfied with her life. She gets depressed every 3 weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day to day activities.						
	Overall in the last 30 days, how much of a problem did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2107	...[Jane] have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2108	...[Jane] have with <u>worry or anxiety</u> ?	1	2	3	4	5

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

[Margaret] does not exercise. She cannot climb stairs or do other physical activities because she is obese. She is able to carry the groceries and do some light household work.						
	Overall in the last 30 days, how much of a problem did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2109	...[Margaret] have with <u>moving around</u> ?	1	2	3	4	5
Q2110	...[Margaret] have in <u>vigorous activities</u> ?	1	2	3	4	5
[Susan] feels depressed most of the time. She weeps frequently and feels hopeless about the future. She feels that she has become a burden on others and that she would be better dead.						
	Overall in the last 30 days, how much of a problem did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2111	...[Susan] have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2112	...[Susan] have with <u>worry or anxiety</u> ?	1	2	3	4	5
[Mary] has no problems with walking, running or using her hands, arms and legs. She jogs 4 kilometres twice a week.						
	Overall in the last 30 days, how much difficulty did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2113	...[Mary] have with <u>moving around</u> ?	1	2	3	4	5
Q2114	...[Mary] have in <u>vigorous activities</u> ?	1	2	3	4	5
[Abdul] is paralyzed from the neck down. He is unable to move his arms and legs or to shift body position. He is confined to bed.						
	Overall in the last 30 days, how much difficulty did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2115	...[Abdul] have with <u>moving around</u> ?	1	2	3	4	5
Q2116	...[Abdul] have in <u>vigorous activities</u> ?	1	2	3	4	5
[Samson] loves life and is happy all the time. He never worries or gets upset about anything and deals with things as they come.						
	Overall in the last 30 days, how much of a problem did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2117	...[Samson] have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2118	...[Samson] have with <u>worry or anxiety</u> ?	1	2	3	4	5
[Scholastica] has already had five admissions into the hospital because she has attempted suicide twice in the past year and has harmed herself on three other occasions. She is very distressed every day for the most part of the day, and sees no hope of things ever getting better. She is thinking of trying to end her life again.						
	Overall in the last 30 days, how much of a problem did...	None	Mild	Moderate	Severe	Extreme/ Cannot do
Q2119	...[Scholastica] have with <u>feeling sad, low, or depressed</u> ?	1	2	3	4	5
Q2120	...[Scholastica] have with <u>worry or anxiety</u> ?	1	2	3	4	5

Time End :

Section 2500: Anthropometrics, Performance Tests and Biomarkers

Time Begin :

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

Blood Pressure

First I would like to measure your blood pressure and pulse rate. Stay seated, and once I put this on your wrist keep it steady and at the level of your heart. We will need to take the blood pressure reading three times. It will squeeze your wrist a bit, but won't hurt. Relax.

INTERVIEWER: respondent should remain seated. Demonstrate to the respondent how to hold their arm while the machine is measuring. Place the monitoring device on the wrist and have the respondent hold it at heart level against his/her chest. When the device is in the correct position and respondent is relaxed, press the blue button to start. Check to make sure it is working. Collect the blood pressure and pulse 3 times with one minute between each measurement. You do not need to remove the device between measurements.

Q2501 Time 1 Systolic
Diastolic

Q2501a Time 1 Pulse rate / minute

INTERVIEWER: Ask the respondent to release the arm and relax. Wait for one minute before time 2. Do not ask the respondent questions. Use this time for quality control checks.

Okay, now we can get your second measurement for your blood pressure.

Q2502 Time 2 Systolic
Diastolic

Q2502a Time 2 Pulse rate / minute

INTERVIEWER: Again, remind the respondent to relax. Meanwhile, when waiting to take the third measurement, you can locate and measure out a 4 metre length to prepare for the vision test and timed walk.

Okay, now we can get your third measurement for your blood pressure.

Q2503 Time 3 Systolic
Diastolic

Q2503a Time 3 Pulse rate / minute

Notes:

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

<i>INTERVIEWER: For the following questions about height and weight, probe if needed to get the respondent's best estimate or guess.</i>	
Now that we have your blood pressure measured, can you please tell us:	
Q2504	What is your height in centimeters? <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"/> centimetres
Q2505	What is your weight in kilograms? <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"/> kilograms

FILTER1	<i>INTERVIEWER: Can respondent stand up, yes or no?</i>	1 YES 2 No →	Q2514
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ANTHROPOMETRIC MEASUREMENTS

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.	
Q2506	<i>Measured height in centimetres</i> <div style="text-align: right; margin-top: 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"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> centimetres 997 Refused 998 Not able </div>
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.	
Q2507	<i>Measured weight in kilograms</i> <div style="text-align: right; margin-top: 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"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> kilograms 997 Refused 998 Not able </div>
Q2508	<i>Waist circumference</i> <i>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</i> <div style="text-align: right; margin-top: 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"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> centimetres 997 Refused 998 Not able </div>
Q2509	<i>Hip circumference</i> <i>INTERVIEWER: measure at the midpoint of the hips - and make sure the tape measure is parallel to the floor all the way around the body</i> <div style="text-align: right; margin-top: 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"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> centimetres 997 Refused 998 Not able </div>
Now you can put your shoes back on, if you wish, and we can continue.	
Notes:	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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 type="text"/> <input type="text"/> <input type="text"/> SECONDS

Rapid walk

Now I want to repeat the walk. This time, however, I would like you to walk at a rapid pace, as fast as you 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 type="text"/> <input type="text"/> <input type="text"/> SECONDS

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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 4 meters from the eye chart. Make sure the person does not lean in closer to the chart 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, letter by letter, 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 chart - using the 4 metres measured out for the timed walk. If the respondent makes 2 errors or more in one row, their result is read as the previous row. You will select and record the result from the column labeled "DECIMAL" on the left side of the chart.

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 Distance Vision - Left Eye

<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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Now cover your left eye with left hand so we can test your right eye.
Please read....

Q2515 Distance Vision - Right Eye

<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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NEAR VISION

INTERVIEWER: Have the person place the end of the cord attached to the near vision chart between forefinger and middle finger. Then place the palm over the eye with the same hand. The free hand is used to hold the chart. 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 Near Vision - Left Eye

<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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Now cover your left eye with left hand so we can test your right eye.
Please read....

Q2517 Near Vision - Right Eye

<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

GRIP STRENGTH

FILTER: If respondent has obvious problem with hand/arm, skip that side. If problems with both hands/arms, answer 1=yes to Q2518 and Q2519, then → skip to Q2525. Make sure you fit the dynamometer to the respondent's hand size.

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

Q2518	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 <u>left hand or wrist</u> ?	1 YES → DO NOT TEST LEFT HAND 2 No
Q2519	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 <u>right hand or wrist</u> ?	1 YES → DO NOT TEST RIGHT HAND 2 No
Q2520	Which hand do you consider your dominant hand? <i>Dominant Hand - Check one answer. If a respondent is ambidextrous, the hand that is used for signing/writing is considered the dominant hand.</i>	1 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!

Q2521 <i>First test left hand</i>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> KILOGRAMS -97 REFUSED→ Q2523
Q2522 <i>Second test left hand</i>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" 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!

Q2523 <i>First test right hand</i>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> KILOGRAMS -97 REFUSED→ Q2525
Q2524 <i>Second test right hand</i>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> KILOGRAMS

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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:				
Q2525	Number of words recalled correctly Trial 1	<input type="text"/> <input type="text"/>		
Q2526	Number of words that respondent failed to recall Trial 1	<input type="text"/> <input type="text"/>		
Q2527	Number of words substituted Trial 1	<input type="text"/> <input type="text"/>		
I will read the list to you again, and then again when I am done, repeat them after me.				
Q2528	Number of words recalled correctly Trial 2		<input type="text"/> <input type="text"/>	
Q2529	Number of words that respondent failed to recall Trial 2		<input type="text"/> <input type="text"/>	
Q2530	Number of words substituted Trial 2		<input type="text"/> <input type="text"/>	
One final time - I will read the list and when I am done, you repeat as many as you can remember.				
Q2531	Number of words recalled correctly Trial 3			<input type="text"/> <input type="text"/>
Q2532	Number of words that respondent failed to recall Trial 3			<input type="text"/> <input type="text"/>
Q2533	Number of words substituted Trial 3			<input type="text"/> <input type="text"/>

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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 Q2534 and → skip to Verbal Fluency (Q2536).

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 Q2534*

Q2534	Total score (enter the series number in the longest series repeated without error in Trial 1 or 2) (Maximum = 9 points)	<input style="width: 40px; height: 20px;" type="text"/>
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WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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 Q2535 and skip to Verbal Fluency (Q2536).

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 Q2535.

Q2535	Total score (enter the series number in the longest series repeated without error in Trial 1 or 2) (Maximum = 8 points)	<input style="width: 40px; height: 20px;" type="text"/>
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WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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.

Q2536	Total score (number of animals named correctly)	<input type="text"/> <input type="text"/>
Q2537	Number of errors <i>INTERVIEWER: errors include anything that is not an animal</i>	<input type="text"/> <input type="text"/>

LUNG FUNCTION

INTERVIEWER: Make sure to show the respondent that you are using a clean mouthpiece on the spirometer before starting. Demonstrate how to do the lung function test.

Now we will do a test of your breathing to find out how well your lungs are functioning. We will use a device called a spirometer - this can show how much air you can breathe in and out. It also shows how fast you can breathe in and out. A good effort during the testing is important to get good results.

I will ask you to take in the deepest possible breath, then blowing out as hard and as fast as you can into the device. It is important that you continue blowing until you have no breath left in your lungs. Let me explain the steps before you attempt.

1. Take a deep breath - fill your lungs and stomach.
2. Seal lips around the mouthpiece
3. Blow out – hard and fast – in one continuous blow, until there is nothing left to blow.

Okay, are you ready? Take a deep breath, seal your lips around the mouthpiece and BLOW, BLOW, BLOW!

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Q2538	FVC	<input type="text"/> . <input type="text"/> <input type="text"/>
Q2539	FEV1	<input type="text"/> . <input type="text"/> <input type="text"/>
Q2540	PEF	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Q2541	FEV1%	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Q2542	FEF25-75	<input type="text"/> . <input type="text"/> <input type="text"/>
Q2543	FET	<input type="text"/> . <input type="text"/> <input type="text"/>

Okay, return to normal breathing, while I record the results.

