



WORLD HEALTH SURVEY

2002

Short Questionnaire
Rotation B

World Health Organization, Evidence and Information for Policy

WORLD HEALTH SURVEY

Short Questionnaire

CONTENTS

Section		Page
0000 - COVERSHEET	_____	C.2
0100- SAMPLING	_____	C.3
0200 - GEOCODING	_____	C.3
0300 - RECONTACT INFORMATION	_____	C.4
0350 - CONTACT RECORD	_____	C.5
0400 - HOUSEHOLD ROSTER	_____	C.6
0450 - KISH TABLES	_____	C.7
INFORMED CONSENT FORM	_____	C.8
0500 - 0800: HOUSEHOLD QUESTIONS		
0500 - HOUSEHOLD QUESTIONNAIRE	_____	H.1
0570 - HOUSEHOLD CARE	_____	H.2
0700 - PERMANENT INCOME INDICATORS	_____	H.3
0800 - HOUSEHOLD EXPENDITURE	_____	H.4
1000 - 8000: INDIVIDUAL QUESTIONS		
1000 - SOCIO DEMOGRAPHIC CHARACTERISTICS	_____	1.1 - 1.2
2000 - HEALTH STATE DESCRIPTIONS	_____	2.1 - 2.3
6000 - COVERAGE	_____	6.1 - 6.4
7000 - HEALTH SYSTEM RESPONSIVENESS	_____	7.1 - 7.9
8000 - HEALTH GOALS	_____	8.1 - 8.2
9000 - INTERVIEWER OBSERVATIONS	_____	9.1
APPENDICES		
KISH TABLES (S0450), RESPONSE SCALES		A.1
2000 - HEALTH STATE DESCRIPTIONS: VIGNETTES	_____	A2(A).1 - A2.(D).2
7000 - HEALTH SYSTEM RESPONSIVENESS: VIGNETTES	_____	A7(A).1 - A7(D).2
8000 - HEALTH GOALS: CARDS	_____	A8.1 - A8.3



World Health Survey

0000. COVERSHEET

S0001	Research Centre Number	_____ / _____ / _____	
S0002	Household ID	_____ / _____ / _____ / _____ / _____	
S0003	Is this the initial or retest interview?		Initial 1
	S0003a If retest interview, indicate number of days between initial and retest	_____	
S0004	Rotation Code	_____	
S0005	Interviewer ID	_____ / _____ / _____	
S0006	Name of interviewer		
S0007	Total number of calls:		
S0008	Date of final results:	_____ / _____ / _____ dd mm yy	
S0009	Final result code:	_____	
	Signature of Supervisor:		

S0010	Date of editing:	_____ / _____ / _____ dd mm yy	
S0011	<u>Data entry</u> Data entry information:	1st data entry _____ / _____ / _____ dd mm yy	2nd data entry _____ / _____ / _____ dd mm yy
	Signature of Supervisor:		

0100. Sampling Information (To be filled in by the supervisor)

	Sampling			
S0100	Primary Sampling Unit (PSU) Name/Code			
S0101	Secondary Sampling Unit (SSU) Name/Code			
S0102	Tertiary Sampling Unit (TSU) Name/Code			
S0103	Quarternary Sampling Unit (QSU) Name/Code			
	Additional Information			
S0104	Setting	Urban	Peri-urban /Semi-urban	Rural
		Other	Specify: _____	

0200. Geocoding Information

S0200	Latitude:	N/S	Degrees	Decimal Degrees
			_____ . _____	
S0201	Longitude:	E/W	Degrees	Decimal Degrees
			_____ . _____	
S0202	Waypoint:	Center of gravity of the cluster	In front of the household	Nearby location (park, parking lot, etc.)
		1	2	3

0300. Recontact information

	<p>A survey supervisor may be <u>calling or visiting you again</u> to <u>verify this interview</u> or to <u>collect additional information</u> in the future.</p> <p>For these reasons I would like to <u>verify your name</u> and <u>address</u> and <u>contact details</u>.</p>		
S0300	<p>What is your <u>full name</u>? (verify spelling and write clearly)</p> <p>First name <input type="text"/></p> <p>Last name <input type="text"/></p>		
S0301	<p>What is your <u>address</u>?</p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>Postal code <input type="text"/></p>		
S0302	<p>What is your <u>telephone number</u>? (if no telephone, leave blank)</p> <p><input type="text"/></p>		
S0303	Is your phone number listed in the telephone directory?	Yes 1	No 5
S0304	If we cannot contact you for whatever reason, could you tell us who we could contact, who will know how to get in touch with you?	Yes 1	No 5
	<p>What is this person's relationship to you?</p> <p>Name <input type="text"/></p> <p>Relationship <input type="text"/></p> <p>Address <input type="text"/></p>		

