

Medical Research Council (MRC)
Uganda Virus Research Institute (UVRI)

In collaboration with the WHO
Study on Global Ageing and Health (SAGE)

Wellbeing of Older People Study (WOPS),
Entebbe, Uganda
2009

PART 2

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Study groups

- 1: Entebbe Cohort / GPC Kyamulibwa
- 2: TASO Entebbe / GPC Kyamulibwa
- 3: VCT/ICE Entebbe Project, Entebbe / GPC Kyamulibwa
- 4: TASO Entebbe / GPC Kyamulibwa / Masaka District
- 5: TASO Entebbe / GPC Kyamulibwa / Masaka District

Nr.			CODE	Name
001	WOPS ID NUMBER	_____		WOPSID
002	Study Group	(1,2,3,4,5)		STGROUP
003	NAME RESPONDENT	_____		
004	Interviewer 1 initials and code			INTV1
	Interviewer 2 initials and code			INTV2
005	Date of interview	__ __ 09 (DAY MONTH)		INTDATE2
006	Time start interview	__ hrs __ min		TIMEPART2
007	Time ends interview	__ hrs __ min		TIMEND2

Section 600: Care giving

Interviewer:

- List everyone (adults aged 18 and older) who lives in the same household with the respondent before asking the detailed information about each one.
- List the designated respondent as the first person and the spouse (if appropriate) as the second.

Interviewer read:

Kati tugenda kwogera ku buli muntu yenna gw'obeera naye wano awaka. Katutandike n'okuwandika amannya ga buli omu abeera wano, mu kino tutegeeza abo abalya nammwe emmere era nga wano babeeraawo wakiri emyezi ena omwaka, nga tutandika nawe. Tusaba muno otwaliremu abataliwo kati nga balina gyebali olw'obulwadde (okugeza nga mu dwaliro) naye nga tebagenda kulwaayo.

Interviewer read: Now we would like to talk about everyone who lives with you here in your household. Let us start by listing everyone who lives here, we mean those who share meals and usually stay here for at least four months a year, starting with yourself.

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

601 RESIDENT ADULT MEMBERS OF HOUSEHOLD (AGED 18 AND OLDER)

Q601A. Name Line number	Q601B. Relationship to respondent	Q601C. Sex	Q601D. Age (yr)	Q601E. Provides income to household	Q601F. Is healthy? If not, ill for how long? (months) (years)	
					CARE Months	CARE Years
1 Respondent	REL	SEX	AGE	INCOME		
2						
3						
4						
5						
6						
7						

8						
9						
10						
11						
12						
13						
14						
15						

601B	01= Parent ; 02=Spouse/partner; 03= Co-wife; 04= Son/daughter; 05= Son/daughter in law; 06= Grandchild; 07 Great grand child; 08 Brother/sister; 09= Other family; 10= Not related (friends, boarders, servants, lodgers, others)
601C	1= Male ; 2= Female
601D	Record age in years
601E	1= Yes in cash/labor/ in kind but not main income earner ; 2= yes in cash/labor/ in kind and main income earner ; 3 no
601F	Is (NAME) healthy? 1= Yes 2= No, If ill ask for how long? Write the number of months if that the person is ill for less than 12 months Write the number of years if that the person is ill for more than a year

Interviewer read: Kati nsaba mu budde buno twogere ku muntu oyo / abantu abakulu b'oyogeddeko nti balwadde

Now I would like to spend some time talking to you about adult(s) who you just mentioned is ill.

Interviewer read:

Amawulire g'onotuwa tugenda kugakuumira ddala nga ga kyama era gajja kuyambako okulongoosa entereeza gyetulina ku maka, era ne ku baana abali mu bwetaavu. Kisoboka okuba nti oyinza okuwulira obubi okwanukula ebibuuzo ebimu, awonno bw'owulira nga ebibuuzo ebimu toyagadde kubyanukula, osobola okubireka.

The information you provide will be kept strictly confidential and will be used to improve programs for families and children in need. It is possible that you may feel uncomfortable answering some of the questions. You can choose if you don't want to answer some questions.

Caregiving to adult now

6.1 Residents who receive care now - first adult

6101	<p>Olina <u>omuntu omukulu</u> (ow'emyaka 18 oba okusingawo) omulwadde gw'olabirira* oba gwowa obuyambi nga abeera wano awaka? Interviewer if NO skip to section 6.4 if YES continue Are you providing care or give support* to any adult (18 and older) who is sick and lives in your household?</p>	1=Yes 2= No		Q6101
<p>Okumulabirira*: Muno otwaliramu okumukwatirako mu byakola buli lunaku nga mu kulya, okwambala, okunaaba, okutambulatambulako mu nju ate n'okumukolerako emirimo egya wabweru nga okumutwala okulaba ba doctor, okugenda okugula eddagala, oba okuwanirira omulwadde mu byensimbi, okumujjanjaba, okumuwummuza mu birowoozo, oba ebintu ebirala ebimukwatako ng'omuntu</p> <p><small>*Care: Includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, emotional well-being or other personal affairs</small></p>				
6102	<p>Nsaba ombuulire amannya g'omuntu oyo gw'olabirira? Interviewer: find line number from household schedule</p> <p>May I ask you the name of the person you provide care or give support to?</p>	Name _____ Line number _____	Q6102	

6102A	<p>Do not read the responses categories Oyinza okutubulira lwaki (ERINYA) yetaaga obuyambi/okumulabirira? Could you tell us why does (NAME) need care or support?</p>	1=HIV /AIDS related* 2= Other health related reason** _____ 3= Other reason (not health related)*** 4=DK 99= Refused		Q6102A
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<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>

PERSONAL AND NURSING CARE

1= YES 2= NO				
6103	<p>READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6108</p> <p>(NAME) afuna okulabirirwa n'obuyambi mu bino?</p> <p>Does (NAME) receive care /assistance with?</p>	Mu kumunaaza omubiri Bathing (washing one's body)	Q6103a	
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process-not including cooking)	Q6103b	
		Mukwambala (okumukwatilako mukwambala, nokumwambula engoye) Dressing (help with putting on or taking off clothing)	Q6103c	
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)	Q6103d	
		Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinyanya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example	Q6103e	
		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)	Q6103f	
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q6103g
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No 3= Had no wounds	Q6103h
6104	<p>RECORD ALL ANSWERS GIVEN Ani oba baani abakuyambako okumulabirira?</p> <p>IF1 ONLY (RESPONDENT) SKIP TO→6106</p> <p>IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION</p>	1= Respondent	Q6104a	
		2= My spouse	Q6104b	
		3= My co-wife (of respondent)	Q6104c	
		4= My grandson 16+	Q6104d	
		5= My granddaughter 16+	Q6104e	
		6= My grandson under 16	Q6104f	
		7= My granddaughter under 16	Q6104g	
		8= My sibling	Q6104h	
		9= My daughter	Q6104i	
		10= My son	Q6104j	

	IF NOT RESPONDENT SKIP TO 6108 Who is/are the provider(s) of this personal /nursing care?	11 = Spouse or co-wife of (NAME)		Q6104k
		12= Friend		Q6104l
		13= Neighbor		Q6104m
		14= Church		Q6104n
		15= Health care organization		Q6104o
		16= Government		Q6104p
		17= Community volunteer		Q6104q
6105	Aniasinga/eyasinga okulabirira (ERINNYA) ng'amukwatirako mu byakola? Who is the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6105
6106	Omaze bbanga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6106M
		Number of years		Q6106Y
6107	Okutwalira awamu oyinza kugamba nti kikukaluubiridde kwenkanawa okumulabirira nga bw'omukwatirako? Overall, how difficult would you say it is for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6107

PHYSICAL ASSISTANCE

1=yes 2=no				
6108	READ AND RECORD ALL THAT APPLY (NAME) afuna okuyambibwako mu bino? IF ALL ANSWERS ARE NO SKIP TO Q 6113 Does (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6108a
		Mu by'okulima Agricultural work		Q6108b
		Okukima amazzi Fetching water		Q6108c
		Okufumba Cooking		Q6108d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6108e
		other		Q6108f
		6108g	Other assistance _____	
6109	RECORD ALL ANSWERS GIVEN Ani oba baani abawa	1= Respondent		Q6109a
		2= My spouse		Q6109b
		3= My co-wife (of respondent)		Q6109c

	obuyambi bunu? IF1 ONLY (RESPONDENT) SKIP TO→6111 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6113 Who is/are the provider(s) of this assistance?	4= My grandson 16+ 5= My granddaughter 16+ 6= My grandson under 16 7= My granddaughter under 16 8= My sibling 9= My daughter 10= My son 11 = Spouse or co-wife of (NAME) 12= Friend 13= Neighbor 14= Church 15= Health care organization 16= Government 17= Community volunteer		Q6109d Q6109e Q6109f Q6109g Q6109h Q6109i Q6109j Q6109k Q6109l Q6109m Q6109n Q6109o Q6109p Q6109q
6110	Ani asinga okuyamba (ERINNYA) mu bintu bino? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6110
6111	Omaze bbanga ki nga (ERINNYA) omuyamba mu bintu bino? For how long have you been providing this assistance to (NAME)?	Number of months		Q6111M
		Number of years		Q6111Y
6112	Okutwalira awamu, <u>kikuzibuwalidde</u> kwenkana wa okumutuusako obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6112

FINANCIAL ASSISTANCE

1=Yes 2=No				
6113	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6118 (ERINNYA) afuna obuyambi bw'ensimbi okugeza nga.... Does (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6113a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6113b
		Okugula emmere Paying for food		Q6113c
		Okugula engoye Paying for clothing		Q6113d
		Okusasulira entambula Paying for transportation		Q6113e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.)		Q6113f

		Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		
6114	<p>RECORD ALL ANSWERS GIVEN</p> <p>Ani oba baani abamuwa obuyambi bunu?</p> <p>IF1 ONLY (RESPONDENT) SKIP TO →6116</p> <p>IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION</p> <p>IF NOT RESPONDENT SKIP TO 6118</p> <p>Who is/are the provider(s) of this financial assistance?</p>	<p>1= Respondent</p> <p>2= My spouse</p> <p>3= My co-wife (of respondent)</p> <p>4= My grandson 16+</p> <p>5= My granddaughter 16+</p> <p>6= My grandson under 16</p> <p>7= My granddaughter under 16</p> <p>8= My sibling</p> <p>9= My daughter</p> <p>10= My son</p> <p>11 = Spouse or co-wife of (NAME)</p> <p>12= Friend</p> <p>13= Neighbor</p> <p>14= Church</p> <p>15= Health care organization</p> <p>16= Government</p> <p>17= Community volunteer</p>		<p>Q6114a</p> <p>Q6114b</p> <p>Q6114c</p> <p>Q6114d</p> <p>Q6114e</p> <p>Q6114f</p> <p>Q6114g</p> <p>Q6114h</p> <p>Q6114i</p> <p>Q6114j</p> <p>Q6114k</p> <p>Q6114l</p> <p>Q6114m</p> <p>Q6114n</p> <p>Q6114o</p> <p>Q6114p</p> <p>Q6114q</p>
6115	<p>Ani asinga okuwa (ERINNYA) obuyambi bunu?</p> <p>Who is the main person providing this assistance to (NAME)?</p>	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6115
6116	<p>Omaze bbanga ki nga owa (ERINNYA) obuyambi bunu?</p> <p>For how long have you been providing this assistance to (NAME)?</p>	Number of months		Q6116M
		Number of years		Q6116Y
6117	<p>Okutwalira awamu, <u>kikukaluubiridde</u> kwenkana wa okumutusaako obuyambi bunu?</p> <p>Overall, how difficult would you say it has been for you to provide this assistance?</p>	<p>1= Kizibuwadde nnyo</p> <p>2= Bwekityo kityo</p> <p>3= Kizibuwaddemu</p> <p>4= Ssi nnyo</p> <p>5= Tekibadde kizibu</p>	<p>1= Very difficult</p> <p>2= Somewhat difficult</p> <p>3= Difficult</p> <p>4= A little difficult</p> <p>5= Not difficult</p>	Q6117

6118	<p>ERINNYA) bweyali tannalwala, yali ayambako mukuyingiza sente awaka oba okuleeta ebintu ebikalu, oba okukola ku mirimo?</p> <p>Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?</p>	<p>1= Yes</p> <p>2= No</p>		Q6118
6119	<p>DO NOT PROBE</p> <p>Okimanyiiko oba nga yafuna obujjanjabi obw'enjawulo ku bulwadde bunu okuva ku kilinika?</p> <p>IF 2 or 8 SKIP TO SECTION 6.2</p> <p>Do you know if s/he/ got special treatment/medication for this disease from the clinic?</p>	<p>1= Yes</p> <p>2= No</p> <p>8= DK</p>		Q6119

6120	<p>DO NOT PROBE Omanyi ekika kyobujjanjabi bweyafuna/neddagala lyeyafuna?</p> <p>IF 2,3 OR 5 SKIP TO SECTION 6.2</p> <p>Do you know the kind of special treatment/medication it was?</p>	<p>1= ARV treatment 2= Malaria treatment 3= TB treatment 4= Don't know name but knows it is for the disease AIDS 5= Other</p>		Q6120
6120a	<p>IF other treatment/medication please specify</p>	_____		Q6120a
6121	<p>kyetagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa okudda yo, era nokumujjukiza okugenda okunona eddagala/ARVs?</p> <p>Do you need to remind her or him to go for their medical appointments and/or appointments to pick up their medicine/ARV?</p>	<p>1= Yes 2= No</p>		Q6121
6122	<p>Owerekera ku (ERINNYA) ng'agenda ku kilinika oba mu dwaliro okulaba omusawo oba okunona ARV?</p> <p>Do you accompany (NAME) going to the clinic/ health centre/ hospital for follow up and /or ARV resupply?</p>	<p>1= Yes 2= No</p>		Q6122

6.2 Residents who receive care now: second adult in household

6201	Waliwo omuntu omulala gw'olabirira ((ng'asussa emyaka 18) nga mulwadde ng'abeera mumaka gano? Interviewer if NO skip to section 6.4 if YES continue Are you providing care* to any <u>other</u> adult (18 and older) who is sick and lives in your household?	1=Yes 2=No		Q6201
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Okumulabirira*: Muno otwaliramu okumukwatirako mu byakola buli lunaku nga mu kulya, okwambala, okunaaba, okutambulatambulako mu nju ate n'okumukolerako emirimo egya wabweru nga okumutwala okulaba ba doctor, okugenda okugula eddagala, oba okuwanirira omulwadde mu byensimbi, okumujjanjaba, okumuwummuza mu birowoozo, oba ebintu ebirala ebimukwatako ng'omuntu

***Care**: includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, emotional well-being or other personal affairs

6202	Nsaba ombulire amannya g'omuntu oyo gw'olabirira? Interviewer: find line number from household schedule May I ask you the name of the person you provide care to?	Name _____ Line number _____		Q6202
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6202A	Do not read the responses categories Oyinza okutubulira lwaki (ERINYA) yetaaga obuyambi/okumulabirira? Could you tell us why does (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** 3= Other reason (not health related)*** 4=DK 99= Refused		Q6202A
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*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection.

**Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury...

***Other reason (not health-related) includes all other reasons.

1= YES 2= NO				
6203	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 6208 (NAME) afuna okulabirirwa n'obuyambi mu bino? Does (NAME) receive	Mu kumunaaza omubiri Bathing (washing one's body)		Q6203a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojeeko okufumba) Eating (assistance with any part of eating process-not including cooking)		Q6203b
		Mukwambala (okumukwatilako mukwambala, nokumwambula engoye) Dressing (help with putting on or taking off clothing)		Q6203c

	care /assistance with?	Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)		Q6203d
		Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinnya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example		Q6203e
		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		Q6203f
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q6203g
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No 3= Had no wounds	Q6203h
6204	RECORD ALL ANSWERS GIVEN Ani oba baani abakuyambako okumulabirira? IF1 ONLY (RESPONDENT) SKIP TO →6206 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6208 Who is/are the provider(s) of this personal /nursing care?	1= Respondent		Q6204a
		2= My spouse		Q6204b
		3= My co-wife (of respondent)		Q6204c
		4= My grandson 16+		Q6204d
		5= My granddaughter 16+		Q6204e
		6= My grandson under 16		Q6204f
		7= My granddaughter under 16		Q6204g
		8= My sibling		Q6204h
		9= My daughter		Q6204i
		10= My son		Q6204j
		11= Spouse or co-wife of (NAME)		Q6204k
		12= Friend		Q6204l
		13= Neighbor		Q6204m
		14= Church		Q6204n
		15= Health care organization		Q6204o
		16= Government		Q6204p
		17= Community volunteer		Q6204q
6205	Aniasinga/eyasinga okulabirira (ERINNYA) ng'amukwatirako mu byakola? Who is the main person providing	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6205

	personal care for (NAME)?			
6206	Omaze bbanga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6206M
		Number of years		Q6206Y
6207	Okutwalira awamu oyinza kugamba nti kikukalubiridde kwenkanawa okumulabirira nga bw'omukwatirako? Overall, how difficult would you say it is for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6207

PHYSICAL ASSISTANCE

1=yes 2=no				
6208	READ AND RECORD ALL THAT APPLY (NAME) afuna okuyambibwako mu bino? IF ALL ANSWERS ARE NO SKIP TO Q 6213 Does (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6208a
		Mu by'okulima Agricultural work		Q6208b
		Okukima amazzi Fetching water		Q6208c
		Okufumba Cooking		Q6208d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6208e
		other		Q6208f
6208g	Other assistance	_____		Q6208g
6209	RECORD ALL ANSWERS GIVEN Ani oba baani abawa obuyambi buno? IF 1 ONLY (RESPONDENT) SKIP TO → 6211 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP	1= Respondent		Q6209a
		2= My spouse		Q6209b
		3= My co-wife (of respondent)		Q6209c
		4= My grandson 16+		Q6209d
		5= My granddaughter 16+		Q6209e
		6= My grandson under 16		Q6209f
		7= My granddaughter under 16		Q6209g
		8= My sibling		Q6209h
		9= My daughter		Q6209i
		10= My son		Q6209j
		11= Spouse or co-wife of (NAME)		Q6209k
		12= Friend		Q6209l
		13= Neighbor		Q6209m
		14= Church		Q6209n

	TO 6213 Who is/are the provider(s) of this assistance?	15= Health care organization		Q6209o
		16= Government		Q6209p
		17= Community volunteer		Q6209q
6210	Ani asinga okuyamba (ERINNYA) mu bintu bino? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6210
6211	Omaze bbanga ki nga (ERINNYA) omuyamba mu bintu bino? For how long have you been providing this assistance to (NAME)?	Number of months		Q6211M
		Number of years		Q6211Y
6212	Okutwalira awamu, kikuzibuwalidde kwenkana wa okumutuusako obuyambi buno? Overall, how difficult would you say it has been for you to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6212

FINANCIAL ASSISTANCE

1=Yes 2=No				
6213	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6218 (ERINNYA) afuna obuyambi bw'ensimbi okugeza nga.... Does (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6213a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6213b
		Okugula emmere Paying for food		Q6213c
		Okugula engoye Paying for clothing		Q6213d
		Okusasulira entambula Paying for transportation		Q6213e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6213f
		6214	RECORD ALL ANSWERS GIVEN Ani oba baani abamuwa obuyambi buno? IF1 ONLY (RESPONDENT) SKIP	1= Respondent
2= My spouse				Q6214b
3= My co-wife (of respondent)				Q6214c
4= My grandson 16+				Q6214d
5= My granddaughter 16+				Q6214e
6= My grandson under 16				Q6214f
7= My granddaughter under 16				Q6214g

	TO→6216 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6218 Who is/are the provider(s) of this financial assistance?	8= My sibling		Q6214h
		9= My daughter		Q6204i
		10= My son		Q6204j
		11= Spouse or co-wife of (NAME)		Q6214k
		12= Friend		Q6214l
		13= Neighbor		Q6214m
		14= Church		Q6214n
		15= Health care organization		Q6214o
		16= Government		Q6214p
17= Community volunteer		Q6214q		
6215	Ani asinga okuwa (ERINNYA) obuyambi bunu? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6215
6216	Omaze banga ki nga owa (ERINNYA) obuyambi bunu? For how long have you been providing this assistance to (NAME)?	Number of months		Q6216M
		Number of years		Q6216Y
6217	Okutwalira awamu, <u>kikukaluubiridde</u> kwenkana wa okumutusaako obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6217

6218	ERINNYA) bweyali tannalwala, yali ayambako mukuyingiza sente awaka oba okuleeta ebintu ebikalu, oba okukola ku mirimo? Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6218
6219	DO NOT PROBE Okimanyiiko oba nga yafuna obujjanjabi obw'enjawulo ku bulwadde bunu okuva ku kilinika? IF 2 or 8 SKIP TO SECTION 6.3 Do you know if s/he/ got special treatment/medication for this disease from the clinic?	1= Yes 2= No 8= DK		Q6219
6220	DO NOT PROBE Omanyi ekika kyobujjanjabi bweyafuna/neddagala lyeyafuna? IF 2,3 OR 5 SKIP TO SECTION 6.3 Do you know the kind of special treatment/medication it was?	1= ARV treatment 2= Malaria treatment 3= TB treatment 4= Don't know name but knows it is for the disease AIDS		Q6220

		5= Other		
6220a	IF other treatment/medication please specify	_____		Q6220a
6221	kyetagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa okudda yo, era nokumujjukiza okugenda okunona eddagala/ARVs? Do you need to remind her or him to go for their medical appointments and/or appointments to pick up their medicine/ARV?	1= Yes 2= No		Q6221
6222	Owerekera ku (ERINNYA) ng'agenda ku kilinika oba mu dwaliro okulaba omusawo oba okunona ARV? Do you accompany (NAME) going to the clinic/ health centre/ hospital for follow up and /or ARV resupply)?	1= Yes 2= No		Q6222

6.3 Residents who receive care now: third adult in household

6301	Olina omuntu omulala yenna (asussa emyaka 18) omulwadde gw'olabirira nga abeera wano awaka? Interviewer if NO skip to section 6.4 if YES continue Are you providing care* to any <u>other</u> adult (18 and older) who is sick and lives in your household?	1=Yes 2=No		Q6301
6302	Nsaba ombuulire amannya g'omuntu oyo gw'olabirira? Interviewer: find line number from household schedule May I ask you the name of the person you provide care to?	Name _____ Line number _____		Q6302

6302A	Do not read the responses categories Oyinzira okutubulira lwaki (ERINYA) yetaaga obuyambi/okumulabirira? Could you tell us why does (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** _____ 3= Other reason (not health related)*** 4=DK 99= Refused		Q6302A
<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>				

PERSONAL AND NURSING CARE

1= YES 2= NO				
6303	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6308 (NAME) afuna okulabirirwa n'obuyambi mu bino? Does (NAME) receive care /assistance with?	Mu kumunaaza omubiri Bathing (washing one's body)		Q6303a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process-not including cooking)		Q6303b
		Mukwambala (okumukwatilako mukwambala, nokumwambala engoye) Dressing (help with putting on or taking off clothing)		Q6303c
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)		Q6303d
		Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinyya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling),		Q6303e

		including in and out bed for example		
		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		Q6303f
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q6303g
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No 3= Had no wounds	Q6303h
6304	RECORD ALL ANSWERS GIVEN Ani oba baani abakuyambako okumulabirira? IF1 ONLY (RESPONDENT) SKIP TO➔6306 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6308 Who is/are the provider(s) of this personal /nursing care?	1= Respondent		Q6304a
		2= My spouse		Q6304b
		3= My co-wife (of respondent)		Q6304c
		4= My grandson 16+		Q6304d
		5= My granddaughter 16+		Q6304e
		6= My grandson under 16		Q6304f
		7= My granddaughter under 16		Q6304g
		8= My sibling		Q6304h
		9= My daughter		Q6304i
		10= My son		Q6304j
		11= Spouse or co-wife of (NAME)		Q6304k
		12= Friend		Q6304l
		13= Neighbor		Q630m
		14= Church		Q6304n
		15= Health care organization		Q6304o
		16= Government		Q6304p
		17= Community volunteer		Q6304q
6305	Aniasinga/eyasinga okulabirira (ERINNYA) ng'amukwatirako mu byakola? Who is the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6305
6306	Omaze bbanga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6306M
		Number of years		Q6306Y
6307	Okutwalira awamu	1= Kizibuwadde nnyo	1= Very difficult 2= Somewhat difficult	Q6307

	oyinza kugamba nti kikukaluubiridde kwenkanawa okumulabirira nga bw'omukwatirako? Overall, how difficult would you say it is for you to provide personal care?	2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	3= Difficult 4= A little difficult 5= Not difficult		
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PHYSICAL ASSISTANCE

1=yes 2=no				
6308	READ AND RECORD ALL THAT APPLY (NAME) afuna okuyambibwako mu bino? IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6313 Does (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6308a
		Mu by'okulima Agricultural work		Q6308b
		Okukima amazzi Fetching water		Q6308c
		Okufumba Cooking		Q6308d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6308e
		other		Q6308f
		6308g	Other assistance	_____
6309	RECORD ALL ANSWERS GIVEN Ani oba baani abawa obuyambi buno? IF 1 ONLY (RESPONDENT) SKIP TO → 6311 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6313 Who is/are the provider(s) of this assistance?	1= Respondent		Q6309a
		2= My spouse		Q6309b
		3= My co-wife (of respondent)		Q6309c
		4= My grandson 16+		Q6309d
		5= My granddaughter 16+		Q6309e
		6= My grandson under 16		Q6309f
		7= My granddaughter under 16		Q6309g
		8= My sibling		Q6309h
		9= My daughter		Q6309i
		10= My son		Q6309j
		11= Spouse or co-wife of (NAME)		Q6309k
		12= Friend		Q6309l
		13= Neighbor		Q6309m
		14= Church		Q6309n
		15= Health care organization		Q6309o
		16= Government		Q6309p
		17= Community volunteer		Q6309q
6310	Ani asinga okuyamba (ERINNYA) mu bintu bino? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6310

6311	Omaze bbanga ki nga (ERINNYA) omuyamba mu bintu bino? For how long have you been providing this assistance to (NAME)?	Number of months		Q6311M
		Number of years		Q6311Y
6312	Okutwalira awamu, kikuzibuwalidde kwenkana wa okumutuusako obuyambi buno? Overall, how difficult would you say it has been for you to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6312

FINANCIAL ASSISTANCE

1=Yes 2=No				
6313	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 6318 (ERINNYA) afuna obuyambi bw'ensimbi okugeza nga.... Does (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6313a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6313b
		Okugula emmere Paying for food		Q6313c
		Okugula engoye Paying for clothing		Q6313d
		Okusasulira entambula Paying for transportation		Q6313e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6313f
6314	RECORD ALL ANSWERS GIVEN Ani oba baani abamuwa obuyambi buno? IF ONLY (RESPONDENT) SKIP TO → 6316 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6318 Who is/are the provider(s) of this financial assistance?	1= Respondent		Q6314a
		2= My spouse		Q6314b
		3= My co-wife (of respondent)		Q6314c
		4= My grandson 16+		Q6314d
		5= My granddaughter 16+		Q6314e
		6= My grandson under 16		Q6314f
		7= My granddaughter under 16		Q6314g
		8= My sibling		Q6314h
		9= My daughter		Q6314i
		10= My son		Q6314j
		11= Spouse or co-wife of (NAME)		Q6314k
		12= Friend		Q6314l
		13= Neighbor		Q6314m
		14= Church		Q6314n
15= Health care organization		Q6314o		
16= Government		Q6314p		
17= Community volunteer		Q6314q		

6315	Ani asinga okuwa (ERINNYA) obuyambi bunu? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6315
6316	Omaze bbanga ki nga owa (ERINNYA) obuyambi bunu? For how long have you been providing this assistance to (NAME)?	Number of months		Q6316M
		Number of years		Q6316Y
6317	Okutwalira awamu, <u>kikukaluubiridde</u> kwenkana wa okumutusaako obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6317

6318	ERINNYA) bweyali tannalwala, yali ayambako mukuyingiza sente awaka oba okuleeta ebintu ebikalu, oba okukola ku mirimo? Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6318
6319	DO NOT PROBE Okimanyiiko oba nga yafuna obujjanjabi obw'enjawulo ku bulwadde bunu okuva ku kilinika? IF 2 OR 8 SKIP TO SECTION 6.4 Do you know if s/he/ got special treatment/medication for this disease from the clinic?	1= Yes 2= No 8= DK		Q6319
6320	DO NOT PROBE Omanyi ekika kyobujjanjabi bweyafuna/neddagala lyeyafuna? IF 2,3 OR 5 SKIP TO SECTION 6.4 Do you know the kind of special treatment/medication it was?	1= ARV treatment 2= Malaria treatment 3= TB treatment 4= Don't know name but knows it is for the disease AIDS 5= Other		Q6320
6320a	IF other treatment/medication please specify	_____		Q6320a
6321	kyetagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa okudda yo, era nokumujjukiza okugenda okunona eddagala/ARVs? Do you need to remind her or him to go for their medical appointments and/or appointments to pick up their medicine/ARV?	1= Yes 2= No		Q6321
6322	Owerekera ku (ERINNYA) ng'agenda ku kilinika oba mu dwaliro okulaba omusawo oba okunona ARV? Do you accompany (NAME) going to the clinic/ health centre/ hospital for follow up and /or ARV resupply?	1= Yes 2= No		Q6322

6.4 Non-residents who need care now, first adult

6401	Olina omuntu omukulu gw'olabirira <u>kati nga tabeera</u> nawe awaka? if NO skip to section 6.6 if YES continue Do you provide care now to <u>any adult</u> who <u>does not live in your household</u> ?	1=Yes 2=No		Q6401
<p>Okumulabirira*: Muno otwaliramu okumukwatirako mu byakola buli lunaku nga mu kulya, okwambala, okunaaba, okutambulatambulako mu nju ate n'okumukolerako emirimo egya wabweru nga okumutwala okulaba ba doctor, okugenda okugula eddagala, oba okuwanirira omulwadde mu byensimbi, okumujjanjaba, okumuwummuza mu birowoozo, oba ebintu ebirala ebimukwatako ng'omuntu</p> <p>Interviewer explain again 'care': includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, emotional well-being or other personal affairs</p>				
6401a	Musajja oba mukazi? Is this a man or woman?	1= Male 2= Female		Q6401a
6401b	Aline emyaka emeka? How old is this person?	Record years _____		Q6401b
6401c	Omuntu ono omulinako luganda ki? What is your relationship to this person?	01= My parent 02= My spouse/partner 03= My daughter/Son 04= My daughter- or son-in-law 05= My grandchild 06= My parent-in-law 07= My brother/sister 08= My grandparent 09= Other adult relative(e.g.my brother,/sister in-law cousin) 10= Neighbour 11= Other not related adult		Q6401c
6401d	Nsaba kumanya ku manya g'omuntu ono? May I ask the NAME of this person?	Record name _____		Q6401d
6401e	(ERINNYA) abeera wa kati? Where is (NAME) living now?	1= Next door or very nearby to respondent 2= In same area but not nearby but walking distance 3=in an other area and far away 4= Kampala/ Masaka		Q6401e
6401f	Mu kiseera (ERINNYA) w'abeeredde omulwadde <u>obadde obeer</u> a naye?	1= Yes 2= No		Q6401f

	If 2 (no) skip to Q 6402 Have you been <u>staying/living</u> with (NAME) during his /her sickness for at least a month?		
6401g	Mirundi emeka gy'obadde naye mu bbanga lya mwaka gumu? How often have you stayed/lived with him/her?	Number of stays _____	Q6401g
6401h	Mubadde mumala bbanga ki nga muli mwenna, bwogerageranya buli lwabadde abeera nawe? Record average duration of stays What was the average duration of those stays?	1= around 1 month 2= 1 to 3 months 3= more than 3 months but less than 6 months	Q6401h

6402	Do not read the responses categories Oyinza okutubulira lwaki (ERINYA) yetaaga obuyambi/okumulabirira? Could you tell us why does (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** _____ 3= Other reason (not health related)*** 4=DK 99= Refused	Q6402
<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>			

PERSONAL AND NURSING CARE

1= YES 2= NO			
6403	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6408 (NAME) afuna okulabirirwa n'obuyambi mu bino? Does (NAME) receive care /assistance with?	Mu kumunaaza omubiri Bathing (washing one's body)	Q6403a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojeeko okufumba) Eating (assistance with any part of eating process-not including cooking)	Q6403b
		Mukwambala (okumukwatilako mukwambala, nokumwambula engoye) Dressing (help with putting on or taking off clothing)	Q6403c
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)	Q6403d
		Okutambulatulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinyya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example	Q6403e