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

Q2544	Number of words recalled correctly	<input type="text"/> <input type="text"/>
Q2545	Number of words that respondent failed to recall	<input type="text"/> <input type="text"/>
Q2546	Number of words substituted	<input type="text"/> <input type="text"/>

BLOOD TESTS

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.		
<i>INTERVIEWER: go to the INFORMED CONSENT FORM FOR BLOOD SAMPLE</i>		
Q2547	INTERVIEWER: Indicate whether the respondent agrees or not.	1 Respondent agrees to provide blood sample 2 Respondent does NOT agree to provide blood sample → NEXT SECTION
Q2548	INTERVIEWER: circle one	1 Blood sample obtained 2 Blood sample NOT obtained

Time End :

Section 3000: Risk Factors and Preventive Health Behaviours

Time Begin :

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.

TOBACCO AND OTHER SMOKING (SEE APPENDIX A3000A)

Q3001	Have you ever smoked tobacco or used smokeless tobacco?	1 YES 2 No→	Q3007
Q3002	Do you <u>currently use (smoke, sniff or chew)</u> any tobacco products such as cigarettes, cigars, pipes, chewing tobacco or snuff?	1 YES, DAILY 2 YES, BUT NOT DAILY→ 3 NO, NOT AT ALL→	Q3005 Q3005
Q3003	For how long have you been <u>smoking or using tobacco daily</u> ? INTERVIEWER: If less than one month – enter "00" for years and "00" for months.	<input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> MONTHS -8 DON'T KNOW	
Q3004	On average, <u>how many</u> of the following products do you smoke or use <u>each day</u> ? <i>Include number below:</i>		
	Q3004a. Manufactured cigarettes	<input type="text"/> <input type="text"/>	
	Q3004b. Hand-rolled cigarettes	<input type="text"/> <input type="text"/>	
	Q3004c. Pipefuls of tobacco	<input type="text"/> <input type="text"/>	
	Q3004d. Cigars, cheroots, cigarillos, bidis	<input type="text"/> <input type="text"/>	
	Q3004e. Smokeless tobacco	<input type="text"/> <input type="text"/> <input type="text"/> GRAMS/DAY	
	Q3004f. Other, specify:	<input type="text"/> <input type="text"/>	
Q3005	In the past, did you ever smoke tobacco or use smokeless tobacco daily?	1 Yes 2 No→	Q3007
Q3006	How old were you when you stopped smoking or using tobacco daily?	<input type="text"/> <input type="text"/> YEARS OF AGE→ -8 DON'T KNOW→	Q3007 Q3006a

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

<p>Q3006a. How long ago did you stop smoking or using tobacco daily?</p> <p><i>INTERVIEWER: If less than one month – enter “00” for months.</i></p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> YEARS AGO </div> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> MONTHS AGO </div> </div> <p style="text-align: center;">-8 DON'T KNOW</p>
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ALCOHOL (show Alcohol card to respondent - see Appendix A3000B)

Q3007	Have you ever consumed a drink that contains alcohol (such as beer, wine, spirits, etc.)?	1 YES 2 NO, NEVER→	Q3012
Q3008	Have you consumed alcohol in the last 30 days?	1 YES 2 No→	Q3010
Q3009	During <u>the past 7 days</u> , <u>how many</u> drinks of any alcoholic beverage did you have <u>each day</u> ? <i>USE SHOWCARD Appendix A3000B.</i>		
	<i>INTERVIEWER: Want respondent to tell you the number of "standard" drinks. By standard drink - refer to Appendix. Include number below:</i>		
	Q3009a. Monday	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
	Q3009b. Tuesday	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
	Q3009c. Wednesday	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
	Q3009d. Thursday	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
	Q3009e. Friday	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
	Q3009f. Saturday	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
	Q3009g. Sunday	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
Q3010	In the <u>last 12 months</u> , how frequently [on how many days] on average have you had at least one alcoholic drink?	1 LESS THAN ONCE A MONTH 2 ONE TO THREE DAYS PER MONTH 3 ONE TO FOUR DAYS PER WEEK 4 FIVE OR MORE DAYS PER WEEK	
Q3011	In the <u>last 12 months</u> , on the <u>days you drank</u> alcoholic beverages, how many drinks did you have on average?	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> DRINKS </div> <p style="text-align: center;">88 DON'T KNOW</p>	

NUTRITION

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

(Show Nutrition card to respondent -- see Appendix A3000C)

Q3012	How many servings of <u>fruit</u> do you eat on a typical day?	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> SERVINGS </div> <p style="text-align: center;">88 DON'T KNOW</p>
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WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Q3013	How many servings of <u>vegetables</u> do you eat on a typical day?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	SERVINGS	
				88 <i>DON'T KNOW</i>
Q3014	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
Q3015	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

PHYSICAL ACTIVITY - (SEE APPENDIX A3000D)

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.

Q3016	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? <i>INSERT EXAMPLES & USE SHOWCARD</i>	1 YES 2 NO→		Q3019
Q3017	In a typical week, on how many days do you do <u>vigorous-intensity</u> activities as part of your work?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	DAYS	
Q3018	How much time do you spend doing <u>vigorous-intensity</u> activities at work on a typical day?	<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	
Q3019	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? <i>INSERT EXAMPLES & USE SHOWCARD</i>	1 YES 2 NO→		Q3022
Q3020	In a typical week, on how many days do you do <u>moderate-intensity</u> activities as part of your work?	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	DAYS	
Q3021	How much time do you spend doing <u>moderate-intensity</u> activities at work on a typical day?	<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	
<p>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. <i>[Insert other examples if needed]</i></p>				

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Q3022	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→	Q3025
Q3023	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		
Q3024	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"/> <i>HOURS:MINUTES</i>		
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 [<i>insert relevant terms</i>].			
Q3025	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→	Q3028
Q3026	In a typical week, on how many days do you do <u>vigorous</u> intensity sports, fitness or recreational (leisure) activities? <input type="text"/> DAYS		
Q3027	How much time do you spend doing <u>vigorous</u> intensity sports, fitness or recreational activities on a typical day? <input type="text"/><input type="text"/> : <input type="text"/><input type="text"/> <i>HOURS:MINUTES</i>		
Q3028	Do you do any <u>moderate-intensity sports, fitness or recreational (leisure) activities</u> that causes a small increase in breathing or heart rate [<i>such as brisk walking, cycling or swimming</i>] for at least 10 minutes at a time? <i>INSERT EXAMPLES & USE SHOWCARD</i>	1 YES 2 No→	Q3031
Q3029	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities? <input type="text"/> DAYS		
Q3030	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"/> <i>HOURS:MINUTES</i>		
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [<i>sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television</i>], but do not include time spent sleeping. <i>INSERT EXAMPLES & USE SHOWCARD</i>			
Q3031	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"/> <i>HOURS:MINUTES</i>		

Time End :

Section 4000: Chronic Conditions and Health Services Coverage

Time Begin :

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

ARTHRITIS

Q4001	Have you ever been diagnosed with/told you have <u>arthritis</u> (a disease of the joints, or by other names rheumatism or osteoarthritis)?	1 YES 2 No→	Q4003
Q4002	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 <u>morning after getting up</u> from bed, or <u>after a long rest</u> of the joint without movement?	1 YES 2 No→	Q4007
If Q4003 and Q4004 are both "No" (that is, no symptoms of arthritis), skip to→			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	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

STROKE

Q4010	Have you ever been told by a health professional that you have had a <u>stroke</u> ?	1 YES 2 No→	Q4012
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	Have you ever been diagnosed with <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1 YES 2 No→	Q4016
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	<u>What do you do</u> if you get the pain or discomfort when you are walking? <i>Read choices</i>	1 Stop or slow down 2 Carry on after taking a pain relieving medicine that dissolves in your mouth 3 Carry on walking	
Q4019	If you stand still, what happens to the pain or discomfort? <i>Read choices</i>	1 Relieved 2 Not relieved	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

ANGINA continued...

<p>Q4020 Will you show me where you usually experience the pain or discomfort?</p> <p><i>Circle number in each of the boxes in the areas of body mentioned or shown by the respondent.</i></p>	
<p>Q4021 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</p> <p>2 NO</p>

DIABETES

Q4022	Have you ever been diagnosed with <u>diabetes</u> (high blood sugar)? <i>(Not including diabetes associated with a pregnancy)</i>	1 YES 2 NO→	Q4025
Q4023	Have you been taking insulin or other blood sugar lowering medications... <hr/> Q4023a ...in the <u>last 2 weeks</u> ? <hr/> Q4023b ...in the <u>last 12 months</u> ?	1 YES 2 NO <hr/> 1 YES 2 NO	
Q4024	Have you been 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>	1 YES 2 NO	

CHRONIC LUNG DISEASE

Q4025	Have you ever been diagnosed with <u>chronic lung disease</u> (emphysema, bronchitis, COPD)?	1 YES 2 NO→	Q4027
Q4026	Have you been taking any medications or other treatment (like oxygen) for it ... <hr/> Q4026a ...in the <u>last 2 weeks</u> ? <hr/> Q4026b ...in the <u>last 12 months</u> ?	1 YES 2 NO <hr/> 1 YES 2 NO	
Q4027	During the <u>last 12 months</u> , have you experienced any <u>shortness of breath</u> at rest? (<i>while awake</i>)	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	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

CHRONIC LUNG DISEASE, continued...

Q4030	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	
Q4031	In the <u>last 12 months</u> , have you had a <u>tuberculosis (TB) test</u> ? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to a laboratory for analysis) or made an x-ray of your chest?	1 YES 2 NO→	Q4032c
Q4032	Q4032a. Have you been taking any medications or other treatment for it during the <u>last 2 weeks</u> ?	1 YES 2 NO	
	Q4032b. Have you been taking any medications or other treatment for it during the <u>last 12 months</u> ?	1 YES 2 NO	
	<i>INTERVIEWER: if Q4029 is "No", skip to</i> →		Q4033
	Q4032c. Have you had <u>blood</u> in your phlegm or have you <u>coughed blood</u> ?	1 YES 2 NO	

ASTHMA

Q4033	Have you ever been diagnosed with asthma (an allergic respiratory disease)?	1 YES 2 NO→	Q4035
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	
During the <u>last 12 months</u> , have you experienced any of the following:			
Q4035	Attacks of <u>wheezing or 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 exercising or doing some physical activity</u> ?	1 YES 2 NO	
<i>IF Q4035 TO Q4039 ARE ALL 'No', SKIP TO</i> → <i>IF ONE OF THE SYMPTOM QUESTIONS (Q4035 TO Q4039) IS 'Yes', CONTINUE WITH Q4039a.</i>			Q4040
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	Have you ever been diagnosed with depression?	1 YES 2 NO→	Q4042
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WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

DEPRESSION continued...

