



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

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## Individual Questionnaire



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

## Contact Record – Individual or Proxy Respondent

### Q1000A. INTERVIEWER I.D.

### Q1000B. CONTACT WITH:

1=INDIVIDUAL RESPONDENT

2=PROXY RESPONDENT

5=NO ONE

1  
2  
5

### Q1000C. RESULT CODE

01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED – THIS INCLUDES INTERVIEW AND BODY MEASUREMENT, PERFORMANCE TESTS)

01

02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE).

02

03=RESPONDENT CONTACTED-INITIAL REFUSAL

03

04=RESPONDENT CONTACTED-UNCERTAIN ABOUT INTERVIEW

04

05=RESISTANCE/REFUSAL BY RESPONDENT

05

06=FINAL REFUSAL BY RESPONDENT

06

07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER

07

08=UNABLE TO LOCATE RESPONDENT

08

09=NO INTERVIEW BECAUSE RESPONDENT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL.

09

10=LANGUAGE BARRIER

10

11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE)

11

12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO RESPONDENT

12

13=DECEASED RESPONDENT

13

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

14

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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 is 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.</i>  <i>Who is the proxy?</i>	1 SPOUSE .....→ 2 NON-SPOUSE.....→	Proxy Q Proxy Q
<b>INTERVIEWER: GO TO PROXY CONSENT FORM  ADMINISTER Q02501-Q2503 Q2525-Q2546 TO RESPONDENT  THEN ADMINISTER PROXY QUESTIONNAIRE TO PROXY RESPONDENT</b>			

## 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"/>
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 TELEGU</p> <p>18 URDU</p> <p>19 RAJASTHANI</p> <p>87 OTHER, SPECIFY:</p>
Q1009	INTERVIEWER: Record sex of the respondent	<p>1 MALE</p> <p>2 FEMALE</p> <p>3 TRANSGENDER (INDIA ONLY)</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: This would be age at last birthday. 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 ..... →</p> <p>2 CURRENTLY MARRIED ..... →</p> <p>3 COHABITING ..... →</p> <p>4 SEPARATED/DIVORCED ..... →</p> <p>5 WIDOWED ..... →</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 ..... →</p> <p>-8 DON'T KNOW ..... →</p>
Q1014	<p>For how many <u>years</u> have you been married or living together?</p> <p>INTERVIEWER: if less than 1 year, enter "00"</p>	<p><input type="text"/> <input type="text"/> NUMBER OF YEARS</p> <p>-8 DON'T KNOW</p>

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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> ?	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/>         NUMBER OF YEARS       </div> -8 DON'T KNOW	
Q1018	What is your <u>background or ethnic group</u> ?	1 SCHEDULED TRIBE 2 SCHEDULED CASTE 3 OTHER BACKWARD CLASS 4 NONE OF THE ABOVE -8 DONT KNOW 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	Q1024A
Q1021	How long have you been living (continuously) in this area? <i>INTERVIEWER: IF LESS THAN 1 YEAR, ENTER "00".</i>	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/>         YEARS       </div> -8 DON'T KNOW	
Q1022	Where were you living before?	1 In same community/locality/neighborhood 2 In another city in this region 3 In another rural area in this region 4 In another city outside this region but in India 5 In another rural area outside this region but in India 6 Outside India, in a city 7 Outside India, in a rural area	
Q1023	Where have you lived for most of your adult life (18+ years)?	1 IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD 2 IN ANOTHER CITY IN THIS REGION 3 IN ANOTHER RURAL AREA IN THIS REGION 4 IN ANOTHER CITY OUTSIDE THIS REGION BUT IN INDIA 5 IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN INDIA 6 OUTSIDE INDIA IN A CITY 7 OUTSIDE INDIA IN A RURAL AREA	

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Q1024	Where did you live for most of your childhood (before age 10 years)?	1	IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD
		2	IN ANOTHER CITY IN THIS REGION
		3	IN ANOTHER RURAL AREA IN THIS REGION
		4	IN ANOTHER CITY OUTSIDE THIS REGION BUT IN INDIA
		5	IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN INDIA
		6	OUTSIDE INDIA IN A CITY
		7	OUTSIDE INDIA IN A RURAL AREA
Q1024a	Where were you born?	1	IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD
		2	IN ANOTHER CITY IN THIS REGION
		3	IN ANOTHER RURAL AREA IN THIS REGION
		4	IN ANOTHER CITY OUTSIDE THIS REGION BUT IN INDIA
		5	IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN INDIA
		6	OUTSIDE INDIA IN A CITY
		7	OUTSIDE INDIA IN A RURAL AREA

NEW: 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.

Follow-up: The last time we spoke to you, we asked questions about your mother's and father's education and

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 over her working life?	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; align-items: center; gap: 5px;"><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>	
Q1027A	What was your mother's main occupation when you were about 10 years old?	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; align-items: center; gap: 5px;"><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>	
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	

occupations. We have an additional question about their occupations when you were aged 10 years old (when you were a child).

Let's start with your mother.

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	

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Q1031	What is/was his main occupation over his working life?	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; height: 20px; margin-top: 5px;"> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> </div>	
Q1031A	What was your father's main occupation when you were about 10 years old?	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; height: 20px; margin-top: 5px;"> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> </div>	
Q1032	What is the <u>highest level</u> of education that he <u>completed</u> ?	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; height: 20px; margin-top: 5px;"> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> </div>	

Time End □□:□□

Thank you, that ends this section – we will return to questions about you in the next sections – starting with questions about your income.



## Section 1500: Income

Time Begin   :

Q1517	<p>I am now going to read you a list of possible sources of income. Thinking about your work over the last 12 months, please tell me from which of these sources you have received income:</p> <p><i>INTERVIEWER: Read each source.</i></p>	a. Wages, salary from job?	1 YES 2 No	
		b. Earnings from selling, trading or hawking products?	1 YES 2 No	
		c. Income from rental of property?	1 YES 2 No	
		d. State old-age (veteran's/civil service) pension*, contributory pension fund, provident fund or social security benefit?	1 YES 2 No	
		e. Interest, dividends (for example, from savings account or fixed deposits)?	1 YES 2 No	
		f. Other (specify):	1 YES 2 No	
Q1518	Thinking over the last 12 months, your approximate total income from <b>ALL</b> sources 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		

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.

Q2000	In general, how would you <u>rate your health today?</u>	1 Very good 2 Good 3 Moderate 4 Bad 5 Very bad
Q2001	Overall in the last 30 days, how much difficulty did you have with <u>work or household activities?</u>	1 None 2 Mild 3 Moderate 4 Severe 5 Extreme/cannot do

Now I would like to review the different functions of your body. When answering these questions, I would like you to think about the last 30 days, taking both good and bad days into account. When I ask about difficulty, I would like you to consider how much difficulty you have had, on average, in the last 30 days, while doing the activity in the way that you usually do it. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity.

