



STUDY ON GLOBAL AGEING AND ADULT HEALTH (SAGE) INDIA - Wave 3 – 2019

Household Questionnaire



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Section 0000: Coversheet

Q0001	RESEARCH CENTRE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>
Q0002	HOUSEHOLD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0002a	IS THIS A (18-49 YEARS) OR (50+ YEARS) HOUSEHOLD?	1=18 to 49 2=50+
Q0003	IS THIS A NEW OR FOLLOW-UP INTERVIEW?	1= New 2= Follow-up
Q0004	INTERVIEWER ID	<input type="text"/> <input type="text"/> <input type="text"/>
Q0005	TOTAL NUMBER OF CALLS/VISITS:	1 2 3
Q0006	DATE OF FINAL RESULTS: (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0007a	FINAL RESULT CODE HOUSEHOLD Q:	<input type="text"/> <input type="text"/> See Section 0350 [F] for codes
Q0008	WAS RECONTACT INFORMATION FROM WAVE 2 USED TO LOCATE HH/RESPONDENT?	1=Yes 2=No
Q0009	DATE INTERVIEW/DATA EDITING COMPLETED (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0011	DATE SUPERVISOR REVIEWED INTERVIEW AND DATA (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day / Month / Year

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	
NAME _____	<input type="text"/> <input type="text"/>	NAME _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
DATE _____	<input type="text"/> <input type="text"/>	DATE _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

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Section 0100: Sampling Information

SAMPLING (PRINT CLEARLY)

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

Q0104 Setting (circle one)

AN URBAN AREA THAT HAS BEEN LEGALLY PROCLAIMED AS BEING URBAN. SUCH AREAS INCLUDE TOWNS, CITIES AND METROPOLITAN AREAS.	1 = Urban
ALL OTHER AREAS THAT ARE NOT CLASSIFIED AS BEING URBAN. THIS INCLUDES COMMERCIAL FARMS, SMALL SETTLEMENTS, RURAL VILLAGES AND OTHER AREAS WHICH ARE FURTHER AWAY FROM TOWNS AND CITIES.	2 = Rural

ADMINISTRATIVE DIVISION INFORMATION

Refer to Appendix A0100 for administrative names and codes

Q0105a. First Administrative Level Unit Name:	Q0105b. First Administrative Level Unit Code:
	<div style="display: flex; justify-content: space-around; align-items: 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="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="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>
<i>99 Not applicable if the unit is not in appendix list</i>	
<i>If First Administrative Level Unit name is not in the Appendix list, write name clearly here:</i>	

Q0106a. Second Administrative Level Unit Name:	Q0106b. Second Administrative Level Unit Code:
	<div style="display: flex; justify-content: space-around; align-items: 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="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="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="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>
<i>99 Not applicable if the unit is not in appendix list</i>	
<i>If Second Administrative Level Unit name is not in the Appendix list, write name clearly here:</i>	

Section 0200: Geocoding/GPS Information

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

Supervisors: Verify Q0203 and Q0204 using Appendix A0200.

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Section 0300: Recontact Information

Q0301	What is the informant's <u>full name</u> ? <i>(verify spelling and write clearly)</i> Q0301A. LAST NAME (SURNAME): _____ Q0301B. FIRST NAME: _____						
Q0302	What is the informant's address? Q0302A. STREET NUMBER AND NAME: _____ Q0302B. CITY: _____ Q0302C. POSTAL CODE: _____ Q0302D. OTHER: _____ _____						
Q0303	Does this informant/household have a telephone?	1 YES 2 No.....→	Q0306				
Q0304	What is the telephone number? <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>						
Q0306	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household? </td> <td style="width: 40%; text-align: center;"> 1 YES 2 No.....→ </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Next section </td> </tr> </table>			If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 No.....→	Next section	
If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 No.....→						
Next section							
	What is this person's name, relationship to you and his or her address? Q0306a. LAST NAME (SURNAME): _____ Q0306b. FIRST NAME: _____ Q0306c. RELATIONSHIP: <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <i>Use codes from Q0405.</i> Q0306d. STREET NUMBER AND NAME: _____ Q0306e. CITY: _____ Q0306f. POSTAL CODE: _____ <i>Please enter all additional location information below.</i> Q0306g. OTHER: _____ Q0306h TEL NO: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>						