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 → Q4060			
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 or jittery</u> nearly every day that you paced up and down and couldn't sit still?	1 YES 2 NO	
Q4055	During this period, did you feel <u>negative</u> about yourself or like you had <u>lost confidence</u> ?	1 YES 2 NO	
Q4056	Did you frequently feel <u>hopeless</u> - that there was no way to improve things?	1 YES 2 NO	
Q4057	During this period, did your <u>interest in sex</u> decrease?	1 YES 2 NO	
Q4058	Did you <u>think of death</u> , 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	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

HYPERTENSION

Q4060	Have you ever been diagnosed with high blood pressure (hypertension)?	1 YES 2 No→	Q4062
Q4061	Have you been taking any <u>medications</u> or other <u>treatment</u> for it during ... (Other treatment might include weight loss program or change in eating habits.)		
	Q4061athe <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4061bthe <u>last 12 months</u> ?	1 YES 2 No	

CATARACTS

Q4062	In the last 5 years, were 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→ 8 DON'T KNOW	Q4066
Q4063	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:...			
Q4064	...cloudy or blurry vision?	1 YES 2 No	
Q4065	...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.

Q4066	Have you <u>lost all</u> of your natural teeth?	1 YES 2 No	
Q4067	During the <u>last 12 months</u> , have you had any problems with your mouth and/or teeth, including problems with swallowing?	1 YES 2 No→	Q4069
Q4068	Have you received any <u>medications</u> or <u>treatment</u> from a dentist or other oral health specialist during...		
	Q4068a ... the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4068b ... the <u>last 12 months</u> ?	1 YES 2 No	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

INJURIES

Q4069	<p>In the <u>last 12 months</u>, have you been involved in a <u>road traffic accident</u> where you suffered from bodily injury?</p> <p><i>PROBE: This could have been an accident in which you were involved either as the occupant of a motor vehicle, or when you were riding a motorcycle/scooter, rickshaw or bicycle or walking.</i></p>	<p>1 YES (IF MORE THAN ONE ACCIDENT, SELECT THE MOST RECENT TO ASK ABOUT IN MORE DETAIL BELOW)</p> <p>2 No→</p>	Q4073
Q4070	<p>How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?</p>	<p>1 IT WAS AN ACCIDENT (UNINTENTIONAL)</p> <p>2 SOMEONE ELSE DID IT TO ME DELIBERATELY (INTENTIONAL)</p> <p>3 I DID IT TO MYSELF DELIBERATELY (SELF-INFLICTED)</p> <p>88 DON'T KNOW</p>	
Q4071	<p>Did you receive any <u>medical care or treatment</u> for your injuries?</p>	<p>1 YES</p> <p>2 No</p>	
Q4072	<p>Did you suffer a physical disability as a result of being injured?</p> <p><i>INTERVIEWER: Disability is any restriction or lack of ability to perform an activity as before the injury.</i></p>	<p>1 YES</p> <p>2 No→</p>	Q4073
	<p>Q4072a. In what ways were you physically disabled?</p> <p><i>INTERVIEWER: CIRCLE ALL THAT RESPONDENT SELECTS.</i></p>	<p>1 Unable to use hand or arm</p> <p>2 Difficulty to use hand or arm</p> <p>3 Walk with a limp</p> <p>4 Loss of hearing</p> <p>5 Loss of vision</p> <p>6 Weakness or shortness of breath</p> <p>7 Inability to remember things</p> <p>8 Inability to chew</p> <p>87 Other, specify:</p>	
Q4073	<p>In the <u>last 12 months</u>, have you had any other event where you suffered from bodily injury?</p> <p><i>INTERVIEWER: If more than one, ask respondent to think of the most recent event.</i></p>	<p>1 YES (IF MORE THAN ONE EVENT, SELECT THE MOST RECENT TO ASK ABOUT IN MORE DETAIL BELOW)</p> <p>2 No→</p>	Q4078
	<p>Q4073a. Where were you when you were injured?</p>	<p>1 Home</p> <p>2 School</p> <p>3 Work</p> <p>87 Other, specify :</p> <p>88 Don't know</p>	
Q4074	<p>What was the cause of this injury?</p>	<p>1 Fall</p> <p>2 Struck/hit by person or object</p> <p>3 Stabbed</p> <p>4 Gun shot</p> <p>5 Fire, flames or heat (burn)</p> <p>6 Drowning or near-drowning</p> <p>7 Poisoning</p> <p>8 Animal bite</p> <p>9 Electricity shock</p> <p>87 Other, specify:</p> <p>88 Don't know</p>	
Q4075	<p>How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?</p>	<p>1 IT WAS AN ACCIDENT (UNINTENTIONAL)</p> <p>2 SOMEONE ELSE DID IT TO ME DELIBERATELY (INTENTIONAL)</p> <p>3 I DID IT TO MYSELF DELIBERATELY (SELF-INFLICTED)</p> <p>88 DON'T KNOW</p>	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

INJURIES continued...

Q4076	Did you receive any <u>medical care or treatment</u> for your injuries?	1 YES 2 NO	
Q4077	Did you suffer a physical disability as a result of being injured? <i>INTERVIEWER: disability is any restriction or lack of ability to perform an activity as before the injury.</i>	1 YES 2 NO→	Q4078
	Q4077a. In what ways were you physically disabled? <i>INTERVIEWER: CIRCLE ALL THAT RESPONDENT INDICATES.</i>	1 UNABLE TO USE HAND OR ARM 2 DIFFICULTY TO USE HAND OR ARM 3 WALK WITH A LIMP 4 LOSS OF HEARING 5 LOSS OF VISION 6 WEAKNESS OR SHORTNESS OF BREATH 7 INABILITY TO REMEMBER THINGS 8 INABILITY TO CHEW 87 OTHER, SPECIFY:	

CERVICAL CANCER AND BREAST CANCER SCREENING (WOMEN ONLY)

Questions to be asked to FEMALE respondents only.

FEMALE→ Q4078

MALE→ GO 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.

Q4078	When was <u>the last time</u> you had a <u>pelvic examination</u> , if ever? (By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?) <i>ENTER "00" IF LESS THAN 1 YEAR AGO.</i>	<input type="text"/> <input type="text"/> YEARS AGO 98 NEVER HAD EXAM→	Q4080
Q4079	The last time you had the pelvic examination, did you have a PAP smear test? (By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?)	1 YES 2 NO	
Q4080	When was the last time you had a mammography, if ever? (That is, an x-ray of your breasts taken to detect breast cancer at an early stage.) <i>ENTER "00" IF LESS THAN 1 YEAR AGO.</i>	<input type="text"/> <input type="text"/> YEARS AGO 98 NEVER HAD EXAM	

Time End :

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Section 5000: Health Care Utilisation

Time Begin :

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 health care provider you received care from.

Q5001	When was the last time that you needed health care? <input type="text"/> <input type="text"/> years ago <input type="text"/> <input type="text"/> months ago... → <i>INTERVIEWER: this can be inpatient or outpatient care. If less than one month ago, enter "00" for years and "00" for months.</i> 0000 Never → 8888 Don't know →	Q5002 Q5046
	Q5001a. If 'don't know', Was it more than 3 years ago? 1 Yes → 2 No	Q5046
Q5002	The last time you needed health care, did you get health care? 1 YES → 2 No	Q5004

INTERVIEWER: If person did not get health care, Q5002 = "No", ask Q5003a and Q5003b, then skip to Q5046.

Q5003	Q5003a. 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 (APPENDIX RESPONSE SCALES)</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:
	Q5003b. 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:

Q5046

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

Q5004	<p>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?</p> <p><i>INTERVIEWER: Only one answer allowed.</i></p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 PRIVATE DOCTOR'S OFFICE</div> <div>2 PRIVATE CLINIC OR HEALTH CARE FACILITY</div> <div>3 PRIVATE HOSPITAL</div> <div>4 PUBLIC CLINIC OR HEALTH CARE FACILITY</div> <div>5 PUBLIC HOSPITAL</div> <div>6 CHARITY OR CHURCH RUN CLINIC</div> <div>7 CHARITY OR CHURCH RUN HOSPITAL</div> <div>8 TRADITIONAL HEALER [USE LOCAL TERM]</div> <div>9 PHARMACY OR DISPENSARY</div> <div>87 Other, specify:</div> </div>
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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	<p>In the last 3 years, have you ever stayed <u>overnight</u> in a hospital or long-term care facility?</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 YES, A HOSPITAL</div> <div>2 YES, LONG TERM CARE FACILITY</div> <div>3 BOTH (HOSPITAL AND LONG TERM CARE FACILITY)</div> <div>4 NO →</div> </div>	Q5026
Q5006	<p>When was the <u>last</u> overnight stay in a hospital or long-term care facility?</p> <p><i>INTERVIEWER: If less than one month ago, enter "00" for years and "00" for months.</i></p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="text"/> <input type="text"/> years ago </div> <div> <input type="text"/> <input type="text"/> months ago </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div>88 DON'T KNOW</div> <div>If more than 3 years ago →</div> </div>	Q5026

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	<p><u>Over the last 12 months</u>, how many different times were you a patient in a hospital/long-term care facility for at least one night?</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="text"/> <input type="text"/> TIMES </div> <div>88 DON'T KNOW</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div>If "00" (NO OVERNIGHT STAYS)</div> <div>→</div> </div>	Q5026
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WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

INPATIENT HOSPITAL CARE Continued...

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 an overnight stay each time. But first I would like you to come back to thinking about your last overnight hospital stay only.