*INTERVIEWER: Read and show scale to respondent*

### MOBILITY

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

### SELF-CARE

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

### PAIN AND DISCOMFORT

	Overall in the last 30 days,...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2007	...how much of <u>bodily aches or pains</u> did you have?	1	2	3	4	5
Q2008	...how much <u>bodily discomfort</u> did you have?	1	2	3	4	5

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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 <u>up too early</u> in the morning?	1	2	3	4	5
Q2017	... have due to <u>not feeling rested and refreshed</u> during the day (for example, feeling tired, not having energy)?	1	2	3	4	5

#### AFFECT

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

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

Q2020	When was the last time you had your <u>eyes</u> examined by a medical professional?	<input type="text"/> <input type="text"/> YEARS AGO
	INTERVIEWER: ENTER YEARS OR MONTHS AGO. ENTER "00" IF LESS THAN 1 YEAR.	-8 DON'T KNOW 98 NEVER
Q2021	Do you use eyeglasses or contact lenses to see <u>far away</u> (for example, across the street)?	1 YES 2 NO
Q2022	Do you use eyeglasses or contact lenses to see <u>up close</u> (for example, at arm's length, like when you are reading)?	1 YES 2 NO

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Q2023	In the last 30 days, how much difficulty did you have in seeing and recognising an object or a person you know <u>across the road</u> (from a distance of about 20 meters)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME / CANNOT DO
Q2024	In the last 30 days, how much difficulty did you have in seeing and recognising <u>an object at arm's length</u> (for example, reading)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME / CANNOT DO

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

Q2050	Do you wear a <u>hearing aid</u> ?	1 YES 2 NO
Q2051	In the last 30 days, how much difficulty did you have in: <u>hearing someone talking on the other side of the room in a normal voice</u> (even with your hearing aid on if you use one)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO
Q2052	In the last 30 days, how much difficulty did you have in <u>hearing what is said in a conversation with one other person in a quiet room</u> (even with your hearing aid on if you use one)?	1 NONE 2 MILD 3 MODERATE 4 SEVERE 5 EXTREME/CANNOT DO

**FUNCTIONING ASSESSMENT**

These next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the last 30 days and answer these questions thinking about how much difficulty you had doing the following activities. Some of these questions may seem repetitive, but we do need your attention and it is important to give us answers to each question.

**INTERVIEWER:** For each question, please circle only one response.

	In the last 30 days, how much difficulty did you have ...	None	Mild	Moderate	Severe	Extreme/ cannot do	N/A
Q2028	... in standing for long periods?	1	2	3	4	5	9
Q2032	... in taking care of your household responsibilities?	1	2	3	4	5	9
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	9
Q2035	... concentrating on doing something for 10 minutes?	1	2	3	4	5	9
Q2036	... in walking a long distance such as a kilometer?	1	2	3	4	5	9
Q2037	... in bathing/washing your whole body?	1	2	3	4	5	9
Q2038	... in getting dressed?	1	2	3	4	5	9

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Q2039	... in your day to day work?	1	2	3	4	5	9
Q2040	... with carrying things?	1	2	3	4	5	9
Q2042	... with eating (including cutting up your food)?	1	2	3	4	5	9
Q2043	... with getting up from lying down?	1	2	3	4	5	9
Q2044	... with getting to and using the toilet?	1	2	3	4	5	9
Q2044a	...with control of your bowel or bladder functions?	1	2	3	4	5	9
Q2045	... with getting where you want to go, using private or public transport if needed?	1	2	3	4	5	9
Q2046	... getting out of your home?	1	2	3	4	5	9
Q2047	In the last 30 days, how much have you been emotionally affected by your health condition(s)?	1	2	3	4	5	9

Q2053	Overall, in the past 30 days, on how many days were these difficulties present?	<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> <span>DAYS</span> </div> <div style="margin-top: 5px;"> <p>-8 <i>DON'T KNOW</i></p> <p>98 <i>NEVER</i></p> </div>
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I would like to end this section with a question about your health when you were a child – think about your childhood, particularly before the age of 10. I would like to know about your health overall when you were younger than 10 years old.

Q2054	In general, how would you <u>rate your health</u> when you were a child, before the age of 10?	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>1 Very good</div> <div>2 Good</div> <div>3 Moderate</div> <div>4 Bad</div> <div>5 Very bad</div> </div>
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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 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.*

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

FILTER1

INTERVIEWER: Can respondent stand up, yes or no?

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	Measured height in centimetres	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> centimetres	
		997 Refused	
		998 Not able	

*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	Measured weight In kilograms	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kilograms	
		997 Refused	
		998 Not able	

Q2508	Waist circumference <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>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> centimetres	
		997 Refused	
		998 Not able	

Q2509	Hip circumference <i>INTERVIEWER: measure at the maximum circumference of the hips - and make sure the tape measure is parallel to the floor all the way around the body</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> centimetres	
		997 Refused	
		998 Not able	

*Now you can put your shoes back on, if you wish, and we can continue.*

**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
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Q2511	Time at 4 metres	<input type="text"/> <input type="text"/> <input type="text"/> SECONDS	
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**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.

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INTERVIEWER: DEMONSTRATE.

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

"Ready begin."

Q2512	Did respondent complete the walk at rapid pace?	1 YES	2 NO, REFUSED/UNABLE ..... ➔	Q2514
Q2513	Time at 4 metres	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> SECONDS		

### VISION TEST

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

INTERVIEWER: Invite the respondent to sit again - in a chair positioned so that the respondent's head will be **3 meters** from the vision 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" that appears on the chart. When the subject has difficulty, s/he is encouraged to guess. Responses can be verbal (Up, Down, Left, Right) or the respondent can indicate with a finger. The right eye can then be tested in the same way.

#### DISTANCE VISION

INTERVIEWER: Start with the distance vision.

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	1. 6/12	2. 6/18	3. 3/60
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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	1. 6/12	2. 6/18	3. 3/60
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#### NEAR VISION

INTERVIEWER: 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	1. N48	2. N20	3. N8
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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	1. N48	2. N20	3. N8
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### 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
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Q2519	<i>Have you had any surgery on your <u>right arm, hand or wrist</u> in the last 3 months OR arthritis or pain in your <u>right hand or wrist</u>?</i>	1 YES → DO NOT TEST RIGHT HAND 2 No
Q2520	<i>Which hand do you consider your dominant hand?</i>	1 LEFT 2 RIGHT 3 USE BOTH THE SAME

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

Then grab the two pieces of metal together like this.

*INTERVIEWER: DEMONSTRATE.*

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

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

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

Ready? Squeeze, squeeze, squeeze!

Q2521	<i>First test left hand</i>	<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"/> KILOGRAMS         </div> <div style="text-align: right;">-9 REFUSED ..... →</div>	Q2523
Q2522	<i>Second test left hand</i>	<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"/> KILOGRAMS         </div>	

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>	<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"/> KILOGRAMS         </div> <div style="text-align: right;">-9 REFUSED ..... →</div>	Q2525
Q2524	<i>Second test right hand</i>	<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"/> KILOGRAMS         </div>	

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**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.*

<b>LIST OF WORDS:</b>		<b>TRIAL 1</b>	<b>TRIAL 2</b>	<b>TRIAL 3</b>
<b>Arm</b>				
<b>Bed</b>				
<b>Plane</b>				
<b>Dog</b>				
<b>Clock</b>				
<b>Bike</b>				
<b>Ear</b>				
<b>Hammer</b>				
<b>Chair</b>				
<b>Cat</b>				
<b>SUBSTITUTED WORDS:</b>				
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>I will read the list to you again, and then again when I am done, repeat them after me.</i>				
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"/>

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**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 (the series number in the longest series repeated without error in Trial 1 or 2) (Maximum = 9 points)	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
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**DIGIT SPAN - DIGITS BACKWARD**

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

*INTERVIEWER: Wait for subject to say 7-1. If response is correct, start with Series 2. If respondent does not reply correctly or fails to understand, give the correct answer and another example, saying Remember, you are to say them backwards. Try this, "3-8". If response is correct, continue. If fails second example, mark "0" in Q2535 and skip to Verbal Fluency (Q2536).*

**Okay, lets start.**

Series	Trial 1	Trial 1 Correct?	Trial 2	Trial 2 Correct?
<b>2</b>	2-4	YES → SERIES 3 No → TRIAL 2	5-8	YES → SERIES 3 No → END
<b>3</b>	6-2-9	YES → SERIES 4 No → TRIAL 2	4-1-5	YES → SERIES 4 No → END
<b>4</b>	3-2-7-9	YES → SERIES 5 No → TRIAL 2	4-9-6-8	YES → SERIES 5 No → END
<b>5</b>	1-5-2-8-6	YES → SERIES 6 No → TRIAL 2	6-1-8-4-3	YES → SERIES 6 No → END
<b>6</b>	5-3-9-4-1-8	YES → SERIES 7 No → TRIAL 2	7-2-4-8-5-6	YES → SERIES 7 No → END
<b>7</b>	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
<b>8</b>	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 (the series number in the longest series repeated without error in Trial 1 or 2) (Maximum = 8 points)	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
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**VERBAL FLUENCY**

Now we are going to ask you to think of animals and name as many as you can. I am going to give you one minute and I want to see how many animals you can name.