0350. Contact record

Number of calls	S0350 CALL #1			S0351 CALL #2			S0352 CALL #3			S0353 CALL #4			S0354 CALL #5		
A. Date (day / month / year)	__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __		
B. Day of week															
C. Exact time began															
D. Interviewer I.D.															
E. Contact with	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3
F. Mode of contact	Personal 1		Telephone 2	Personal 1		Telephone 2	Personal 1		Telephone 2	Personal 1		Telephone 2	Personal 1		Telephone 2
G. Tel. Number if obtained															
H. Household Unit listing obtained	Yes 1		No 5	Yes 1		No 5	Yes 1		No 5	Yes 1		No 5	Yes 1		No 5
I. Detailed description of contact or attempt to contact															
J. Result code															
Number of calls	S0355 CALL #6			S0356 CALL #7			S0357 CALL #8			S0358 CALL #9			S0359 CALL #10		
A. Date (day / month / year)	__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __			__ __ / __ __ / __ __ __ __		
B. Day of week															
C. Exact time began															
D. Interviewer I.D.															
E. Contact with	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3
F. Mode of contact	Personal 1		Telephone 2	Personal 1		Telephone 2	Personal 1		Telephone 2	Personal 1		Telephone 2	Personal 1		Telephone 2
G. Tel. Number if obtained															
H. Household Unit listing obtained	Yes 1		No 5	Yes 1		No 5	Yes 1		No 5	Yes 1		No 5	Yes 1		No 5
I. Detailed description of contact or attempt to contact															
J. Result code															

0450. KISH Tables

S0450	Enter Kish Table Code (A,B1,B2,C,D,E1,E2 or F)	
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INSTRUCTIONS FOR SELECTING RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE

a) Enter a check mark (✓) in column G for each person eligible for selection. Eligible persons are presently age 18 or older. If the age in column C below 18+ years, DO NOT enter a check mark in column G.

b) In column H assign a sequential number of each eligible person checked in column G. First number eligible MALES from eldest to youngest and continue the numbering with eligible FEMALES, from eldest to youngest.

c) Use the appropriate selection table (see example below) to select a respondent. In the first column circle the total number of eligible persons (highest number assigned in col. H). The corresponding number in the second column of the selection table denotes the person selected to be interviewed. Enter "R" in column I for this person. Note that the appropriate selection table indicated in the Respondent Allocation Table must be used from the appendices.

d) **IF NO ONE AGE 18 OR OLDER IN HOUSEHOLD ROSTER, THEN NO ELIGIBLE RESPONDENT**

USE APPROPRIATE KISH TABLE AS PER THE ROTATION CODE ASSIGNED TO THIS RESPONDENT

Selection Table A*

If the number of eligible persons is:	Interview the person numbered:
1	1
2	1
3	1
4	1
5	1
6 or +	1

*Table A given as an example. Please ensure that the appropriate Kish table is used



WORLD HEALTH SURVEY

0490. Informed Consent Form

Dear Participant,

You have been randomly selected to be part of this survey and we would, therefore, like to interview you. This survey is conducted by the World Health Organization and will be carried out by professional interviewers from (name of institution). This survey is currently taking place in several countries around the world.

The information you provide will only be used to understand the main things that affect peoples' health in different countries and how people view their own health and access to health services.

The interview will take approximately 30 minutes. I will ask you questions about:

- Some details about members of your household,
- Household expenditures and assets,
- Some personal details,
- Your health including activities that you generally carry out,
- Any health problems you have experienced and treatment you may have received,
- Health care centres you use and how well these have responded to your needs.

The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name, address, and other personal information will be removed from the questionnaire, and only a code will be used to connect your name and your answers without identifying you. The Survey Team may contact you again only if it is necessary to complete the information on the survey.

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this survey you may ask me or contact (name of institution and contact details) or (Principal Investigator at site).

Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

S0490. Who was the Informed Consent Form read by?

1. Read by Respondent [] 2. Read by Interviewer []

S0491. Was the Informed Consent Form Agreed to and Signed / but Not Signed or Refused?

1. Agreed and Signed [] 2. Agreed but Not Signed [] 7. Refused []

Respondent: _____

Interviewer: _____

Date: ____ / ____ / ____

0500. Household Questionnaire

To be asked to all households.

S0500	Who is the <u>person</u> who <u>provides the main economic support</u> for the household? Record Line Number from Household Roster	
S0501	Note to Interviewer: Determine who is the 'Household Informant' Record their Line Number from the Household Roster <i>The "Household Informant" should be the person in the household who is most knowledgeable about the health, employment, financial condition, expenditures and health insurance of members of the household.</i>	

The Household Questionnaire is to be administered to the "Household Informant", identified in S0501.

The Household Questionnaire is to be administered to the "Household Informant", identified in S0501.

0570. Household Care

S0570	<p>Is there anyone in your house who is in an <u>institution</u> (hospital, after care home, home for the aged, hospice etc.) due to their <u>health condition</u>?</p> <p>Note to interviewer: If that person is picked randomly as the respondent they will be interviewed in the institution (if the condition is chronic and return to home in the near future is unlikely) or upon return to home (if the condition is acute and return to home is likely in the next 2 weeks).</p>	<p>1. Yes</p>	<p>5. No</p>
	<p><i>If Yes:</i></p> <p>RECORD <u>LINE NUMBERS</u> from Household Roster of all household members currently in an institution due to their health condition</p>	<p>1.</p>	
		<p>2</p>	
		<p>3</p>	
		<p>4</p>	
		<p>5</p>	

0700. Permanent Income Indicators (Higher Income Countries)

I would like to quickly ask you a few questions about your home. Remember that any information you provide will be kept confidential.