Q5008	<p>What type of hospital or facility was it? Remember we are asking now about your last (most recent) overnight stay.</p> <p><i>INTERVIEWER: One answer only.</i></p>	<div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> 1 Public hospital 2 Private hospital 3 Charity or church-run hospital 4 Old person's home or long-term care facility 87 Other, specify: </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> Q5008a. What was the name of this hospital or facility? </div>			
<div style="border: 1px solid black; padding: 5px;"> Q5008b. Which reason best describes why you were last hospitalised? <i>INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD in APPENDIX.</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 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 OCCUPATION RELATED) 6 SURGERY 7 SLEEP PROBLEMS 8 OCCUPATION/WORK RELATED CONDITION/INJURY 9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK) </div> <div style="width: 50%;"> 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: </div> </div> </div>			
Q5009	<p>How did you get there?</p> <p><i>INTERVIEWER: Circle all that the respondent mentions.</i></p>	<div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> 1 Private vehicle 2 Public transportation 3 Taxicab 4 Ambulance or emergency vehicle 5 Bicycle 6 Walked 88 DON'T KNOW </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> Q5009a. About how long did it take you to get there? </div>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">HOURS:MINUTES</div> </div> <p>88 DON'T KNOW</p>	
Q5010	<p>Who paid for this hospitalisation?</p> <p>Anyone else?</p> <p><i>INTERVIEWER: Circle all responses. Probe to see if anyone else paid or contributed to paying for the care?</i></p>	<div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> 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 HOSPITALISATION WAS FREE → </div> </div>	Q5013

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

INPATIENT HOSPITAL CARE Continued...

Q5011	<p>Thinking about your last [hospital] stay, how much did you or your family/household members <u>pay out-of-pocket</u> for:</p> <p><i>INTERVIEWER: write "0" if the service was free - If a person did not have medicines or tests, enter 99999 for "Not applicable, did not have".</i></p> <p><i>[use local currency]</i></p>	<p>a. [HEALTH CARE PROVIDER'S] FEES</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>b. Medicines <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>c. Tests <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>d. Transport <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>e. Other <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Specify:</p>	
Q5012	<p>About <u>how much in total</u> did you or a family/household member <u>pay out-of-pocket</u> for this hospitalisation?</p>	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	
Q5013	<p>Overall, how <u>satisfied</u> were you with the care you received during your last [hospital] stay?</p>	<p>1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very dissatisfied</p>	
Q5014	<p>What was the outcome or result of your visit to the [hospital]? Did your condition...</p>	<p>1 Get much better 2 Get better 3 No change 4 Get worse 5 Get much worse</p>	
Q5015	<p>Was this the outcome or result you had expected?</p>	<p>1 YES 2 No</p>	

INTERVIEWER: We will ask the respondent about up to 2 additional overnight stays using Q5016 to Q5017 below. if only ONE overnight stay in the last 12 months, skip to Q5018.

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

INPATIENT HOSPITAL CARE Continued...

I have asked you many questions about your last overnight stay, but now I want to know about other overnight stays you have had in the last 12 months. Think now of the overnight stay the time before the one you just described to me. This would be your second overnight stay in the last 12 months.

<p>Q5016 What type of hospital or facility was it?</p>	<p>1 Public hospital 2 Private hospital 3 Charity or church-run hospital 4 Old person's home or long-term care facility 87 Other, specify:</p>		
<p>Q5016a. Which reason best describes why you were last hospitalised? <i>INTERVIEWER: Respondent may select only ONE main reason for visit. USE SHOWCARD in APPENDIX.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none; padding: 5px;"> <p>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)</p> </td> <td style="width: 50%; vertical-align: top; border: none; padding: 5px;"> <p>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:</p> </td> </tr> </table>		<p>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)</p>	<p>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:</p>
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INTERVIEWER: if only TWO overnight stays in the last 12 months, skip now to Q5018.

And now think of the overnight stay the time before the one you just described to me. This would be your third overnight stay in the last 12 months.

<p>Q5017 What type of hospital or facility was it?</p>	<p>1 Public hospital 2 Private hospital 3 Charity or church-run hospital 4 Old person's home or long-term care facility 87 Other, specify:</p>		
<p>Q5017a. Which reason best describes why you were last hospitalised? <i>INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD in APPENDIX.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none; padding: 5px;"> <p>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)</p> </td> <td style="width: 50%; vertical-align: top; border: none; padding: 5px;"> <p>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:</p> </td> </tr> </table>		<p>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)</p>	<p>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:</p>
<p>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)</p>	<p>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:</p>		

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

INPATIENT HOSPITAL CARE Continued...

Now I want you to think again about your most recent overnight stay. I would like to ask you about your impressions of your last overnight stay. I would like you to rate your experiences using the following questions.

For your <u>last overnight visit</u> to a <u>hospital or long-term care facility</u> , how would you rate the following:		Very good	Good	Moderate	Bad	Very bad
Q5018	... the amount of time you <u>waited</u> before being attended to?	1	2	3	4	5
Q5019	...your experience of <u>being treated respectfully</u> ?	1	2	3	4	5
Q5020	...how <u>clearly</u> health care providers <u>explained</u> things to you?	1	2	3	4	5
Q5021	...your experience of being <u>involved in making</u> decisions for your treatment?	1	2	3	4	5
Q5022	...the way the health services ensured that you could <u>talk privately</u> to providers?	1	2	3	4	5
Q5023	...the <u>ease</u> with which you could see a health care provider you were happy with?	1	2	3	4	5
Q5024	...the <u>cleanliness</u> in the health facility?	1	2	3	4	5

INTERVIEWER: Q5025 BLANK.

NOTES:

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 worker, 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> ?	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:
	INTERVIEWER: <i>read out responses, circle one option only</i>	
	Q5028a. What was the name of this health care facility or provider?	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

OUTPATIENT CARE AND CARE AT HOME continued...

Q5029	<p>Which was the last (most recent) health care provider you visited?</p> <p><i>INTERVIEWER:</i> <i>After Q5030 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses</i></p>	<p>1 MEDICAL DOCTOR (INCLUDING SURGEON, GYNECOLOGIST, PSYCHIATRIST, OPHTHALMOLOGIST,...)</p> <p>2 NURSE/MIDWIFE</p> <p>3 DENTIST</p> <p>4 PHYSIOTHERAPIST OR CHIROPRACTOR</p> <p>5 TRADITIONAL MEDICINE PRACTITIONER (use local name)</p> <p>6 PHARMACIST, DRUGGIST</p> <p>7 HOME HEALTH CARE WORKER</p> <p>88 DON'T KNOW</p>		
	<p>Q5029a. What was the sex of the [health care provider]?</p>	<p>1 MALE</p> <p>2 FEMALE</p>		
	<p>Q5029b. Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition or both?</p>	<p>1 CHRONIC</p> <p>2 NEW</p> <p>3 BOTH</p>		
	<p>Q5029c. Which reason best describes why you needed this visit?</p> <p><i>INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD IN APPENDIX.</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</p> <p>2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</p> <p>3 NUTRITIONAL DEFICIENCIES</p> <p>4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</p> <p>5 INJURY</p> <p>6 SURGERY</p> <p>7 SLEEP PROBLEMS</p> <p>8 OCCUPATION/WORK RELATED CONDITION/INJURY</p> <p>9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>10 DIABETES OR RELATED COMPLICATIONS</p> <p>11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST</p> <p>12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING</p> <p>13 PROBLEMS WITH YOUR BREATHING</p> <p>14 HIGH BLOOD PRESSURE / HYPERTENSION</p> <p>15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY</p> <p>16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)</p> <p>17 DEPRESSION OR ANXIETY</p> <p>18 CANCER</p> <p>87 OTHER, SPECIFY:</p> </td> </tr> </table>		<p>1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</p> <p>2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</p> <p>3 NUTRITIONAL DEFICIENCIES</p> <p>4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</p> <p>5 INJURY</p> <p>6 SURGERY</p> <p>7 SLEEP PROBLEMS</p> <p>8 OCCUPATION/WORK RELATED CONDITION/INJURY</p> <p>9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</p>	<p>10 DIABETES OR RELATED COMPLICATIONS</p> <p>11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST</p> <p>12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING</p> <p>13 PROBLEMS WITH YOUR BREATHING</p> <p>14 HIGH BLOOD PRESSURE / HYPERTENSION</p> <p>15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY</p> <p>16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)</p> <p>17 DEPRESSION OR ANXIETY</p> <p>18 CANCER</p> <p>87 OTHER, SPECIFY:</p>
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Q5030	<p>Thinking about your <u>last visit</u>, how did you get there?</p> <p><i>INTERVIEWER:</i> <i>Circle all that the respondent mentions.</i></p>	<p>1 Private vehicle</p> <p>2 Public transportation</p> <p>3 Taxicab</p> <p>4 Ambulance or emergency vehicle</p> <p>5 Bicycle</p> <p>6 Walked</p> <p>88 DON'T KNOW</p> <p>99 NOT APPLICABLE</p>		
Q5031	<p>About how long did it take you to get there?</p>	<p><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES</p> <p>88 DON'T KNOW</p>		
Q5032	<p>Who paid for this most recent visit?</p> <p>Anyone else?</p> <p><i>INTERVIEWER: circle all responses. Probe to see if anyone else paid or contributed to paying for the care?</i></p>	<p>1 RESPONDENT</p> <p>2 SPOUSE/PARTNER</p> <p>3 SON/DAUGHTER</p> <p>4 OTHER FAMILY MEMBER</p> <p>5 NON-FAMILY MEMBER</p> <p>6 MANDATORY INSURANCE SCHEME</p> <p>7 VOLUNTARY INSURANCE SCHEME</p> <p>8 IT WAS FREE→</p>	Q5034	

OUTPATIENT CARE AND CARE AT HOME continued...

I will ask you about up to two more encounters/visits with health professionals in addition to the last visit you just described. So could you please tell us now about the visit prior to the last (most recent) visit you just described. This would describe your second to last visit.

45

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

OUTPATIENT CARE AND CARE AT HOME continued...

Q5037a. What was the sex of the [health care provider]?	1 MALE 2 FEMALE
Q5037b. Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition or both?	1 CHRONIC 2 NEW 3 BOTH
Q5037c. Which reason best describes why you needed this visit? <i>INTERVIEWER: Respondent may select only ONE main reason for visit. USE SHOWCARD in APPENDIX.</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:

INTERVIEWER: if just TWO visits in last 12 months, skip to Q5039.

And now think of the visit the time before the one you just described to me. This would be your third visit in the last 12 months.

