



# WHO Survey on Health and Health System Responsiveness

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## WHO Survey on Health and Health System Responsiveness

### COVERSHEET

#### Identification information

0001 Research Centre Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

0002 Respondent ID \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

0003 Is this the initial or retest interview? Initial (1) Retest (2)

0004 If retest interview, indicate number of days between initial and retest \_\_\_\_\_

0005 Interviewer ID \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

0006 Name of interviewer \_\_\_\_\_

0007 Sampling Frame Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

0008 Setting: \_\_\_\_\_

0009 External Income level: \_\_\_\_\_

0010 Total calls: \_\_\_\_\_

0011 Date of final results: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

0012 Final result code: \_\_\_\_\_

0013 Informed Consent Signed: Yes (1) No (5)

0014 Interview date: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

#### Data entry

0015 Data entry information: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (1<sup>st</sup> date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (2<sup>nd</sup> date)

#### Supervisor section

0016 Date of editing: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of supervisor:

## Household roster

In order to determine whom to interview, I need to know who lives at this address. Let me assure you that any information you provide is strictly confidential. I would like to start with you. What is your full name and how old are you?

Next, I would like the age, sex, education, marital status and relationship of each of the other members of this household who are living here now.

	A.	B. *	C.	D.	E.	F.	G.	H.	I.
	Household Member First and Last Name	Household Member's Relationship to Informant	Age	Sex	Education	Marital Status	Eligible Person " 3 "	Person Number	Selected Respondent " R "
<b>M</b>									
<b>A</b>									
<b>L</b>									
<b>E</b>									
<b>S</b>									
<b>F</b>									
<b>E</b>									
<b>M</b>									
<b>A</b>									
<b>L</b>									
<b>E</b>									
<b>S</b>									

### \* Codes for B

01 = himself/herself	02 = wife or husband	03 = son or daughter	04 = son or daughter-in-law
05 = grand child	06 = parent	07 = parent-in-law	08 = brother or sister
09 = co-wife	10 = adopted/foster child	11 = other relative	12 = not related
			13 = Don't know (DK)

You have said there are **(REPEAT LISTING)**; does that include everyone living here at the present time? **(IF NO, CORRECT LISTING.)** [Now, I will use a selection procedure - I am going to number the persons in this household to determine whom we need to interview - (it will take a second)].

### INSTRUCTIONS --SELECTING RESPONDENT SELECTION TABLE

- Enter a check mark ( 3 ) in col. G for each person eligible for selection. **Eligible persons are presently age 18 or older.** If the age in col. C is not in the 18+ year age range, DO NOT enter a check mark in col. G.
- In col. H assign a sequential number of each eligible person checked in col. G. First number eligible MALES from eldest to youngest and continue the numbering with eligible FEMALES, from eldest to youngest.
- Use the selection table on the right 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

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

selected to be interviewed. Enter “R” in col. I. for this person

d) NO ELIGIBLE RESPONDENT (NO ONE AGE 18 OR OLDER IN HOUSEHOLD).

## RECONTACT INFORMATION

RX1. Thank you very much for this interview. We value people like you who are willing to contribute their experiences to our research. We will be sending you a report of some of our findings as a way of expressing our appreciation for your cooperation. Our Regional Supervisor may also be calling or writing you to verify this interview. For these reasons I would like to verify your name and ask for your mailing address and telephone number.

RX1a. What is your full legal name? (IWER: VERIFY SPELLING OF R'S FULL NAME AND WRITE CLEARLY.)

NAME REFUSED	TITLE:																				
FIRST NAME										MIDDLE INITIAL		LAST NAME									

RX1b. What is your address?

1. STREET ADDRESS																			
2. CITY										3. COUNTRY		4. ZIP CODE							

RX2. And, what is your telephone number? \_\_\_\_\_

NO TELEPHONE

RX3. Is your phone number listed in the current telephone directory?

1. YES, LISTED	5. NO, NOT LISTED	8. NOT SURE, DON'T KNOW
↓	GO TO RX4	

RX3a. Is the phone listed in your name?

1. YES

5. NO

RX3b. In whose name is the phone listed?  
(What relation is this person to you?)

NAME

RELATIONSHIP

RX4. If for any reason we should have difficulty contacting you, could you give me the name, address, and telephone number of two close friends or relatives who will know how to get in touch with you? (And what is this person's relationship to you?)