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

Section 0350: Contact Record - Household

	Q0351 CALL #1	Q0352 CALL #2	Q0353 CALL #3
A. Date	__/__/__ Day/Month/Year	__/__/__ Day/Month/Year	__/__/__ Day/Month/Year
B. Time of contact	□□:□□	□□:□□	□□:□□
C. Interviewer I.D.	□□□	□□□	□□□
D. Contact with 1=Household Informant 2=Other household member 3=No one	1 2 3	1 2 3	1 2 3
E. Household roster obtained 1=YES 2=NO	1 2	1 2	1 2
F. Result code 01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED) 02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE). 03=HOUSEHOLD CONTACTED-INITIAL REFUSAL 04=HOUSEHOLD CONTACTED-UNCERTAIN ABOUT INTERVIEW 05=RESISTANCE/REFUSAL BY HOUSEHOLD INFORMANT 06=FINAL REFUSAL BY HOUSEHOLD INFORMANT 07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER 08=UNABLE TO LOCATE HOUSEHOLD OR HOUSEHOLD INFORMANT 09=NO INTERVIEW BECAUSE INFORMANT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL. 10=LANGUAGE BARRIER 11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE) 12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO INFORMANT 13= DECEASED INFORMANT 14=INFORMANT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14
CAPI: INSERT final result code in Section 0000: Coversheet, Q0007a.			

Section 0400: Household Roster

Time Begin :

FOLLOW-UP: In order to determine who remains in the household from the last time the survey team was here, and any new household members since then, I need to know who lives at this address. I have a record of household members from the last interview, and I will start with these people.

NEW: In order to determine who to interview, I need to know who lives at this address.

ALL: Let me assure you that any information you provide is strictly confidential. By asking “who lives at this household?”, I mean those who share meals (‘eat out of the same pot’) and usually stay here for at least six months a year.

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

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

Q0401	What is the total number of people who live in this household?	<input type="text"/> <input type="text"/>
		Persons

FOLLOW-UP:

Q0401b. For the previous interview, we spoke with [NAME] – is s/he still the household head? Remember, by head of the household we mean the main decision maker in the household.

1 = Yes - continue to roster

2 = No – go to Q0401c. **followed by Q0403**

Q0401c	What is the name of the new head of the household?	Q0401ca. Surname (last name):
		Q0401cb. First (given) name:

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

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

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

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

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		Person (HH member) number				
		01	02	03	04	05
Q0403	First name and surname A. Last/surname: B. First (given):					
Q0404a	FOLLOW-UP: Is [NAME] still a member of the household? 1= Yes 2= No → Q0415 9= N/A (new hh members) <i>INTERVIEWER: Add new HH members in columns after going through all follow-up HH members.</i>	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
Q0405	What is [NAME]'s relationship to the household head? 01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW	N/A	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88
Q0405a	What is [NAME]'s relationship to the new household head? 01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW Complete only for follow-up households where the household head has changed i.e. q0401c is completed	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88
Q0406	Is [NAME] a male or a female? 1 = MALE 2 = FEMALE 3= TRANSGENDER (INDIA ONLY)	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0407	How old is he/she? (if less than 1 year old enter "00")	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Q0408	What is [NAME]'s marital status? 1= NEVER MARRIED (AND NOT COHABITING) 2= CURRENTLY MARRIED 3= COHABITATING 4= SEPARATED/DIVORCED 5= WIDOWED 8=DON'T KNOW	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
Q0409	What is the highest level of education [NAME] completed? 0=NO FORMAL EDUCATION 1=LESS THAN PRIMARY SCHOOL 2=PRIMARY SCHOOL COMPLETED 3=SECONDARY SCHOOL COMPLETED 4=HIGH SCHOOL (OR EQUIVALENT) COMPLETED 5=COLLEGE/PRE-UNIVERSITY /UNIVERSITY COMPLETED 6=POST GRADUATE DEGREE COMPLETED	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6