		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		Q6403f
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q6403g
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No 3= Had no wounds	Q6403h
6404	RECORD ALL ANSWERS GIVEN Ani oba baani abakuyambako okumulabirira? IF1 ONLY (RESPONDENT) SKIP TO →6406 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6408 Who is/are the provider(s) of this personal /nursing care?	1= Respondent		Q6404a
		2= My spouse		Q6404b
		3= My co-wife (of respondent)		Q6404c
		4= My grandson 16+		Q6404d
		5= My granddaughter 16+		Q6404e
		6= My grandson under 16		Q6404f
		7= My granddaughter under 16		Q6404g
		8= My sibling		Q6404h
		9= My daughter		Q6404i
		10= My son		Q6404j
		11= Spouse or co-wife of (NAME)		Q6404k
		12= Friend		Q6404l
		13= Neighbor		Q6404m
		14= Church		Q6404n
		15= Health care organization		Q6404o
		16= Government		Q6404p
		17= Community volunteer		Q6404q
6405	Aniasinga/eyasinga okulabirira (ERINNYA) ng'amukwatirako mu byakola? Who is the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6405
6406	Omaze bbanga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6406M
		Number of years		Q6406Y
6407	Okutwalira awamu	1= Kizibuwadde nnyo	1= Very difficult 2= Somewhat difficult	Q6407

	oyinza kugamba nti kikukalubiridde kwenkanawa okumulabirira nga bw'omukwatirako? Overall, how difficult would you say it is for you to provide personal care?	2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	3= Difficult 4= A little difficult 5= Not difficult		
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PHYSICAL ASSISTANCE

1=yes 2=no				
6408	READ AND RECORD ALL THAT APPLY (NAME) afuna okuyambibwako mu bino? IF ALL ANSWERS ARE NO SKIP TO Q 6413 Does (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6408a
		Mu by'okulima Agricultural work		Q6408b
		Okukima amazzi Fetching water		Q6408c
		Okufumba Cooking		Q6408d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6408e
		other		Q6408f
		6408g	Other assistance	_____
6409	RECORD ALL ANSWERS GIVEN Ani oba baani abawa obuyambi buno? IF 1 ONLY (RESPONDENT) SKIP TO →6411 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6413 Who is/are the provider(s) of this assistance?	1= Respondent		Q6409a
		2= My spouse		Q6409b
		3= My co-wife (of respondent)		Q6409c
		4= My grandson 16+		Q6409d
		5= My granddaughter 16+		Q6409e
		6= My grandson under 16		Q6409f
		7= My granddaughter under 16		Q6409g
		8= My sibling		Q6409h
		9= My daughter		Q6409i
		10= My son		Q6409j
		11= Spouse or co-wife of (NAME)		Q6409k
		12= Friend		Q6409l
		13= Neighbor		Q6409m
		14= Church		Q6409n
		15= Health care organization		Q6409o
		16= Government		Q6409p
		17= Community volunteer		Q6409q
6410	Ani asinga okuyamba (ERINNYA) mu bintu bino? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6410

6411	Omaze bbanga ki nga (ERINNYA) omuyamba mu bintu bino? For how long have you been providing this assistance to (NAME)?	Number of months		Q6411M
		Number of years		Q6411Y
6412	Okutwalira awamu, <u>kikuzibuwalidde</u> kwenkana wa okumutuusako obuyambi bunu? Overall, how difficult would you say it has been for you to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6412

FINANCIAL ASSISTANCE

1=Yes 2=No				
6413	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6418 (ERINNYA) afuna obuyambi bw'ensimbi okugeza nga.... Does (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6413a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6413b
		Okugula emmere Paying for food		Q6413c
		Okugula engoye Paying for clothing		Q6413d
		Okusasulira entambula Paying for transportation		Q6413e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6413f
6414	RECORD ALL ANSWERS GIVEN Ani oba baani abamuwa obuyambi bunu? IF1 ONLY (RESPONDENT) SKIP TO →6416 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6418 Who is/are the provider(s) of this financial assistance?	1= Respondent		Q6414a
		2= My spouse		Q6414b
		3= My co-wife (of respondent)		Q6414c
		4= My grandson 16+		Q6414d
		5= My granddaughter 16+		Q6414e
		6= My grandson under 16		Q6414f
		7= My granddaughter under 16		Q6414g
		8= My sibling		Q6414h
		9= My daughter		Q6414i
		10= My son		Q6414j
		11= Spouse or co-wife of (NAME)		Q6414k
		12= Friend		Q6414l
		13= Neighbor		Q6414m
		14= Church		Q6414n
		15= Health care organization		Q6414o
		16= Government		Q6414p
		17= Community volunteer		Q6414q

6415	Ani asinga okuwa (ERINNYA) obuyambi bunu? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6415
6416	Omaze bbanga ki nga owa (ERINNYA) obuyambi bunu? For how long have you been providing this assistance to (NAME)?	Number of months		Q6416M
		Number of years		Q6416Y
6417	Okutwalira awamu, <u>kikukaluubiridde</u> kwenkana wa okumutusaako obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6417

6418	ERINNYA) bweyali tannalwala, yali ayambako mukuyingiza sente awaka oba okuleeta ebintu ebikalu, oba okukola ku mirimo? Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6418
6419	DO NOT PROBE Okimanyiiko oba nga yafuna obujjanjabi obw'enjawulo ku bulwadde bunu okuva ku kilinika? IF 2 OR 8 SKIP TO SECTION 6.5 Do you know if s/he/ got special treatment/medication for this disease from the clinic?	1= Yes 2= No 8= DK		Q6419
6420	DO NOT PROBE Omanyi ekika kyobujjanjabi bweyafuna/neddagala lyeyafuna? IF 2,3 OR 5 SKIP TO 6.5 Do you know the kind of special treatment/medication it was?	1= ARV treatment 2= Malaria treatment 3= TB treatment 4= Don't know name but knows it is for the disease AIDS 5= Other		Q6420
6420a	IF other treatment/medication please specify	_____		Q6420a
6421	kyetagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa okudda yo, era nokumujjukiza okugenda okunona eddagala/ARVs? Do you need to remind her or him to go for their medical appointments and/or appointments to pick up their medicine/ARV?	1= Yes 2= No		Q6421
6422	Owerekera ku (ERINNYA) ng'agenda ku kilinika oba mu dwaliro okulaba omusawo oba okunona ARV? Do you accompany (NAME) going to the clinic/ health centre/ hospital for follow up and /or ARV resupply?	1= Yes 2= No		Q6422

6.5 Non-residents who need care now - second adult

6501	Olina omuntu omukulu gw'olabirira <u>kati nga tabeera</u> nawe awaka? if NO skip to section 6.6 if YES continue Do you provide care now to <u>any other adult</u> who does not live in your household?	1=Yes 2=No		Q6501
<p>Okumulabirira*: Muno otwaliramu okumukwatirako mu byakola buli lunaku nga mu kulya, okwambala, okunaaba, okutambulatambulako mu nju ate n'okumukolerako emirimo egya wabweru nga okumutwala okulaba ba doctor, okugenda okugula eddagala, oba okuwanirira omulwadde mu byensimbi, okumujjanjaba, okumuwummuza mu birowoozo, oba ebintu ebirala ebimukwatako ng'omuntu</p> <p>Interviewer explain again 'care': includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, emotional well-being or other personal affairs</p>				
6501a	Musajja oba mukazi? Is this a man or woman?	1= Male 2= Female		Q6501a
6501b	Alina emyaka emeka? How old is this person?	Record years _____		Q6501b
6501c	Omuntu ono omulinako luganda ki? What is your relationship to this person?	01= Parent 02= Spouse/partner 03= Daughter/Son 04= Daughter- or Son-in-law 05= Grandchild 06= Parent-in-law 07= Brother/Sister 08= Grandparent 09= Other adult relative(e.g.my brother,/sister in-law cousin) 10= Neighbour 11= Other not related adult		Q6501c
6501d	Nsaba ku manya g'omuntu ono? May I ask the NAME of this person?	Record name _____		Q6501d
6501e	(ERINNYA) abeera wa kati? Where is (NAME) living now?	1= Next door or very nearby to respondent 2= In same area but not nearby but walking distance 3=in an other area and far away 4= Kampala/ Masaka		Q6501e
6501f	Mu kiseera (ERINNYA) w'abeeredde omulwadde <u>obadde obeera</u> naye?	1= Yes		Q6501f

	If 2 (no) skip to 6502 Have you been <u>staying/living</u> with (NAME) during his /her sickness for at least a month?	2= No		
6501g	Mirundi emeka gy'obadde naye mu bbanga lya mwaka gumu? How often have you stayed/lived with him/her?	Number of stays _____		Q6501g
6501h	Mubadde mumala bbanga ki nga muli mwenna, bwogerageranya buli lwabadde abeera nawe? What was the average duration of those stays?	1= around 1 month 2= 1 to 3 months 3= more than 3 months but less than 6 months		Q6501h

6502	Do not read the responses categories Oyinza okutubulira lwaki (ERINYA) yetaaga obuyambi/okumulabirira? Could you tell us why does (NAME) need care or support?	1=HIV /AIDS related* 2= Other health** related reason _____ 3= Other reason (not health related)*** 4=DK 99= Refused		Q6502
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*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection.

**Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury...

***Other reason (not health-related) includes all other reasons.

PERSONAL AND NURSING CARE

1= YES 2= NO				
6503	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6508 (NAME) afuna okulabirirwa n'obuyambi mu bino? Does (NAME) receive care /assistance with?	Mu kumunaaza omubiri Bathing (washing one's body)		Q6503a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process-not including cooking)		Q6503b
		Mukwambala (okumukwatilako mukwambala, nokumwambula engoye) Dressing (help with putting on or taking off clothing)		Q6503c
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)		Q6503d
		Okutambulambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinyya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example		Q6503e
		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde)		Q6503f

		Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q6503g
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No 3= Had no wounds	Q6503h
6504	RECORD ALL ANSWERS GIVEN Ani oba baani abakuyambako okumulabirira? IF1 ONLY (RESPONDENT) SKIP TO →6506 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6508 Who is/are the provider(s) of this personal /nursing care?	1= Respondent		Q6504a
		2= My spouse		Q6504b
		3= My co-wife (of respondent)		Q6504c
		4= My grandson 16+		Q6504d
		5= My granddaughter 16+		Q6504e
		6= My grandson under 16		Q6504f
		7= My granddaughter under 16		Q6504g
		8= My sibling		Q6504h
		9= My daughter		Q6504i
		10= My son		Q6504j
		11= Spouse or co-wife of (NAME)		Q6504k
		12= Friend		Q6504l
		13= Neighbor		Q6504m
		14= Church		Q6504n
		15= Health care organization		Q6504o
		16= Government		Q6504p
		17= Community volunteer		Q6504q
6505	Aniasinga/eyasinga okulabirira (ERINNYA) ng'amukwatirako mu byakola? Who is the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6505
6506	Omaze bbanga ki nga omulabirira? For how long have you been providing ca	Number of months		Q6506M
		Number of years		Q6506Y
6507	Okutwalira awamu oyinza kugamba nti kikukaluubiridde kwenkanawa	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6507

	okumulabirira nga bw'omukwatirako? Overall, how difficult would you say it is for you to provide personal care?	4= Ssi nnyo 5= Tekibadde kizibu		
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PHYSICAL ASSISTANCE

1=yes 2=no			
6508	READ AND RECORD ALL THAT APPLY (NAME) afuna okuyambibwako mu bino? IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6513 Does (NAME) receive physical assistance such as.....?	Okugula emmere Buying food	Q6508a
		Mu by'okulima Agricultural work	Q6508b
		Okukima amazzi Fetching water	Q6508c
		Okufumba Cooking	Q6508d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer	Q6508e
		other	Q6508f
		6509g	Other assistance
6509	RECORD ALL ANSWERS GIVEN Ani oba baani abawa obuyambi buno? IF1 ONLY (RESPONDENT) SKIP TO→6511 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6513 Who is/are the provider(s) of this assistance?	1= Respondent	Q6509a
		2= My spouse	Q6509b
		3= My co-wife (of respondent)	Q6509c
		4= My grandson 16+	Q6509d
		5= My granddaughter 16+	Q6509e
		6= My grandson under 16	Q6509f
		7= My granddaughter under 16	Q6509g
		8= My sibling	Q6509h
		9= My daughter	Q6509i
		10= My son	Q6509j
		11= Spouse or co-wife of (NAME)	Q6509k
		12= Friend	Q6509l
		13= Neighbor	Q6509m
		14= Church	Q6509n
		15= Health care organization	Q6509o
		16= Government	Q6509p
		17= Community volunteer	Q6509q
6510	Ani asinga okuyamba (ERINNYA) mu bintu bino? Who is the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER	Q6510
6511	Omaze bbanga ki nga (ERINNYA) omuyamba mu bintu	Number of months	Q6511M

	bino? For how long have you been providing this assistance to (NAME)?	Number of years		Q6511Y
6512	Okutwalira awamu, <u>kikuzibuwalidde</u> kwenkana wa okumutuusako obuyambi bunu? Overall, how difficult would you say it has been for you to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6512

FINANCIAL ASSISTANCE

1=Yes 2=No				
6513	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6518 (ERINNYA) afuna obuyambi bw'ensimbi okugeza nga.... Does (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6513a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6513b
		Okugula emmere Paying for food		Q6513c
		Okugula engoye Paying for clothing		Q6513d
		Okusasulira entambula Paying for transportation		Q6513e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6513f
6514	RECORD ALL ANSWERS GIVEN Ani oba baani abamuwa obuyambi bunu? IF1 ONLY (RESPONDENT) SKIP TO → 6516 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6518 Who is/are the provider(s) of this financial assistance?	1= Respondent		Q6514a
		2= My spouse		Q6514b
		3= My co-wife (of respondent)		Q6514c
		4= My grandson 16+		Q6514d
		5= My granddaughter 16+		Q6514e
		6= My grandson under 16		Q6514f
		7= My granddaughter under 16		Q6514g
		8= My sibling		Q6514h
		9= My daughter		Q6514i
		10= My son		Q6514j
		11= Spouse or co-wife of (NAME)		Q6514k
		12= Friend		Q6514l
		13= Neighbor		Q6514m
		14= Church		Q6514n
		15= Health care organization		Q6514o
		16= Government		Q6514p
		17= Community volunteer		Q6514q
6515	Ani asinga okuwa (ERINNYA) obuyambi bunu? Who is the main person providing this assistance	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6515

	to (NAME)?			
6516	Omaze bbanga ki nga owa (ERINNYA) obuyambi buno? For how long have you been providing this assistance to (NAME)?	Number of months		Q6516M
		Number of years		Q6516Y
6517	Okutwalira awamu, <u>kikukaluubiridde</u> kwenkana wa okumutusaako obuyambi buno? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6517

6518	ERINNYA) bweyali tannalwala, yali ayambako mukuyingiza sente awaka oba okuleeta ebintu ebikalu, oba okukola ku mirimo? Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6518
6519	DO NOT PROBE Okimanyiiko oba nga yafuna obujjanjabi obw'enjawulo ku bulwadde buno okuva ku kilinika? IF 2OR 8 SKIP TO SECTION 6.6 Do you know if s/he/ got special treatment/medication for this disease from the clinic?	1= Yes 2= No 8= DK		Q6519
6520	DO NOT PROBE Omanyi ekika kyobujjanjabi bweyafuna/neddagala lyeyafuna? IF 2,3 OR 5 SKIP TO 6.6 Do you know the kind of special treatment/medication it was?	1= ARV treatment 2= Malaria treatment 3= TB treatment 4= Don't know name but knows it is for the disease AIDS 5= Other		Q6520
6520a	IF other treatment/medication please specify	_____		Q6520a
6521	kyetagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa okudda yo, era nokumujjukiza okugenda okunona eddagala/ARVs? Do you need to remind her or him to go for their medical appointments and/or appointments to pick up their medicine/ARV?	1= Yes 2= No		Q6521
6522	Owerekera ku (ERINNYA) ng'agenda ku kilinika oba mu dwaliro okulaba omusawo oba okunona ARV? Do you accompany (NAME) going to the clinic/ health centre/ hospital for follow up and /or ARV resupply?	1= Yes 2= No		Q6522

Caregiving to adult in the past but not now

Interviewer read: kati njagala okubuza ku buyambi bwewawa abantu abalala mu myaka etano egiyise, nga'jjeko abetaaga obuyambi kati. Njala tutandike n'abantu abebeera mu makagano.

Now I would like to ask you about the care you gave to other people in the last 5 years, not including the persons who need care now. I would like to start with people who are living with you.