Q5038 Which was the health care provider you visited? <i>INTERVIEWER: After Q5038 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses</i>	1 MEDICAL DOCTOR (INCLUDING SURGEON, GYNECOLOGIST, PSYCHIATRIST, OPHTHALMOLOGIST, ETC) 2 NURSE/MIDWIFE 3 DENTIST 4 PHYSIOTHERAPIST OR CHIROPRACTOR 5 TRADITIONAL MEDICINE PRACTITIONER (use local name) 6 PHARMACIST, DRUGGIST 7 HOME HEALTH CARE WORKER 88 DON'T KNOW
Q5038a. What was the sex of the [health care provider]?	1 MALE 2 FEMALE
Q5038b. Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition or both?	1 CHRONIC 2 NEW 3 BOTH

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

OUTPATIENT CARE AND CARE AT HOME continued...

	<p>Q5038c. Which reason best describes why you needed this visit?</p> <p><i>INTERVIEWER: Respondent can select only one main reason for visit. USE SHOWCARD in APPENDIX..</i></p>	
	<p>1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</p> <p>2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</p> <p>3 NUTRITIONAL DEFICIENCIES</p> <p>4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</p> <p>5 INJURY</p> <p>6 SURGERY</p> <p>7 SLEEP PROBLEMS</p> <p>8 OCCUPATION/WORK RELATED CONDITION/INJURY</p> <p>9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</p>	<p>10 DIABETES OR RELATED COMPLICATIONS</p> <p>11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST</p> <p>12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING</p> <p>13 PROBLEMS WITH YOUR BREATHING</p> <p>14 HIGH BLOOD PRESSURE / HYPERTENSION</p> <p>15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY</p> <p>16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)</p> <p>17 DEPRESSION OR ANXIETY</p> <p>18 CANCER</p> <p>87 OTHER, SPECIFY:</p>

Now I would like you to think about your most recent visit again. I want to know your impressions of your most recent visit for health care. I would like you to rate your experiences using the following questions.

For your <u>last visit</u> to a <u>health care provider</u> , how would you rate the following:		Very good	Good	Moderate	Bad	Very bad
Q5039	... the amount of time you <u>waited</u> before being attended to?	1	2	3	4	5
Q5040	...your experience of <u>being treated respectfully</u> ?	1	2	3	4	5
Q5041	...how <u>clearly</u> health care providers <u>explained</u> things to you?	1	2	3	4	5
Q5042	...your experience of being <u>involved in making decisions</u> for your treatment?	1	2	3	4	5
Q5043	...the way the health services ensured that you could <u>talk privately</u> to providers?	1	2	3	4	5
Q5044	...the ease with which you could see a health care provider you were happy with?	1	2	3	4	5
Q5045	...the <u>cleanliness</u> in the health facility?	1	2	3	4	5

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

RESPONSIVENESS OF HEALTH SERVICES: VIGNETTES

I am now going to read you stories about people's experiences with health care services. I want you to think about these people's experiences as if they were your own. Once I have finished reading each story, I will ask you to rate what happened in the story as very good, good, moderate, bad or very bad.

[Stan] broke his leg. It took an hour to be driven to the nearest hospital. He was in pain but had to wait an hour for the surgeon and was only operated on the next day.						
Q5046	How would you rate the amount of time [Stan] waited before being attended to?	Very good	Good	Moderate	Bad	Very bad
		1	2	3	4	5
[Patricia] went to a crowded clinic. No-one greeted her. She waited for 30 minutes when a nurse called for her for an examination behind a screen that separated the waiting area from the examination area.						
Q5047	How would you rate [Patricia's] experience of being greeted and talked to respectfully?...	Very good	Good	Moderate	Bad	Very bad
		1	2	3	4	5
[Mario] has been told that he has epilepsy and that he needs to take medication. The doctor has very briefly explained what the condition is. He is very busy and there is a queue of patients waiting to see him. Mario would like to know more about what he has, but feels that there is no time to ask questions. The doctor says goodbye to Mario, and Mario leaves the office.						
Q5048	How would you rate [Mario's] experience of how clearly health care providers explained things to him?	Very good	Good	Moderate	Bad	Very bad
		1	2	3	4	5
[José] shared a hospital room with four other persons. There was a toilet for his ward located along the outside corridor. The room was cleaned once a week, was occasionally dusty, and had only 1 or 2 chairs for visitors.						
Q5049	How would you rate the cleanliness of [José's] room inside the facility and provision for toilets?	Very good	Good	Moderate	Bad	Very bad
		1	2	3	4	5
When the clinic is not busy. [Mamadou] can choose which doctor he sees. But most often it is busy and then he gets sent to whoever is free.						
Q5050	How would you rate [Mamadou's] freedom to choose his health care provider?	Very good	Good	Moderate	Bad	Very bad
		1	2	3	4	5
[Alouine] has his consultation behind a screen separating the consultation area from the waiting area. He has to speak very quietly to avoid other people hearing his conversation.						
Q5051	How would you rate the way the health services ensured [Alouine] could talk privately to the health care providers?	Very good	Good	Moderate	Bad	Very bad
		1	2	3	4	5
[Robert] had a broken arm. The doctor explained different ways of fixing it and then ordered some blood tests. [Robert] didn't know why he needed blood tests and was worried until the doctor explained what they were for.						
Q5052	How would you rate [Robert's] experience of being involved in making decisions about his health care or treatment?	Very good	Good	Moderate	Bad	Very bad
		1	2	3	4	5

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL Questionnaire A - INDIA

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

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

Time End :

Section 6000: Social Cohesion

Time Begin :

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.

I'd like to start by asking you about the groups or organizations, networks, associations to which you or any member of your household belong. These could be formally organized groups or just groups of people who get together regularly to do an activity or talk about things. As I read the following list of groups, please tell me if anyone in this household belongs to such a group. If yes, tell me which household member is most active in this group, and whether he/she participates actively in the group's decision making.

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.

	How often in the last 12 months have you ...	NEVER	ONCE OR TWICE PER YEAR	ONCE OR TWICE PER MONTH	ONCE OR TWICE PER WEEK	DAILY
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	Would you like to go out more often or are you satisfied with how much you get out of the house?	1 Would like to go out more often 2 Satisfied with frequency of going out→ 3 Would NOT like to go out more often ...→	Q6012 Q6012
Q6011	What is the main reason that you don't get out more?	1 Health problems 2 Safety or security concerns 3 Other non-health related reasons 87 Other, specify:	

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INDIVIDUAL QUESTIONNAIRE A - INDIA

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

Now we have a few questions 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

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Last, we would like to know about your level of interest in local or national politics and your opinions about how the government responds to issues that interest you. Remember, all responses are confidential.

Q6020	How interested would you say you are in <u>politics and national affairs</u> ? Would you say you are? <i>Read responses</i>	1 Very interested 2 Interested 3 Neither interested nor uninterested 4 Uninterested 5 Very uninterested
Q6021	Lots of people find it difficult to get out and vote. Did you <u>vote</u> in the last state/national/presidential election?	1 YES 2 No 97 REFUSAL
Q6022	<u>How much say</u> do you have in getting the government to address issues that interest you?	1 Unlimited say 2 A lot of say 3 Some say 4 Little say 5 No say at all
Q6023	How <u>free</u> do you think you are to <u>express yourself</u> without fear of government reprisal?	1 Completely free 2 Very free 3 Moderately free 4 Slightly free 5 Not free at all

Time End :

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Section 7000: Subjective Well-Being and Quality of Life

Time Begin :

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?	1 Completely 2 Mostly 3 Moderately 4 A little 5 None at all
Q7002	Do you have enough money to meet your needs?	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

Q7008a	How often have you felt that you were <u>unable</u> to <u>control the important things</u> in your life? <i>Read responses</i>	1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often
Q7008b	How often have you found that you could <u>not cope</u> with all the things that you had to do? <i>Read responses</i>	1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often
Q7009	How would you rate your overall quality of life? <i>Read responses</i>	1 Very Good 2 Good 3 Moderate 4 Bad 5 Very Bad 8 <i>DON'T KNOW</i>

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7010	<p>Taking all things together, how would you say you are these days? Are you...?</p> <p><i>Read responses</i></p>	<p>1 Very happy 2 Happy 3 Neither happy nor unhappy 4 Unhappy 5 Very unhappy 8 <i>DON'T KNOW</i></p>
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SET A. Day reconstruction – Start with Morning

INTERVIEWER: For this module, you will ask the respondent to reconstruct her or his previous day beginning from when s/he woke up. It is unlikely that you will be able to reconstruct the entire day in the 15 minutes allotted for this section. You must stop asking about activities after 15 minutes. Keep track of time elapsed by using the questions like Q7210, Q7260... After 15 minutes, skip to Q7500.

Q7011	Record current time.	<div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> </div> TIME
Q7012	Add 15 minutes to compute the end time of this part of the interview.	<div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> </div> TIME

INTRODUCTION to Day Reconstruction

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 later in the day. We'll go through this one activity at a time.

People do different activities throughout the day. Here is a list of examples: working, preparing food, doing housework, watching children, traveling to work or the market, grooming, bathing, eating, exercising, praying, resting, chatting with friends, playing cards, watching TV, listening to the radio, reading the newspaper or taking care of someone.

I would like for you to tell me about all the different things that you did yesterday. You may have done some of the things that I just mentioned. You may have done other things too.

Please keep all of your responses to just a word or two. And you don't have to mention very short activities, like washing hands, which only take one or two minutes. We'll start at the beginning.

Q7013	<p>When did you wake up yesterday?</p> <p><i>INTERVIEWER: If respondent can't remember, get his or her best guess.</i></p>	<div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> </div> TIME 8888 <i>DON'T KNOW TIME</i>
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INTERVIEWER: No Q7014.

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7015	What was the first thing you did after waking up yesterday morning? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
	1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT	

Q7016	How long did this activity last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES
Q7017	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
Q7018	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>	
	Q7018a. At the time, how friendly were you feeling towards this person (these people)?	1 ALONE→ Q7019 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
		1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

We often feel different things during different parts of the day. Sometimes we feel good, sometimes we feel less good. And some of the things we do are enjoyable, while some activities are not so enjoyable. Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much" to the following questions.