*INTERVIEWER: See Interviewers Manual instructions about what is acceptable and what is not. If respondent stops before the end of the minute, encourage them to try to name more animals. If there is a silence of about 15 seconds, prompt them to continue or repeat the basic instructions.*

**Ready? Start:**

*INTERVIEWER: Press START/STOP on stopwatch. Time for one minute. Use space below to record.*

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

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"/>

**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"/>

Time End  :

**That is the end of this section, now we will move onto questions about your health behaviours.**

## 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 USE (SEE APPENDIX A3000A)

Q3001	Have you ever smoked tobacco or used smokeless tobacco?	1 YES 2 No .....→	Q3007
Q3002	Do you <u>currently smoke</u> any tobacco products (such as cigarettes, bidis, cigars, pipes)?	1 YES, DAILY 2 YES, BUT NOT DAILY 3 NO, NOT AT ALL .....→	Q3002A
Q3003	For how long have you been <u>smoking tobacco</u> ? <i>INTERVIEWER: If less than one month – enter "00" for years and "00" for months.</i>	<input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> MONTHS -8 DON'T KNOW	
Q3002a	Do you currently use any <u>smokeless tobacco products</u> (such as snuff or chewing tobacco)?	1 YES, DAILY 2 YES, BUT NOT DAILY 3 NO, NOT AT ALL	
If Q3002 and Q3002a are both = 3 (NO, NOT AT ALL) .....→			Q3005
Q3003a	For how long have you been using <u>smokeless tobacco</u> ? <i>INTERVIEWER: If less than one month – enter "00" for years and "00" for months.</i>	<input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> MONTHS -8 DON'T KNOW	
Q3004	<p><i>INTERVIEWER: If Q3002=1 use "each day", if Q3002=2 use "each week".</i></p> <p>On average, <u>how many</u> of the following products do you smoke or use <u>each day/week</u>? Also, let me know if you smoke the product, but not every (day/week).</p> <p><i>INTERVIEWER: If respondent reports smoking the product, but not every day/week, enter 888</i></p>		
	Q3004a. Manufactured cigarettes	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004b. Hand-rolled cigarettes	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004c. Pipefuls of tobacco	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004d. Cigars, cheroots, cigarillos,	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004e. Bidis	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004f. Other smoked tobacco products, specify:	<input type="text"/> <input type="text"/> <input type="text"/>	

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	Q3004g. Snuff by mouth	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004h. Snuff by nose	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004i. Chewing tobacco	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004j. Betel quid with tobacco	<input type="text"/> <input type="text"/> <input type="text"/>	
	Q3004k. Other smokeless tobacco products, specify:	<input type="text"/> <input type="text"/> <input type="text"/> ..... →	Q3007
Q3005	In the <u>past</u> , did you ever smoke tobacco? <b>INTERVIEWER: If respondent has done both daily and less than daily in the past, check: 1 Yes, daily.</b>	1 Yes, daily ..... → 2 Yes, but not daily ..... → 3 No ..... →	Q3006 Q3006 Q3005AA
Q3006	How old were you when you stopped smoking tobacco?	<input type="text"/> <input type="text"/> <input type="text"/> YEARS OF AGE ..... → -8 DON'T KNOW ..... →	Q3005AA Q3006A
	<b>Q3006A.</b> How long ago did you stop smoking tobacco?  <b>INTERVIEWER: If less than one month – enter “00” for years and “00” for months.</b>	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW	
Q3005AA	In the <u>past</u> , did you ever use smokeless tobacco? <b>INTERVIEWER: If respondent has done both daily and less than daily in the past, check: 1 Yes, daily.</b>	1 Yes, daily ..... → 2 Yes, but not daily ..... → 3 No ..... →	Q3006AA Q3006AA Q3007
Q3006AA	How old were you when you stopped using smokeless tobacco?	<input type="text"/> <input type="text"/> <input type="text"/> YEARS OF AGE ..... → -8 DON'T KNOW ..... →	Q3007 Q3006AAA
	<b>Q3006AAA.</b> How long ago did you stop using smokeless tobacco?  <b>INTERVIEWER: If less than one month – enter “00” for years and “00” for months.</b>	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW	

**ALCOHOL** (show Alcohol card to respondent - see Appendix A3000B)

Q3007	Have you ever consumed a drink that contains alcohol (such as beer, wine, spirits)?	1 YES 2 NO, NEVER ..... →	Q3012
Q3007a	How old were you when you first started consuming alcohol?	<input type="text"/> <input type="text"/>	
Q3008a	How often do you have a drink containing alcohol?	1 MONTHLY OR LESS 2 2-4 TIMES A MONTH 3 2-3 TIMES A WEEK 4 4 OR MORE TIMES A WEEK	
Q3008	Have you consumed alcohol in the last 30 days?	1 YES 2 No ..... →	Q3010

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Q3008b	How many standard drinks containing alcohol do you have on a typical day?	1 1 OR 2 2 3 OR 4 3 5 OR 6 4 7 TO 9 5 10 OR MORE	
Q3009	During <u>the past 7 days</u> , <u>how many</u> [standard] drinks of any alcoholic beverage did you have <u>each day</u> ? USE SHOWCARD Appendix A3000B.		
	INTERVIEWER: Want respondent to tell you the number of "standard" drinks. By standard drink - refer to Appendix. Include number below:		
	Q3009a. Monday	<input type="text"/> <input type="text"/>	
	Q3009b. Tuesday	<input type="text"/> <input type="text"/>	
	Q3009c. Wednesday	<input type="text"/> <input type="text"/>	
	Q3009d. Thursday	<input type="text"/> <input type="text"/>	
	Q3009e. Friday	<input type="text"/> <input type="text"/>	
	Q3009f. Saturday	<input type="text"/> <input type="text"/>	
	Q3009g. Sunday	<input type="text"/> <input 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?	0 NO DAYS .....→ 1 LESS THAN ONCE A MONTH 2 ONE TO THREE DAYS PER MONTH 3 ONE TO FOUR DAYS PER WEEK 4 FIVE OR MORE DAYS PER WEEK	Q3012
Q3011	In the <u>last 12 months</u> , on the days you drank alcoholic beverages, how many drinks did you have on average?	<input type="text"/> <input type="text"/> DRINKS -8 DON'T KNOW	
Q3011a	How often do you have six or more drinks on one occasion?	1 NEVER 2 LESS THAN MONTHLY 3 MONTHLY 4 WEEKLY 5 DAILY OR ALMOST DAILY	

**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?	<input type="text"/> <input type="text"/> SERVINGS -8 DON'T KNOW
Q3013	How many servings of <u>vegetables</u> do you eat on a typical day?	<input type="text"/> <input type="text"/> SERVINGS -8 DON'T KNOW



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Q3015a	Do you add salt to food at the table?	1 Always 2 Rarely 3 Sometimes 4 Often 5 Never	
Q3015b	In the food you eat at home, salt is added in cooking....?	1 Always 2 Rarely 3 Sometimes 4 Often 5 Never	
Q3015c	How much salt do you think you consume? <i>INTERVIEWER: READ LIST</i>	1 Far too much 2 Too much 3 Just the right amount 4 Too little 5 Far too little 8 Don't Know 9 Refused	
Q3015d	Do you think that a high salt diet could cause a serious health problem?	1 YES 2 No 8 Don't Know 9 Refused	
Q3015e	Do you do anything on a regular basis to control your salt or sodium intake?	1 YES 2 No 8 DON'T KNOW 9 REFUSED	
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	
Q3015f	Has your food intake declined over the past 3 months due to: loss of appetite, digestive problems, chewing or swallowing difficulties?	1 Severe decrease in food intake 2 Moderate decrease in food intake 3 No decrease in food intake	
Q3015g	How has your weight loss been during the last 3 months?	1 Weight loss greater than 3 kg (6.6 lbs) 2 Weight loss between 1 and 3 kg (2.2 and 6.6 lbs) 3 No weight loss 4 Weight gain 8 Don't know	