S0700	Can you please tell me <u>how many rooms</u> there are in your home?		
S0701	How many <u>cars</u> are there in your household? (If none enter "0")		
S0702	How many <u>televisions</u> are there in your household? (If none enter "0")		
Does anyone in your household have:			
S0703	A bicycle?	1. Yes	5. No
S0704	A video cassette recorder (VCR)?	1. Yes	5. No
S0705	A stereo system?	1. Yes	5. No
S0706	A DVD player?	1. Yes	5. No
S0707	A video camera?	1. Yes	5. No
S0708	A washing machine for clothes?	1. Yes	5. No
S0709	A washing machine for dishes?	1. Yes	5. No
S0710	A vacuum cleaner?	1. Yes	5. No
S0711	A refrigerator?	1. Yes	5. No
S0712	A fixed line telephone?	1. Yes	5. No
S0713	A mobile / cellular telephone?	1. Yes	5. No
S0714	A computer ?	1. Yes	5. No
S0715	Access to the internet / World Wide Web from your home?	1. Yes	5. No
S0716	Any subscriptions to magazines and/or newspapers?	1. Yes	5. No
S0717	A security system in your home (alarm, reinforced doors, guards etc.)?	1. Yes	5. No
S0718	Do you employ anybody in your house who is not a member of your family (gardener, cook, cleaning lady, driver etc.)?	1. Yes	5. No
S0719	Do you have a <u>second home</u> ?	1. Yes	5. No

0800. Household Expenditure

I would like to ask you some questions about how much your household spends on health services and other things.

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

S0800	In the <u>last 4 weeks</u> , how much did your household spend in total?	
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In the last 4 weeks, how much did your household spend on:

S0801	Food, including such things as [rice], meat, fruits, vegetables, and cooking oils. Include the value of any food that was produced and consumed by the household, and exclude alcohol, tobacco and restaurant meals.	
S0802	Health care costs, excluding any insurance reimbursements	
S0803	Voluntary insurance premiums or prepaid health plans	
S0804	In the <u>last 12 months</u> , how many times did members of your household go to a <u>hospital and stay overnight</u> ? ENTER NUMBER OF TIMES FOR ALL HOUSEHOLD MEMBERS <u>IN TOTAL</u> . IF NONE, ENTER "0"	
S0805	In the <u>last 12 months</u> , how much did the <u>household pay</u> for all costs associated with <u>overnight stays</u> in a hospital? Please exclude any expenses in the last 4 weeks that you have already told me about, and exclude any reimbursements from insurance.	

Time End: __ __ : __ __

1000. Respondent's Socio Demographic Characteristics

Time Begin: __ __ : __ __

I would like to start by asking you some background questions before asking you questions on your health. This information is confidential and will only be used for research purposes.

S1000	What is your mother tongue?						
S1001	Record sex as observed	1. Female			2. Male		
S1002	<u>How old are you?</u> (Years)				888. DK		
		If age is known: Go to S1004					
S1003	If you don't know/don't want to tell me your age could you tell me the <u>age range</u> if I read the different options to you (choose what is most appropriate) ? (READ THE OPTIONS TO THE RESPONDENT)	1. 18-19 2. 20-29 3. 30-39 4. 40-49 5. 50-59 6. 60-69 7. 70+					
S1004	Your <u>weight</u> in Kilos?						
		If weight is in kilos: Go to S1006					
S1005	Your <u>weight</u> in Pounds?						
S1006	Your <u>height</u> in Centimeters						
		If height is in centimeters: Go to S1008					
S1007	Your <u>height</u> in Feet / Inches						
S1008	What is your current <u>marital status</u> ?	1. Never Married	2. Currently Married	3. Separated	4. Divorced	5. Widowed	6. Cohabiting
S1009	What is the <u>highest level of education</u> that you have completed?	1. No formal schooling 2. Less than primary school 3. Primary school completed 4. Secondary school completed 5. High school (or equivalent) completed 6. College / pre-university / University completed 7. Post graduate degree completed					
S1010	How many <u>years of school</u> , including higher education have you completed?						

S1011	What is your <i>[ethnic group / racial group / cultural subgroup / others]</i> background? <i>Each country to substitute appropriate phrases or terms and list the relevant response options.</i>	
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Now, I would like to ask you a few questions about your work status.