6.6 Residents who do not need care now but needed care in the last 5 years - first adult

6601	Olina omuntu omukulu gwobeera naye awaka wano nga teyetaga buyambi kati naye nga yaliyetaga oba nga yafuna obuyambi oba okulabirirwa mubanga lya emyaka etano egiyise? Interviewer: if NO skip to section 6.8 Is there any adult who lives in your household and does not need care now but needed your care in the last 5 years?	1= Yes 2= No		Q6601
6601a	Yamala bbanga ki nga mulwadde? If one month or more, continue If less than one month, skip to section 6.8 For how long was s/he sick?	Number of months		Q6601aM
		Number of years		Q6601aY
6601b	Nsaba ku manya go'muntu ono gwe wali olabiriira? May I ask you the name of the person you provided care to?	Name _____ Line number _____		Q6601b

Caregiving to adult in the past and not now

6602	Do <u>not</u> read the responses categories Oyinza okumbulira lwaki (ERINNYA) yali yetaga obuyambi/okulabirirwa? Could you tell us why did (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** 3= Other reason (not health related)*** 4=DK 99= Refused		Q6602
<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>				

PERSONAL AND NURSING CARE

1= YES 2= NO				
6603	<p>READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6608</p> <p>(ERINNYA) yafuna okulabirirwa oba obuyambi mu bino?</p> <p>Did (NAME) receive care /assistance with?</p>	<p>Mu kumunaaza omubiri Bathing (washing one's body)</p>	Q6603a	
		<p>Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process-not including cooking)</p>	Q6603b	
		<p>Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Dressing (help with putting on or taking off clothing)</p>	Q6603c	
		<p>Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)</p>	Q6603d	
		<p>Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinye ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example</p>	Q6603e	
		<p>Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)</p>	Q6603f	
		<p>Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)</p>	<p>1= Yes 2= No 3= Had no medicines</p>	Q6603g
		<p>Okumulabirira ebiwundu ob'amabwa Taking care of wounds</p>	<p>1= Yes 2= No</p>	Q6603h
6604	<p>RECORD ALL ANSWERS GIVEN</p> <p>IF1 ONLY (RESPONDENT) SKIP TO➔6606</p> <p>IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION</p> <p>IF NOT RESPONDENT SKIP</p>	1= Respondent	Q6604a	
		2= My spouse	Q6604b	
		3= My co-wife (of respondent)	Q6604c	
		4= My grandson 16+	Q6604d	
		5= My granddaughter 16+	Q6604e	
		6= My grandson under 16	Q6604f	
		7= My granddaughter under 16	Q6604g	
		8= My sibling	Q6604h	
		9= My daughter	Q6204i	
		10= My son	Q6204j	

	TO 6608 Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this personal /nursing care?	11= Spouse or co-wife of (NAME)		Q6604k
		12= Friend		Q6604l
		13= Neighbor		Q6604m
		14= Church		Q6604n
		15= Health care organization		Q6604o
		16= Government		Q6604p
		17= Community volunteer		Q6604q
6605	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6605
6606	Wamala bbanga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6606M
		Number of years		Q6606Y
6607	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6607

PHYSICAL ASSISTANCE

1=Yes 2=No				
6608	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 6613 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino? Did (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6608a
		Mu by'okulima Agricultural work		Q6608b
		Okukima amazzi Fetching water		Q6608c
		Okufumba Cooking		Q6608d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6608e
		Other		Q6608f
6608 g	Other assistance	_____		Q6608g
6609	RECORD ALL ANSWERS GIVEN Ani/baani abamuyambako okumulabirira? Who was/were the	1= Respondent		Q6609a
		2= My spouse		Q6609b
		3= My co-wife (of respondent)		Q6609c
		4= My grandson 16+		Q6609d
		5= My granddaughter 16+		Q6609e
		6= My grandson under 16		Q6609f
		7= My granddaughter under 16		Q6609g

	provider(s) of this assistance?	8= My sibling		Q6609h
		9= My daughter		Q6609i
		10= My son		Q6609j
		11= Spouse or co-wife of (NAME)		Q6609k
		12= Friend		Q6609l
		13= Neighbour		Q6609m
		14= Church		Q6609n
		15= Health care organization		Q6609o
		16= Government		Q6609p
		17= Community volunteer		Q6609q
6610	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6610
6611	Omaze bbanga ki ng'owa obuyambi bunu. (ERINNYA)? For how long have you been providing this assistance to (NAME)?	Number of months		Q6611M
		Number of years		Q6611Y
6612	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira/okumuwa obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6612

FINANCIAL ASSISTANCE

1=Yes 2=No				
6613	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6618 (ERINNYA) yafuna okulabirirwa oba obuyambi bwe'ensinbi mu bino? mu bino? Did (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6613a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6613b
		Okugula emmere Paying for food		Q6613c
		Okugula engoye Paying for clothing		Q6613d
		Okusasulira entambula Paying for transportation		Q6613e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6613f

6614	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO → 6616 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6618 Ani/baani abamuyambako mu byensimbi? Who was/were the provider(s) of this financial assistance?	1= Respondent		Q6614a
		2= My spouse		Q6614b
		3= My co-wife (of respondent)		Q6614c
		4= My grandson 16+		Q6614d
		5= My granddaughter 16+		Q6614e
		6= My grandson under 16		Q6614f
		7= My granddaughter under 16		Q6614g
		8= My sibling		Q6614h
		9= My daughter		Q6614i
		10= My son		Q6614j
		11= Spouse or co-wife of (NAME)		Q6614k
		12= Friend		Q6614l
		13= Neighbor		Q6614m
		14= Church		Q6614n
		15= Health Care Organization		Q6614o
		16= Government		Q6614p
		17= Community Volunteer		Q6614q
6615	Ani eyasinga okumuwa oba okumukwatirako mu by'ensimbi? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6615
6616	Wamala banga ki ng'omulabirira? For how long have you been providing this assistance to (NAME)?	Number of months		Q6616M
		Number of years		Q6616Y
6617	Okutwalira awamu oyinza okugamba nti kyakukalubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6617
6618	(ERINNYA) bweyali tanalwala yali ayambako mu kuyingiza sente awaka, oba okuleta ebintu ebikalu, oba okukola ku mirimo? Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6618
6619	DO NOT PROBE Okimanyiko oba nga yafuna obujjanjabi obwenjawulo okuva ku kilinika? IF 2 or 8 SKIP TO SECTION 6.7 Do you know if s/he/ got special treatment/medication for this disease from the clinic?	1= Yes 2= No 8= DK		Q6619

6620	<p>DO NOT PROBE Omanyi ekika kyobujjanjabi / eddagala lyeyafuna? IF 2,3 OR 5 SKIP TO 6.7</p> <p>Do you know the kind of special treatment/medication it was?</p>	<p>1= ARV treatment 2= Malaria treatment 3=TB treatment 4= Don't know name but knows it is for the disease AIDS 5= Other</p>	Q6620
6620a	IF other treatment/medication please specify	_____	Q6620a
6621	<p>Kyali kyetaagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa,okuddayo, era nokumujjukiza okugenda okunona eddagala/ARVs Did you need to remind her or him to go for their medical appointments and appointments to pick up their medicine/ARV?</p>	<p>1= Yes 2= No</p>	Q6621
6622	<p>Wawerekera nga (erinnya) okugenda mu kirinika oba mu ddwaliro okulaba omusawo oba okunona eddagala/ARVs? Did you accompany (NAME) going to the clinic/ health centre/ hospital for follow up or ARV resupply?</p>	<p>1= Yes 2= No</p>	Q6622

**6.7 Residents who do not need care now but needed care in the last 5 years
- second adult**

6701	Waliwo omuntu omukulu (asussa emyaka 18) abeera wano nawe nga teyetaga buyambi kati naye nga yali yetaaga okulabirirwa mu emyaka etano egiyise? Interviewer if NO skip to section 6.8 Is there any other adult who lives in your household and does not need care now but needed your care in the last 5 years?	1= Yes 2= No		Q6701
6701a	Yamala bbanga ki nga mulwadde? If one month or more, continue If less than one month, skip to section 6.8 For how long was s/he sick?	Number of months		Q6701aM
		Number of Years		Q6701aY
6701b	Nsaba ombulire amannya g'ono gwowa obuyambi? May I ask you the name of the person you provided care to?	Name _____		Q6701b
		Line number _____		

6702	Do not read the responses categories Oyinja okumbulira lwaki (ERINNYA) yali yetaga obuyambi/okulabirirwa? Could you tell us why did (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** _____ 3= Other reason (not health related)*** 4=DK 99= Refused		Q6702
<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>				

PERSONAL AND NURSING CARE

		1= YES 2= NO	
6703	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6708 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino?	Mu kumunaaza omubiri Bathing (washing one's body)	Q6703a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process-not including cooking)	Q6703b
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Dressing (help with putting on or taking off clothing)	Q6703c

	Did (NAME) receive care /assistance with?			
			Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)	Q6703d
			Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinnya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example	Q6703e
			Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)	Q6703f
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q6703g
	Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No	Q6703h	
6704	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO→6706 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6708 Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this personal /nursing care?	1= Respondent		Q6704a
		2= My spouse		Q6704b
		3= My co-wife (of respondent)		Q6704c
		4= My grandson 16+		Q6704d
		5= My granddaughter 16+		Q6704e
		6= My grandson under 16		Q6704f
		7= My granddaughter under 16		Q6704g
		8= My sibling		Q6704h
		9= My daughter		Q6704i
		10= My son		Q6704j
		11= Spouse or co-wife of (NAME)		Q6704k
		12= Friend		Q6704l
		13= Neighbor		Q6704m
		14= Church		Q6704n
		15= Health care organization		Q6704o
		16= Government		Q6704p
		17= Community volunteer		Q6704q
6705	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6705

	personal care for (NAME)?			
6706	Wamala bbanga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6706M
		Number of years		Q6706Y
6707	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Aot difficult	Q6707

PHYSICAL ASSISTANCE

1=Yes 2=No				
6708	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 6713 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino? Did (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6708a
		Mu by'okulima Agricultural work		Q6708b
		Okukima amazzi Fetching water		Q6708c
		Okufumba Cooking		Q6708d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6708e
		Other		Q6708f
		6708g	Other assistance	_____
6709	Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this assistance? RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO→6711 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6713	1= Respondent		Q6709a
		2= My spouse		Q6709b
		3= My co-wife (of respondent)		Q6709c
		4= My grandson 16+		Q6709d
		5= My granddaughter 16+		Q6709e
		6= My grandson under 16		Q6709f
		7= My granddaughter under 16		Q6709g
		8= My sibling		Q6709h
		9= My daughter		Q6709i
		10= My son		Q6709j
		11= Spouse or co-wife of (NAME)		Q6709k
		12= Friend		Q6709l
		13= Neighbour		Q6709m
		14= Church		Q6709n
		15= Health care organization		Q6709o
		16= Government		Q6709p
		17= Community volunteer		Q6709q

6710	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6710
6711	Omaze bbanga ki ng'owa obuyambi bunu. (ERINNYA)? For how long have you been providing this assistance to (NAME)?	Number of months		Q6711M
		Number of years		Q6711Y
6712	Okutwalira awamu oyinza okugamba nti kyakukalubirira kwenkanawa okumulabirira/okumuwa obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6712

FINANCIAL ASSISTANCE

1=Yes 2=No				
6713	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6718 (ERINNYA) yafuna okulabirirwa oba obuyambi bwe'ensinbi mu bino? mu bino? Did (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6713a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6713b
		Okugula emmere Paying for food		Q6713c
		Okugula engoye Paying for clothing		Q6713d
		Okusasulira entambula Paying for transportation		Q6713e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6713f
		6714	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO→6716 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6718	1= Respondent
2= My spouse				Q6714b
3= My co-wife (of respondent)				Q6714c
4= My grandson 16+				Q6714d
5= My granddaughter 16+				Q6714e
6= My grandson under 16				Q6714f
7= My granddaughter under 16				Q6714g
8= My sibling				Q6714h
9= My daughter				Q6714i
10= My son				Q6714j
11= Spouse or co-wife of (NAME)				Q6714k
12= Friend				Q6714l

	Ani/baani abamuyambako mu byensimbi?	13= Neighbor		Q6714m
	Who was/were the provider(s) of this financial assistance?	14= Church		Q6714n
		15= Health Care Organization		Q6714o
		16= Government		Q6714p
		17= Community Volunteer		Q6714q
6715	Ani eyasinga okumuwa oba okumukwatirako mu by'ensimbi? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6715
6716	Wamala bbanga ki ng'omulabirira? For how long have you been providing this assistance to (NAME)?	Number of months		Q6716M
		Number of years		Q6716Y
6717	Okutwalira awamu oyinza okugamba nti kyakukalubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6717

6718	(ERINNYA) bweyali tanalwala yali ayambako mu kuyingiza sente awaka, oba okuleta ebintu ebikalu, oba okukola ku mirimo Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6718
6719	DO NOT PROBE Okimanyiko oba nga yafuna obujjanjabi obwenjawulo okuva ku kilinika? Do you know if s/he/ got special treatment/medication for this disease from the clinic? IF 2 or 8 SKIP TO SECTION 6.8	1= Yes 2= No 8= DK		Q6719
6720	DO NOT PROBE Omanyi ekika kyobujjanjabi / eddagala lyeyafuna? IF 2,3 OR 5 SKIP TO 6.8 Do you know the kind of special treatment/medication it was?	1= ARV treatment 2= Malaria treatment 3=TB treatment 4= Don't know name but knows it is for the disease AIDS 5= Other		Q6720

6720a	IF other treatment/medication please specify	_____		Q6720a
6721	Kyali kyetaagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa,okuddayo, era nokumujjukiza okugenda okunona eddagala/ARVs Did you need to remind her or him to go for their medical appointments and appointments to pick up their medicine/ARV?	1= Yes 2= No		Q6721
6722	Wawerekera nga (erinnya) okugenda mu kirinika oba mu ddwaliro okulaba omusawo oba okunona eddagala/ARVs? Did you accompany (NAME) going to the clinic/ health centre/ hospital for follow up or ARV resupply?)	1= Yes 2= No		Q6722

6.8 Non-residents who do not need care now, but needed care in the last 5 years - first adult

6801	<p>Waliwo omuntu omukulu (asussa emyaka 18) nga tabeera nawe mu nju era nga teyetaaga bujjanjabi kati naye nga wamuwaako obujjanjabi mu bbanga lya emyaka etano egiyise?</p> <p>Interviewer if NO skip to section 7.0</p> <p>Is there any adult who needed care from you in the last 5 years and does not live in your HH? And this person does not need care now.</p>	<p>1=Yes 2=No</p>		Q6801
<p>Okumulabirira*: Muno otwaliramu okumukwatirako mu byakola buli lunaku nga mu kulya, okwambala, okunaaba, okutambulatambulako mu nju ate n'okumukolerako emirimo egya wabweru ng'okumutwala okulaba ba doctor, okugenda okugula eddagala, oba okuwanirira omulwadde mu byensimbi, okumujjanjaba, okumuwummuza mu birowoozo, oba ebintu ebirala ebimukwatako ng'omuntu</p> <p>Interviewer explain again 'care': includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, emotional well-being or other personal affairs</p>				
6801a	<p>Yamala bbanga ki nga yetaaga obujjanjabi obwo?</p> <p>If one month or more, continue If less than one month, skip to 7.0</p> <p>For how long did s/he need your care?</p>	<p>Number of months</p>		Q6801aM
		<p>Number of years</p>		Q6801aY
6801b	<p>Nsaba ombulire ku mannya g'ono gwewali owa obuyambi?</p> <p>May I ask you the name of the person you provided care to?</p>	<p>Record Name</p> <p>_____</p>		Q6801b
6801c	<p>Musajja oba mukazi?</p> <p>Is this a man or woman?</p>	<p>1= Male 2= Female</p>		Q6801c
6801d	<p>Alina emyaka emeka?</p> <p>How old is this person?</p>	<p>Record years</p> <p>_____</p>		Q6801d
6801e	<p>Omulinako luganda ki?</p> <p>What is your relationship to this person?</p>	<p>01= Parent 02= Spouse/partner 03= Daughter/Son 04= Daughter- or Son-in-law 05= Grandchild 06= Parent-in-law 07= Brother/Sister 08= Grandparent 09= Other adult relative(e.g.my brother,/sister in-law cousin) 10= Neighbour</p>		Q6801e

		11= Other not related adult		
6801f	(ERINNYA) yali abeera wa mukiseera we yali yetaagira obuyambi/obujjanjabi? IF 1,2,3 OR 4 SKIP TO 6.801h If 5 next question Where was (NAME) living during the time s/he needed care?	1= Next door or very nearby to respondent 2= In same area but not nearby but walking distance 3= in an other area and far away 4= Kampala/ Masaka 5= In the respondent residence		Q6801f
6801g	(ERINNYA) yavaako wano olwokubeera? Did (NAME) move because..... Continue with Q 6802	1= Feeling better 2= No longer needs care 3=Others have taken over		Q6801g
6801h	Obadde obeera ne (ERINNYA) mu kiseera weyabeerera omulwadde? If 2 (no) Skip to 6802 Have you been staying/living with (NAME) during his /her sickness for at least a month?	1= yes 2= no		Q6801h
6801i	Wamala bbanga ki ne (ERINNYA) mukiseera weyabeerera omulwadde? How often have you been staying/living with (NAME) during the time s/he needed care?	Number of stays _____		Q6801i
6801j	Wamalayo budde bwenkana ki ng'omujjanjaba? What was the average duration of those visits?	1= around 1 month 2= 1 to 3 months 3= more than 3 months but less than 6 months		Q6801j