**PHYSICAL ACTIVITY - (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.

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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? INSERT EXAMPLES & USE SHOWCARD	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 type="text"/> DAYS		
Q3018	How much time do you spend doing <u>vigorous-intensity</u> activities at work on a typical day? <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES		
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? INSERT EXAMPLES & USE SHOWCARD	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 type="text"/> DAYS		
Q3021	How much time do you spend doing <u>moderate-intensity</u> activities at work on a typical day? <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS:MINUTES		
The next questions exclude the physical activities at work that you've already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example, getting to work, to shopping, to the market, to place of worship. [Insert other examples if needed]			
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"/> HOURS:MINUTES		
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness, leisure and recreational activities [insert relevant terms].			
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? INSERT EXAMPLES & USE SHOWCARD	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"/> HOURS:MINUTES		
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 [such as brisk	1 YES 2 No .....→	Q3031

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	walking, cycling or swimming] for at least 10 minutes at a time? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	
Q3029	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities? <div style="display: inline-block; width: 40px; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DAYS       </div>	
Q3030	How much time do you spend doing moderate intensity sports, fitness or recreational (leisure) activities on a typical day? <div style="display: inline-block; width: 100px; text-align: 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"/> </div> HOURS:MINUTES	
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.  <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>		
Q3031	How much time do you usually spend sitting or reclining on a typical day? <div style="display: inline-block; width: 100px; text-align: 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"/> </div> HOURS:MINUTES	

Time End  :

## Section 4000: Chronic Conditions and Health Services Coverage

Time Begin :

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

### ARTHRITIS

Q4001	Has a health care professional/doctor ever told you that you have <u>arthritis</u> (a disease of the joints)?	1 YES 2 No .....→	Q4003
Q4001a	When were you diagnosed?  <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had...arthritis?	<input type="text"/> <input type="text"/> YEARS AGO  <input type="text"/> <input type="text"/> MONTHS AGO  -8 DON'T KNOW	
Q4002	If yes, Have you been taking medications or other treatment for it....		
	<b>Q4002a.</b> ...during the last 2 weeks?	1 YES 2 No	
	<b>Q4002b</b> ...during the last 12 months?	1 YES 2 No	
Q4003	During the <u>last 12 months</u> have you experienced, pain, aching, stiffness or swelling in or around the joints (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month?	1 YES 2 No	
Q4004	During the <u>last 12 months</u> have you experienced, stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?	1 YES 2 No	
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	

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**STROKE**

Q4010	Has a health care professional/doctor ever told you that you have had a <u>stroke</u> ?	1 YES 2 No ..... →	Q4012
Q4010a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long ago did you have a stroke/your last stroke?	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div>         YEARS AGO         <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div> </div> MONTHS AGO -8 DON'T KNOW	
Q4011	Have you been taking any <u>medications or other treatment</u> for it...		
	Q4011a. ...during the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4011b. ...during the <u>last 12 months</u> ?	1 YES 2 No	
Q4012	Have you ever suffered from <u>sudden onset</u> of paralysis or weakness in your arms or legs on <u>one side</u> of your body for more than 24 hours?	1 YES 2 No	
Q4013	Have you ever had, for more than 24 hours, <u>sudden onset</u> of loss of feeling on <u>one side</u> of your body, without anything having happened to you immediately before?	1 YES 2 No	

**ANGINA**

Q4014	Has a health care professional/doctor ever told you that you have <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1 YES 2 No ..... →	Q4016
Q4014a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had...angina?	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div>         YEARS AGO         <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input style="width: 15px; height: 15px;" type="text"/> </div> </div> MONTHS AGO -8 DON'T KNOW	
Q4015	Have you been taking any <u>medications or other treatment</u> for it...		
	Q4015a...during the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4015b...during the <u>last 12 months</u> ?	1 YES 2 No	
Q4016	During the <u>last 12 months</u> , have you experienced any <u>pain or discomfort</u> in your <u>chest</u> when you walk uphill or hurry?	1 YES 2 No 3 NEVER WALKS UPHILL OR HURRIES	
Q4017	During the <u>last 12 months</u> , have you experienced any pain or discomfort in your chest when you walk at an ordinary pace on level ground?	1 YES 2 No ..... →	Q4022
Q4018	<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	

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<p>Q4020 Will you show me where you usually experience the pain or discomfort?</p> <p><i>INTERVIEWER: 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
Q4022a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had diabetes?	<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> YEARS AGO         </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> MONTHS AGO       </div> <p style="text-align: center;">-8 DON'T KNOW</p>	
Q4023	Have you been taking insulin or other blood sugar lowering medications...		
Q4023a	...in the <u>last 2 weeks</u> ?	1 YES 2 No	
Q4023b	...in the <u>last 12 months</u> ?	1 YES 2 No	
Q4024	Are you following a special diet, exercise regime or weight control program for diabetes during the <u>last 2 weeks</u> ? <i>(As recommended by health professional)</i>	1 YES 2 No	

**CHRONIC LUNG DISEASE**

Q4025	Have you ever been told by a doctor or health care professional that you have <u>chronic lung disease</u> (emphysema, bronchitis, COPD)?	1 YES 2 No .....→	Q4027
Q4025a	When were you diagnosed? <i>INTERVIEWER: If don't know then ask:</i> How long ago were you diagnosed? OR How long have you had...COPD/emphysema?	<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> YEARS AGO         </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> MONTHS AGO       </div> <p style="text-align: center;">-8 DON'T KNOW</p>	
Q4026	Have you been taking any medications or other treatment (like oxygen) for it ...		
Q4026a	...in the <u>last 2 weeks</u> ?	1 YES 2 No	
Q4026b	...in the <u>last 12 months</u> ?	1 YES. 2 No	
Q4027	During the <u>last 12 months</u> , have you experienced any <u>shortness of breath</u> at rest? (while awake)	1 YES 2 No	

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Q4028	During the last 12 months, have you experienced any <u>coughing</u> or <u>wheezing</u> for <u>ten minutes or more</u> at a <u>time</u> ?	1 YES 2 No	
Q4029	During the last 12 months, have you experienced any <u>coughing up sputum or phlegm</u> for most days of the month <u>for at least 3 months</u> ?	1 YES 2 No	

**ASTHMA**

Q4033	Have you ever been diagnosed with asthma (an allergic respiratory disease)?	1 YES 2 No .....	→ Q4035
Q4033a	When were you diagnosed?  <i>INTERVIEWER: If don't know then ask: How long ago were you diagnosed? OR How long have you had...asthma?</i>	<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;" type="text"/>         YEARS AGO         <input style="width: 30px; height: 30px; border: 1px solid black; margin-left: 10px;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black; margin-left: 10px;" type="text"/> </div> MONTHS AGO -8 DON'T KNOW	
Q4034	Have you been taking any medications or other treatment for it ...		
	<b>Q4034a</b> ...in the <u>last 2 weeks</u> ?	1 YES 2 No	
	<b>Q4034b</b> ...in the <u>last 12 months</u> ?	1 YES 2 No	
<i>During the <u>last 12 months</u>, have you experienced any of the following:</i>			
Q4035	Attacks of <u>wheezing</u> or <u>whistling</u> breathing?	1 YES 2 No	
Q4036	Attack of wheezing that came on <u>after</u> you stopped exercising or some other physical activity?	1 YES 2 No	
Q4037	A feeling of tightness in your chest?	1 YES 2 No	
Q4038	Have you woken up with a feeling of tightness in your chest in the morning or any other time?	1 YES 2 No	
Q4039	Have you had an attack of shortness of breath that came on without obvious cause when you were <u>not</u> exercising or doing some physical activity?	1 YES 2 No	
<i>IF Q4035 TO Q4039 ARE ALL 'No', SKIP TO .....</i>			→ Q4040
<i>IF ONE OF THE SYMPTOM QUESTIONS (Q4035 TO Q4039) IS 'YES', CONTINUE WITH Q4039a.</i>			
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	