1. NAME: \_\_\_\_\_  
RELATIONSHIP TO R: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
RELATIONSHIP TO R: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

## NON-INTERVIEW FORM

NX. To help us understand why this coversheet was coded as a Non-interview, please detail below each call attempt made at this HU. Please elaborate on the call record by focusing on the interactions you had with the HU member contacted at each call. Include the following information (Use additional paper as necessary):

- What the HU member said in resistance and the key phrases, using your words, that were used in response.
- Any (non-verbal) events that occurred or observations that you made which are relevant to the non-interview situation.
- Any other persuasion techniques used, including incentives offered, standard or special persuasion letters requested, and any particular issues addressed, including confidentiality, sampling issues, respondent payment, etc.
- Suggestions or ideas for other interviewers who may call on this HU again.

A. CALL #	B. DATE	C. INTERVIEWER ID	D. DESCRIPTION OF NON-INTERVIEW
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## CALL RECORD

Number of calls	CALL #1	CALL #2	CALL #3
A. Date	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
B. Day of week			
C. Exact time began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)
F. Mode of contact	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)
G. Tel. Number if obtained			
H. HU listing obtained	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	CALL #4	CALL #5	CALL #6
A. Date	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
B. Day of week			
C. Exact time began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)
F. Mode of contact	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)
G. Tel. Number if obtained			
H. HU listing obtained	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	CALL #7	CALL #8	CALL #9
A. Date	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
B. Day of week			
C. <u>Exact time</u> began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)
F. Mode of contact	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)
G. Tel. Number if obtained			
H. HU listing obtained	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	CALL #10		
A. Date	DAY/MONTH/YEAR		
B. Day of week			
C. <u>Exact time</u> began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)		
F. Mode of contact			
G. Tel. Number if obtained	PERSONAL(1)/TEL(2)		
H. HU listing obtained	YES(1)/NO(5)		
I. Detailed description of contact or attempt to contact			
J. Result code			

<b>A. Demographics and Overall Review</b>	<b>Time Begin: __ __: __ __</b>
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### SOCIAL BACKGROUND

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.

1000. **Record sex as observed**

Female..... **1**  
Male .....**2**

1001. How old are you?

Years \_\_\_\_\_ **(Go to 1003)**  
Refuse .....**777**  
DK .....**888**

1002. If you don't know/don't want to tell me your age (**choose what is most appropriate**) could you tell me the age range if I read the different options to you? (**READ THE OPTIONS TO THE RESPONDENT**)

15-19 ..... **1**  
20-29 .....**2**  
30-39 .....**3**  
40-49 .....**4**  
50-59 .....**5**  
60-69 .....**6**  
70+ .....**7**

1003. What is your weight?

Weight \_\_\_\_\_  
Kilos.....**1**  
Pounds.....**2**  
Refuse .....**777**  
DK.....**888**

1004. What is your height?

Height \_\_\_\_\_  
Feet/inches .....**1**  
Cm.....**2**  
Refuse .....**777**  
DK.....**888**

1005. What is your current marital status?

Never married ..... 1  
Currently married.....2  
Separated.....3  
Divorced.....4  
Widowed .....5  
Cohabiting.....6

1006. What is the highest level of education that you have completed?

Less than primary school.....1  
Primary school..... 2  
Secondary school .....3  
High school (or equivalent).....4  
College / University.....5

1007. How many years of school, including higher education, have you completed?

Number of years.....  
Refuse .....777  
DK.....888

1008. Which of the following best describes your main work status over the last 12 months?

Government Employee.....1  
Non-government employee .....2  
Self-employed .....3  
Non paid (volunteer) .....4  
Student.....5  
Homemaker .....6  
Retired .....7  
Unemployed (able to work).....8  
Unemployed (unable to work).....9

1009. What is your (to substitute appropriate phrases for country) background?

a) Ethnic group.....  
b) Racial group.....  
c) Cultural sub-group.....  
d) Others .....  
Refuse .....7  
DK.....8

## **Household income and expenditure**

1100. Thinking over the past year, can you tell me what the average earnings of the household have been per week or per month or per year? Please tell me whichever time period that is easier for you.

\_\_\_\_\_ per week (Go to 1102)  
\_\_\_\_\_ per month (Go to 1102)  
\_\_\_\_\_ per year (Go to 1102)  
Refuse..... -7  
DK..... -8

1101. If you don't know or don't want to tell me the amount, would you please tell me the income range if I read some options to you? **(to substitute 20, 40, 60, 80% of average national income distribution)**

1101a. Is it less than WWW?  
Yes ..... 1  
No..... 5(Go to 1101b)

1101b. Is it less than XXX?  
Yes ..... 1  
No..... 5(Go to 1101c)

1101c. Is it less than YYY?  
Yes ..... 1  
No..... 5(Go to 1101d)

1101d. Is it less than ZZZZ  
Yes ..... 1  
No..... 5

1102. How much did the household spend on food last month?

\_\_\_\_\_ per month  
Refuse..... -7  
DK..... -8

1103. How much did the household spend on accommodation last month?

\_\_\_\_\_ per month  
Refuse..... -7  
DK..... -8

1104. Are you covered by any public or private health insurance funds ?

Only for inpatient care (where you stay overnight, usually hospitals) . 1  
Only for outpatient care (all other types of care) ..... 2  
For both ..... 3  
For neither ..... 4  
DK ..... 8