S1012	What is your <u>current job</u> ?	1. Government employee	2. Non-government employee	3. Self-employed	4. Employer	5. Not working for pay	If not working for pay: Go to S1014
S1013	During the <u>last 12 months</u> , what has been your <u>main occupation</u> ?	1. Legislator, Senior Official, or Manager 2. Professional (engineer, doctor, teacher, clergy, etc.) 3. Technician or Associate Professional (inspector, finance dealer, etc.) 4. Clerk (secretary, cashier, etc.) 5. Service or sales worker (cook, travel guide, shop salesperson, etc.) 6. Agricultural or fishery worker (vegetable grower, livestock producer, etc.) 7. Craft or trades worker (carpenter, painter, jewelry worker, butcher, etc.) 8. Plant/machine operator or assembler (equipment assembler, sewing-machine operator, driver, etc.) 9. Elementary worker (street food vendor, shoe cleaner, etc.) 10. Armed forces (government military)					Go to Section 2000
S1014	What is the <u>main reason</u> you are <u>not working for pay</u> ?	1. Homemaker / caring for family 2. Looked but can't find a job 3. Doing unpaid work / voluntary activities 4. Studies / training 5. Retired / too old to work 6. Ill health 7. Other					

Time End: ____: ____

2000. Health State Descriptions

Time Begin: __ __ : __ __

Overall Health

The first questions are about your overall health, including both your physical and your mental health.

S2000	In general, how would you <u>rate your health today</u> ?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very Bad
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Now I would like to review different functions of your body. When answering these questions, I would like you to think about the last 30 days, taking both good and bad days into account. When I ask about difficulty, I would like you to consider how much difficulty you have had, on an average, in the past 30 days, while doing the activity in the way that you usually do it. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. Please answer this question taking into account any assistance you have available. **(Read and show scale to respondent).**

Mobility

S2001	Overall in the last 30 days, how much difficulty did you have with <u>moving around</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Self Care

S2002	Overall in the last 30 days, how much difficulty did you have with <u>self-care</u> , such as washing or dressing yourself?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Pain

S2003	Overall in the last 30 days, how much of <u>bodily aches or pains</u> did you have?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
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Cognition

S2004	Overall in the last 30 days, how much difficulty did you have with <u>concentrating or remembering things</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Interpersonal Activities

S2005	Overall in the last 30 days, how much difficulty did you have with <u>personal relationship or participation in the community</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Vision

S2006	Do you wear <u>glasses or contact lenses</u> ? (If Respondent says YES to this question, preface the next 2 questions with "Please answer the following questions taking into account your glasses or contact lenses".)	1. Yes			5. No	
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S2007	In the last 30 days, how much difficulty did you have in seeing and recognizing <u>a person you know across the road</u> (i.e. from a distance of about 20 meters)?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Sleep and Energy

S2008	Overall in the last 30 days, how much of a problem did you have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or waking up <u>too early</u> in the morning?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
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Affect

S2009	Overall in the last 30 days, how much of a problem did you have with <u>feeling sad, low or depressed</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
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VIGNETTES FOR HEALTH STATE DESCRIPTIONS

S2100	RECORD SET (A, B, C, D):	B
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I will now read to you some descriptions of persons with varying levels of difficulties in different areas of health. I would like to know how you view each of these descriptions and rate how much of a problem or difficulty the person described has in that area of health in the same way that you described your health to me. While giving the rating, think of the person as someone who is of your age and background.

(Show and read rating scale to respondent; use in vignettes country specific female/male first names to match the sex of the respondent.)

Vignette 1						
S2101	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 2						
S2102	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Vignette 3						
S2103	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do
Vignette 4						
S2104	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do
Vignette 5						
S2105	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do
Vignette 6						
S2106	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do
Vignette 7						
S2107	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do
Vignette 8						
S2108	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do
Vignette 9						
S2109	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do
Vignette 10						
S2110	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5.Extreme/ Cannot do

Time End: __ __ : __ __

6000. Coverage

Time Begin: __ __ : __ __

READ TO RESPONDENTS: Now I would like to read to you questions about some health problems or health care needs that you and the young children in this house may have experienced, and the treatment or medical care that you may have received.

CHRONIC CONDITIONS - DIAGNOSIS AND TREATMENT (*Questions to be asked to all respondents*)

S6000	Have you ever been diagnosed with <u>arthritis</u> (a disease of the joints)?	1. Yes	5. No	8. DK
S6001	Have you ever been treated for it?	1. Yes	5. No	8. DK
S6002	Have you been taking any <u>medications</u> or other <u>treatment</u> for it during the <u>last 2 weeks</u> ?	1. Yes	5. No	8. DK

During the last 12 months, have you experienced any of the following:

S6003	<u>Pain, aching, stiffness or swelling</u> in or around the <u>joint</u> (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month ?	1. Yes	5. No	
S6004	Stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement ?	1. Yes	5. No	If No: Go to S6007
S6005	How long does this stiffness last? <i>READ CHOICES AND MARK AS APPROPRIATE</i>	1. About 30 minutes or less	2. More than 30 minutes	
S6006	Does this stiffness go away after exercise or movement in the joint?	1. Yes	5. No	
S6007	Have you experienced <u>back pain</u> (including disc problems) during the <u>last 30 days</u> ?	1. Yes	5. No	If No: Go to S6009
S6008	How many days did you have this back pain during the <u>last 30 days</u> ?	Days _____		