6802	Do <u>not</u> read the responses categories Oyinda okumbulira lwaki (ERINNYA) yali yetaga obuyambi/okulabirirwa? Could you tell us why did (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** _____ 3= Other reason (not health related)*** 4=DK 99= Refused		Q6802
<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>				

PERSONAL AND NURSING CARE

1= YES 2= NO				
6803	<p>READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6808</p> <p>(ERINNYA) yafuna okulabirirwa oba obuyambi mu bino?</p> <p>Did (NAME) receive care /assistance with?</p>	<p>Mu kumunaaza omubiri Bathing (washing one's body)</p>	Q6803a	
		<p>Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process-not including cooking)</p>	Q6803b	
		<p>Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Dressing (help with putting on or taking off clothing)</p>	Q6803c	
		<p>Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)</p>	Q6803d	
		<p>Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinye ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example</p>	Q6803e	
		<p>Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)</p>	Q6803f	
		<p>Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)</p>	<p>1= Yes 2= No 3= Had no medicines</p>	Q6803g
		<p>Okumulabirira ebiwundu ob'amabwa Taking care of wounds</p>	<p>1= Yes 2= No</p>	Q6803h
6804	<p>RECORD ALL ANSWERS GIVEN</p> <p>IF1 ONLY (RESPONDENT) SKIP TO➔6806</p> <p>IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION</p> <p>IF NOT RESPONDENT SKIP</p>	1= Respondent	Q6804a	
		2= My spouse	Q6804b	
		3= My co-wife (of respondent)	Q6804c	
		4= My grandson 16+	Q6804d	
		5= My granddaughter 16+	Q6804e	
		6= My grandson under 16	Q6804f	
		7= My granddaughter under 16	Q6804g	
		8= My sibling	Q6804h	
		9= My daughter	Q6804i	
		10= My son	Q6804j	

	TO 6808 Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this personal /nursing care?	11= Spouse or co-wife of (NAME)		Q6804k
		12= Friend		Q6804l
		13= Neighbor		Q6804m
		14= Church		Q6804n
		15= Health care organization		Q6804o
		16= Government		Q6804p
		17= Community volunteer		Q6804q
6805	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6805
6806	Wamala bbanga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6806M
		Number of years		Q6806Y
6807	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Aot difficult	Q6807

PHYSICAL ASSISTANCE

1=Yes 2=No				
6808	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 6813 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino? Did (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6808a
		Mu by'okulima Agricultural work		Q6808b
		Okukima amazzi Fetching water		Q6808c
		Okufumba Cooking		Q6808d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6808e
		Other		Q6808f
6808g	Other assistance	_____		Q6808g
6809	Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this assistance?	1= Respondent		Q6809a
		2= My spouse		Q6809b
		3= My co-wife (of respondent)		Q6809c
		4= My grandson 16+		Q6809d
		5= My granddaughter 16+		Q6809e
		6= My grandson under 16		Q6809f

	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO → 6811 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6813	7= My granddaughter under 16		Q6809g
		8= My sibling		Q6809h
		9= My daughter		Q6809i
		10= My son		Q6809j
		11= Spouse or co-wife of (NAME)		Q6809k
		12= Friend		Q6809l
		13= Neighbour		Q6809m
		14= Church		Q6809n
		15= Health care organization		Q6809o
		16= Government		Q6809p
17= Community volunteer		Q6809q		
6810	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6810
6811	Omaze bbanga ki ng'owa obuyambi bunu. (ERINNYA)? For how long have you been providing this assistance to (NAME)?	Number of months		Q6811M
		Number of years		Q6811Y
6812	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira/okumuwa obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6812

FINANCIAL ASSISTANCE

1=Yes 2=No				
6813	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6818 (ERINNYA) yafuna okulabirirwa oba obuyambi bwe'ensinbi mu bino? mu bino? Did (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6813a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6813b
		Okugula emmere Paying for food		Q6813c
		Okugula engoye Paying for clothing		Q6813d
		Okusasulira entambula Paying for transportation		Q6813e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6813f

6814	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO → 6816 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6818 Ani/baani abamuyambako mu byensimbi? Who was/were the provider(s) of this financial assistance?	1= Respondent		Q6814a
		2= My spouse		Q6814b
		3= My co-wife (of respondent)		Q6814c
		4= My grandson 16+		Q6814d
		5= My granddaughter 16+		Q6814e
		6= My grandson under 16		Q6814f
		7= My granddaughter under 16		Q6814g
		8= My sibling		Q6814h
		9= My daughter		Q6814i
		10= My son		Q6814j
		11= Spouse or co-wife of (NAME)		Q6814k
		12= Friend		Q6814l
		13= Neighbor		Q6814m
		14= Church		Q6814n
		15= Health Care Organization		Q6814o
		16= Government		Q6814p
		17= Community Volunteer		Q6814q
6815	Ani eyasinga okumuwa oba okumukwatirako mu by'ensimbi? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6815
6816	Wamala bbanga ki ng'omulabirira? For how long have you been providing this assistance to (NAME)?	Number of months		Q6816M
		Number of years		Q6816Y
6817	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6817

6818	(ERINNYA) bweyali tanalwala yali ayambako mu kuyingiza sente awaka, oba okuleta ebintu ebikalu, oba okukola ku mirimo? Before s/he became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6818
6819	DO NOT PROBE Okimanyiko oba nga yafuna obujjanjabi obwenjawulo okuva ku kilinika? Do you know if s/he/ got special treatment/medication for this disease from the clinic? IF 2 or 8 SKIP TO SECTION 6.9	1= Yes 2= No 8= DK		Q6819

6820	<p>DO NOT PROBE Omanyi ekika kyobujjanjabi / eddagala lyeyafuna? IF 2,3 OR 5 SKIP TO 6.9</p> <p>Do you know the kind of special treatment/medication it was?</p>	<p>1= ARV treatment 2= Malaria treatment 3=TB treatment 4= Don't know name but knows it is for the disease AIDS 5= Other</p>		Q6820
6820a	<p>IF other treatment/medication please specify</p>	_____		Q6820a
6821	<p>Kyali kyetaagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa,okuddayo, era nokumujjukiza okugenda okunona eddagala/ARVs Did you need to remind her or him to go for their medical appointments and appointments to pick up their medicine/ARV?</p>	<p>1= Yes 2= No</p>		Q6821
6822	<p>Wawerekera nga (erinnya) okugenda mu kirinika oba mu ddwaliro okulaba omusawo oba okunona eddagala/ARVs? Did you accompany (NAME) going to the clinic/ health centre/ hospital for follow up or ARV resupply?</p>	<p>1= Yes 2= No</p>		Q6822

6.9 Non-residents who do not need care now, but needed care in the last 5 years - second adult

6901	<p>Waliwo omuntu omukulu (asussa emyaka 18) nga tabeera naawe mu nju era nga teyetaaga bujjanjabi kati naye nga wamuwaako obujjanjabi mu bbanga lya emyaka etano egiyise?</p> <p>Interviewer If NO skip to section 7.0</p> <p>Is there any other adult who needed care from you in the last 5 years and does not live in your HH? And this person does not need care now.</p>	<p>1=Yes 2=No</p>		Q6901
<p>Okumulabirira*: Muno otwaliramu okumukwatirako mu byakola buli lunaku nga mu kulya, okwambala, okunaaba, okutambulatambulako mu nju ate n'okumukolerako emirimo egya wabweru ng'okumutwala okulaba ba doctor, okugenda okugula eddagala, oba okuwanirira omulwadde mu byensimbi, okumujjanjaba, okumuwummuza mu birowoozo, oba ebintu ebirala ebimukwatako ng'omuntu</p> <p>Interviewer explain again 'care': includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, emotional well-being or other personal affairs</p>				
6901a	<p>Yamala bbanga ki nga yetaaga obujjanjabi obwo? For how long did s/he need your care? If one month or more, continue If less than one month, skip to 7.0</p>	<p>Number of months</p>		Q6901aM
		<p>Number of years</p>		Q6901aY
6901b	<p>Nsaba ombulire ku mannya g'oyo gwewali owa obujjanjabi?</p> <p>May I ask you the name of the person you provided care to?</p>	<p>Record Name</p> <p>_____</p>		Q6901b
6901c	<p>Musajja oba mukazi?</p> <p>Is this a man or woman?</p>	<p>1= Male 2= Female</p>		Q6901c
6901d	<p>Alina emyaka emeka?</p> <p>How old is this person?</p>	<p>Record years</p> <p>_____</p>		Q6901d
6901e	<p>Omulinako luganda ki?</p> <p>What is your relationship to this person?</p>	<p>01= Parent 02= Spouse/partner 03= Daughter/Son 04= Daughter- or Son-in-law 05= Grandchild 06= Parent-in-law 07= Brother/Sister 08= Grandparent 09= Other adult relative(e.g.my brother,/sister in-law cousin) 10= Neighbour</p>		Q6901e

		11= Other not related adult		
6901f	(ERINNYA) yali abeera wa weyali yetaagira obujjanjabi? IF 1,2,3 OR 4 SKIP TO 6.901h If 5 next question Where was (NAME) living during the time s/he needed care?	1= Next door or very nearby to respondent 2= In same area but not nearby but walking distance 3= in an other area and far away 4= Kampala/ Masaka 5= In the respondent residence		Q6901f
6901g	(ERINNYA) yavaako wano olwokubeera? Did (NAME) move because..... Continue with Q 6902	1= Feeling better 2= No longer needs care 3=Others have taken over		Q6901g
6901h	Obadde obeera ne (ERINNYA) mu kiseera weyabeerera omulwadde? If 2 (no) skip to Q 6902 Have you been living with (NAME) during his /her sickness?	1= yes 2= no		Q6901h
6901i	Wamala bbanga ki ne (ERINNYA) mukiseera weyabeerera omulwadde? How often have you been living with (NAME) during the time s/he needed care?	Number of stays _____		Q6901i
6901j	Wamalayo budde bwenkana ki ng'omujjanjaba? What was the average duration of those visits?	1= around 1 month 2= 1 to 3 months 3= more than 3 months but less than 6 months		Q6901j

6902	Do <u>not</u> read the responses categories Oyinza okumbulira lwaki (ERINNYA) yali yetaga obuyambi/okulabirirwa? Could you tell us why did (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** _____ 3= Other reason (not health related)*** 4=DK 99= Refused		Q6902
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*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection.

**Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury...

***Other reason (not health-related) includes all other reasons.

Caregiving to adult in the past and not now

PERSONAL AND NURSING CARE

1= YES 2= NO				
6903	<p>READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6908</p> <p>(ERINNYA) yafuna okulabirirwa oba obuyambi mu bino?</p> <p>Did (NAME) receive care /assistance with?</p>	Mu kumunaaza omubiri Bathing (washing one's body)		Q6903a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process-not including cooking)		Q6903b
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Dressing (help with putting on or taking off clothing)		Q6903c
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)		Q6903d
		Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinye ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example		Q6903e
		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		Q6903f
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q6903g
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No	Q6903h
6904	<p>RECORD ALL ANSWERS GIVEN</p> <p>IF1 ONLY (RESPONDENT) SKIP TO➔6906</p> <p>IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION</p>	1= Respondent		Q6904a
		2= My spouse		Q6904b
		3= My co-wife (of respondent)		Q6904c
		4= My grandson 16+		Q6904d
		5= My granddaughter 16+		Q6904e
		6= My grandson under 16		Q6904f
		7= My granddaughter under 16		Q6904g
		8= My sibling		Q6904h

	IF NOT RESPONDENT SKIP TO 6908 Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this personal /nursing care?	9= My daughter		Q6904i
		10= My son		Q6904j
		11= Spouse or co-wife of (NAME)		Q6904k
		12= Friend		Q6904l
		13= Neighbor		Q6904m
		14= Church		Q6904n
		15= Health care organization		Q6904o
		16= Government		Q6904p
		17= Community volunteer		Q6904q
6905	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6905
6906	Wamala banga ki nga omulabirira? For how long have you been providing care?	Number of months		Q6906M
		Number of years		Q6906Y
6907	Okutwalira awamu oyinza okugamba nti kyakukalubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Aot difficult	Q6907

PHYSICAL ASSISTANCE

1=Yes 2=No				
6908	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 6913 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino? Did (NAME) receive physical assistance such as.....?	Okugula emmere Buying food		Q6908a
		Mu by'okulima Agricultural work		Q6908b
		Okukima amazzi Fetching water		Q6908c
		Okufumba Cooking		Q6908d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q6908e
		Other		Q6908f
		Other assistance	_____	
6909	Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this	1= Respondent		Q6909a
		2= My spouse		Q6909b
		3= My co-wife (of respondent)		Q6909c
		4= My grandson 16+		Q6909d
		5= My granddaughter 16+		Q6909e

	assistance? RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO →6911 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6913	6= My grandson under 16 7= My granddaughter under 16 8= My sibling 9= My daughter 10= My son 11= Spouse or co-wife of (NAME) 12= Friend 13= Neighbour 14= Church 15= Health care organization 16= Government 17= Community volunteer		Q6909f Q6909g Q6909h Q6909i Q6909j Q6909k Q6909l Q6909m Q6909n Q6909o Q6909p Q6909q
6910	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6910
6911	Omaze bbanga ki ng'owa obuyambi buno. (ERINNYA)? For how long have you been providing this assistance to (NAME)?	Number of months		Q6911M
		Number of years		Q6911Y
6912	Okutwalira awamu oyinza okugamba nti kyakukalubirira kwenkanawa okumulabirira/okumuwa obuyambi buno? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6912

FINANCIAL ASSISTANCE

1=Yes 2=No				
6913	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 6918 (ERINNYA) yafuna okulabirirwa oba obuyambi bwe'ensinbi mu bino? mu bino? Did (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q6913a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q6913b
		Okugula emmere Paying for food		Q6913c
		Okugula engoye Paying for clothing		Q6913d
		Okusasulira entambula Paying for transportation		Q6913e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q6913f

6914	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO → 6916 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 6918 Ani/baani abamuyambako mu byensimbi? Who was/were the provider(s) of this financial assistance?	1= Respondent		Q6914a
		2= My spouse		Q6914b
		3= My co-wife (of respondent)		Q6914c
		4= My grandson 16+		Q6914d
		5= My granddaughter 16+		Q6914e
		6= My grandson under 16		Q6914f
		7= My granddaughter under 16		Q6914g
		8= My sibling		Q6914h
		9= My daughter		Q6914i
		10= My son		Q6914j
		11= Spouse or co-wife of (NAME)		Q6914k
		12= Friend		Q6914l
		13= Neighbor		Q6914m
		14= Church		Q6914n
		15= Health Care Organization		Q6914o
		16= Government		Q6914p
		17= Community Volunteer		Q6914q
6915	Ani eyasinga okumuwa oba okumukwatirako mu by'ensimbi? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q6915
6916	Wamala bbanga ki ng'omulabirira? For how long have you been providing this assistance to (NAME)?	Number of months		Q6916M
		Number of years		Q6916Y
6917	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q6917

6918	(ERINNYA) bweyali tanalwala yali ayambako mu kuyingiza sente awaka, oba okuleta ebintu ebikalu, oba okukola ku mirimo?) became ill, was s/he contributing to your household in cash or in kind or labour?	1= Yes 2= No		Q6918
6919	DO NOT PROBE Okimanyiko oba nga yafuna obujjanjabi obwenjawulo okuva ku kilinika? Do you know if s/he/ got special treatment/medication for this disease from the clinic? IF 2or 8 SKIP TO SECTION 7.0	1= Yes 2= No 8= DK		Q6919

6920	<p>DO NOT PROBE Omanyi ekika kyobujjanjabi / eddagala lyeyafuna? IF 2,3 OR 5 SKIP TO SECTION 7.0</p> <p>Do you know the kind of special treatment/medication it was?</p>	<p>1= ARV treatment 2= Malaria treatment 3=TB treatment 4= Don't know name but knows itis for the disease AIDS 5= Other</p>		Q6920
6920a	<p>IF other treatment/medication please specify</p>	_____		Q6920a
6921	<p>Kyali kyetaagisa okumujjukiza okugenda okulaba omusawo ku lunaku lwebaamuwa,okuddayo, era nokumujjukiza okugenda okunona eddagala/ARVs Did you need to remind her or him to go for their medical appointments and appointments to pick up their medicine/ARV?</p>	<p>1= Yes 2= No</p>		Q6921
6922	<p>Wawerekera nga (erinnya) okugenda mu kirinika oba mu ddwaliro okulaba omusawo oba okunona eddagala/ARVs? Did you accompany (NAME) going to the clinic/ health centre/ hospital for follow up or ARV resupply</p>	<p>1= Yes 2= No</p>		Q6922