1105. How much did the household spend on health last month?

**(Enter amount in local currency)**

- a. Insurance      \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
  - b. Medication    \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
  - c. Visits to doctors \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
  - d. Other (specify) \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_

1106. How much did the household spend on health in the past year?

**(Enter amount in local currency)**

- a. Insurance      \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
  - b. Medication    \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
  - c. Visits to doctors \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
  - d. Other (specify) \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_

## **Housing**

Now I would like to ask you questions about your house.

1200. What type of cooking stove is used in your house?

- Open fire/stove without chimney ..... 1
- Open fire/stove under chimney/hood ..... 2
- Closed stove with chimney/flue ..... 3
- Other (specify)..... 4

1201. Where is cooking usually done?

- In a room of the main house ..... 1
- In a separate room used as kitchen ..... 2
- In a separate shed/building used as a kitchen ..... 3
- Outdoors..... 4(Go to 1201a)
- Other (specify)..... 5

1201a. If outdoors, is the stove under a roof ?

- Yes ..... 1
- No..... 5

1202. What type of fuel does your household mainly use for cooking?

- Gas ..... 1(Go to 1202a)
- Electricity ..... 2
- Kerosene..... 3
- Coal ..... 4
- Charcoal ..... 5
- Wood ..... 6
- Agricultural/crop residues ..... 7
- Animal dung..... 8
- Shrubs/grass ..... 9
- Other (specify)..... 10

1202a. If gas, which type:

- Bottled ..... 1
- Piped..... 2
- Biogas..... 3

1203. What type of fuel does your household mainly use for heating?

Gas .....	1(Go to 1203a)
Electricity .....	2
Kerosene.....	3
Coal .....	4
Charcoal .....	5
Wood .....	6
Agricultural/crop residues .....	7
Animal dung.....	8
Shrubs/grass .....	9
Other (specify).....	10

1203a. If gas, which type:

Bottled .....	1
Piped.....	2
Biogas.....	3

1204. Do you have a refrigerator in your household?

Yes .....	1
No.....	5

## **Birth History**

**These questions are to be asked of all women of reproductive age (between the ages of 18-49 years).**

1300. Now I would like to ask you about all the births you have had during your life.

Have you ever given birth?

Yes ..... **1**

No..... **5**

**(Go to Section B)**

1301. Do you have any sons or daughters to whom you have given birth who are now living with you?

Yes ..... **1**

No.....**5(Go to 1303)**

1302. How many children live with you?

Sons\_\_\_\_\_

Daughters\_\_\_\_\_

1303. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?

Yes ..... **1**

No.....**5 (Go to 1305)**

1304. How many children are alive but do not live with you?

Sons\_\_\_\_\_

Daughters\_\_\_\_\_

1305. Have you ever given birth to a boy or a girl who was born alive but later died?

Yes ..... **1**

No.....**5 (Go to 1307)**

1306. How many children have died?

Sons\_\_\_\_\_

Daughters\_\_\_\_\_

**Sum answers to 1302, 1304 and 1306 and enter total \_\_\_\_\_**

1307. To make sure I have this right, you have had in total\_\_\_\_\_ births during your life. Is that correct?

Yes ..... **1**

No..... **5 (Probe and correct)**



## B. Health State Descriptions

### Overall health

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

2000. In general, would you rate your health today?

**(READ AND SHOW SCALE TO RESPONDENT)**

Very good.....	1
Good.....	2
Moderate .....	3
Bad .....	4
Very bad.....	5
Refuse .....	7
DK.....	8

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. **(READ AND SHOW SCALE TO RESPONDENT)**  
By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity.

2001. Overall in the last 30 days how much difficulty did you have with moving around?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme/Cannot do .....	5

2002. Overall in the last 30 days how much difficulty did you have with self-care, such as washing or dressing yourself?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme/Cannot do .....	5

2003. Overall in the last 30 days how much difficulty did you have with work or household activities?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2004. Overall in the last 30 days how much pain or discomfort did you have?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme .....5

2005. Overall in the last 30 days how much distress, sadness or worry did you experience?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2006. Overall in the last 30 days how much difficulty did you have with concentrating or remembering things?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2007. Overall in the last 30 days how much difficulty did you have with personal relationships or participation in the community ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

## **Vision**

2010. Do you wear glasses or contact lenses?

Yes ..... **1**  
No.....**5**

In the last 30 days, how much difficulty did you have in:

2011. Seeing and recognizing a person you know across the road (i.e. from a distance of about 20 meters)?

None ..... **1**  
Mild.....**2**  
Moderate .....**3**  
Severe.....**4**  
Extreme/Cannot do .....**5**

2012. Seeing and recognizing an object at arm's length or in reading?

None ..... **1**  
Mild.....**2**  
Moderate .....**3**  
Severe.....**4**  
Extreme/Cannot do .....**5**

## **Hearing**

2020. Do you wear a hearing aid?

Yes ..... **1**

No.....**5**

In the last 30 days, how much difficulty did you have in:

**(READ AND SHOW SCALE TO RESPONDENT)**

2021. Hearing someone talking on the other side of the room in a normal voice?

None ..... **1**

Mild.....**2**

Moderate .....**3**

Severe.....**4**

Extreme/Cannot do .....**5**

2022. Hearing what is said in a conversation with one other person in a quiet room?

None ..... **1**

Mild.....**2**

Moderate .....**3**

Severe.....**4**

Extreme/Cannot do .....**5**

## **Digestion**

In the last 30 days, for how many days did you have a problem due to:

2040. Burning in the stomach?

Record number of days\_\_\_/\_\_\_

2041. Loose stools 3 or more times a day?

Record number of days\_\_\_/\_\_\_

**Bodily excretions and continence**

In the last 30 days, how much of a problem did you have with:

**(READ AND SHOW SCALE TO RESPONDENT)**

2050. Defecating, including constipation?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2051. Passing water (urinating) or in controlling urine (incontinence)?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

**Fertility**

**To be asked to men and women of reproductive age between the ages of 18-49 years only.**

2060. Did you and your spouse (or partner) try to have children in the past 2 years?

Yes..... 1  
No.....5(Go to 2070)

2061. Were you and your spouse (or partner) able to have children in the past 2 years?

Able to have a child..... 1  
Unable to have a child.....5  
Refuse.....7  
DK.....8  
NA.....9

## **Skin and disfigurement**

Now I would like to ask you some questions about your physical appearance.

**(READ AND SHOW SCALE TO RESPONDENT)**

2070. Have you had a problem with a skin defect of face, body, arms or legs?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme .....	5

2071. Have you had a problem with your appearance due to missing or deformed or paralyzed arms, legs, feet?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme .....	5



**Breathing difficulty (dyspnea)**

In the last 30 days, how much difficulty did you have with:

**(READ AND SHOW SCALE TO RESPONDENT)**

2080. Shortness of breath at rest?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme ..... 5

2081. Shortness of breath with mild exercise, such as climbing uphill for 20 meters or stairs (such as 12 steps)?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme ..... 5

2082. Coughing or wheezing for ten minutes or more at a time?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme ..... 5

**Pain and discomfort**

2090. In the last 30 days, how much bodily pain or discomfort did you have?

**(READ AND SHOW SCALE TO RESPONDENT)**

None..... **1**  
**(Go to 2100)**  
Mild.....**2**  
Moderate .....**3**  
Severe.....**4**  
Extreme .....**5**  
**(Go to 2091)**

2091. Where did you have pain

<b>Location</b>	<b>Yes=1    No=5</b>	<b>Record duration in days</b>
2091a. Joints like arms, hands, legs, or feet		
2091b. Back pain		
2091c. Headaches		
2091d. Stomach or abdomen pain		
2091e. Chest pain		
2091f. Anywhere else? Specify _____ _____		

## **Affect**

Again, I would like you to think about the last 30 days while answering this next set of questions, and how much of the time you had each of the following experiences.

### **(READ AND SHOW SCALE TO RESPONDENT)**

How much of the time during the past month did you feel:

2100. Happy and cheerful?

All of the time ..... 1  
Most of the time .....2  
A good bit of the time .....3  
Some of the time .....4  
None of the time.....5

2101. Sad, empty, depressed?

None of the time..... 1  
Some of the time .....2  
A good bit of the time .....3  
Most of the time .....4  
All of the time .....5

2102. Irritable or in a bad mood?

None of the time..... 1  
Some of the time .....2  
A good bit of the time .....3  
Most of the time .....4  
All of the time .....5

2103. Feel worried a lot?

None of the time..... 1  
Some of the time .....2  
A good bit of the time .....3  
Most of the time .....4  
All of the time .....5

## **Sleep**

Now I would like to ask you about your sleeping pattern and the problems you have had with sleep in the last 30 days.

2110. On a typical night, how many hours do you usually sleep?

Number of hours \_\_\_\_\_

In the last 30 days, how much of the time did you have a problem with sleeping, such as:

**(READ AND SHOW SCALE TO RESPONDENT)**

2111. Falling asleep, waking up frequently during the night or waking up too early in the morning?

None of the time..... **1**  
Some of the time .....**2**  
A good bit of the time .....**3**  
Most of the time .....**4**  
All of the time .....**5**

### **Energy and vitality**

These questions are about your energy and vitality in the last 30 days.