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**DEPRESSION**

Q4040	Have you ever been told by a doctor that you have depression?	1 YES 2 No .....→	Q4042
Q4040a	When were you diagnosed?  INTERVIEWER: If don't know then ask: How long ago were you diagnosed? OR How many years have you had depression?	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div>YEARS AGO</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="margin-top: 5px;">MONTHS AGO</div> <div style="margin-top: 5px;">-8 DON'T KNOW</div>	
Q4041	Have you been taking any <u>medications</u> or other treatment for it ... (Other treatment can include attending therapy or counseling sessions.)		
	<b>Q4041a</b> ...during <u>the last 2 weeks</u> ?	1 YES 2 No	
	<b>Q4041b</b> ...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	
<b>INTERVIEWER: IF ANY ONE OF Q4042, Q4043 OR Q4044 IS "YES", CONTINUE TO Q4045</b> <b>IF ALL 3 (Q4042, Q4043 AND Q4044) ARE "NO" ... → SKIP TO Q4060</b>			
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	



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		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	

### **HYPERTENSION**

Q4060	Have you ever been told by a doctor or health care professional that you have high blood pressure (hypertension)?	1	YES	
		2	No .....	→ Q4062
Q4060a	When were you diagnosed?  INTERVIEWER: If don't know then ask: How long ago were you diagnosed? OR How many years have you had...hypertension?	<input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO -8 DON'T KNOW		
Q4061	Have you been taking any <u>medications</u> or <u>other treatment</u> for it during ... (Other treatment might include weight loss programme or change in eating habits.)			
	Q4061a....the <u>last 2 weeks</u> ?	1	YES	
		2	No	
	Q4061b....the <u>last 12 months</u> ?	1	YES	
		2	No	

### **CATARACTS**

Q4062	Have you ever been 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 .....	→ Q4064
		8	DON'T KNOW	
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 (this includes problems with swallowing)?	1	YES	
		2	No .....	→ Q4069
Q4068	Have you received any <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	

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**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>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 or bicycle or walking.</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	How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?	<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>8 DON'T KNOW</p>	
Q4071	Did you receive any <u>medical care or treatment</u> for your injuries?	<p>1 YES</p> <p>2 No</p>	
Q4072	<p>Did you suffer a physical disability as a result of being injured?</p> <p>INTERVIEWER: Disability is any restriction or lack of ability to perform an activity as before the injury.</p>	<p>1 YES</p> <p>2 No .....→</p>	Q4073
	<p>Q4072a. In what ways were you physically disabled?</p> <p>INTERVIEWER: CIRCLE ALL THAT RESPONDENT SELECTS.</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>INTERVIEWER: If more than one, ask respondent to think of the most recent event.</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>	Q4077b
	<b>Q4073a.</b> Where were you when you were injured?	<p>1 Home</p> <p>2 School</p> <p>3 Work</p> <p>7 Other, specify :</p> <p>8 Don't know</p>	
Q4074	What was the cause of this injury?	<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</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	How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?	<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>8 DON'T KNOW</p>	
Q4076	Did you receive any <u>medical care or treatment</u> for your injuries?	<p>1 YES</p> <p>2 No</p>	

**INJURIES continued...**

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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 .....→	Q4077b
	<b>Q4077a.</b> In what ways were you physically disabled?  <i>INTERVIEWER: CIRCLE ALL THAT RESPONDENT SELECTS.</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:	

**Acute illness**

Q4077b	Have you suffered from psychological stress or become acutely ill in the past 3 months?	1 YES 2 No
<p><i>Note: Acute meaning experiencing a new illness of short duration in contrast to a previously known illness.</i></p>		

**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? <i>(By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?)</i> ENTER "00" IF LESS THAN 1 YEAR AGO. FOLLOW-UP (SAME QUESTION, JUST REMOVE THE "...IF EVER?")	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/>                 YEARS AGO             </div> 98 NEVER HAD EXAM .....→	Q4080
Q4079	The last time you had the pelvic examination, did you have a PAP smear test? <i>(By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?)</i>	1 YES 2 No	
Q4080	When was the last time you had a mammography, if ever? <i>(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. FOLLOW-UP (SAME QUESTION, JUST REMOVE THE "...IF EVER?")	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/>                 YEARS AGO             </div> 98 NEVER HAD EXAM	

Time End   :

## Section 5000: Health Care Utilization

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 facility and health care provider you received care from.

Q5001	<p>When was the last time that you needed health care?</p> <p><i>INTERVIEWER: this can be inpatient or outpatient care. If less than one month ago, enter "00" for years, "00" for months and enter the number of days.</i></p> <p><input type="text"/><input type="text"/> years ago <input type="text"/><input type="text"/> months ago...</p> <p><input type="text"/><input type="text"/> days ago</p> <p>98 Never ..... →</p> <p>-8 Don't know</p>	Q5046
	<p><b>Q5001a.</b> If 'don't know', Was it more than 3 years ago?</p> <p>1 Yes ..... →</p> <p>2 No</p>	Q5046
Q5002	<p>The last time you needed health care, did you get health care?</p> <p>1 YES</p> <p>2 No ..... →</p>	Q5025
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> <p>1 Private doctor's office</p> <p>2 Private clinic or health care facility</p> <p>3 Private hospital</p> <p>4 Public clinic or health care facility</p> <p>5 Public hospital</p> <p>6 Charity or church run clinic</p> <p>7 Charity or church run hospital</p> <p>8 Traditional healer [use local term]</p> <p>9 Pharmacy or dispensary</p> <p>87 Other, specify:</p>	

### 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> <p>1 YES, A HOSPITAL</p> <p>2 YES, LONG TERM CARE FACILITY</p> <p>3 BOTH ( HOSPITAL AND LONG TERM CARE FACILITY)</p> <p>4 No ..... →</p>	Q5025
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, "00" for months and enter number of days.</i></p> <p><input type="text"/><input type="text"/> years ago <input type="text"/><input type="text"/> months ago</p> <p><input type="text"/><input type="text"/> days ago</p> <p>-8 DON'T KNOW</p> <p>If more than 3 years ago ..... →</p>	Q5025

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> <p><input type="text"/><input type="text"/> TIMES</p> <p>-8 DON'T KNOW</p>	
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If "00" (NO OVERNIGHT STAYS) ..... →

Q5025

**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 to be hospitalized 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>INTERVIEWER: One answer only.</p>	<p>1 Public hospital</p> <p>2 Private hospital</p> <p>3 Charity or church-run hospital</p> <p>4 Old person's home or long-term care facility</p> <p>7 Other, specify:</p>			
<p><b>Q5008a.</b> What was the name of this hospital or facility?</p>					
<p><b>Q5008b.</b> Which reason best describes why you were last hospitalised?</p> <p>INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD.</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 (NOT OCCUPATION RELATED)</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 (NOT OCCUPATION RELATED)</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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Q5009	<p>How did you get there?</p> <p>INTERVIEWER: Circle all that the respondent mentions.</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>8 DON'T KNOW</p>			
	<p><b>Q5009a.</b> 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>-8 DON'T KNOW</p>			
Q5010	<p>Who paid for this hospitalisation?</p> <p>Anyone else?</p> <p>INTERVIEWER: Circle all responses. Probe to see if anyone else paid or contributed to paying for the care?</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 HOSPITALISATION WAS FREE ..... →</p>	Q5013		

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**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: enter "0" if the service was free - If a person did not have medicines or tests, enter 99998 for "Not applicable, did not have".</i></p> <p>[use local currency]</p>	<p>a. [HEALTH CARE PROVIDER'S] FEES</p> <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="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="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>b. Medicines</p> <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="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="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>c. Tests</p> <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="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="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>d. Transport</p> <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="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="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>e. Other</p> <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="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="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <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>	<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="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="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="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="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Q5013	<p>Overall, how <u>satisfied</u> were you with the care you received during your last [hospital] stay?</p>	<p>1 Very satisfied</p> <p>2 Satisfied</p> <p>3 Neither satisfied nor dissatisfied</p> <p>4 Dissatisfied</p> <p>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</p> <p>2 Get better</p> <p>3 No change</p> <p>4 Get worse</p> <p>5 Get much worse</p>	
Q5015	<p>Was this the outcome or result you had expected?</p>	<p>1 YES</p> <p>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.*

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.