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Person (Household Member) number									
	06	07	08	09	10	11	12	13	14
Surname									
First (given) name									
Q0404a	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
Q0405	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88
Q0405a (complete for follow-up households only where the household head has changed)	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88
Q0406	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0407	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Q0408	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
Q0409	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6

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		Person (HH member) Number				
		01	02	03	04	05
Write initials from Q0403 Respondent initials:		Head				
Q0411	Does [NAME] have health insurance coverage? 1 = Yes, mandatory insurance* 2 = Yes, voluntary insurance** 3 = Yes, both mandatory and voluntary insurance 4 = No, none.	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0412	Does [NAME] need care due to his/her health condition, such as a long-term physical or mental illness or disability, or because he/she is getting old and weak? 1 = YES → Continue 2 = No → Go to Next Person	1 2	1 2	1 2	1 2	1 2
Q0413	How much care does he/she need? 1 = Needs help/watching all the time (day and night) 2 = Cannot be without help/watching or be left alone at home for more than an hour 3 = Can be left on his/her own at home for several hours but requires accompaniment when leaving home 4 = Needs some help at home and sometimes needs to be accompanied when leaving home	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0414	Is [NAME] presently in an institution (hospital, after care home, home for the aged, hospice) due to his/her health condition? 1 = YES; 2 = NO	1 2	1 2	1 2	1 2	1 2
FOLLOW-UP: If person was a household member in SAGE Wave 2, 1) and is HH member in Wave 3, now go to next HH member or if last HH member → go to Q0417. 2) but is now NOT a HH member, → go to Q0415. NEW: If person is a NEW household member, do NOT answer Q0415 or Q0416 → go to Next HH member, or if last HH member → go to Q0417.						
Q0415	What is the reason for [NAME]'s absence? 01 = EMPLOYMENT 02 = LOOKING FOR WORK 03 = SCHOOL 04 = VISIT FAMILY 05 = VISIT FRIENDS 06 = MARRIAGE/COHABITATION 07 = PERSONAL REASONS 08 = ESCAPE VIOLENCE OR POLITICAL PROBLEMS 09 = PRISON 10 = HOSPITAL /CLINIC 11 = NURSING HOME/OLD PERSONS HOME 12 = DIED → go to Next HH member 87 = OTHER, SPECIFY: 88 = DON'T KNOW	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88
Q0416	Where did [NAME] go to? 1 = DIFFERENT HOUSEHOLD IN SAME COMMUNITY/LOCALITY/NEIGHBOURHOOD 2 = RURAL AREA IN DIFFERENT PART OF THE COUNTRY 3 = CITY IN DIFFERENT PART OF THE COUNTRY 4 = RURAL AREA IN ANOTHER COUNTRY 5 = CITY IN ANOTHER COUNTRY 8 = DON'T KNOW	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8

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

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

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Person (Household member) number									
	06	07	08	09	10	11	12	13	14
Initials:									
Q0411	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4
Q0412	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
Q0413	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4
Q0414	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
INTERVIEWER: <i>IF ADDITIONAL HH MEMBERS → go to Next HH member</i> OR if last HH member → go to Q0417.									
Q0415									
Q0416									

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Just to make sure I have a complete listing of everyone in the household - you said previously that

(SEE Q0401) people live in this household.

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

If number matches, → Q0417.