**(READ AND SHOW SCALE TO RESPONDENT)**

2120. How much of the time did you feel full of energy?

All of the time ..... **1**  
Most of the time ..... **2**  
A good bit of the time ..... **3**  
Some of the time ..... **4**  
None of the time..... **5**

2121. How much of the time did you feel tired?

None of the time..... **1**  
Some of the time ..... **2**  
A good bit of the time ..... **3**  
Most of the time ..... **4**  
All of the time ..... **5**

## **Understanding and interacting**

In the last 30 days, how much difficulty did you have in:

**(READ AND SHOW SCALE TO RESPONDENT)**

2130. Concentrating on doing something for 10 minutes?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2131. Remembering to do important things?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2132. Analyzing and solving problems in day to day life?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2133. Learning a new task, for example, learning how to get to a new place?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

## **Communication**

In the last 30 days, because of your physical and emotional health, how much difficulty did you have in:

**(READ SCALE TO RESPONDENT)**

2140. Generally understanding what people say?

None..... **1**  
Mild.....**2**  
Moderate .....**3**  
Severe.....**4**  
Extreme/Cannot do .....**5**

2141. Starting and maintaining a conversation?

None..... **1**  
Mild.....**2**  
Moderate .....**3**  
Severe.....**4**  
Extreme/Cannot do .....**5**

## **Mobility and physical activity**

In the last 30 days, how much difficulty did you have in:

**(READ AND SHOW SCALE TO RESPONDENT)**

2150. Standing up from sitting down?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2151. Moving around inside your home?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2152. Climbing several flights of stairs or walking up a steep hill?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2153. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5



**Dexterity and fine motor activity**

**(READ AND SHOW SCALE TO RESPONDENT)**

2160. In the last 30 days, how much difficulty did you have in using your hands and fingers, such as picking up small objects or opening or closing containers?

None.....	<b>1</b>
Mild.....	<b>2</b>
Moderate .....	<b>3</b>
Severe.....	<b>4</b>
Extreme/Cannot do .....	<b>5</b>

## **Self care**

In the last 30 days, because of your physical and emotional health, how much difficulty did you have in:

**(READ AND SHOW SCALE TO RESPONDENT)**

2170. Washing your whole body?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

2171. Getting dressed?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

2172. Staying by yourself for a few days?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

### **Interpersonal relationships**

These questions are about the difficulties you have had in getting along with people in the last 30 days because of your physical and emotional health. In the last 30 days, how much difficulty did you have in:

#### **(READ AND SHOW SCALE TO RESPONDENT)**

2180. Maintaining a friendship?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2181. Getting along with people who are close to you?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5

2182. How much difficulty did you have with sexual activities?

None .....	1
Mild .....	2
Moderate .....	3
Severe .....	4
Extreme/Cannot do .....	5
Refuse .....	7
NA .....	9

**Usual activities and roles (work, home, school, etc)**

Now I would like to ask you about your activities at home, such as cooking, cleaning, gardening, home maintenance, home finance, shopping, caring for others and caring for your belongings, and the difficulties you may have had because of your physical and emotional health. In the last 30 days, how much difficulty did you have in:

**(READ AND SHOW SCALE TO RESPONDENT)**

2190. Taking care of your household responsibilities?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2191. Getting all the housework done that you needed to do?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2192. Being limited in the type of household work that you do?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2193. In the last 30 days, how many days were you completely unable to do any household work?

Record number of days \_\_\_/\_\_\_

**ASK THESE QUESTIONS ONLY IF THE RESPONDENT HAS WORKED  
OR IS A STUDENT**

Now I would like to ask you about the limitations you may have in the type of work you do, whether you are remunerated for your work, self-employed (business, farming), are a student or do volunteer work because of your physical and emotional health. I would like you to think about the last 30 days.

In the last 30 days, how much difficulty did you have in:

2194. Your CCday to day work?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2195. Getting all the work done that you needed to do?



None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

2196. In the last 30 days, how many days were you completely unable to go to work?

Record number of days \_\_/\_\_

## **Social functioning**

In the last 30 days, because of your physical and emotional health:

**(READ AND SHOW SCALE TO RESPONDENT)**

2200. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as everyone else can?

None.....	<b>1</b>
Mild.....	<b>2</b>
Moderate .....	<b>3</b>
Severe.....	<b>4</b>
Extreme .....	<b>5</b>

2201. To what extent did your physical health or emotional problems interfere with your normal social activities with family, friends, neighbours or groups?