		Not at all	A little	Very much
Q7019	How <u>worried</u> were you feeling?	1	2	3
Q7020	How <u>rushed</u> were you feeling?	1	2	3
Q7021	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7022	How <u>depressed</u> were you feeling?	1	2	3
Q7023	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7024	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7025	How much were you <u>enjoying</u> what you were doing?	1	2	3

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7050	What was the next thing you did yesterday morning? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>		
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT	

Q7051	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> : <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> : </div> HOURS : MINUTES
Q7052	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7053 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7052a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7053	How <u>worried</u> were you feeling?	1	2	3
Q7054	How <u>rushed</u> were you feeling?	1	2	3
Q7055	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7056	How <u>depressed</u> were you feeling?	1	2	3
Q7057	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7058	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7059	How much were you <u>enjoying</u> what you were doing?	1	2	3

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7100	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7101	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 20px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> HOURS : MINUTES
Q7102	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7103 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7102a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7103	How <u>worried</u> were you feeling?	1	2	3
Q7104	How <u>rushed</u> were you feeling?	1	2	3
Q7105	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7106	How <u>depressed</u> were you feeling?	1	2	3
Q7107	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7108	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7109	How much were you <u>enjoying</u> what you were doing?	1	2	3

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7150	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7151	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="margin-left: 10px;">HOURS : MINUTES</div> </div>
Q7152	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7153 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7152a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7153	How <u>worried</u> were you feeling?	1	2	3
Q7154	How <u>rushed</u> were you feeling?	1	2	3
Q7155	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7156	How <u>depressed</u> were you feeling?	1	2	3
Q7157	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7158	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7159	How much were you <u>enjoying</u> what you were doing?	1	2	3

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7200	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7201	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7202	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7203 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7202a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7203	How worried were you feeling?	1	2	3
Q7204	How rushed were you feeling?	1	2	3
Q7205	How irritated or angry were you feeling?	1	2	3
Q7206	How depressed were you feeling?	1	2	3
Q7207	How tense or stressed were you feeling?	1	2	3
Q7208	How calm or relaxed were you feeling?	1	2	3
Q7209	How much were you enjoying what you were doing?	1	2	3

Q7210	Record current time.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> TIME
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If 15 minutes has elapsed→ GO TO Q7500

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7250	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7251	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7252	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7253 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7252a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7253	How worried were you feeling?	1	2	3
Q7254	How rushed were you feeling?	1	2	3
Q7255	How irritated or angry were you feeling?	1	2	3
Q7256	How depressed were you feeling?	1	2	3
Q7257	How tense or stressed were you feeling?	1	2	3
Q7258	How calm or relaxed were you feeling?	1	2	3
Q7259	How much were you enjoying what you were doing?	1	2	3

Q7260	Record current time.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> TIME
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If 15 minutes has elapsed→ GO TO Q7500

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7300	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7301	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7302	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7303 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7302a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7303	How <u>worried</u> were you feeling?	1	2	3
Q7304	How <u>rushed</u> were you feeling?	1	2	3
Q7305	How <u>irritated</u> or <u>angry</u> were you feeling?	1	2	3
Q7306	How <u>depressed</u> were you feeling?	1	2	3
Q7307	How <u>tense</u> or <u>stressed</u> were you feeling?	1	2	3
Q7308	How <u>calm</u> or <u>relaxed</u> were you feeling?	1	2	3
Q7309	How much were you <u>enjoying</u> what you were doing?	1	2	3

Q7310	Record current time.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> TIME
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If 15 minutes has elapsed→ GO TO Q7500

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7350	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7351	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> HOURS : MINUTES
Q7352	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7353 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7352a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7353	How <u>worried</u> were you feeling?	1	2	3
Q7354	How <u>rushed</u> were you feeling?	1	2	3
Q7355	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7356	How <u>depressed</u> were you feeling?	1	2	3
Q7357	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7358	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7359	How much were you <u>enjoying</u> what you were doing?	1	2	3

Q7360	Record current time.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> TIME
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If 15 minutes has elapsed→ GO TO Q7500

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7400	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7401	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> HOURS : MINUTES
Q7402	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7403 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7402a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7403	How <u>worried</u> were you feeling?	1	2	3
Q7404	How <u>rushed</u> were you feeling?	1	2	3
Q7405	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7406	How <u>depressed</u> were you feeling?	1	2	3
Q7407	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7408	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7409	How much were you <u>enjoying</u> what you were doing?	1	2	3

Q7410	Record current time.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> TIME
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If 15 minutes has elapsed→ GO TO Q7500

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7450	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7451	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7452	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7453 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7452a. 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

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7453	How <u>worried</u> were you feeling?	1	2	3
Q7454	How <u>rushed</u> were you feeling?	1	2	3
Q7455	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7456	How <u>depressed</u> were you feeling?	1	2	3
Q7457	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7458	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7459	How much were you <u>enjoying</u> what you were doing?	1	2	3

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q7500	<p>You have now described your activities from this part of your day yesterday, can you tell me what time this last activity ended.</p> <p><i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i></p>	<div style="text-align: right;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> : <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> TIME </div> <p>8888 <i>DON'T KNOW</i></p>
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INTERVIEWER: For this section, you will ask the respondent questions about how they felt yesterday overall.

<p>I will now ask you some questions about how you felt yesterday overall.</p> <p>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".</p>		
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.....for much of the day yesterday?	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 ...sleepiness...?	1 YES 2 No
Q7512	Did you have a stomach ache at any time yesterday?	1 YES 2 No

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

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 morning, how much free time did you have yesterday morning? Was yesterday typical, or did you have more free time yesterday morning, or did you have less free time yesterday morning?	1 MORE FREE TIME 2 TYPICAL 3 LESS FREE TIME
Q7517	Compared to a typical morning, how was your mood yesterday morning? Was it typical, or were you in a better mood yesterday morning, or were you in a worse mood yesterday morning?	1 BETTER MOOD 2 TYPICAL 3 WORSE MOOD
Q7518	How many hours did you sleep last night?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> HOURS : MINUTES 8888 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?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> HOURS : MINUTES 8888 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
Q7523	Who do you think has more free time, men or women? Or do they have equal amounts of free time?	1 MEN 2 WOMEN 3 EQUAL AMOUNTS OF FREE TIME

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Now I will ask you to compare yourself to other people your age who live in this area.		
Q7524	Are you usually in a better mood or a worse mood than most others? Or are you about the same?	1 BETTER MOOD 2 SAME MOOD 3 WORSE MOOD
Q7525	Do you have more free time or less free time than most others? Or do you have about the same?	1 MORE FREE TIME 2 SAME AMOUNT OF FREE TIME 3 LESS FREE TIME
Q7526	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
Q7527	Are you more healthy or less healthy than most others? Or are you about the same?	1 MORE HEALTHY 2 SAME LEVEL OF HEALTH 3 LESS HEALTHY

We will be interviewing many people in this area. We will ask them all about how happy they are. Some people will be sad but they may not tell us they are sad because they are shy or embarrassed.		
Q7528	Do you think that most people who are sad will tell us they are sad?	1 YES 2 NO
Q7529	Overall, are most people in this area who are about your age happy or sad?	1 MOST ARE HAPPY 2 MOST ARE SAD
Q7530	Now, imagine that you had a newly born grandson, what would you hope for that boy? Would it be more important that he be more intelligent than other boys, or happier than other boys?	1 MORE INTELLIGENT 2 HAPPIER

Finally, I will ask you a few questions about how you keep track of time during the day.		
Q7531	During a typical day, do you usually know what time it is? How often do you know what time it is: never, sometimes, mostly, or always?	1 NEVER 2 SOMETIMES 3 MOSTLY 4 ALWAYS
Q7532	Do you usually wear a watch or something else that tells you the time?	1 YES 2 NO
Q7533	How do you usually know the time? Do you look at a watch or clock, or do you do certain activities at the same time every day, or do you know from the position of the sun, or do you just guess, or is there something else?	1 LOOK AT A WATCH OR CLOCK 2 DO THINGS AT SAME TIME EVERY DAY 3 THE POSITION OF THE SUN 4 GUESS 87 OTHER, SPECIFY: 88 DON'T KNOW

Time End :

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

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Section 8000: Impact of HIV/AIDS (caregiving)

Time Begin :

In the following questions, we want to find out about how families and households cope and support each other through prolonged illnesses and death. I would like to spend some time talking to you about people in your household, adults and/or children, who have been ill or died in the last 12 months.

I will ask you a few questions about people in your household who need/needed care, due to illness or other reasons, or have been ill and died in the last 12 months. I would like to know more about any adult and any children and their caregiver in the household. The information you provide will be kept strictly confidential and will be used to improve programs for families and children in need. It is possible that you may feel uncomfortable answering some of the questions. You can choose if you don't want to answer some questions.

I acknowledge that there are many conditions, illnesses and situations that require household members to provide care for other household members. But I will start with a question about a specific condition which often creates a high need for care.

Q8001	Have you ever heard of an illness called AIDS [<i>or use local term</i>] or a virus called HIV [<i>or use local term</i>]?	1 YES 2 No 88 DON'T KNOW	
People who are seriously ill usually need to be given care and assistance. This includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, emotional well-being or other personal affairs. I want to know who in your household has needed care or support and what level they needed.			
Q8002	Over the <u>last 12 months</u> , have any members of your household, adults or children, needed care or support for any reason? This could include financial, physical, emotional, health or personal care or support.***	1 YES 2 No→	Q8028
I would like to start with the adults aged 18 and older in your household – and will then ask about children later. This adult may still need care or may no longer be living in the household or may have died as a result of an illness or other reason.			
Q8003	In total, how many adult household (HH) members have needed care or support in the <u>last 12 months</u> ?	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	

INTERVIEWER: Using Section 0400 HH Roster from the HH QUESTIONNAIRE – determine who in the household needed caregiving. This may include people who are not currently in the household, but needed care from a HH member in the last 12 months. Start with adults aged 18 and older.

If Q8010 below includes "05", answer Q8011. If not, go to next person or if last person, go to Q8012.