Caregiving to adult who died

7.0 Caregiving to adults (18 and above) who have died in the last 5 years

Interviewer read: Twagala okubuuza oba nga waliwo omuntu omukulu eyafa mu emyaka etano egiyise

We would like to ask if there has been any adult death in the last five years

7001	<p>Waliwo omuntu omukulu mu maka gano eyafa myaka 5? Interviewer if no deaths continue with the children household schedule Has any adult member (s) of this household died in the last 5 years?</p>	<p>1= Yes 2= No</p>		Q7001
7002	<p>Abantu abakulu bameka abaafa mu maka gano mu emyaka etano egiyise? Interviewer: record the number of deaths How many adults deaths were there in the household in the last 5 years?</p>	<p>Nr of deaths _____</p>		Q7002
7003	<p>Bameka ku bano betwogeddeko ababadde balina enyingiza mu nsimbi oba mu bintu ebirala mu maka gano? How many of these adults we just talked about, were contributing an income / in cash or kind to the household?</p>	<p>Nr of adults provided an income _____</p>		Q7003
7004	<p>Omu ku bano betwogeddeko ye yali asinga okuyamba mu by'enfuna mu maka gano? Was one of these persons died from your household the main income earner?</p>	<p>1= Yes 2= No 8 =DK</p>		Q7004

First adult who died

7101	<p>Mumyaka 5 egiyise, olina omuntu yenna eyafa gwe wawaako obujjanjabi? Interviewer If respondent did NOT provide care continue with the children household schedule If YES continue with the next question Did you provide care to anyone who died in the last 5 years?</p>	<p>1=Yes 2=No</p>		Q7101
7101a	<p>Yamala banga ki nga mulwade nga tanafa. If one month or more, continue</p>	<p>Number of months</p>		Q7101aM

	<p>If less than one month go to the children household schedule For how long was s/he sick before he/she died?</p>	Number of years		Q7101aY
7101b	<p>Banga lya mwezi emeka ng'afudde? How many months ago did it happen?</p>	Months ago		Q7101bM
		Years ago		Q7101bY
7101c	<p>Yalina emyaaka emeka we yafiira? How old was the person who died?</p>	Age in years		Q7101c
7101d	<p>Yali Musajja oba mukazi? Was it a man or woman?</p>	<p>1 = Male 2 = Female</p>		Q7101d
7101e	<p>Nsaba ombulire amannya g'ono omugenzi gwewari owa obuyambi? May I ask the NAME of the person</p>	_____		Q7101e
7101f	<p>Walina luganda ki n'omugenzi? What was your relationship to this person?</p>	<p>01= My parent 02= My spouse/partner 03= My daughter/Son 04= My daughter- or Son-in-law 05= My grandchild 06= My parent-in-law 07= My brother/Sister 08= My grandparent 09= Other adult relative(e.g.my brother,/sister in-law cousin) 10= Neighbour 11= Other not related adult</p>		Q7101f
7101g	<p>(ERINNYA) yali abeera wa weyali yetaagira obujjanjabi? If 1 SKIP to Q7102 Where was (NAME) living during the time s/he needed care?</p>	<p>1= In my residence 2 = In his/her residence 3 = Somewhere else</p>		Q7101g
7101h	<p>Wali obero (ERINNYA) mubude we yaaberera omulwade? If 2 SKIP to Q7102 Have you been staying/living with (NAME) during his /her sickness for at least a month?</p>	<p>1= Yes 2= No</p>		Q7101h
7101i	<p>Wamala bbanga ki ne (ERINNYA) mukiseera weyabeerera omulwadde era nga yetaaga okulabirirwa? How often have you been staying/living with (NAME) for at least a month during the time s/he needed care?</p>	<p>Nr of stays _____</p>		Q7101i

7101j	Wamalayo budde bwenkana ki ng'omujjanjaba? What was the average duration of those visits?	1= around 1 month 2= 1 to 3 months 3= more than 3 months but less than 6 months		Q7101j
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7102	Do not read the responses categories Oyinza okumbulira lwaki (ERINNYA) yali yetaga obuyambi/okulabirirwa? Could you tell us why did (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** 3= Other reason (not health related)*** 4=DK 99= Refused		Q7102
<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>				

PERSONAL AND NURSING CARE

1= YES 2= NO				
7103	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 7108 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino? Did (NAME) receive care /assistance with?	Mu kumunaaza omubiri Bathing (washing one's body)		Q7103a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojeeko okufumba) Eating (assistance with any part of eating process-not including cooking)		Q7103b
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojeeko okufumba) Dressing (help with putting on or taking off clothing)		Q7103c
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)		Q7103d
		Okutambulataambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinyanya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example		Q7103e
		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		Q7103f
		Okutegeka eddagala era n'okulimuwa	1= Yes 2= No 3= Had no	

		(empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	medicines		
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No		Q7103h
7104	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO →7106 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 7108 Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this personal /nursing care?	1= Respondent			Q7104a
		2= My spouse			Q7104b
		3= My co-wife (of respondent)			Q7104c
		4= My grandson 16+			Q7104d
		5= My granddaughter 16+			Q7104e
		6= My grandson under 16			Q7104f
		7= My granddaughter under 16			Q7104g
		8= My sibling			Q7104h
		9= My daughter			Q7104i
		10= My son			Q7104j
		11= Spouse or co-wife of (NAME)			Q7104k
		12= Friend			Q7104l
		13= Neighbor			Q7104m
		14= Church			Q7104n
		15= Health care organization			Q7104o
		16= Government			Q7104p
		17= Community volunteer			Q7104q
7105	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER			Q7105
7106	Wamala bbanga ki nga omulabirira? For how long have you been providing care?	Number of months			Q7106M
		Number of years			Q7106Y
7107	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= not difficult		Q7107

PHYSICAL ASSISTANCE

1=Yes 2=No				
7108	<p>READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE NO SKIP TO Q 7113 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino?</p> <p>Did (NAME) receive physical assistance such as.....?</p>	Okugula emmere Buying food		Q7108a
		Mu by'okulima Agricultural work		Q7108b
		Okukima amazzi Fetching water		Q7108c
		Okufumba Cookin1		Q7108d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q7108e
		Other		Q7108f
7108g	Other assistance	_____		Q7108g
7109	<p>RECORD ALL ANSWERS GIVEN Ani/baani abamuyambako okumulabirira?</p> <p>Who was/were the provider(s) of this assistance?</p> <p>IF1 ONLY (RESPONDENT) SKIP TO→7111</p> <p>IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION</p> <p>IF NOT RESPONDENT SKIP TO 7113</p>	1= Respondent		Q7109a
		2= My spouse		Q7109b
		3= My co-wife (of respondent)		Q7109c
		4= My grandson 16+		Q7109d
		5= My granddaughter 16+		Q7109e
		6= My grandson under 16		Q7109f
		7= My granddaughter under 16		Q7109g
		8= My sibling		Q7109h
		9= My daughter		Q7109i
		10= My son		Q7109j
		11= Spouse or co-wife of (NAME)		Q7109k
		12= Friend		Q7109l
		13= Neighbour		Q7109m
		14= Church		Q7109n
		15= Health care organization		Q7109o
		16= Government		Q7109p
		17= Community volunteer		Q7109q
7110	<p>Ani eyasinga okumulabirira oba okumukwatirako?</p> <p>Who was the main person providing this assistance to (NAME)?</p>	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q7110
7111	<p>Omaze bbanga ki ng'owa obuyambi bunu. (ERINNYA)?</p> <p>For how long have you been providing this assistance to (NAME)</p>	Number of months		Q7111M
		Number of years		Q7111Y
7112	<p>Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira/okumuwa obuyambi bunu?</p> <p>Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?</p>	<p>1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu</p>	<p>1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult</p>	Q7112

FINANCIAL ASSISTANCE

1=Yes 2=No				
7113	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 7118 (ERINNYA) yafuna okulabirirwa oba obuyambi bwe'ensinbi mu bino? mu bino? Did (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q7113a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees		Q7113b
		Okugula emmere Paying for food		Q7113c
		Okugula engoye Paying for clothing		Q7113d
		Okusasulira entambula Paying for transportation		Q7113e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q7113f
7114	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO→7116 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 7201 Ani/baani abamuyambako mu byensimbi? Who was/were the provider(s) of this financial assistance?	1= Respondent		Q7114a
		2= My spouse		Q7114b
		3= My co-wife (of respondent)		Q7114c
		4= My grandson 16+		Q7114d
		5= My granddaughter 16+		Q7114e
		6= My grandson under 16		Q7114f
		7= My granddaughter under 16		Q7114g
		8= My sibling		Q7114h
		9= My daughter		Q7114i
		10= My son		Q7114j
		11= Spouse or co-wife of (NAME)		Q7114k
		12= Friend		Q7114l
		13= Neighbor		Q7114m
		14= Church		Q7114n
		15= Health Care Organization		Q7114o
		16= Government		Q7114p
		17= Community Volunteer		Q7114q
7115	Ani eyasinga okumuwa oba okumukwatirako mu by'ensimbi? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q7115
7116	Wamala bbanga ki ng'omulabirira? For how long have you been providing this assistance to (NAME)?	Number of months		Q7116M
		Number of years		Q7116Y
7117	Okutwalira awamu oyinza okugamba nti	1= Kizibuwadde nnyo 2= Bwekityo kityo	1= Very difficult 2= Somewhat difficult	Q7117

	kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	3= Difficult 4= A little difficult 5= Not difficult		
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Second adult who died

7201	Wawa ku buyambi/okulabirira ku muntu omulala yena naye naafa mu banga lya myaka ebiri Interviewer If respondent did NOT provide care continue with the children household schedule Q701 If YES continue with the next question Did you provide care to anyone else who died in the last 24 months?	1=Yes 2=No		Q7201
7201a	Yamaala banga lya myezi emeeka nga mulwade nga tanaja. If one month or more, continue If less than one month, go to the children household schedule For how long was s/he sick before he/she died?	Number of months		Q7201aM
		Number of years		Q7201aY
7201b	Banga lyamyezi emeka nga ofiridwa? How many months ago did it happen?	Months ago		Q7201bM
		Years ago		Q7201bY
7201c	Yalina emyaaka emeka nga tanafa? How old was the person who died?	Age in years		Q7201c
7201d	Yali Musajja oba mukazi? Was it a man or woman?	1 = Male 2 = Female		Q7201d
7201e	Nsaba ombulire amannya g'ono omugenzi gwewari owa obuyambi? May I ask the NAME of the person	_____		Q7201e
7201f	Walina luganda ki no mugenzi? What is your relationship to this person?	01= My parent 02= My spouse/partner 03= My daughter/Son 04= My daughter- or Son-in-law 05= My grandchild 06= My parent-in-law 07= My brother/Sister 08= My grandparent 09= Other adult relative(e.g. cousin) 10= Neighbour 11= Other not related adult		Q7201f
7201g	(ERINNYA) yali abeera wa weyali yetaagira obujjanjabi? If 1 skip to Q 7202 Where was (NAME) living during the time s/he needed care?	1 = In same household 2 = Somewhere else		Q7201g

7201h	Wali obero (ERINNYA) mubude we yaaberera omulwade? If 2 skip to Q 7202 Have you been staying/living with (NAME) during his /her sickness?	1= Yes 2= No		Q7201h
7201i	Wamala bbanga ki ne (ERINNYA) mukiseera weyabeerera omulwadde era nga yetaaga okulabirirwa? How often have you been staying/living with (NAME) during the time s/he needed care?	Nr of stays _____		Q7201i
7201j	Wamalayo budde bwenkana ki ng'omujjanjaba? What was the average duration of those visits?	1= around 1 month 2= 1 to 3 months 3= more than 3 months but less than 6 months		Q7201j

7202	Do not read the responses categories Oyinda okumbulira lwaki (ERINNYA) yali yetaaga obuyambi/okulabirirwa? Could you tell us why did (NAME) need care or support?	1=HIV /AIDS related* 2= Other health related reason** 3= Other reason (not health related)*** 4=DK 99= Refused		Q7202
<p>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</p>				

PERSONAL AND NURSING CARE

1= YES 2= NO				
7203	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 7208 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino? Did (NAME) receive care /assistance with?	Mu kumunaaza omubiri Bathing (washing one's body)		Q7203a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojeeko okufumba) Eating (assistance with any part of eating process-not including cooking)		Q7203b
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojeeko okufumba) Dressing (help with putting on or taking off clothing)		Q7203c
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)		Q7203d

		Okutambulatambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinnya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example		Q7203e
		Okweyamba (okuyambiwako mu by'obuyonjo nga yeyononedde) Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		Q7203f
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and giving medicines (pills oral fluids)	1= Yes 2= No 3= Had no medicines	Q7203g
		Okumulabirira ebiwundu ob'amabwa Taking care of wounds	1= Yes 2= No	Q7203h
7204	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO →7206 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 7208 Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this personal /nursing care?	1= Respondent		Q7204a
		2= My spouse		Q7204b
		3= My co-wife (of respondent)		Q7204c
		4= My grandson 16+		Q7204d
		5= My granddaughter 16+		Q7204e
		6= My grandson under 16		Q7204f
		7= My granddaughter under 16		Q7204g
		8= My sibling		Q7204h
		9= My daughter		Q7204i
		10= My son		Q7204j
		11= Spouse or co-wife of (NAME)		Q7204k
		12= Friend		Q7204l
		13= Neighbor		Q7204m
		14= Church		Q7204n
		15= Health care organization		Q7204o
		16= Government		Q7204p
		17= Community volunteer		Q7204q
7205	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing personal care for (NAME)?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q7205
7206	Wamala bbanga ki nga omulabirira?	Number of months		Q7206M

	For how long have you been providing care?	Number of years			Q7206Y
7207	Okutwalira awamu oyinza okugamba nti kyakukalubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for you to provide personal care?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= not difficult		Q7207

PHYSICAL ASSISTANCE

1=Yes 2=No					
7208	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 7213 (ERINNYA) yafuna okulabirirwa oba obuyambi mu bino? Did (NAME) receive physical assistance such as.....?	Okugula emmere Buying food			Q7208a
		Mu by'okulima Agricultural work			Q7208b
		Okukima amazzi Fetching water			Q7208c
		Okufumba Cooking			Q7208d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer			Q7208e
		Other			Q7208f
7208g	Other assistance				Q7208g
7209	Ani/baani abamuyambako okumulabirira? Who was/were the provider(s) of this assistance? RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO→7211 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 7213	1= Respondent			Q7209a
		2= My spouse			Q7209b
		3= My co-wife (of respondent)			Q7209c
		4= My grandson 16+			Q7209d
		5= My granddaughter 16+			Q7209e
		6= My grandson under 16			Q7209f
		7= My granddaughter under 16			Q7209g
		8= My sibling			Q7209h
		9= My daughter			Q7209i
		10= My son			Q7209j
		11= Spouse or co-wife of (NAME)			Q7209k
		12= Friend			Q7209l
		13= Neighbour			Q7209m
		14= Church			Q7209n
		15= Health care organization			Q7209o
		16= Government			Q7209p
		17= Community volunteer			Q7209q
7210	Ani eyasinga okumulabirira oba okumukwatirako? Who was the main person providing this assistance to (NAME)?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER			Q7210
7211	Omaze bbanga ki ng'owa obuyambi	Number of months			Q7211M

	buno. (ERINNYA)? For how long have you been providing this assistance to (NAME)	Number of years		Q7211Y
7212	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawaokumulabirira/okum uwa obuyambi bunu? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult2	Q7212

FINANCIAL ASSISTANCE

1=Yes 2=No				
7213	READ AND RECORD ALL THAT APPLY IF ALL ANSWERS ARE <u>NO</u> SKIP TO Q 701A (ERINNYA) yafuna okulabirirwa oba obuyambi bwe'ensinbi mu bino? mu bino? Did (NAME) receive financial assistance such as.....?	Okugula eddagala Paying for medicines		Q7213a
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q7213b
		Okugula emmere Paying for food		Q7213c
		Okugula engoye Paying for clothing		Q7213d
		Okusasulira entambula Paying for transportation		Q7213e
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q7213f
7214	RECORD ALL ANSWERS GIVEN IF1 ONLY (RESPONDENT) SKIP TO→7216 IF RESPONDENT AND OTHERS CONTINUE WITH NEXT QUESTION IF NOT RESPONDENT SKIP TO 701 Ani/baani abamuyambako mu byensimbi? Who was/were the provider(s) of this financial assistance?	1= Respondent		Q7214a
		2= My spouse		Q7214b
		3= My co-wife (of respondent)		Q7214c
		4= My grandson 16+		Q7214d
		5= My granddaughter 16+		Q7214e
		6= My grandson under 16		Q7214f
		7= My granddaughter under 16		Q7214g
		8= My sibling		Q7214h
		9= My daughter		Q7214i
		10= My son		Q7214j
		11= Spouse or co-wife of (NAME)		Q7214k
		12= Friend		Q7214l
		13= Neighbor		Q7214m
		14= Church		Q7214n
		15= Health Care Organization		Q7214o
		16= Government		Q7214p
		17= Community Volunteer		Q7214q
7215	Ani eyasinga okumuwa oba okumukwatirako mu by'ensimbi? Who was the main	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q7215

	person providing this assistance to (NAME)?			
7216	Wamala bbanga ki ng'omulabirira? For how long have you been providing this assistance to (NAME)?	Number of months		Q7216M
		Number of years		Q7216Y
7217	Okutwalira awamu oyinza okugamba nti kyakukaluubirira kwenkanawa okumulabirira? Overall, how difficult would you say it has been for <u>you</u> to provide this assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q7217