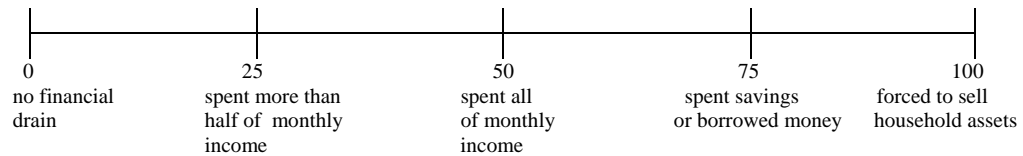
None.....	<b>1</b>
Mild.....	<b>2</b>
Moderate .....	<b>3</b>
Severe.....	<b>4</b>
Extreme .....	<b>5</b>

## **Impact**

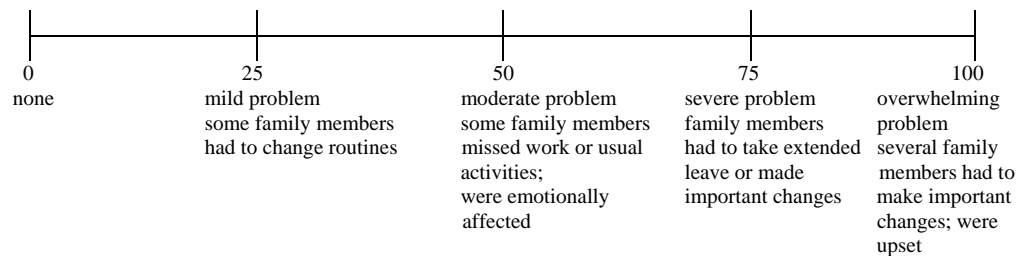
In the last 30 days:

**(READ SCALE TO RESPONDENT)**

2210. How much has your health been a drain on the financial resources of you or your family?



2211. How much of a problem did your family have because of your health problems?



**Vignettes for Health State Descriptions**

**2300. RECORD CARD SET:** \_\_\_\_\_  
(record A, B, C, or D)

**Circle one response per vignette**

2301. Vignette 1:	1	2	3	4	5
2302. Vignette 2:	1	2	3	4	5
2303. Vignette 3:	1	2	3	4	5
2304. Vignette 4:	1	2	3	4	5
2305. Vignette 5:	1	2	3	4	5
2306. Vignette 6:	1	2	3	4	5
2307. Vignette 7:	1	2	3	4	5
2308. Vignette 8:	1	2	3	4	5
2309. Vignette 9:	1	2	3	4	5
2310. Vignette 10:	1	2	3	4	5
2311. Vignette 11:	1	2	3	4	5
2312. Vignette 12:	1	2	3	4	5
2313. Vignette 13:	1	2	3	4	5
2314. Vignette 14:	1	2	3	4	5
2315. Vignette 15:	1	2	3	4	5
2316. Vignette 16:	1	2	3	4	5



## C. Health Conditions

3000. I want to ask you about diseases or health conditions you may have had during the last one year or longer. Have you suffered from any of the following:


**(SHOW CARD TO RESPONDENT - circle 1 or 5)**

	YES	NO
1. High Blood Pressure (Hypertension)	1	5
2. Diabetes	1	5
3. Arthritis, arthrosis	1	5
4. Heart disease, Coronary Disease, heart attack	1	5
5. Chronic Bronchitis/ emphysema	1	5
6. Asthma, allergic respiratory disease	1	5
7. Back pain/disc problems	1	5
8. Migraine (Recurrent Headaches)	1	5
9. Stroke (Cerebral bleeding)	1	5
10. Depression or Anxiety	1	5
11. Sleep problems	1	5
12. Hearing problems	1	5
13. Vision problems	1	5
14. Gastritis or ulcer	1	5
15. Tumour/cancer (including blood cancer)	1	5
16. Other (specify) _____	1	5

3001. Generic Probing for diseases endorsed in 3000. Insert the disease name in each question. Ask all questions for each disease.

In the last 12 months:

- a. Were you told by a doctor (or another health professional) that you have \_\_\_\_\_?
- b. Were you given any treatment or laboratory examinations or other tests for \_\_\_\_\_?
- c. Were you limited in your usual activities because of \_\_\_\_\_?

Disease	(a) Diagnosis	(b) Treatment/Lab exams/tests	(c) Limitation
	Yes=1 No=5	Yes=1 No=5	Yes=1 No=5
1. High blood pressure			
2. Diabetes			
3. Arthritis, arthrosis			
4. Heart disease, Coronary Disease, heart attack			
5. Chronic Bronchitis, emphysema			
6. Asthma, allergic respiratory disease 			
7. Back pain/disc problems			
8. Migraine			
9. Stroke (cerebral bleeding)			
10. Depression or Anxiety			
11. Sleep problems			
12. Hearing problems			
13. Vision problems			
14. Gastritis or ulcer			
15. Tumour/cancer			
16. Other (specify)			

## D. Mental Health & Substance Use

### Depression screen

4000. In the last year, have you ever had a period lasting several days (or more) when most of the day you felt sad, empty or depressed?