S6009	Have you ever been diagnosed with <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1. Yes	5. No	8. DK
S6010	Have you ever been treated for it?	1. Yes	5. No	8. DK

S6011	Have you been taking any <u>medications or other treatment</u> for it during the last 2 weeks?	1. Yes	5. No	8. DK
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During the last 12 months, have you experienced any of the following:

S6012	<u>Pain or discomfort</u> in your <u>chest</u> when you walk uphill or hurry?	1. Yes	5. No	9. Never walks uphill or hurries
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S6013	<u>Pain or discomfort</u> in your chest when you walk at an ordinary pace on level ground?	1. Yes	5. No	If S6012 and S6013 No: Go to S6017
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S6014	What do you do if you get the pain or discomfort when you are walking? <i>READ CHOICES</i>	1. Stop or slow down 2. Carry on after taking a pain relieving medicine that dissolves in your mouth 3. Carry on
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S6015	If you stand still, what happens to the pain or discomfort? <i>READ CHOICES</i>	1. Relieved	2. Not relieved
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S6016	Will you show me where you usually experience the pain or discomfort? <i>RECORD ALL AREAS OF BODY MENTIONED OR SHOWED</i>	1. Upper or middle chest	2. Lower chest	3. Left arm	4. Other
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S6017	Have you ever been diagnosed with <u>asthma</u> (an allergic respiratory disease)?	1. Yes	5. No	8. DK
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S6018	Have you ever been treated for it?	1. Yes	5. No	8. DK
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S6019	Have you been taking any <u>medications or other treatment</u> for it during the last 2 weeks?	1. Yes	5. No	8. DK
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During the last 12 months, have you experienced any of the following:

S6020	Attacks of <u>wheezing or whistling breathing</u> ?	1. Yes	5. No
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S6021	Attack of wheezing that came on <u>after you stopped exercising or some other physical activity</u> ?	1. Yes	5. No
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S6022	A feeling of <u>tightness in your chest</u> ?	1. Yes	5. No
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S6023	Have you <u>woken up with a feeling of tightness in your chest</u> in the morning or any other time?	1. Yes	5. No
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S6024	Have you had an <u>attack of shortness of breath</u> that came on <u>without obvious cause</u> when you were not exercising or doing some physical activity?	1. Yes	5. No
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S6025	Have you ever been diagnosed with <u>depression</u> ?	1. Yes	5. No	8. DK
S6026	Have you ever been treated for it?	1. Yes	5. No	8. DK
S6027	Have you been taking any <u>medications</u> or other treatment for it during the last 2 weeks?	1. Yes	5. No	8. DK

During the last 12 months, have you experienced any of the following:

S6028	Have you had a period <u>lasting several days</u> when you felt <u>sad, empty or depressed</u> ?	1. Yes	5. No	8. DK
S6029	Have you had a period lasting several days when you <u>lost interest</u> in most things you usually enjoy such as hobbies, personal relationships or work?	1. Yes	5. No	8. DK
S6030	Have you had a period lasting several days when you have been feeling your <u>energy decreased</u> or that you are <u>tired all the time</u> ?	1. Yes	5. No	8. DK
S6031	Was this period [of sadness/loss of interest/low energy] for <u>more than 2 weeks</u> ?	1. Yes	5. No	
S6032	Was this period [of sadness/loss of interest/low energy] <u>most of the day, nearly every day</u> ?	1. Yes	5. No	
S6033	During this period, did you <u>lose your appetite</u> ?	1. Yes	5. No	
S6034	During this period, did you notice any <u>slowing down in your thinking</u> ?	1. Yes	5. No	

CERVICAL CANCER AND BREAST CANCER SCREENING (*Women only*)

Questions to be asked to FEMALE respondents aged 18-69 only.

CHECK SEX : Female ->CONTINUEMale -> GO TO SECTION 6200

CHECK AGE : Aged between 18 - 69 ->GO TO S6100Aged 70 or over -> GO TO SECTION 6200

Now I would like to ask you about some of the kinds of medical care or tests that you may have received.

S6100	When was the <u>last time</u> you had a <u>pelvic examination</u> , if ever? (By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?)	1. Within the last 3 years	2. 4-5 years ago	3. More than 5 years ago	5. NEVER HAD EXAM	8. DK	If More than 3 years ago or Never: Go to S6102
S6101	The last time you had the pelvic examination, did you have a <u>PAP smear test</u> ?(By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?)	1. Yes	5. No	8. DK			

CHECK WOMAN'S AGE : Between 40-69 -> GO TO S6102..... Aged 39 or under -> GO TO S6200

S6102	When was the last time you had a <u>mammography</u> , if ever? (That is, an x-ray of your breasts taken to detect breast cancer at an early stage.)	1. Within the last 3 years	2. 4-5 years ago	3. More than 5 years ago	5. NEVER HAD EXAM	8. DK
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ORAL HEALTH CARE *(Questions to be asked to all respondents)*

Now I would like to ask you some questions about the condition of your mouth and teeth.