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

Q0417	Are there any other persons such as small children, infants or older adults that we have not listed?	1 YES→ 2 NO	(GO BACK TO HH ROSTER AND COMPLETE COLUMN)
Q0418	Are there any other persons not here at the moment whom are usually part of your household?	1 YES→ 2 NO	
Q0419	Who is the main income earner for the household (person who brings in most money)? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	<input type="text"/> <input type="text"/> 87 OTHER PERSON	
Q0420	Who is the household member who completed the household roster? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	<input type="text"/> <input type="text"/>	

Deaths in the household/dwelling since last wave for f/u HH or in last 24 months for new HH

INTERVIEWER: Check HH roster Q0415 for f/u HH.

We want to know if there have been any deaths in this household/dwelling.

Q0421	Has any member of this household died since the last wave (in f/u HH) or in the last 24 months (in new HH)? <i>INTERVIEWER: (identify the correct time period - for example, "since September 2015?").</i>	1 YES 2 NO→	Section 0450
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Q0422	How many deaths were there in the household since the last wave (in f/u HH) or in the last 24 months (in new HH)?	<input type="text"/> <input type="text"/>
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		a. Person 1	b. Person 2	c. Person 3	d. Person 4	e. Person 5
Q0423	Sex of deceased? 1=Male, 2=Female 3=Transgender	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0424	a) What was his/her <u>age</u> at death (in years)? <i>Age at last birthday. For children less than 1 year, enter "00".</i>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Time End :

Section 0450: Household Consent

INTERVIEWER: You will select an informant to complete the remaining sections of the household questionnaire and a respondent for the individual questionnaire at his point. **The household informant and individual respondent may or may not be the same person.** We want to interview all persons aged 50 years and older present in the household on the day of the interview, but someone younger than 50 may complete the household questionnaire.

A. INSTRUCTIONS FOR SELECTING RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE

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

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

B. INSTRUCTIONS FOR SELECTING RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE

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

You may have multiple individual interviews for a household, but you need to complete just one household questionnaire for each household. The multiple respondents for the individual questionnaire should be listed below starting with Q0452 for the first person, Q0453 for the second, Q0454 for the third...and so on. Then also insert the person number in Q1007 on the Individual Respondent Questionnaire.

Q0452	Person (Household member) number	<input type="text"/> <input type="text"/>
Q0453	If a second person; Person (Household member) number	<input type="text"/> <input type="text"/>
Q0454	If a third person; Person (Household member) number	<input type="text"/> <input type="text"/>
Q0455	If a fourth person; Person (Household member) number	<input type="text"/> <input type="text"/>
Q0456	If a fifth person; Person (Household member) number	<input type="text"/> <input type="text"/>

INTERVIEWER:

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

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Section 0500: Housing

Time Begin :

I would like to ask you some questions about your dwelling or home.

Q0501	Is this dwelling where you live...? <i>INTERVIEWER: read options to the respondent.</i>	1 Owned by the household head and fully paid off 2 Owned by the household head but not yet fully paid off 3 Owned by someone else in household and fully paid off 4 Owned by someone else in household but not yet fully paid off 5 Rented.....→ 6 Provided free of charge.....→ 7 Other, specify:	Q0503 Q0503
Q0502	If the owner [you] were to sell this dwelling today, what is the approximate value (about how much is it worth)? <i>Use local currency.</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	
Q0503	How many rooms does this dwelling have in total, without counting the bathrooms or hallways?	<input type="text"/> <input type="text"/>	