Yes .....1(Go to 4000a)  
No .....5  
Refuse .....7  
DK .....8  
NA .....9

4000a. Was this period also present in the last month?

Yes .....1  
No .....5

4001. In the last year, have you ever had a period lasting several days when you lost interest in most things you usually enjoy such as hobbies, personal relationships or work?

Yes .....1(Go to 4001a)  
No .....5  
Refuse .....7  
DK .....8  
NA .....9

4001a. Was this period also present in the last month?

Yes .....1  
No .....5

4002. In the last year, have you ever had a period lasting several days when you have been feeling your energy decreased or that you are tired all the time?

Yes .....1(Go to 4002a)  
No .....5  
Refuse .....7  
DK .....8  
NA .....9

4002a. Was this period also present in the last month?

Yes .....1  
No .....5

**If R has answered YES to any of the above questions, ask the next questions.  
If R has answered NO to the three questions, Go to Substance Use (4100)**

-----

4003. Was this period [of DEPRESSION OR EQUIVALENT: loss of interest/low energy] more than 2 weeks?

Yes ..... 1

No.....5

4004. Was this period [of depression/ loss of interest/low energy] most of the day, nearly every day?

Yes ..... 1

No.....5

Refuse .....7

DK.....8

**If R has answered YES to questions 4003 and 4004, ask the next questions.**

**If R has answered NO to any of the two questions, Go to Substance Use (4100)**

-----  
4005. During this period, did you experience any problems falling asleep?

Yes ..... 1

No.....5

Refuse .....7

DK.....8

4006. During this period, did you experience any problems waking up too early?

Yes ..... 1

No.....5

Refuse .....7

DK.....8

4007. During this period, did you lose your appetite?

Yes ..... 1

No.....5

Refuse .....7

DK.....8

4008. During this period, did you eat much more than usual?

Yes ..... 1

No.....5

Refuse .....7

DK.....8

4009. During this period did you have any difficulties concentrating; for example, listening to others, working, watching TV, listening to the radio?

Yes ..... 1

No.....5

Refuse .....7

DK.....8

4010. During this period, did you notice any slowing down in your thinking?

Yes ..... 1  
No.....5  
Refuse .....7  
DK.....8

4011. During this period, did you notice any slowing down in your moving around?

Yes ..... 1  
No.....5  
Refuse .....7  
DK.....8

4012. During this period, did you feel anxious and worried most days?

Yes ..... 1  
No.....5  
Refuse .....7  
DK.....8

4013. During this period, were you so restless or jittery nearly every day that you paced up and down and couldn't sit still?

Yes ..... 1  
No.....5  
Refuse .....7  
DK.....8

4014. During this period, did you feel negative about yourself or lost confidence?

Yes ..... 1  
No.....5  
Refuse .....7  
DK.....8

4015. During this period, did you frequently feel hopeless – that there was no way to improve things?

Yes ..... 1  
No.....5  
Refuse .....7  
DK.....8

4016. During this period, did your interest in sex decrease?

Yes ..... **1**  
No.....**5**  
Refuse .....**7**  
DK.....**8**

4017. During this period, did you think of death, wished you were dead?

Yes ..... **1**  
No.....**5**  
Refuse .....**7**  
DK.....**8**

4018. During this period, did you ever try to end your life?

Yes ..... **1**  
No.....**5**  
Refuse .....**7**  
DK.....**8**

4019. When did this period of Depression [or EQ] start?

Record date in weeks \_\_\_\_/\_\_\_\_

4020. When did this period of Depression [or EQ] end?

Record date in weeks \_\_\_\_/\_\_\_\_

## **Substance use**

- **Alcohol**

4100. Have you ever had a drink that contains alcohol?

Yes .....1  
No.....5 (Go to 4200)

**If YES:**

Now I am going to ask you some questions about your use of alcoholic beverages during the past year (that is the last 12 months). Because alcohol use can affect many areas of health, it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as accurate as you can. By alcoholic beverages we mean wine, beer, spirits etc.

### **SHOW ALCOHOL CARD TO RESPONDENT**

For the following questions I would like you to think of the last 12 months.

4101. How often have you had a drink that contains alcohol within the last 12 months?

Monthly or less .....1  
Weekly .....2  
Daily.....3

4102. How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1-2 .....1  
3-4 .....2  
5-6 .....3  
7-9 .....4  
10 or more .....5

**If R has answered option 1 to 4101 and 4102, Go to 4200.**

**If R has answered options 2-3-4-5 to 4101 or 4102, Go to 4103 and ask the following questions.**

-----  
4103. How often have you had six or more drinks on one occasion?