S6200	During the last 12 months, did you have any problems with your mouth and/or teeth?	1. Yes	5. No	If No: Go to S6207
S6201	During the last 12 months, did you receive any <u>medical care or treatment</u> from a dentist or other oral health specialist for this problem with your mouth and/or teeth?	1. Yes	5. No	If No: Go to S6207

What types of care or treatment did you receive for this problem with your mouth and / or teeth?

Probe for all types of care or treatment. Record in questions S6202-S6206 all types mentioned.

S6202	Medication	1. Yes	5. No
S6203	Dental work / oral surgery	1. Yes	5. No
S6204	Dentures or bridges	1. Yes	5. No
S6205	Information or counseling on dental care / oral hygiene	1. Yes	5. No
S6206	Other oral treatment	1. Yes : Specify _____	5. No
S6207	Have you <u>lost all</u> of your natural teeth?	1. Yes	5. No

Time End: __ __ : __ __

7000. Health System Responsiveness

Time Begin: __ __ : __ __

Needing Health Care And General Evaluation Of Health Systems

S7000	When was the <u>last</u> time that either you as an adult, or a child of yours aged 12 years or less, needed health care? [Interviewer: stop reading further as soon as the respondent has selected one.]	1. In the last 30 days	If 7, Go to S7017
		2. Between 1 month and less than 1 year ago	
		3. Between 1 year and less than 2 years ago	
		4. Between 2 years and less than 3 years ago	
		5. Between 3 years and less than 5 years ago	
		6. More than 5 years ago	
		7. Never needed	

S7001	Was the <u>last</u> need for health care for yourself or for your child?	1. Yourself	2. Your child
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[Interviewer: Use "you" or "your child" according to the response]

S7002	Thinking of the last time you [your child] needed to see a health care provider who could treat your condition, how many were there around who you could chose from? <i>Interviewer: RECORD NUMBER</i>	
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S7003	Which reason <u>best</u> describes why you [your child] last needed health care?	1. Dental care
		2. Arthritis
		3. Asthma
		4. Heart disease
		5. Minor surgery
		6. Other

S7004	The last time you [your child] needed health care, did you get health care?	1. Yes	5. No	If Yes, Go to S7016
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Which reasons best explain why you [your child] did not get health care?

S7005	Could not afford the cost of the visit	1. Yes	5. No
S7006	No transport	1. Yes	5. No
S7007	Could not afford the cost of transport	1. Yes	5. No
S7008	The health care provider's drugs or equipment are inadequate	1. Yes	5. No
S7009	The health care provider's skills are inadequate	1. Yes	5. No
S7010	You were previously badly treated	1. Yes	5. No
S7011	Could not take time off work or had other commitments	1. Yes	5. No

S7012	You did not know where to go	1. Yes	5. No			
S7013	You thought you were not sick enough	1. Yes	5. No			
S7014	You tried but were denied health care	1. Yes	5. No			
S7015	Other	1. Yes	5. No			
S7016	When you last needed health care, where did you get care?	1. At a health care provider, excluding an overnight stay in hospital				
		2. At a hospital where you stayed overnight				
		3. At home				
S7017	In general would you say you are <u>very</u> satisfied, <u>fairly</u> satisfied, <u>neither</u> satisfied nor <u>dissatisfied</u> , <u>fairly</u> <u>dissatisfied</u> or <u>very</u> <u>dissatisfied</u> with the way health care runs in your country.	1. Very satisfied	2. Fairly satisfied	3. Neither satisfied or dissatisfied	4. Fairly dissatisfied	5. Very dissatisfied
S7018	During the past year, did you <u>provide help</u> to a relative or friend (adult or child), because this person has a long-term physical or mental illness or disability, or is getting old and weak?	1. Yes, for a person living in the same household				
		2. Yes, for a person living in a separate household				
		5. No				

In your dealings with private health care organizations or the government, have you ever had any difficulties:

S7019	Obtaining payment <u>exemptions</u> or the right to <u>special rates</u> for health care	1. Yes	5. No	9. Not applicable
S7020	<u>Completing or filling out</u> applications for <u>health insurance</u>	1. Yes	5. No	9. Not applicable
S7021	Finding out what <u>benefits</u> you are entitled to from your health insurance	1. Yes	5. No	9. Not applicable
S7022	<u>Getting reimbursements</u> from health insurance organizations	1. Yes	5. No	9. Not applicable

Seeing Health Care Providers

[Interviewer: If an adult went for health care at the same time as for his/her children, focus on the adult's experience]