ENVIRONMENTAL RISK FACTORS / WATER AND SANITATION

Q0504	What type of floor does your dwelling have?	1 Hard Floor (Tile, Cement, Brick, Wood) 2 Earth Floor	
Q0505	What type of wall does your dwelling have? <i>(Circle main type)</i>	1 CEMENT, BRICK, STONE OR WOOD 2 MUD/ MUD BRICK 3 THATCH AND OTHER 4 PLASTIC SHEET 5 METAL SHEET 7 OTHER, SPECIFY:	
Q0506	What is the main source of drinking water for members of this household? <i>(Use pictorials in Appendix A0500A)</i>	1 PIPED WATER INTO DWELLING→ 2 PIPED WATER TO YARD/PLOT→ 3 PUBLIC TAP/STANDPIPE→ 4 TUBEWELL/BOREHOLE→ 5 PROTECTED DUG WELL→ 6 UNPROTECTED DUG WELL.....→ 7 PROTECTED SPRING.....→ 8 UNPROTECTED SPRING.....→ 9 RAINWATER COLLECTION→ 10 BOTTLED WATER→ 11 SMALL SCALE VENDOR→ 12 TANKER-TRUCK→ 13 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNELS)→ 87 OTHER, SPECIFY:→	Q0508 Q0508 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0507 Q0506a Q0507 Q0507 Q0507 Q0507

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	<p>Q0506a. What is the main source of water used by your household for other purposes such as handwashing?</p> <p><i>(Use pictorials in Appendix A0500A)</i></p>	<p>1 PIPED WATER INTO DWELLING→</p> <p>2 PIPED WATER TO YARD/PLOT→</p> <p>3 PUBLIC TAP/STANDPIPE</p> <p>4 TUBEWELL/BOREHOLE</p> <p>5 PROTECTED DUG WELL</p> <p>6 UNPROTECTED DUG WELL</p> <p>7 PROTECTED SPRING</p> <p>8 UNPROTECTED SPRING</p> <p>9 RAINWATER COLLECTION</p> <p>10 BOTTLED WATER</p> <p>11 CART WITH SMALL TANK/DRUM</p> <p>12 TANKER-TRUCK</p> <p>13 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNELS)</p> <p>87 OTHER, SPECIFY:</p>	<p>Q0508 Q0508</p>
Q0507	<p>How long does it take to go there, get water and come back?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> minutes</p> <p>0 Water on premises→</p> <p>-8 Don't know</p>	Q0508
	<p>Q0507a. Who usually goes to this source to fetch the water for your household?</p>	<p>1 Adult man</p> <p>2 Adult woman</p> <p>3 Male child (under 15 years old)</p> <p>4 Female child (under 15 years old)</p> <p>7 Other, specify:</p>	
Q0508	<p>What type of toilet facility do members of your household usually use?</p> <p><i>(Use pictorials in Appendix A0500B)</i></p> <p><i>If respondent indicates "flush" or "pour flush", probe:</i></p> <p><i>Where does it flush to?</i></p>	<p>1 Flush/pour flush to piped sewer system</p> <p>2 Flush/pour flush to septic tank</p> <p>3 Flush/pour flush to pit latrine</p> <p>4 Flush/pour flush to other location</p> <p>5 Flush/pour flush to unknown place/not sure</p> <p>6 Ventilated improved pit latrine (VIP)</p> <p>7 Pit latrine with slab</p> <p>8 Pit latrine without slab/open pit</p> <p>9 Composting toilet</p> <p>10 Bucket latrine</p> <p>11 Hanging toilet/hanging latrine</p> <p>12 No facilities or bush or field→</p> <p>87 Other, specify:</p>	Q0510
Q0509	<p>Do you share this facility with other households?</p>	<p>1 YES</p> <p>2 NO</p>	
Q0510	<p>What type of fuel does your household mainly use for cooking?</p>	<p>1 Gas.....→</p> <p>2 Electricity.....→</p> <p>3 Kerosene.....→</p> <p>4 Coal/Charcoal</p> <p>5 Wood</p> <p>6 Agriculture/crop</p> <p>7 Animal dung</p> <p>8 Shrubs/grass</p> <p>9 Paraffin→</p> <p>87 Other, specify:</p>	<p>Q0701 Q0701 Q0701</p> <p>Q0701</p>