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

CAREGIVING TO ADULTS IN THE HOUSEHOLD

		A	B	C	D
Q8004	Please tell me about the adults needing and receiving care. <i>Person (HH member) number from Section 0400: HH Roster - or row number from WHS HH roster. For adults not on either roster, enter 66, 67, 68 or 69.</i>	<input type="text"/> <input type="text"/> -----	<input type="text"/> <input type="text"/> -----	<input type="text"/> <input type="text"/> -----	<input type="text"/> <input type="text"/> -----
Q8005	Is this adult alive or dead? 1 = alive; 2 = dead	1 2	1 2	1 2	1 2
Q8005a	What is your relationship to this person? <i>The person is/was your...</i> 02=Spouse/partner; 03=Daughter/Son; 04=Daughter- or Son-in-law; 05=Grandchild; 06=Parent; 07=Parent-in-law; 08=Brother/Sister; 11= Other relative, adult (e.g. cousin); 12=Not related, Adult	02 03 04 05 06 07 08 11 12	02 03 04 05 06 07 08 11 12	02 03 04 05 06 07 08 11 12	02 03 04 05 06 07 08 11 12
Q8006	Why does/did this person need care or support?* <u>OR</u> Why did this person die?* 01 = HIV/AIDS related 02 = Other health-related reason 87 = Other reason (not health-related)	01 02 87	01 02 87	01 02 87	01 02 87
Q8007	Who is or was the main person providing care for this adult? Is it you yourself, someone else in this household, or someone outside of this household?* 1=Respondent→ Q8009 2=Someone else in HH 3=Someone outside HH	1 2 3	1 2 3	1 2 3	1 2 3
Q8008	Even if you were not the main caregiver, did/do you provide care or support to this person? 1=Yes 2=No→ next person or Q8012 if last person.	1 2	1 2	1 2	1 2
Q8009	For how long have/had you been providing care? (over the last 12 months) 1 = Less than 30 days 2 = 1 to 3 months 3 = More than 3 months but less than 6 months 4 = 6 months or more	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q8010	What type of care or support is/was provided?*** 1 = Financial 2 = Social/Emotional 3 = Health 4 = Physical 5 = Personal <i>INTERVIEWER: Circle all that apply</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

INTERVIEWER: If Q8010 includes "5=Personal care", answer Q8011. If not, go to next person, or if last person, go to Q8012.					
		A	B	C	D
Q8011	What type of <u>personal</u> care is/was provided? Help with...	1	1	1	1
	1 = Bathing	2	2	2	2
	2 = Eating	3	3	3	3
	3 = Dressing	4	4	4	4
	4 = Toileting	5	5	5	5
	5 = Moving around	6	6	6	6
	6 = Incontinence				
INTERVIEWER: Circle all that apply					

* HIV/AIDS related = care or support because of illness related to HIV infection or AIDS [use local term] (which could include tuberculosis (TB) and malaria [use local term] for example).

Other reason = for example, violence, migration, disability, work-related, school-related, old age, young age.

** Main caregiver is the person primarily responsible for feeding, clothing, providing health care and caring for an adult.

***Financial = (cash, paying for bills, fees, food, medicines)

Emotional = (social support, counseling, time with friends)

Health = (providing health care - administering medicines, changing bandages, arranging health care providers)

Physical = (household chores, transportation)

Personal = (bathing, eating, dressing, toileting (getting to and using the toilet), moving around (transfers), incontinence (bowels and bladder))

Q8012	As the <u>main or other caregiver</u> in the household, how much time per day on average did/do you usually spend providing care for adults?	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> HOURS :MINUTES 8888 DON'T KNOW	
Q8013	How many of these household members, who had a prolonged illness or died in the last 12 months, were <u>contributing an income</u> to the household and now have stopped?	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>	
Q8014	Was one of these persons (who have/had a prolonged illness or who died) from your household the <u>main income earner</u> ?	1 YES 2 NO 88 DON'T KNOW	
Q8015	In relation to providing care and support in the last 12 months, has your household <u>received</u> any help or assistance from <u>outside</u> the household?	1 YES 2 NO→ 88 DON'T KNOW→	Q8018 Q8018

The next few questions ask about what help or assistance you, as a caregiver, received from other people or groups to assist you in providing care.

Q8016	What kind of support have <u>you, as a caregiver</u> , received? INTERVIEWER: Read each option and circle all that apply	1 Financial, such as cash, paying for bills, fees, food or medicines, clothing or other provisions 2 Emotional, like social support, counseling, time with friends 3 Health, including providing health care, administering medicines, changing bandages, arranging health care providers 4 Physical including household chores, transportation 5 Personal care, help with bathing, eating, dressing, toileting, moving around 87 Other, specify:
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WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Q8017	Who provided this support or assistance? Anyone else? <i>INTERVIEWER: Circle ALL answers that the respondent spontaneously mentions</i>	1 Family outside household 2 Neighbours/community 3 Government 4 Church 5 NGOs 87 Other 88 Don't know	
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The next questions ask about the impact of providing care on you. I am going to ask whether you face some problems related to your health and well-being since you began providing care for any household members. We want to know how you and your health have been affected by your caregiving duties.

As a result of providing care, or the increase in providing care, over the <u>last 12 months</u> , how much difficulty have <u>you</u> had with:						
		None	Mild	Moderate	Severe	Extreme
Q8018	...getting enough sleep?	1	2	3	4	5
Q8019	...eating enough food?	1	2	3	4	5
Q8020	...having enough energy to do the extra work?	1	2	3	4	5
Q8021	...taking care of your health, ailments or chronic condition (<i>if exist</i>) – including impact of caregiving on your own health (such as, stress, fatigue, muscle strains, insomnia, anxiety, grief)?	1	2	3	4	5
Q8022	...paying for medication/treatments for your own ailments / chronic conditions?	1	2	3	4	5
Q8023	...visiting friends and relatives as much as before you were providing this level of care?	1	2	3	4	5
Q8024	...sharing feelings about caregiving responsibility with others?	1	2	3	4	5
Q8025	...financial problems due to loss of income, decreased time available for paid employment, or increased costs or expenses?	1	2	3	4	5
Q8026	...knowing the correct care to provide for health problems for this person(s) (for example, knowing the best treatment, getting access to medicines (like anti-retrovirals), knowing how to protect <u>yourself</u> , as the caregiver, from getting the illness/disease)?	1	2	3	4	5
Q8027	...experiencing stigma or problems as a result of or associated with the illness or death (that is, have you been treated differently or poorly by the community, friends or family members outside your household)?	1	2	3	4	5

CAREGIVING TO CHILDREN IN THE HOUSEHOLD

The following questions ask about care you provide or have provided to children in the household over the last 12 months - specifically care provided to children aged 15 years or younger for whom one or both parents are ill or absent (*prolonged illness or absent through death or migration or other reason*). Care could be related to physical care, health care, financial support or other reasons, where you are responsible for the well-being of the child/children.

Q8028	Has anyone in your household provided care for any child aged 15 or under in the household in the <u>last 12 months</u> ?	1 YES 2 No.....→	Q8047
Q8028a	In total, how many <u>child</u> household (HH) members have needed care or support in the <u>last 12 months</u> ?	<input type="text"/> <input type="text"/>	

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

INTERVIEWER: complete one set of questions below for each child in the household up to four children. Skip the remaining questions if fewer than four children (for example, if only one child, complete Q8029a-Q8029g, then skip to Q8033). **Check against the household roster (SECTION 0400).**

Q8029	Please think of the oldest of the children aged 15 years or younger. Who is that? Enter person (HH member) number from Section 0400: HH Roster OR row number from WHS roster. Enter '66' in a) for child who is not listed on either roster.	a) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> b) Q <u>0</u> <u>4</u> _ _	
	Q8029a. What is this child [NAME]'s relationship to you?	1 Daughter or son 2 Grandchild 3 Other family related child 4 Not family-related child 87 Other	
	Q8029b. Is this child alive or dead?	1 Alive 2 Dead	
	Q8029c. Which of [NAME]'s parents are ill, absent or dead? Neither, only his/her mother, only his/her father or both parents?	1 Neither parent→ 2 Only mother 3 Only father 4 Both parents	Q8029e
	Q8029d. What was/were the reasons for parent(s) being ill or absent (or reasons for death)?* <i>INTERVIEWER: Circle all that apply.</i>	1 HIV/AIDS related 2 Other health reason 3 Other reason (not health related) 87 Other, specify:	
	Q8029e. Now, please tell me, who is or was the main person providing care for this child? Is it you yourself, someone else in this household, or someone outside of this household?*	1 RESPONDENT.....→ 2 SOMEONE ELSE IN HOUSEHOLD 3 SOMEONE OUTSIDE HOUSEHOLD	Q8029g
	Q8029f. Even if you are/were not the main caregiver, did/do you provide care or support to this child?	1 YES 2 No→	Q8030
	Q8029g. What type of care or support is/was provided?*** <i>INTERVIEWER: Read each and circle all that apply</i>	1 Financial 2 Social/Emotional 3 Health 4 Physical 5 Personal	

* HIV/AIDS related = care or support because of illness related to HIV infection or AIDS [use local term] (which could include tuberculosis (TB) and malaria [use local term] for example).

Other reason = for example, violence, migration, work related.

** Main caregiver is the person primarily responsible for feeding, clothing, providing health care and caring for a child or adult.

***Financial = (cash, paying for bills, fees, food, medicines)

Social/Emotional = (social support, counseling, time with friends, "parenting" time)

Health = (providing health care - administering medicines, changing bandages, arranging health care providers)

Physical = (household chores, transportation)

Personal = (bathing, eating, dressing, toileting, moving around (transfers), incontinence (bowels and bladder))

INTERVIEWER: If only one child → SKIP to Q8033.

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Now tell us about a second child in the household needing care.

Check against the household roster (SECTION 0400).

Q8030	Please think of the next youngest of the children aged 15 years or younger. Who is that? <i>Enter person (HH member) number from Section 0400: HH Roster OR row number from WHS roster. Enter '67' in a) for child who is not listed on either roster.</i>	a) <input type="text"/> <input type="text"/> b) Q <u>0</u> <u>4</u> _ _	
	Q8030a. What is this child [NAME]'s relationship to you? 1 Daughter or son 2 Grandchild 3 Other family related child 4 Not family-related child 87 Other		
	Q8030b. Is the child alive or dead? 1 Alive 2 Dead		
	Q8030c. Which of [NAME]'s parents are ill, absent or dead? Only his/her mother, only his/her father or both parents? 1 Neither parent→ 2 Only mother 3 Only father 4 Both parents		Q8030e
	Q8030d. What was/were the reasons for parent(s) being ill or absent (or reasons for death)?* <i>INTERVIEWER: Circle all that apply.</i> 1 HIV/AIDS related 2 Other health reason 3 Other reason (not health related) 87 Other, specify:		
	Q8030e. Now, please tell me, who is or was the main person providing care for these children? Is it you yourself, someone else in this household, or someone outside of this household?*** 1 RESPONDENT.....→ 2 SOMEONE ELSE IN HOUSEHOLD 3 SOMEONE OUTSIDE HOUSEHOLD		Q8030g
	Q8030f. Even if you were not the main caregiver, did/do you provide care or support to any members of the household? 1 YES 2 No→		Q8031
	Q8030g. What type of care or support is/was provided?*** <i>INTERVIEWER: Read each and circle all that apply</i> 1 Financial 2 Social/Emotional 3 Health 4 Physical 5 Personal		

* HIV/AIDS related = care or support because of illness related to HIV infection or AIDS [use local term] (which could include tuberculosis (TB) and malaria [use local term] for example).