S7100	Over the last <u>5 years</u> , was there ever a time you stayed <u>overnight</u> in a hospital or other type of long term care facility for your <u>own</u> health care?	1. Yes - a hospital	2. Yes - long term care facility	5. No	If Yes, Go to S7300
S7101	Over the last <u>5 years</u> , was there ever a time that one of your children aged <u>12 years or less</u> stayed <u>overnight</u> in a hospital? [Interviewer: if the person has more than one child, ask for sex and age of the child that had the last visit; If several children were seen at the same time, focus on the YOUNGEST child.]	1. Yes	5. No		If No, Go to S7104
S7102	What is the <u>sex</u> of the child?	1. Female		2. Male	
S7103	What is the <u>date of birth</u> of the child?	MM_____ YY_____			Go to S7300
S7104	Over the last 12 months, did you receive any health care <u>excluding</u> any overnight stay in hospital?	1. Yes	5. No		If Yes, Go To S7200
S7105	Over the last 12 months, was there ever a time you accompanied one of your children aged 12 years or less for health care <u>excluding</u> any overnight stay in hospital? [Interviewer: if the person has more than one child ask for sex and age of the child that had the last visit; If several children were seen at the same time, focus on the YOUNGEST child.]	1. Yes	5. No		If No, Go To S8000
S7106	What is the <u>sex</u> of the child?	1. Female		2. Male	
S7107	What is the <u>date of birth</u> of the child?	MM_____ YY_____			

Outpatient and Care at Home

[Interviewer : use "you" or "your child" according to responses in previous section "Seeing Health Care Providers".]

S7200	What was the name of the last health care provider you [your child] used in the last 12 months?[Interviewer: try get the name of the clinic or health centre, rather than the doctor, if the respondent used a clinic or health centre. If the respondent was visited at home, write "home visit"].				
S7201	Was the last <u>place</u> you [your child] visited <u>in the last 12 months</u> :	1. Operated by the government	2. Privately operated	3. NGO	4. Other
S7202	Which was the last health care provider you <u>visited</u> ? [Interviewer: After S7202 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses.]	1. Medical doctor (including gynaecologist, psychiatrist, ophthalmologist, etc.) 2. Nurse 3. Midwife 4. Dentist 5. Physiotherapist or chiropractor 6. Traditional medicine practitioner 7. Other			
S7203	Thinking about your [child's] last visit, how <u>long</u> did it take you to get there? (minutes)				

Thinking about your [child's] last visit, how much did you or your household pay for (local currency): [Interviewer: only write 0 if the service was free. If a person did not have tests or drugs, circle "Not applicable, not have"]

S7204	[Health care provider's] fees	8. DK				
S7205	Medicines	8. DK		9. Not Applicable, not have		
S7206	Tests	8. DK		9. Not applicable, not have		
S7207	Transport	8. DK		9. Not applicable, not have		
S7208	Other	8. DK		9. Not applicable, not have		
S7209	For your [child's] last visit, how would you rate the amount of time you <u>waited</u> before being attended to?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

S7210	For your [child's] last visit, how would you rate your experience of being <u>greeted and talked to respectfully</u> ?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	
S7211	For your [child's] last visit, how would you rate the experience of how <u>clearly</u> health care providers <u>explained</u> things to you?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	
S7212	For your [child's] last visit, how would you rate your experience of being <u>involved</u> in making decisions about your health care or treatment?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	
S7213	For your [child's] last visit, how would you rate the way the health services ensured you could <u>talk privately</u> to health care providers?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	
S7214	For your [child's] last visit, how would you rate the freedom you had to <u>choose</u> your [health care provider]?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	
S7215	For your [child's] last visit, how would you rate the <u>cleanliness</u> of the rooms inside the facility, including toilets?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	9. Not applicable, home care
							Go to S7400 (Vignettes)

Inpatient Hospital

[Interviewer : use "you" or "your child" according to responses in previous section "Seeing Health Care Providers".]

S7300	What was the name of the last hospital or long term care facility you [your child] stayed in, in the last 5 years?					
S7301	Was the hospital (or long term care facility):	1. Operated by the government	2. Privately operated	3. NGO	4. Other	
S7302	When was your [child's] <u>last overnight stay</u> ? [Interviewer: stop reading further as soon as the respondent has selected one]	1. In the last 4 weeks	2. In the last year	3. In the last 2 years	4. In the last 3 years	5. In the last 5 years
S7303	Which of the following best describes the reason for your [child's] <u>last overnight stay</u> ?	1. High fever, severe diarrhea, or cough 2. Childbirth 3. Arthritis 4. Asthma 5. Heart disease 6. Bodily injury 7. Minor surgery 8. Other				
S7304	How long was your [child's] stay on this occasion? [Interviewer: stop reading further as soon as the respondent has selected one]	1. 1-2 days	2. 3-5 days	3. 6-14 days	4. 15 days and more	
S7305	Thinking about your [child's] last hospital stay, how <u>long</u> did it take you to get there (in minutes)?					
S7306	For your [child's] last hospital stay, how long from the time you needed hospital care did you wait to be admitted to hospital? [Interviewer: stop reading further as soon as the respondent has selected one]	1. Same day	2. Less than a week	3. Less than 1 month	4. Less than 3 months	5. 3 months and more

Thinking about your last hospital stay, how much did you or your household pay for (local currency): [Interviewer: only write 0 if the service was free. If a person did not have tests or drugs, circle “Not applicable, not have”]