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Q0511	In this household, is food cooked on an open fire, an open or closed stove? <i>INTERVIEWER: indicate main type. Use pictorials in Appendix A0500C.</i>	1 Open fire 2 Open stove 3 Closed stove 7 Other, specify:	
Q0512	Does the fire/stove have a chimney, hood or neither?	1 Chimney 2 Hood 3 Neither	
Q0513	Where is cooking usually done?	1 In a room used for living or sleeping 2 In a separate room used as kitchen 3 In a separate building used as kitchen 4 Outdoor 7 Other, specify:	

Time End :

Section 0700: Assets and Household Income

Time Begin :

PERMANENT INCOME INDICATORS (ASSETS)

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

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

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

Q0705	A bicycle?	1 YES 2 NO
Q0706	A microwave oven?	1 YES 2 NO
Q0707	Hot running water?	1 YES 2 NO
Q0708	A washing machine?	1 YES 2 NO
Q0709	A dishwasher?	1 YES 2 NO
Q0710	A refrigerator?	1 YES 2 NO
Q0711	A fixed-line telephone?	1 YES 2 NO
Q0712	A mobile / cellular telephone?	1 YES 2 NO
Q0713	A DVD player?	1 YES 2 NO
Q0714	A computer?	1 YES 2 NO
Q0715	A radio?	1 YES 2 NO
Q0716	Livestock (cattle, goats, pigs, poultry)?	1 YES 2 NO
Q0717	Internet access in the home?	1 YES 2 NO
Q0718	An air-condition system in the home?	1 YES 2 NO
Q0719	A heating system in the home?	1 YES 2 NO

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

Please tell us if you own any land or other items of value.		A. If Yes, → Column B If no → skip to next Q	B. About how much is this worth in total? (cash equivalent)
Q0720	Land or property?	1 YES 2 No → Q0721 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW -9 REFUSED
Q0721	Other valuable items, such as jewellery, books, art or other valuable items?	1 YES 2 No → Q0722 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW -9 REFUSED

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

Q0722	Does your household have a regular source of income? <i>Interviewer: Regular income over the last 12 months, meaning that the household can depend on a source to provide an income at intervals that can be used to base household budget decisions.</i>	1 Yes, regular source 2 Yes, regular but seasonal 3 No
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I am now going to read you a list of possible sources of income. Thinking over the last 12 months, can you tell me what the average earnings of the household have been per week or per month or per year? Please tell me whichever time period that is easier for you.

Please tell me from which of these sources members of your household receive income:		A. If Yes, → Column B If no → go to next Q	B. Can you estimate an approximate total amount of income for the household over the last [week/month/year - time period circled in Column A]?
Q0723			
	Q0723a. Wages, salary from job?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0723b. Earnings from selling, trading or hawking products?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → c 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0723c. Income from rental of property?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → d 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

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	Please tell me from which of these sources members of your household receive income:	A. <i>If Yes, → Column B</i> <i>If no → skip to next Q</i>	B. Can you estimate an approximate total amount of income for the household over the last [week/month/year - time period circled in Column A]?
	Q0723d. State old-age (veteran's/civil service) pension*, contributory pension fund, provident fund or social security benefit?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → e 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0723e. Interest, dividends (for example, from savings account or fixed deposits)?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → f 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0723f. Other (specify): _____	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → Q0724	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

Q0724	So to verify this information, your approximate total household income from ALL sources over the last 12 months is about how much?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
Q0725	How many people depend on this income? <i>(INTERVIEWER: This number should include the respondent - so enter "01" if only the respondent depends on/is supported by this income.)</i>	<input type="text"/> <input type="text"/> NUMBER OF PEOPLE -8 DON'T KNOW
Q0726	Does your household or any members of the household have current debt or outstanding loans?	1 YES 2 NO → Q0727 8 DON'T KNOW
	Q0726a. What is the approximate total amount of this debt or loan(s)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
Q0727	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?	1 YES 2 NO 8 DON'T KNOW
Q0728	Would you say your household's financial situation is...?	1 Very Good 2 Good 3 Moderate 4 Bad 5 Very Bad

Time End :

Section 0800: Household Expenditure

Time Begin :

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

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

I would like to start by asking about household expenses over the last 30 days. The next questions are about food and non-food items purchased by the household.