Q5016	<p>What type of hospital or facility was it?</p>	<p>1 Public hospital</p> <p>2 Private hospital</p> <p>3 Charity or church-run hospital</p> <p>4 Old person's home or long-term care facility</p> <p>7 Other, specify:</p>	
	<p><b>Q5016a.</b> Which reason best describes why you were last hospitalised?</p>		

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<b>INTERVIEWER: Respondent may select only ONE main reason for visit. USE SHOWCARD.</b>	
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 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.

Q5017 What type of hospital or facility was it?	1 Public hospital 2 Private hospital 3 Charity or church-run hospital 4 Old person's home or long-term care facility 7 Other, specify:
<b>Q5017a. Which reason best describes why you were last hospitalised?</b> <b>INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD.</b>	
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:

**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 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 decisions</u> for your treatment?	1	2	3	4	5

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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

Q5025	In the last 12 months, has there been a time when you needed to stay overnight in a health care facility but did not get that care?	1 YES 2 No .....	→	Q5026
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<b>Q5025a.</b> What was the main reason you needed care, but did not get care?  <i>INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD (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:
<b>Q5025b.</b> 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:	



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**OUTPATIENT CARE AND CARE AT HOME**

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

Q5026	Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital or long-term care facility?	1 YES 2 No ..... → Q5046
Q5027	In total, how many times did you receive health care or consultation in the last 12 months?	<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 last 12 months?  <b>INTERVIEWER:</b> <i>Read out responses, circle one option only</i>	1 Private doctor's office 2 Private clinic or health care facility 3 Private hospital 4 Public clinic or health care facility 5 Public hospital 6 Charity or church run clinic 7 Charity or church run hospital 8 Home visit 87 Other, specify:
	Q5028a. What was the name of this health care facility or provider?	_____

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INDIVIDUAL Questionnaire – Wave 3 (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> After Q5029 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses</p>	<ol style="list-style-type: none"> <li>1 MEDICAL DOCTOR (INCLUDING SURGEON, GYNECOLOGIST, PSYCHIATRIST, OPHTHALMOLOGIST,...)</li> <li>2 NURSE/MIDWIFE</li> <li>3 DENTIST</li> <li>4 PHYSIOTHERAPIST OR CHIROPRACTOR</li> <li>5 TRADITIONAL MEDICINE PRACTITIONER (use local name)</li> <li>6 PHARMACIST, DRUGGIST</li> <li>7 HOME HEALTH CARE WORKER</li> <li>8 DON'T KNOW</li> </ol>		
	Q5029a. What was the sex of the [health care provider]?	<ol style="list-style-type: none"> <li>1 MALE</li> <li>2 FEMALE</li> <li>3 TRANSGENDER (INDIA ONLY)</li> </ol>		
	Q5029b. Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition, both or routine check-up?	<ol style="list-style-type: none"> <li>1 CHRONIC</li> <li>2 NEW</li> <li>3 BOTH</li> <li>4 ROUTINE CHECK-UP</li> </ol>		
	<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.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> <li>1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</li> <li>2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</li> <li>3 NUTRITIONAL DEFICIENCIES</li> <li>4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</li> <li>5 INJURY</li> <li>6 SURGERY</li> <li>7 SLEEP PROBLEMS</li> <li>8 OCCUPATION/WORK RELATED CONDITION/INJURY</li> <li>9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</li> </ol> </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> <li>10 DIABETES OR RELATED COMPLICATIONS</li> <li>11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST</li> <li>12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING</li> <li>13 PROBLEMS WITH YOUR BREATHING</li> <li>14 HIGH BLOOD PRESSURE / HYPERTENSION</li> <li>15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY</li> <li>16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)</li> <li>17 DEPRESSION OR ANXIETY</li> <li>18 CANCER</li> <li>87 OTHER, SPECIFY: _____</li> </ol> </td> </tr> </table>		<ol style="list-style-type: none"> <li>1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)</li> <li>2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)</li> <li>3 NUTRITIONAL DEFICIENCIES</li> <li>4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)</li> <li>5 INJURY</li> <li>6 SURGERY</li> <li>7 SLEEP PROBLEMS</li> <li>8 OCCUPATION/WORK RELATED CONDITION/INJURY</li> <li>9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)</li> </ol>	<ol style="list-style-type: none"> <li>10 DIABETES OR RELATED COMPLICATIONS</li> <li>11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST</li> <li>12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING</li> <li>13 PROBLEMS WITH YOUR BREATHING</li> <li>14 HIGH BLOOD PRESSURE / HYPERTENSION</li> <li>15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY</li> <li>16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)</li> <li>17 DEPRESSION OR ANXIETY</li> <li>18 CANCER</li> <li>87 OTHER, SPECIFY: _____</li> </ol>
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Q5030	<p>Thinking about your <u>last visit</u>, how did you get there?</p> <p><i>INTERVIEWER:</i> Circle all that the respondent mentions.</p>	<ol style="list-style-type: none"> <li>1 Private vehicle</li> <li>2 Public transportation</li> <li>3 Taxicab</li> <li>4 Ambulance or emergency vehicle</li> <li>5 Bicycle</li> <li>6 Walked</li> <li>8 DON'T KNOW</li> <li>9 NOT APPLICABLE</li> </ol>		
Q5031	About how long did it take you to get there?	<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> <div style="margin-left: 10px;">HOURS:MINUTES</div>		
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>	<ol style="list-style-type: none"> <li>1 RESPONDENT</li> <li>2 SPOUSE/PARTNER</li> <li>3 SON/DAUGHTER</li> <li>4 OTHER FAMILY MEMBER</li> <li>5 NON-FAMILY MEMBER</li> <li>6 MANDATORY INSURANCE SCHEME</li> <li>7 VOLUNTARY INSURANCE SCHEME</li> <li>8 IT WAS FREE ..... ➔</li> </ol>		

Q5034

**OUTPATIENT CARE AND CARE AT HOME continued...**

**INTERVIEWER:** We will ask the respondent about up to two additional visits using Q5037 through Q5038. If only ONE visit in past 12 months, **skip to Q5039**. 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.