<u>Section 600-700: care giving ;Section 800 : receiving care</u>		
Study number		
Tick all that apply		Caregiving modules completed
<u>Caregiving now</u>		
6.1 <u>Residents</u> who receive care now - first adult		RCN61
6.2 Residents who receive care now: second adult in household		RCN62
6.3 Residents who receive care now: third adult in household		RCN63
6.4 <u>Non-residents</u> who need care now, first adult		NRCN64
6.5 Non-residents who need care now - second adult		NRCN65
<u>Caregiving past but not now</u>		
6.6 <u>Residents</u> who do not need care now but needed care in the last 5 years - first adult		RCP66
6.7 Residents who do not need care now but needed care in the last 5 years - second adult		RCP67
6.8 <u>Non-residents</u> who do not need care now, but needed care in the last 5 years - first adult		NRCP68
6.9 Non-residents who do not need care now, but needed care in the last 5 years -second adult		NRCP69
<u>Caregiving to adults (18 and above) who have died in the last 5 years</u>		
7.0 First adult who died		ADDI70
7.1 Second adult who died		ADDI71
<i>Total caregiving modules completed</i>		

Tick all that apply	completed
<u>Section 701 child members of household (less than 18 years)</u>	CHICA
<u>Section 800: receiving care</u>	RECEIV

Study number:
INTERVIEWER ASSESSMENT

900	1= Yes 2= No		PRESENT
	Was some one else present during the interview?		
Did respondent have			
	Hearing problem?.....		HEARING
	Vision problem?.....		VISION
	Use wheelchair?.....		WHEELC
	Use cane/crutches/walker?.....		CANE
	Have difficulties walking?.....		DIFFWALK
	Paralysis?.....		PARALY
	Cough continually?.....		COUGHC
	Shortness of breath?.....		SHBREA
	Did the respondent look sad, unhappy, speaking slow, slow thoughts?		SADUNH
	Did the respondent look anxious (restless, sitting on the edge, sweaty) all the time?		ANXIREST
	Did the respondent seem to have disturbance of his thoughts? (didn't understand you, poor memory, lack of concentration)		DISTTHOU
	Other health problems?..... (NOTES)		OTHHEA
	Amputated limb (arm or leg)?.....		ARMPLEA
901	What is your assessment of the respondent's cooperation?	1=Very good 2= Good 3= Moderate 4= Bad 5= Very bad	COOPER
902	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	ACCRESP

NOTES

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701B	5= Child, 6= Grandchild 7= great grand child 8=Other family related child ; 9= Not family related child
701C	1= Male; 2= Female
701D	0= Under 1 year; when one year or older record in years; Don't know= 88;
701E	1= Yes; 2= No; 88= Don't know
701F	If in HH write line number of the mother; next door/nearby=20; elsewhere = 30
701G	1= Yes 2= No; 88= Don't know
701H	If in HH write line number of the father; next door/nearby=20; Elsewhere = 30
701I	In school (includes also nursery school) 1= Yes 2= No
701J	Record current grade of primary school (p...), record current grade of secondary school (s...) 15= higher than secondary school; 00=never attended or in nursery school; Don't know =88
701K	Explain 'main caregiver' is the person primarily responsible for caring for a child, including feeding, clothing, providing health care, paying school fee etc 00= No one; Write line number and first name if the main caregiver is someone <u>inside</u> the household; 95= Someone <u>outside</u> of this household record; 96= NGO/FBO; 97= government
701L	1= yes; 2= no

Less than 18 years old children - care

Interviewer read: Kati ngenda kukubuuza ebibuuzo ebikwata ku baana abali wansi w'emyaka 18 mu maka gano katutandike n'asembayo obuto

Njagala okumanya engeri gy'oyambamu abaano bano
I'd like to know about your contribution to the care of the children

702	Omazze bbangaki ng'oyamba abaana bano? For how long have you been providing care to the children?	Number of months		Q702
		Number of years		Q702a
703	Olina obuyambi obwenyawulo bwomuwa? If NO skip to 705 Do you provide personal/ nursing care?	1= yes 2= no		Q703
704	Interviewer: Read each answer and record all that apply Olina obuyambi bwowa omwana/abaana bano okugeza nga..... Do you provide <u>personal</u> or <u>nursing</u> care to the child / any of the children such as?	Okunaaba. Bathing		Q704a
		Okulya Eating		Q704b
		Okwambala Dressing		Q704c
		Okugenda mu kabuyonjo Toileting		Q704d
		other(specify) _____		Q704e
705	Oyamba omwana/abaana bano muby'ensimbi?	1= yes		Q705

	If NO SKIP TO 707 Do you support the child (ren) financially?	2= no		
706	Buyambi bwangeriki obwensimbi bwobawa? Interviewer: Read and record all that apply What type of financial care is provided by you? Help with...	Pay for school and other fees		Q706a
		Kusasula sente zaddwaliro ob'okusasula omusawo Pay clinic or doctor fees		Q706b
		Okugula eddagala Pay for medicines		Q706c
		Okugula emmere Pay for food		Q706d
		Okugula engoye Pay for clothing		Q706e
		Okusasula entambula Pay for transportation		Q706f
707	Obayambako mubyetaago ebyabulijjo? If 2 skip to 709 Do you provide physical care?	1= Yes 2= No		Q707
708	Interviewer: record all that apply Buyambi bwangeriki bwobawa mubyetaago ebyabulijjo? What type of physical care is provided by you? Help with...	Bagulira mmere Buying food		Q708a
		Bakimira mazzi Fetching water		Q708b
		Kubafumbirako Cooking		Q708c
		Kubatwala mu ddwaliro Taking for health care		Q708d
709	Waliwo kubaana abatera okulwala nebetaaga okulabirirwa ob'obujjanjabi? If 2 skip to 717 Is any of the children often sick and needs care and treatment?	1= Yes 2= No		Q709
710	Oyinza okumbulira lwaki abaana betaaga obujjanjabi buno? if 2 or 3 skip to 712 Can you tell me for what the child(ren) need treatment for?	1 = HIV/AIDS related 2 = Other health problem 3 = Not health related 4= Don't know 99 = refused		Q710
711	Waliwo abaana abalala abalina akawuka kasilimu b'olabirira? [oba yee] Bameka? Are there more children with HIV infection that you take care of? If yes how many?	Number of children		Q711

INTERVIEWER

IF CARE IS RELATED TO HIV/AIDS ASK NEXT QUESTIONS

IF CARE IS NOT RELATED TO HIV/AIDS SKIP TO 717

712	Olwembeera y'obulwadde obwo, kubaana abo kuliko eyetaaga obujjanjabi bwe ddwaliro	1= Yes 2= No		Q712
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	<p>obwabuli lunaku? if no skip to → 717 Does any of the children needs to take daily medication/ treatment for this health condition from the clinic?</p>			
713	<p>Do not probe records all answer given Omanyi ekika kyeddagala ob'obujjanjabi obumuwebwa? If 1, 2, 3 or 4 →next question If 5 'other specify' skip→ to 717 If 8 does not know skip→ to 717 Do you know the kind of special medication/treatment it is?</p>	<p>1= ARV 2= Malaria treatment 3= TB treatment 4= Knows it is for the disease AIDS but does not know the name 5= Other SPECIFY _____</p>		<p>Q713a Q713b Q713c Q713d Q713e Q713f</p>
714	<p>Ddi [NAME] lweyetaaga okumira eddagala lino oba okulinywa? How often does (NAME) need to take this medications (ARV)?</p>	<p>1= Every day, twice 2= Other (specify) _____</p>		Q714
715	<p>Buli luvanyuma lwabangaki [NAME] lwaddamu okufuna eddagala lino eriweweza ku bulwade kwasiriimu? How often is (NAME) supposed to receive ARV resupply?</p>	<p>1= Once every week 2= Once every two weeks 3= Once every 4weeks 4= Once every 6 weeks</p>		Q715
716	<p>Owerekerako [NAME] okugenda okufuna eddagala eriweweza ku bulwade kwasiriimu muddwaliro buli ebanga lyebamulaganya lweriba lituuse? Do you accompany (NAME) going to the clinic/ health centre/ hospital for appointments (and or ARV resupply, if child receives ARV)</p>	<p>1= Yes 2= No</p>		Q716

Interviewer: continue with question 717 when respondent has/had caregiving responsibilities for adults, now or in the past or for children. Skip Q 717 when respondent has/ had no caregiving responsibilities
Interviewer read: kati ngenda okubuza oba wafuna obuzibu obukwata kumbeera y'obulamubwo mukiseera wewali owera obuyambi buno.

Now I am going to ask whether you face some problems related to your health and well-being the time you provided care and support.

717	<p>Mubanga lyewamala ng'olabirira [NAME] buzibu bwenkanawa bwewafuna mu.....</p>	<p>1=None 2=Some 3=Very much</p>
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	During the time that you provide/provided care to (NAME) /the children/ adults how much difficulty you had with.....		
	...kwongera ku manyi okusobola okukola emirimo egyo egyali gyeyongeddemu? ...having enough energy to do extra work?		Q717a
	...okwerabirira ku bulwadde bwo? (bwebuba gyebuli) ...taking care of your own ailments? (if exist)?		Q717b
	Okugula eddagala lyobulwadde bwo? ...buying medication for your ailments?		Q717c
	...mukuwuliziganya nabantu bewawuliziganyanga nabo nga tonatandika kumuwa buyambi? ...keeping in contact with people you like before care giving?		Q717d
	...okukyalira abomumaka, abenganda nemikwano gyo? ...visiting family and relatives and friends?		Q717e
	...okugabanya ebirowoozo byo mubuvunanyizibwa obwokulabirira ob'okumulabirira? ..Sharing feelings about care giving responsibility?		Q717f
	...kumanya endabirira entuufu eyokumuwa mubuzibu bwobulamu bwa [NAME] [Okugeza, okumanya obujanjabi obulungi, okusobola okufuna eddagala]? ...knowing the correct care to provide for health problems for (NAME) (for example, knowing the best treatment, getting access to medicines)?		Q717g
	...okumanya engeri gyewekumamu nga gwe amulabirira okusobola obutafuna bulwadde/ obutalwala? ...knowing how to protect <u>yourself</u> , as the caregiver, from getting the illness/disease)?		Q717h
	Okufuna obuvumu ob'obuzibu obuvamu mubulwadde ob'okufa (kwegamba obadde oyina engeri gyoyisibwamu eyenjawulo ob'embi mukitundu, oba mumikwano gyo ob'abengandazo abatali wakaawo)? ...experiencing stigma or problems as a result of or associated with the illness or death (that is, have you been treated differently or poorly by the community, friends or family members outside your household)?		Q717i

Assessment of satisfaction with caregiver's role

<p>Interviewer read: kati tugenda mumaaso n'okubuza ebibuuzo ebikwata kubuyambi bwewawa(bwowa). Mukadde kano twagala okumanya engeri gye wamatiramu ngowa abaana obuyambi buno. We would like to continue asking questions about the care giving you did and (still do). This time is about asking if there is any satisfaction and more precisely the kind of satisfaction, you might have (had) giving care to the child (ren)/ adults.</p>			
718	Obuyambi bwowa oba bwewawa omwanawo ob'abomumakago ob'abalala bukuwa bino.....	<p>1= Yes 2= Somewhat 3= No</p>	
		...omukisa gwokubeera ng'olina byokola	Q718a

Does /did the care you have / had given to your child or family members gave / or others (read that apply) give you the following...	buli kaseera? ...a chance to keep busy and occupied?		
	...omukisa gwokola ebintu ebyeyambisa obusobozi bwo gamba nga(lamanyi, obumanyrivu, amagezigo etc? ...a chance to do things that makes use of your abilities		Q718b
	...omukisa mukwenyumiriza mukyofunye wadde nga wasanga obuzibu? ...a chance to feel a sense of accomplishment despite the difficulties?		Q718c
	...omukisa okukolera omwanawo omulwadde ekintu ekyomugaso? ...a chance to do something useful for your sick child/ grandchild?		Q718d
	...kikuwa ensonga [kikuyigiriza] okwongera okuba omulamu? ...provide a reason to continue living?		Q718e

Section 800: receiving care

Interviewer to read: Kati tujja kweyongera okubuuza ebibuuzo ebikwata kubuyambi n'okubudabudibwa [okulabirirwa] kwewali wetaaga.
Now we will continue asking questions about the assistance and care you might have needed and received

801	<p>Wali obaddeko n'obwetaavu obw'okulabirirwa oba okuyambibwako okumala ebbanga erisukka mu mwezi ogumu mu, myaka esatu egiyise?</p> <p>Interviewer if NO skip to Q803 if YES continue</p> <p>Have you been in need of any care or support for more than a month in the last five years?</p>	<p>1=Yes 2= No</p>		Q801
<p>Okumulabirira*: Muno otwaliramu okumukwatirako mu byakola buli lunaku nga mu kulya, okwambala, okunaaba, okutambulatambulako mu nju ate n'okumukolerako emirimo egya wabweru nga okumutwala okulaba ba doctor, okugenda okugula eddagala, oba okuwanirira omulwadde mu byensimbi, okumujjanjaba, okumuwummuza mu birowoozo, oba ebintu ebirala ebimukwatako ng'omuntu</p> <p><small>*Care: includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with your affairs outside the house such as transportation to see doctors, going to buy medicine, or managing your financial situation, receiving financial assistance, health care preparing medication, emotional well-being or other personal affairs</small></p>				

802	<p>Do <u>not</u> read the responses categories</p> <p>Oyinda okutubulira lwaki ofuna obuyambi buno? Could you tell us why you need care or support?</p>	<p>1=HIV /AIDS related* 2= Other health related reason**</p> <hr/> <p>3= Other reason (not health related)*** 4=DK 99= Refused</p>		Q802
<p><small>*HIV/AIDS related includes care or support because of illness related to HIV infection or AIDS (which could include tuberculosis (TB) and malaria for example or other conditions commonly seen with HIV infection. **Other health-related includes reasons other than HIV/AIDS related, for example, heart condition, diabetes, asthma, arthritis, injury... ***Other reason (not health-related) includes all other reasons.</small></p>				

803	<p>Muwiiki biri eziyise obulamu bwo bubadde butya? If 1, 2 or 3 skip to 811</p> <p>How was your health during the last two weeks?</p>	<p>1= Bulungi nnyo very good 2= Bulungi good 3= Bumalirawo moderate 4= Bubi bad 5= Bubi nnyo very bad</p>		Q803
804	<p>Bubonero ki obwobulwadde bwewafuna mu wiki biri eziyise?</p> <p>Record all that respondent mentions then probe for the</p>	<p>Nali sisobola kulya olwo bulumi nga mira Could not eat because of pain when swallowing</p>		Q804a
		<p>Olwokusindikirirwa emmeeme Could not eat because of nausea</p>		Q804b
		<p>Okuddukana</p>		Q804c

	others and tick all that apply	Diarrhea		
		Omubiri ogusiiwa Itchy skin		Q804d
		Omusujja Fever		Q804e
		Okutuyana ekiro Night sweats		Q804f
		Okukolola, ekifuba ekiruma Cough, chest pain		Q804g
		Okusesema Vomiting		Q804h
		Okuyitira Incontinence		Q804i
		Okunafuwa ennyo mu mubiri Feeling very weak		Q804j
		Okubulwa otulo Not able to sleep		Q804k
		Ebiwundu ebiruma ennyo Painful wounds		Q804l
		Obulumi mu mubiri Pain in the body		Q804m
		Okusoberwa Confused		Q804n
		Kisipi Herpes zoster		Q804o
		Others		Q804p
804q	Other signs of illness specify		Q804q	