Q0802	In the <u>last 30 days</u> , how much did your household spend on food items overall?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
In the last 30 days, how much did your household spend on:		
Q0803	Q0803a. Housing and utilities (rent, mortgage, electricity, heating/cooking fuel, water, telephone...)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0803b. Clothing (footwear, hats, shirts, pants, dresses, skirt, jackets, coats...) and other personal items (soap, shampoo, cosmetics, shaving cream...)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0803c. Transportation (bus fares, cab/taxi fares, petrol...)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0803d. Recreation and entertainment?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	Q0803e. All other goods and services? <i>Specify:</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
<i>INTERVIEWER: See QxQ for acceptable items - do not include items that would be under "12 month" below.</i>		

I would like to ask you more specific questions about how much your household and all its members spent in cash or in-kind on all health care and services that did not require an overnight stay. Again, we want expenses in the last 30 days. If payment was in-kind, please estimate a monetary value. Please exclude costs to be reimbursed by insurance.

In the <u>last 30 days</u> , how much did your household spend on:		
Q0804	Registration and consultation fees by doctors, nurses, or trained midwives that did <u>not</u> require an overnight stay?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
Q0805	Health care by traditional or alternative healers (<i>Chinese traditional medical doctor</i>)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
Q0806	Diagnostic and laboratory tests such as X-rays or blood tests?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

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Q0807	Medications or drugs (prescription, non-prescription, traditional, homeopathic...)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
Q0808	Dentists or dental care?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
Q0810	Any other health care products or services that were not included above? <i>Specify:</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

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

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

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	Please exclude any reimbursements from insurance and transportation costs.	
Q0821	All other goods and services (property, land, livestock, cleaning services, repair services...)?	<div style="display: flex; justify-content: space-around; align-items: center;"> <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"/> <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"/> </div> <div style="text-align: right; font-size: small;">-8 DON'T KNOW</div>

*Mandatory health insurance refers to social medical, unemployment, or endowment insurance
 **Voluntary health insurance refers to cooperative medical care, commercial or social insurance

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

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

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

Q0822	Current income of any household members (salaries, pensions, paid benefits...)?	1 YES 2 NO 8 DON'T KNOW
Q0823	Savings?	1 YES 2 NO 8 DON'T KNOW
Q0824	Payment or reimbursement from a health insurance plan (including community health schemes)?	1 YES 2 NO 8 DON'T KNOW
Q0825	Sold items (land, property, furniture, livestock, jewellery...)?	1 YES 2 NO 8 DON'T KNOW
Q0826	Relatives or friends from outside the household?	1 YES 2 NO 8 DON'T KNOW
Q0827	Borrowed from financial institutions or agencies (microfinance schemes, banks...)?	1 YES 2 NO 8 DON'T KNOW
Q0828	Other, specify:	1 YES 2 NO 8 DON'T KNOW

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

Q0829	In general, what is your household's average overall monthly spending?	<div style="display: flex; justify-content: space-around; align-items: center;"> <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"/> <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"/> </div> <div style="text-align: right; font-size: small;">-8 DON'T KNOW</div>
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Time End :

INTERVIEWER: Complete interviewer observations.

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

(FOR THOSE CONTINUING TO INDIVIDUAL QUESTIONNAIRE)

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

WHO Study on global AGEing and adult health (SAGE)
HOUSEHOLD Questionnaire – Wave 3 (India)

Section 0900: Interviewer Observations - HHQ

Q0901	<i>Was someone else present during the interview?</i>	1 YES 2 NO
Q0902	<i>What is your evaluation of the accuracy of the informant's answers?</i>	1 VERY GOOD 2 GOOD 3 MODERATE 4 BAD 5 VERY BAD

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

INTERVIEWER NOTES