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**OUTPATIENT CARE AND CARE AT HOME continued...**

<b>Q5037a.</b> What was the sex of the [health care provider]?	1 MALE 2 FEMALE 3 TRANSGENDER (INDIA ONLY)
<b>Q5037b.</b> Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition, both or routine check-up?	1 CHRONIC 2 NEW 3 BOTH 4 ROUTINE CHECK-UP
<b>Q5037c.</b> Which reason best describes why you needed this visit? <i>INTERVIEWER: Respondent may select only ONE main reason for visit. USE SHOWCARD</i>	
1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) 2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY) 3 NUTRITIONAL DEFICIENCIES 4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER) 5 INJURY 6 SURGERY 7 SLEEP PROBLEMS 8 OCCUPATION/WORK RELATED CONDITION/INJURY 9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)	10 DIABETES OR RELATED COMPLICATIONS 11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST 12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING 13 PROBLEMS WITH YOUR BREATHING 14 HIGH BLOOD PRESSURE / HYPERTENSION 15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY 16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN) 17 DEPRESSION OR ANXIETY 18 CANCER 87 OTHER, SPECIFY:

**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.

<b>Q5038</b> 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 8 DON'T KNOW
<b>Q5038a.</b> What was the sex of the [health care provider]?	1 MALE 2 FEMALE 3 TRANSGENDER (INDIA ONLY)
<b>Q5038b.</b> Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition, both or routine check-up?	1 CHRONIC 2 NEW 3 BOTH 4 ROUTINE CHECK-UP

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**OUTPATIENT CARE AND CARE AT HOME continued...**

	<p><b>Q5038c.</b> Which reason best describes why you needed this visit?</p> <p><i>INTERVIEWER: Respondent can select only one main reason for visit. USE SHOWCARD.</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 (not an overnight stay). I would like you to rate your experiences using the following questions.

For your <u>last visit to a health care provider or clinic</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

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Q5046	In the last 12 months was there a time when you needed health care from a doctor/in a clinic, but did not get care?	1 YES 2 No ..... ➔	Q5053		
<b>Q5046a.</b> 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>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding-right: 10px;">           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         </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;">           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:         </td> </tr> </table>				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:
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<b>Q5046b.</b> Which reason(s) best explains why you did not get health care? <i>INTERVIEWER: Circle all that the respondent indicates.</i>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding-right: 10px;">           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:         </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> </td> </tr> </table>				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:	
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We would like to finish this section by asking you two questions about your satisfaction with the health system in your country. If you received health care, think about the health care service(s) you received in the last 12 months when answering the questions.

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?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very Dissatisfied
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?	1 Very good 2 Good 3 Moderate 4 Bad 5 Very bad

Time End □□:□□

## Section 6000: Social Networks

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.

We'd like to know about some of your involvement in your community. For all of these, I want you just to give me your best guess, and don't worry that you might be off a little.

	<i>How often in the last 12 months have you ...</i>	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	... communicated with your closest friends?	1	2	3	4	5

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

		Never	Rarely	Sometimes	Often
Q6011a	First, how often do you feel that you lack companionship?	1	2	3	4
Q6011b	How often do you feel left out?	1	2	3	4
Q6011c	How often do you feel isolated from others?	1	2	3	4
Q6011d	How often do you feel lonely?	1	2	3	4

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

Q6012	Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?	1 CAN BE TRUSTED 2 CAN'T BE TOO CAREFUL
Q6013	Do you have someone you can trust and confide in?	1 YES 2 NO

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INDIVIDUAL Questionnaire – Wave 3 (India)

Next, we'd like to know how much you trust different groups of people.

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

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

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

Time End :



## 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

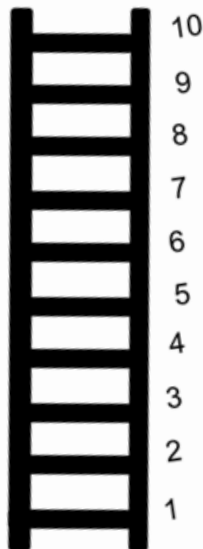
Please tell us how satisfied you are with the following issues.

	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 DON'T KNOW

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Q7010	<p>Taking all things together, how would you say you are these days?</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>
Q7011	<p>Please imagine a ladder with steps numbered from one at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder would you say you personally feel you stand at this time?</p> <p><i>Interviewer: Show respondent the ladder</i></p>	<p>NUMBER _____</p> <p>DON'T KNOW -8</p> <p>REFUSED -9</p>
Q7012	<p>On which step do you think you will stand about five (5) years from now?</p> <p><i>Interviewer: Show respondent the ladder</i></p>	<p>NUMBER _____</p> <p>DON'T KNOW -8</p> <p>REFUSED -9</p>



**10 = The best possible life for you**

**1 = The worst possible life for you**

## Day reconstruction – Summary Full Day

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

### INTRODUCTION to Day Reconstruction - Full Day

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

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

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

*INTERVIEWER: Please note for Q7015, Q7050, Q7100:  
Circle all activities that the person spontaneously mentions.  
You do not need to record the order and you do not need to record an item that is repeated.  
This does not have to be comprehensive. It is just meant to be an approximation.  
Please also circle all people that they say they were with.  
If the person takes more than 3 minutes to tell you about their morning/afternoon/evening experiences, you should ask them to give you less detail.*

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**MORNING**

Q7015	<p>Please tell me the main things that you did yesterday morning from the time you woke up until around noon/mid-day. Please also mention if you were talking or interacting with anyone for any parts of the morning. By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting.</p> <p>Be sure to cover as much as you can remember. You don't have to go in order, but it's probably easier that way. Be sure to stop with activities from around noon/mid-day.</p> <p><b>CIRCLE ALL RESPONSES BELOW</b></p>
1 WORKING 2 PREPARING FOOD 3 DOING HOUSEWORK 4 SUBSISTENCE FARMING 5 WATCHING CHILDREN 6 SHOPPING 7 WALKING SOMEWHERE 8 TRAVELING BY BICYCLE 9 TRAVELING BY CAR/BUS/TRAIN	10 REST (INCLUDES TEA/COFFEE BREAK) 11 CHATTING WITH SOMEONE 12 PLAYING (INCLUDES CARDS/GAMES) 13 READING 14 LISTENING TO RADIO 15 WATCHING TV 16 EXERCISING OR LEISURELY WALK 17 OTHER LEISURELY ACTIVITY
	18 GROOMING OR BATHING 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT


Q7025	Random activity selected from the morning.	<input type="text"/> <input type="text"/>
Q7026	<p><b>Now I want you to think about the XXX (from Q7025) you mentioned from yesterday morning.</b></p> <p><b>How long did this activity last?</b></p>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES
Q7027	<p>At what time did this activity begin?</p> <p><i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i></p>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME
Q7028	<p><b>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.</b></p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	1 ALONE ..... → Q7029 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	<p><b>Q7028a.</b> At the time, how friendly were you feeling towards this person (these people)?</p>	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

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INDIVIDUAL Questionnaire – Wave 3 (India)

Please think about how you felt yesterday morning during your XXX (Q7025). Rate how you were feeling from 0 to 6 where 0 means you did not feel like that at all and 6 means you felt very much like that.

		Not at all						Very much
Q7029	How <u>worried</u> were you feeling?	0	1	2	3	4	5	6
Q7030	How <u>rushed</u> were you feeling?	0	1	2	3	4	5	6
Q7031	How <u>irritated or angry</u> were you feeling?	0	1	2	3	4	5	6
Q7032	How <u>depressed</u> were you feeling?	0	1	2	3	4	5	6
Q7033	How <u>tense or stressed</u> were you feeling?	0	1	2	3	4	5	6
Q7034	How <u>calm or relaxed</u> were you feeling?	0	1	2	3	4	5	6
Q7035	How much were you <u>enjoying</u> what you were doing?	0	1	2	3	4	5	6

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INDIVIDUAL Questionnaire – Wave 3 (India)

**AFTERNOON**

Q7050	<p>Please tell me the main things that you did yesterday afternoon from around noon/mid-day until evening time (around 18.00 or 6pm). Please also mention if anyone was with you for any parts of the afternoon.</p> <p>Be sure to cover as much as you can remember. You don't have to go in order, but it's probably easier that way. Be sure to describe only the activities from your afternoon yesterday between mid-day and evening.</p> <p>CIRCLE ALL RESPONSES BELOW</p>
1 WORKING 2 PREPARING FOOD 3 DOING HOUSEWORK 4 SUBSISTENCE FARMING 5 WATCHING CHILDREN 6 SHOPPING 7 WALKING SOMEWHERE 8 TRAVELING BY BICYCLE 9 TRAVELING BY CAR/BUS/TRAIN	10 REST (INCLUDES TEA/COFFEE BREAK) 11 CHATTING WITH SOMEONE 12 PLAYING (INCLUDES CARDS/GAMES) 13 READING 14 LISTENING TO RADIO 15 WATCHING TV 16 EXERCISING OR LEISURELY WALK 17 OTHER LEISURELY ACTIVITY
18 GROOMING OR BATHING 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT	