Other reason = for example, violence, migration, work related.

** Main caregiver is the person primarily responsible for feeding, clothing, providing health care and caring for a child or adult.

***Financial = (cash, paying for bills, fees, food, medicines)

Social/Emotional = (social support, counseling, time with friends, "parenting" time)

Health = (providing health care - administering medicines, changing bandages, arranging health care providers)

Physical = (household chores, transportation)

Personal = (bathing, eating, dressing, toileting, moving around (transfers), incontinence (bowels and bladder))

INTERVIEWER: If only two children.....→ SKIP to Q8033.

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Now tell us about a third child in the household needing care.

Check against the household roster (SECTION 0400).

Q8031	Please think of the next youngest of the children aged 15 years or younger. Who is that? <i>Enter person (HH member) number from Section 0400: HH Roster OR row number from WHS roster. Enter '68' in a) for child who is not listed on either roster.</i>	a) <input type="text"/> <input type="text"/> b) Q <u>0</u> <u>4</u> _ _	
	Q8031a. What is the child [NAME]'s relationship to you?	1 Daughter or son 2 Grandchild 3 Other family related child 4 Not family-related child 87 Other	
	Q8031b. Is the child alive or dead?	1 Alive 2 Dead	
	Q8031c. Which of [NAME]'s parents are ill, absent or dead? Only his/her mother, only his/her father or both parents?	1 Neither parent→ 2 Only mother 3 Only father 4 Both parents	Q8031e
	Q8031d. What was/were the reasons for parent(s) being ill or absent (or reason for death)?*	1 HIV/AIDS related 2 Other health reason 3 Other reason (not health related) 87 Other, specify:	
	Q8031e. Now, please tell me, who is or was the main person providing care for these children? Is it you yourself, someone else in this household, or someone outside of this household?*	1 RESPONDENT.....→ 2 SOMEONE ELSE IN HOUSEHOLD 3 SOMEONE OUTSIDE HOUSEHOLD	Q8031g
	Q8031f. Even if you were not the main caregiver, did/do you provide care or support to any members of the household?	1 YES 2 No→	Q8032
	Q8031g. What type of care or support is/was provided?*** <i>INTERVIEWER: Circle all that apply</i>	1 Financial 2 Social/Emotional 3 Health 4 Physical 5 Personal	

* HIV/AIDS related = care or support because of illness related to HIV infection or AIDS [use local term] (which could include tuberculosis (TB) and malaria [use local term] for example).

Other reason = for example, violence, migration, work related.

** Main caregiver is the person primarily responsible for feeding, clothing, providing health care and caring for a child or adult.

***Financial = (cash, paying for bills, fees, food, medicines)

Social/Emotional = (social support, counseling, time with friends, "parenting" time)

Health = (providing health care - administering medicines, changing bandages, arranging health care providers)

Physical = (household chores, transportation)

Personal = (bathing, eating, dressing, toileting, moving around (transfers), incontinence (bowels and bladder))

INTERVIEWER: If only three children → SKIP to Q8033.

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

Now tell us about a fourth child in the household needing care.

Check against the household roster (SECTION 0400).

Q8032	Please think of the next youngest of the children aged 15 years or younger. Who is that? <i>Enter person (HH member) number from Section 0400: HH Roster OR row number from WHS roster. Enter '69' in a) for child who is not listed on either roster.</i>	a) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> b) Q <u>0</u> <u>4</u> _ _	
	Q8032a. What is the child [NAME]'s relationship to you?	1 Daughter or son 2 Grandchild 3 Other family related child 4 Not family-related child 87 Other	
	Q8032b. Is the child alive or dead?	1 Alive 2 Dead	
	Q8032c. Which of [NAME]'s parents are ill, absent or dead? Only his/her mother, only his/her father or both parents?	1 Neither parent→ 2 Only mother 3 Only father 4 Both parents	Q8032e
	Q8032d. What was/were the reasons for parent(s) being ill or absent (or reason for death)?*	1 HIV/AIDS related 2 Other health reason 3 Other reason (not health related) 87 Other, specify:	
	Q8032e. Now, please tell me, who is or was the main person providing care for these children? Is it you yourself, someone else in this household, or someone outside of this household?*	1 RESPONDENT.....→ 2 SOMEONE ELSE IN HOUSEHOLD 3 SOMEONE OUTSIDE HOUSEHOLD	Q8032g
	Q8032f. Even if you were not the main caregiver, did/do you provide care or support to any members of the household?	1 YES 2 No→	Q8033
	Q8032g. What type of care or support is/was provided?*** <i>INTERVIEWER: Circle all that apply</i>	1 Financial 2 Social/Emotional 3 Health 4 Physical 5 Personal	

The following questions ask about the time involved with care you provide to children and if you, as the caregiver, receive any assistance.

Q8033	As the <u>main or other caregiver</u> in the household, <u>how much time per day on average</u> did/do you usually spend providing care for children?	<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 8888 DON'T KNOW	
Q8034	In relation to providing care and support in the last 12 months, has your household <u>received</u> any help or assistance from <u>outside</u> the household?	1 YES 2 No→ 88 DON'T KNOW→	Q8037 Q8037

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

The next few questions ask about what help or assistance you, as a caregiver, received from other people or groups to assist you in providing care for the child/children.

<p>Q8035 What kind of help have <u>you, as a caregiver</u>, received?</p> <p>INTERVIEWER: Read each option and circle all that apply</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>87</p>	<p>Financial, such as cash, paying for bills, fees, food or medicines, clothing or other provisions</p> <p>Emotional, like social support, counseling, time with friends</p> <p>Health, including providing health care, administering medicines, changing bandages, arranging health care providers</p> <p>Physical including household chores, transportation</p> <p>Personal care, help with bathing, eating, dressing, toileting, moving around</p> <p>Other, specify:</p>
<p>Q8036 Who provided this help or assistance?</p> <p>Anyone else?</p> <p>INTERVIEWER: Circle ALL answers that the respondent spontaneously mentions</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>87</p> <p>88</p>	<p>Family outside household</p> <p>Neighbours/community</p> <p>Government</p> <p>Church</p> <p>NGOs</p> <p>Other</p> <p>Don't know</p>

The next questions ask about the impact of providing care on you. I am going to ask whether you face some problems related to your health and well-being since you began providing care for any household members. We want to know how you and your health have been affected by your caregiving duties.

As a result of providing care, or the increase in providing care, over the <u>last 12 months</u> , how much difficulty have <u>you</u> had with:		None	Mild	Moderate	Severe	Extreme
Q8037	...getting enough sleep?	1	2	3	4	5
Q8038	...eating enough food?	1	2	3	4	5
Q8039	...having enough energy to do the extra work?	1	2	3	4	5
Q8040	...taking care of your health, ailments or chronic condition (<i>if exist</i>) – including impact of caregiving on your own health (such as, stress, fatigue, muscle strains, insomnia, anxiety, grief)?	1	2	3	4	5
Q8041	...paying for medication/treatments for your own ailments / chronic conditions?	1	2	3	4	5
Q8042	...visiting friends and relatives as much as before you were providing this level of care?	1	2	3	4	5

WHO Study on Global Ageing and Adult Health (SAGE)
INDIVIDUAL QUESTIONNAIRE A - INDIA

	Over the <u>last 12 months</u> , how much <u>difficulty</u> have <u>you</u> had with:	None	Mild	Moderate	Severe	Extreme
Q8043	...sharing feelings about caregiving responsibility with others?	1	2	3	4	5
Q8044	...financial problems due to loss of income, decreased time available for paid employment, or increased costs or expenses?	1	2	3	4	5
Q8045	...knowing and providing the correct care for health problems for this person(s) (for example, knowing the best treatment, getting access to medicines (like anti-retrovirals), knowing how to protect <u>yourself</u> , as the caregiver, from getting the illness/disease)?	1	2	3	4	5
Q8046	...experiencing stigma or problems as a result of or associated with the illness or death (that is, have you been treated differently or poorly by the community, friends or family members outside your household)?	1	2	3	4	5

One final question about the impact of caregiving on your health.

Q8047	Think about the care you have given to the ill household member(s) or to the orphaned child(ren) in your home over the last 12 months and think about your own health. Because of this caregiving, how often have you been going to seek medical care or consultation or check ups <u>for your own health</u> ? Have you been going <u>more</u> than you used to, <u>less</u> than you used or has it stayed about the same?	1 MORE THAN USED TO 2 ABOUT THE SAME 3 LESS THAN USED TO
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Time End :

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

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

Section 9000: Interviewer Assessment

INTERVIEWER

Q9001	Was someone else present during the interview?	1 YES	2 NO
	Did respondent have...		
Q9002	Hearing problem?	1 YES	2 NO
Q9003	Vision problem?	1 YES	2 NO
Q9004	Use wheelchair?	1 YES	2 NO
Q9005	Use cane/crutches/walker?	1 YES	2 NO
Q9006	Have difficulties walking?	1 YES	2 NO
Q9007	Paralysis?	1 YES	2 NO
Q9008	Cough continually?	1 YES	2 NO
Q9009	Shortness of breath?	1 YES	2 NO
Q9010	Mental problems?	1 YES	2 NO
Q9011	Other health problem?	1 YES	2 NO
Q9012	Amputated limb (arm or leg)?	1 YES	2 NO
Q9013	What is your assessment of the respondent's cooperation?	1 VERY GOOD 2 GOOD 3 MODERATE 4 BAD 5 VERY BAD	
Q9014	What is your evaluation of the accuracy and completeness of the respondent's answers?	1 VERY HIGH 2 HIGH 3 AVERAGE 4 LOW 5 VERY LOW	

	QUESTION NUMBER(s)	NOTES
Q9015	Questions with doubtful answers	
Q9016	Questions needing follow-up or clarification from supervisor	
Q9017	Other problems or issues	
Q9018	What questions did respondent find difficult, embarrassing or confusing?	
Q9019	What questions did you the interviewer find difficult, embarrassing or confusing?	
Notes:		