PERSONAL AND NURSING CARE

805	READ AND RECORD ALL THAT APPLY Ofuna obuyambi/okukwatirwako mubino okugeza nga? IF ALL ANSWERS ARE NO SKIP TO Q 811 Do you receive care /assistance now with?	Mu kumunaaza omubiri Bathing (washing one's body)		Q805a
		Mu kulya,(okumuyambako mu bikwatagana n'okulya oba okunywa ng'ojjeeko okufumba) Eating (assistance with any part of eating process- not including cooking)		Q805b
		Mukwambala(okumuyambako mukwambala n'okumwambala engoye) Dressing (help with putting on or taking off clothing)		Q805c
		Mu kabuyonjo (okumuyamba okugenda ku kabuyonjo ne mukugyeyambisa) Toileting (getting to and using the toilet)		Q805d
		Okutambulataambulako (mu nju oba wabweru waayo) ng'otwaliddemu okulinnya ekitanda n'okukivaako. Moving around (within dwelling or outside dwelling), including in and out bed for example		Q805e
		Okweyamba (okuyambibwako mu by'obuyonjo nga yeyononedde)		Q805f

		Incontinence (help with hygiene problems due to lack of control over bowel and bladder)		
		Okutegeka eddagala era n'okulimuwa (empeke n'eryokunywa) Preparing and taking medicines (pills oral fluids)	1= yes 2= no 3= had no medicines	Q805g
		Okumulabirira ebiwundu oba amabwa Taking care of wounds	1= yes 2= no	Q805h
806	RECORD ALL ANSWERS GIVEN Ani/baani abakuwa obuyambi bunu? Who is/are the provider(s) of this personal /nursing care?	1= Parent		Q806a
		2= My spouse		Q806b
		3= Co-wife of respondent		Q806c
		4= Grandson 16+		Q806d
		5= Granddaughter 16+		Q806e
		6= Grandson under 16		Q806f
		7= Granddaughter under 16		Q806g
		8= My sibling		Q806h
		9= Daughter/son		Q806i
		10= In law's		Q806j
		11= Friend		Q806k
		12= Neighbor		Q806l
		13= Church		Q806m
		14= Health care organization		Q806n
		15= Government		Q806o
		16= Community volunteer		Q806p
807	Ani yasinga okukuwa obuyambi bunu? Who is the main person providing personal/nursing care to you?	Use SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q807
808	Wamala bbanga ki ngofuna obuyambi bunu? For how long have you been receiving care?	Number of months		Q808M
		Number of years		Q808Y
809	Okutwalira awamu oli mumativu kyenkanawa olw'obuyambi bunu bwofuna? Overall how satisfied are you with the help/assistance you have received?	1= Mumativu bulungi 2= Mumativu 3= Mumativu oba simumativu 4= Simumativu 5= Simumativu	1= Very satisfied 2= Satisfied 3= Neither satisfied nor dissatisfied 4= Dissatisfied 5= Very dissatisfied	Q809

		nakatono		
810	Okutwalira awamu kikukalubiridde kwenkanawa okufuna/okukola entegeka y'okufuna obuyambi bunu? Overall, how difficult would you say it has been for you to arrange this help/assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q810

PHYSICAL ASSISTANCE

811	READ AND TICK ALL THAT APPLY Ofuna obuyambi okugeza nga.... IF ALL ANSWERS ARE NO SKIP TO Q 817 Do you receive physical assistance such as.....?	Okugula emmere Buying food		Q811a
		Mu by'okulima Agricultural work		Q811b
		Okukima amazzi Fetching water		Q811c
		Okufumba Cooking		Q811d
		Okumutwala ku kilinika oba ew'omusawo ow'ekinnansi Taking to clinic or traditional healer		Q811e
		Other		Q811f
811g	Other assistance	_____		Q811g
812	RECORD ALL ANSWERS GIVEN Ani/baani abakuwa obuyambi bunu Who is/are the provider(s) of this assistance?	1= Parent		Q812a
		2= My spouse		Q812b
		3= Co-wife of respondent		Q812c
		4= Grandson 16+		Q812d
		5= Granddaughter 16+		Q812e
		6= Grandson under 16		Q812f
		7= Granddaughter under 16		Q812g
		8= My sibling		Q812h
		9= Daughter/son		Q812i
		10= In law's		Q812j
		11= Friend		Q812k
		12= Neighbor		Q812l
		13= Church		Q812m
		14= Health care organization		Q812n
		15= Government		Q812o
		16= Community volunteer		Q812p
813	Ani yasinga okuwa obuyambi bunu? Who is the main person providing this assistance to you?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q813

814	Omaze bbanga ki ng'ofuna obuyambi buno? For how long have you been receiving this assistance?	Months		Q814M
		Years		Q814Y
815	Okutwalira awamu omatidde kwenkanawa olwo'buyambi buno bwofuna? Overall how satisfied are you with the help/assistance you have received?	1= Mumativu bulungi 2= Mumativu 3= Mumativu oba simumativu 4= Simumativu 5= Simumativu nakatono	1= Very satisfied 2= Satisfied 3= Neither satisfied nor dissatisfied 4= Dissatisfied 5= Very dissatisfied	Q815
816	Okutwalira awamu, kikukaluubiridde kwenkanawa okufuna/okukola entegeka y'okufuna obuyambi buno? Overall, how difficult would you say it has been for you to arrange this help/assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q816

FINANCIAL ASSISTANCE

1=Yes 2=No				
817	READ AND TICK ALL THAT APPLY Olina obuyambi bwensimbi bwofuna okugeza nga? IF ALL ANSWERS ARE <u>NO</u> SKIP TO INSTRUCTION FOR INTERVIEWER (above q 822) Do you receive financial assistance such as.....?	Sente Cash		Q817a
		Okugula eddagala Paying for medicines		Q817b
		Okusasula ebisale bya kilinika oba eddwaliro? Paying doctor or clinic or hospital fees?		Q817c
		Okugula emmere Paying for food		Q817d
		Okugula engoye Paying for clothing		Q817e
		Okusasulira entambula Paying for transportation		Q817f
		Okusasulira ennyumba Paying for rent		Q817g
		Okusasula ebisale by'essomero (okugeza eby'abaana b'omulwadde, bazzukulu bo respondent.) Paying for school expenses (e.g. for the sick person's children, that is grandchildren of the respondent)		Q817h
818	RECORD ALL ANSWERS GIVEN	1= My parent		Q818a
		2= My spouse		Q818b

	Ani/baani abakuwa obuyambi bunu? Who is/are the provider(s) of this financial assistance?	3= Co-wife of respondent 4= My grandson 16+ 5= My granddaughter 16+ 6= My grandson under 16 7= My granddaughter under 16 8= My sibling 9= My daughter/son 10= In law's 11= Friend 12= Neighbor 13= Church 14= Health care organization 15= Government 16= Community volunteer		Q818c Q818d Q818e Q818f Q818g Q818h Q818i Q818j Q818k Q818l Q818m Q818n Q818o Q818p
819	Ani asinga okuwa (ERINNYA) obuyambi bunu? Who is the main person providing this assistance to you?	USE SAME CATEGORIES AS ABOVE RECORD THE MAIN CAREGIVER		Q819
820	Omaze banga ki ng'ofuna obuyambi bunu? For how long have you been receiving this assistance?	Months Years		Q820M Q820Y
821	Okutwalira awamu, kikukalubiradde/kyakukalubirira kwenkanawa okufuna obuyambi bwensimbi? Overall, how difficult would you say it has/ had been to receive financial assistance?	1= Kizibuwadde nnyo 2= Bwekityo kityo 3= Kizibuwaddemu 4= Ssi nnyo 5= Tekibadde kizibu	1= Very difficult 2= Somewhat difficult 3= Difficult 4= A little difficult 5= Not difficult	Q821
INTERVIEWER: WHEN IT IS HIV/AIDS RELATED CARE CONTINUE WITH Q 823 (check Q 802) WHEN IT IS NOT HIV/AIDS RELATED CARE ASK THE CLOSURE QUESTION (next question) AND THANK THE RESPONDENT RECORD END TIME				
822	Waliwo ekirala kyewandyagadde okutubulira? Is there anything else you would like to tell us?	1=Yes 2=No		Q822
822 a	Record if needed			Q822a
Interviewer read: Nandyagadde okwongera okukubuzaaako ebibuuzo ebikwata kukunonyereza ku by'obulamu bwo naye nga ebibuuzo byetujja okubuza bijja kuba bikwata ku bulwadde kwasiriimu n'eddagala eriweeweza ku bulwadde kwasiriimu. Tubuuza ebibuuzo bino okwongera okumanyira ddala engeri obulwadde bunu gyebukosaamu				

<p>abakadde era n'obumanyirivu abakadde bwebayina ku ddagala lino eriweeza ku bulwadde bwa siriimu</p> <p>Now I would like to continue asking questions for this study about your health but the questions we will ask are now related to the disease AIDS and ARV treatment of AIDS We are asking these questions to get a better understanding about how this disease affects older people but also the experience older people have with the ARV treatment.</p>				
823	Omaze bbanga ki ng'otegedde nti olina akawuka ka silimu?	Months		Q823M
	How long ago did you learn that you have HIV/AIDS?	Years		Q823Y
824	Obulamu bwo bwalibutya wewategerera nti orina akawuka ka silimu? IF 1 SKIP TO 825 How was your health during the time that you learned that you have HIV/AIDS?	1=Bulungi 2=Bulungi ko 3=Bubi 4=Bubi nyo	1= good 2= moderate 3= bad 4= very bad	Q824
824a	Wamala banga ki ng'oli mulwadde nga to namanya nti olina akawuka kasilimu?	Not sick 00		Q824a
	For how long were you sick before you learned that you have HIV/AIDS?	Months		Q824aM
		Years		Q824aY
825	Wali okyusizza ekifo w'obeera okuva lwewamanya nti olina akawuka ka silimu? IF NO SKIP 828 Since learning you have HIV/AIDS, have you changed residence?	1= Yes 2= No		Q825
826	TICK ALL THAT APPLY Wali ovuddeko awaka olw'okubera? Did you move dwellings because of?	Okwetaaga obuyambi Need care		Q826a
		Okuremererwa okusasula ssende z'enju Fail to pay rent		Q826b
		Okukwenyinyala Stigma		Q826c
		Okuwulira obulungiko Feeling better		Q826d
		Other		Q826e
826f	Othere reason moved dwelling specify	_____		Q826f
827	Omaze bbanga ki awaka wano? For how long have you been living in this dwelling?Years 00= Less than 1 year 94= Always		Q827

	<p>obujanjabi bwedagala?</p> <p>If 2 SKIP to 832 Before taking ARV did you need any personal / nursing care?</p> <p>Personal /nursing care include: assistance with bathing, eating, help with putting on or taking off clothing, transfers in and out bed, getting to and using latrine/toilet, help with problems due to lack of control of bowels, preparing medicines</p>				
831a	<p>Wafuna okulabirirwa kuno?</p> <p>Did you receive this care?</p>	<p>1= yes 2= no</p>		Q831a	
832	<p>Read and tick all that apply Oyina obuzibu bwonna mukumira empeke? Bwebuliwa?</p> <p><u>If respondent</u> gives more than one problem, write all problems Then ask for the one that causes the most trouble of not being able to take the pills Record this one as nr 1 following the next one as nr 2</p> <p>Do you have any problems with taking the pills? Which ones?</p>	Tewali buzibu Has no problem		Q832a	
		Nina ebika byemmere byemba netaaga. Needs certain kinds of food		Q832b	
		Emmere temala Not enough food		Q832c	
		Lirina obuzibu bwerindetera. has side effects		Q832d	
		Nerabira olumu. Forget sometimes		Q832e	
		Mira ebika byeddagala bingi Take too many pills		Q832f	
		Any other problem Olina obuzibu obulala		Q832g	
		Record other problems			
		1 _____		Q832h1	
		2 _____		Q832h2	
3 _____		Q832h3			
4 _____		Q832h4			
833	<p>Olina ebikka byeddagala ebirara byomira?</p> <p>IF 2 SKIP TO 835</p> <p>Do you take any other medicines?</p>	<p>1= Yes 2= No</p>		Q833	
834	<p>Lyabulwadde ki?</p> <p>Do not read the list, record all that apply For which disease/symptoms</p>			Q 834	
	1= Communicable diseases, infections, malaria, infection TB, HIV			Q 834a	

	2= Nutritional deficiencies		Q 834b
	3= Acute conditions, (diarrhea, flu, headaches, fever, cough and others)		Q 834c
	4= Injury		Q 834d
	5= Surgery		Q 834e
	6= Sleep problem		Q 834f
	7= Occupational /work related condition/injury		Q 834g
	8= Chronic pain in joints/arthritis (joints, back, neck)		Q 834h
	9= Diabetes or related complications		Q 834i
	10= Problems with heart including unexplained pain in chest		Q 834j
	11= Problems with mouth, teeth, swallowing		Q 834k
	12= Problems with breathing		Q 834l
	13= High blood pressure, hypertension		Q 834m
	14= Stroke/ sudden paralysis of one side of body		Q 834n
	15= Generalized pain(stomach, muscle or other nonspecific pain)		Q 834o
	16= Depression, anxiety		Q 834p
	17= Cancer		Q 834q
	87= Other		Q 834r
834s	Other reason that respondent take medication specify	_____	Q834s
835	Wafunawo obuzibu obwamanyi okuva lwewatandika eddagala lino eriweeweza kubulwadde kwasiriimu? IF 2 SKIP TO 840 Did you experience serious side effects after starting ARV?	1= Yes 2= No	Q835
836	Bwebuliwa? Which ones? Tick all that respondent mentioned, if necessary probe for it?	Enkyuka kyuka y'olususu Skin conditions Amaaso agakyenvu Yellow eyes Okunafuwa mu binywa Muscle weakness Okulumizibwa mu binywa Pain in the muscle Okusesema Nausea/ vomiting Okuddukana Diarrhea Okugugumuka Hallucinations Ebirooto ebibi Bad dreams Okwekyawa Self hate Okutya Fear Okunakuwala Sadness Okufukuuka olususu Unreasonable /irritable Other	Q836a Q836b Q836c Q836d Q836e Q836f Q836g Q836h Q836i Q836j Q836k Q836l Q836m

	Other serious side effects	_____		Q836n
837	Obuzibu buno bwamala bbanga ki? How long did these side effects last?	Months		Q837
838	Okyafuna obuzibu obwo? Are you still experience these side effects?	1= Yes 2= No		Q838
839	Wakusiza eddagala lya ARV [eriweweza ku bulwadde kwasiriimu] olw'obuzibu obwo? Have you changed ARV because of side effects?	1= Yes 2= No		Q839
840	Obulamu bwo bulongooseemu okuva lwewatandika eddagala lino eriweweza ku bulwadde kwasiriim?[ARV] Has your health improved since taking ARV?	1= Bukyuse nnyo 2= Bukyusemu naye nga nkyalina obuzibu 3= Nkyusemu katono 4=Tewali nkyuka yona 5=Bweyongera bweyongezi 6= Teyayina bulwadde bwona nakati si mulwadde 1= Very much 2= Some but still has health problems 3= Only a little 4= Is same as before 5= Is worse 6=Was not ill before and is not ill now		Q840
841	SKIP Q WHEN RESPONDENT LIVES ALONE AND RECORD CODE 7 Waliwo gw'obeera naye awaka eyali akujjukiza okumira eddagala lino eriweweza obulwadde kwasiriimu [ARV] mu budde? Does anyone living in the HH ever remind you to take ARV in time?	1= Buli lunaku oba kyenkana buli lunaku. 2= Emirundi egiwerako mu sande 3= Lumu nalumu 4= Tekitera oba tekibangawo 5= Mukutandika naye sikati 6= Ebirala 98= Tekisoboka 1= Daily or almost daily 2= Several times a week 3= Only once in a while 4= Rarely or never 5= At first but not now 6= Other 98= Not applicable		Q841
842	Waliwo akuwerekera ng'ogenda okulaba omusawo oba okufuna eddagala? IF 4 SKIP TO Q 844 (closing question)	1= Yee, luberera 2= Yee, olumu n'olumu 3= Okujjako nga ndi mulwadde 4= Tewali [amperekerera]		Q842

	Does anyone accompany you when you go for follow up (and or resupply) visit?	1= Yes, always 2= Yes, sometimes 3= Only when feeling sick 4= No		
843	Ani gwosubira okukuwerekera bwonagenda okulaba omusawo oba okunona eddagala? Who will usually accompany when you go for follow up (and or resupply) visit?	1= Owoluganda 2= Mukwano gwange 3= Yena ayinza okunyamba nga wamukitundu. 1= Family member 2= Friend 3= Community volunteer		Q843
844	Waliwo ekirala kyewandyagadde okutubulira ? Is there anything else you would like to tell us?	1=Yes 2=No		Q844
844a	Record if needed			Q844a

006B	RECORD THE TIME	___ Hrs ___ Min	TIMEPART2END
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Closing statement and thank the respondent