Q7065	Random activity selected from the evening.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Q7066	<p><b>Now I want you to think about the YYY (from Q7065) you mentioned from yesterday afternoon.</b></p> <p><b>How long did this activity last?</b></p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> HOURS : MINUTES
Q7067	<p>At what time did this activity begin?</p> <p><i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i></p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> TIME
Q7068	<p><b>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.</b></p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	1 ALONE .....→ Q7069 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	<p><b>Q7068a.</b> At the time, how friendly were you feeling towards this person (these people)?</p>	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

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INDIVIDUAL Questionnaire – Wave 3 (India)

Please think about how you felt yesterday evening during your YYY (Q7065). Rate how you were feeling from 0 to 6 where 0 means you did not feel like that at all and 6 means you felt very much like that.

		Not at all						Very much
Q7069	How <u>worried</u> were you feeling?	0	1	2	3	4	5	6
Q7070	How <u>rushed</u> were you feeling?	0	1	2	3	4	5	6
Q7071	How <u>irritated or angry</u> were you feeling?	0	1	2	3	4	5	6
Q7072	How <u>depressed</u> were you feeling?	0	1	2	3	4	5	6
Q7073	How <u>tense or stressed</u> were you feeling?	0	1	2	3	4	5	6
Q7074	How <u>calm or relaxed</u> were you feeling?	0	1	2	3	4	5	6
Q7075	How much were you <u>enjoying</u> what you were doing?	0	1	2	3	4	5	6

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INDIVIDUAL Questionnaire – Wave 3 (India)

**EVENING**

Q7100	<p>Please tell me the main things that you did yesterday evening from around 6pm (18.00) until you went to sleep. Please also mention if anyone was with you for any parts of the evening.</p> <p>Be sure to cover as much as you can remember. You don't have to go in order, but it's probably easier that way.</p> <p><b>CIRCLE ALL RESPONSES BELOW</b></p>
1 WORKING 2 PREPARING FOOD 3 DOING HOUSEWORK 4 SUBSISTENCE FARMING 5 WATCHING CHILDREN 6 SHOPPING 7 WALKING SOMEWHERE 8 TRAVELING BY BICYCLE 9 TRAVELING BY CAR/BUS/TRAIN	10 REST (INCLUDES TEA/COFFEE BREAK) 11 CHATTING WITH SOMEONE 12 PLAYING (INCLUDES CARDS/GAMES) 13 READING 14 LISTENING TO RADIO 15 WATCHING TV 16 EXERCISING OR LEISURELY WALK 17 OTHER LEISURELY ACTIVITY
	18 GROOMING OR BATHING 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT


Q7110	Random activity selected from the evening.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Q7111	<p><b>Now I want you to think about the ZZZ (from Q7110) you mentioned from yesterday evening.</b></p> <p><b>How long did this activity last?</b></p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> HOURS : MINUTES
Q7112	<p>At what time did this activity begin?</p> <p><i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i></p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> TIME
Q7113	<p><b>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.</b></p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	1 ALONE .....→ Q7114 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	<p><b>Q7113a.</b> At the time, how friendly were you feeling towards this person (these people)?</p>	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated



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Please think about how you felt yesterday evening during your ZZZ (Q7110). Rate how you were feeling from 0 to 6 where 0 means you did not feel like that at all and 6 means you felt very much like that.

		Not at all						Very much
Q7114	How <u>worried</u> were you feeling?	0	1	2	3	4	5	6
Q7115	How <u>rushed</u> were you feeling?	0	1	2	3	4	5	6
Q7116	How <u>irritated or angry</u> were you feeling?	0	1	2	3	4	5	6
Q7117	How <u>depressed</u> were you feeling?	0	1	2	3	4	5	6
Q7118	How <u>tense or stressed</u> were you feeling?	0	1	2	3	4	5	6
Q7119	How <u>calm or relaxed</u> were you feeling?	0	1	2	3	4	5	6
Q7120	How much were you <u>enjoying</u> what you were doing?	0	1	2	3	4	5	6

I will now ask you some questions about how you felt yesterday overall.

Looking at the whole day (morning, afternoon, AND evening), please tell me whether you had these feelings for much of the day. Please just answer “yes” or “no”.

Q7501	Did you feel ...worried... for much of the day yesterday? Yes or no.	1 YES 2 No
Q7502	Did you feel ...rushed... for much of the day yesterday? Yes or no.	1 YES 2 No
Q7503	Did you feel ...irritated or angry...for much of the day yesterday?	1 YES 2 No
Q7504	Did you feel ...depressed...?	1 YES 2 No
Q7505	Did you feel ...tense or stressed...?	1 YES 2 No
Q7506	Did you feel ...calm or relaxed...?	1 YES 2 No
Q7507	Were you enjoying what you were doing for much of the day yesterday?	1 YES 2 No
Q7508	Did you feel ...lonely ... for much of the day yesterday?	1 YES 2 No
Q7509	Did you feel ... bored ...?	1 YES 2 No
Q7510	Did you feel ...physical pain... for much of the day yesterday?	1 YES 2 No
Q7511	Did you feel ...tired...?	1 YES 2 No

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Q7512	Did you have a stomach ache at any time yesterday?	1 YES 2 NO
Q7513	Did you have a headache at any time yesterday?	1 YES 2 NO
Q7514	Did you smile or laugh a lot yesterday?	1 YES 2 NO
Q7515	What part of the day did you enjoy most yesterday? Was it the morning, the afternoon, or the evening?	1 MORNING 2 AFTERNOON 3 EVENING
Q7516	Compared to a typical day, how much free time did you have yesterday? Was yesterday typical, or did you have more free time yesterday, or did you have less free time yesterday?	1 MORE FREE TIME 2 TYPICAL 3 LESS FREE TIME
Q7517	Compared to a typical day, how was your mood yesterday? Was it typical, or were you in a better mood yesterday, or were you in a worse mood yesterday?	1 BETTER MOOD 2 TYPICAL 3 WORSE MOOD

Q7518	How many hours did you sleep last night?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES -8 DON'T REMEMBER
Q7519	Please rate the quality of your sleep last night. Was it very good, good, moderate, poor or very poor?	1 VERY GOOD 2 GOOD 3 MODERATE 4 POOR 5 VERY POOR
Q7520	How many hours did you sleep the night before last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES 8 DON'T REMEMBER
Q7521	Please rate the quality of your sleep the night before last. Was it very good, good, moderate, poor or very poor?	1 VERY GOOD 2 GOOD 3 MODERATE 4 POOR 5 VERY POOR

Q7522	Who do you think are happier, men or women? Or are they equally happy?	1 MEN 2 WOMEN 3 EQUALLY HAPPY
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For the following questions, I will ask you to compare yourself to other people your age who live in this area.

Q7524	Compared to other people, are you usually in a better mood or a worse mood or are you about the same?	1 BETTER MOOD 2 SAME MOOD 3 WORSE MOOD
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INDIVIDUAL Questionnaire – Wave 3 (India)

Q7525	Are you more happy or less happy than most people your age? Or are you about the same?	1 MORE HAPPY 2 SAME LEVEL OF HAPPINESS 3 LESS HAPPY
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 people your age? Or are you about the same?	1 MORE HEALTHY 2 SAME LEVEL OF HEALTH 3 LESS HEALTHY

Time End  :

**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?	
<b>Notes:</b>		

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