S7307	Doctor's fees		8. DK			
S7308	Drugs		8. DK		9. NA, not have	
S7309	Tests		8. DK		9. NA, not have	
S7310	Transport		8. DK		9. NA, not have	
S7311	Other		8. DK		9. NA, free	
S7312	Thinking about your [child's] <u>last hospital stay</u> , how many people slept in the same room as you [your child]?					
S7313	For your [child's] <u>last hospital stay</u> , how would you rate the amount of time you <u>waited</u> before being attended to?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
S7314	For your [child's] <u>last hospital stay</u> , how would you rate your experience of being <u>greeted</u> and <u>talked to respectfully</u> ?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
S7315	For your [child's] <u>last hospital stay</u> , how would you rate the experience of how <u>clearly</u> health care providers explained things to you?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
S7316	For your [child's] <u>last hospital stay</u> , how would you rate your experience of being <u>involved</u> in making <u>decisions</u> about your [child's] health care or treatment?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
S7317	For your [child's] <u>last hospital stay</u> , how would you rate the way the health services ensured you could talk <u>privately</u> to health care providers?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
S7318	For your [child's] <u>last hospital stay</u> , how would you rate the freedom you had to <u>choose</u> your [child's] health care providers?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
S7319	For your [child's] <u>last hospital stay</u> , how would you rate the <u>cleanliness</u> of the rooms inside the facility, including toilets?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
S7320	For your [child's] <u>last hospital stay</u> , how would you rate the ease of having family and friends visit you [your child]?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

VIGNETTES FOR HEALTH SYSTEM RESPONSIVENESS

S7400	RECORD SET (A, B, C, D):	B
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I am now going to read you stories about people’s experiences with health care services. I want you to think about these people’s experiences as if they were your own. Once I have finished reading each story, I will ask you to rate what happened in the story as very good, good, moderate, bad or very bad.

Use in vignettes country specific female/male first names to match the sex of the respondent (with exceptions specified in the “Guide to Administration and Question by Question Specifications”).

Vignette 1						
S7401	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 2						
S7402	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 3						
S7403	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 4						
S7404	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 5						
S7405	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 6						
S7406	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 7						
S7407	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 8						
S7408	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 9						
S7409	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

Vignette 10						
S7410	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

Time End: __ __ : __ __

8000. Health Goals

Time Begin: __ __ : __ __

In the last month:

S8000	How often have you felt that you were unable to <u>control the important things</u> in your life?	1. Never	2. Almost never	3. Sometimes	4. Fairly often	5. Very often
S8001	How often have you found that you could <u>not cope with all the things</u> that you had to do?	1. Never	2. Almost never	3. Sometimes	4. Fairly often	5. Very often

Health Systems Goals

READ TO RESPONDENT: To answer the following question you need to understand what is meant by "Health System Goals". Five main goals have been identified:

1. Improving the health of the population (population lives longer and with less illness)
2. Minimizing inequalities in health between people (all people should have equal chances of being healthy)
3. Improving responsiveness of the health system (this involves things like how quickly people are attended to; how respectfully people are spoken to by medical staff; how clearly things are explained; how convenient it is to reach different health services; how clean they are; and how much freedom there is to choose to see the doctor one wants).
4. Minimizing inequalities/disparities in responsiveness (the health system is equally responsive to all people, no matter their wealth, social status, sex, age or religious or other beliefs)
5. Fairness in financial contribution (every household should pay a fair share towards the health system)

Now, I would like you to score these 5 goals in order of importance from the most important (1) to the least important (5) – Please, put the cards I will give to you in order of importance.

INTERVIEWER: GIVE RESPONDENTS CUE CARDS, WRITE THE CODE FROM EACH CARD NEXT TO THE RANK, STARTING WITH RANK 1 AS THE MOST IMPORTANT, TO RANK 5 AS THE LEAST IMPORTANT.

CODES FOR HEALTH SYSTEM GOALS	
HTH	Health
HIN	Health Inequalities
RES	Responsiveness
REI	Responsiveness Inequalities
FFC	Fairness in Financial Contribution

S8002	RANK 1 (MOST important goal)	
S8003	RANK 2	
S8004	RANK 3	
S8005	RANK 4	
S8006	RANK 5 (LEAST important goal)	

Time End: __ __ : __ __

9000. Interviewer Observations

To be filled in by the interviewer at the end of the interview

Did the respondent:

S9000	have a <u>hearing problem</u> ?	1. Yes	5. No			
S9001	<u>cough</u> continually?	1. Yes	5. No			
S9002	have <u>shortness of breath</u> ?	1. Yes	5. No			
S9003	have a <u>mental problem</u> ?	1. Yes	5. No			
S9004	<u>other</u> health problem?	1. Yes	5. No			
S9005	The respondent cooperation was:	1. Excellent	2. Very good	3. Good	4. Fair	5. Poor
S9006	<u>Accuracy</u> and <u>completeness</u> of respondent's answers:	1. Very high	2. High	3. Average	4. Low	5. Very Low
S9007	Any <u>unusual circumstances</u> or happenings during the interview:	<hr/>				
S9008	Any <u>other comments</u> :	<hr/>				