Never.....1  
Less than monthly .....2  
Monthly .....3  
Weekly .....4  
Daily or almost daily.....5

4104. Have you ever been unable to stop, reduce or control your drinking?

Yes .....1  
No.....5

In the past 12 months:

4105. Did you ever find that you had to drink more than usual to get the same effect?

Yes .....1(Go to 4107)  
No.....5

4106. Did you ever find that the same amount of alcohol had less effect on you than before?

Yes .....1  
No.....5

4107. Has a relative or friend, or a doctor or other mental health professional ever been concerned about your drinking or suggested that you reduce the amount?

Yes, but not in the last year .....1  
Yes, during the last year .....2  
No .....5

4108. Did stopping or reducing your drinking ever cause you problems such as:

	Yes	No
a. the <u>shakes</u> (hands tremble)	1	5
b. being <u>unable to sleep</u>	1	5
c. <u>sweating</u>	1	5
d. your <u>heart beating fast</u>	1	5
e. <u>stomach aches</u>	1	5
f. <u>headaches</u>	1	5
g. <u>weakness</u>	1	5
h. <u>seeing or hearing things</u> that weren't really there	1	5
i. or fits or <u>seizures</u>	1	5

4109. Did you ever take a drink to keep from having problems or to make any of these problems go away?

Yes .....1  
No.....5

4110. There are several health problems that can result from drinking. Because of drinking did you ever:

	Yes	No
a. have liver disease or <u>yellow jaundice?</u>	1	5
b. have <u>stomach disease</u> or vomit blood?	1	5
c. feel your <u>feet tingle</u> or feel numb?	1	5
d. <u>have memory problems even when you weren't drinking?</u>	1	5
e. have <u>emotional problems?</u>	1	5

**If R has answered YES to any of the items for 4110 (a-e), Go to 4111.**

**If R has answered NO to all of the items for 4110 (a-e), Go to 4112.**



In the past 12 months:

4111. Did you continue to drink after you realized it was causing you any of these problems?

Yes ..... **1**  
No..... **5**

4112. Did you have a strong desire to drink that you could not resist taking a drink or found it difficult to think of anything else?

Yes ..... **1**  
No..... **5**

4113. Did you have periods of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?

Yes ..... **1**  
No..... **5**

4114. Did you have a period of a month or longer when you gave up or greatly reduced important activities because of your drinking – like sports, work, or seeing friends and family?

Yes ..... **1**  
No..... **5**

• **Drugs**

4200. Have you ever used drugs either on prescription or on your own?

Yes ..... **1(Go to 4201)**  
No..... **5(Go to Section E)**

Now I would like to ask you if in the past 12 months you have used any of the following even once:

4201. Medical drugs known as “nerve pills” “uppers or downers” (benzodiazepines, barbiturates)?

Yes ..... **1**  
No..... **5**

4202. Marijuana or hashish?

Yes ..... **1**  
No..... **5**

4203. Cocaine and derivatives?

Yes ..... **1**  
No..... **5**

4204. Heroin, opium, morphine etc?

Yes ..... **1**  
No..... **5**

4205. Glue, thinners, inhalants?

Yes .....1  
No.....5

4206. Other drugs such as hallucinogens?

Yes .....1  
No.....5

## E. Health State Valuations

### 5000. RECORD CARD SET \_\_\_\_\_

The questions I am going to ask you now are about different states of health. I will present several different states, and I want you to try to imagine what it would be like to live in those states for the rest of your life.

**SPREAD OUT CARDS IN FRONT OF RESPONDENT, IN RANDOM ORDER.**  
**THESE SHOULD INCLUDE 10 HEALTH STATES BUT NOT THE CARD FOR OWN HEALTH STATE.**

If you look at these cards you will see that each card describes one health state. Let me begin by reading each card out loud. **(READ EACH CARD AND HAND IT TO RESPONDENT)**. Now, for each state, I am going to ask you to describe what you imagine that state would be like in terms of different aspects of health.

### 5001. RECORD CODE OF FIRST STATE \_\_\_\_\_

5002. The first state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5003. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5004. ... with work or household activities?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5005. How much pain or discomfort would somebody in this state have?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme .....5

5006. How much distress, sadness or worry would they experience?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5007. How much difficulty would this person have with concentrating or remembering things ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5008. ... with personal relationships or participation in the community ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5011. **RECORD CODE OF SECOND STATE** \_\_\_\_\_

5012. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5013. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5014. ... with work or household activities?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5015. How much pain or discomfort would somebody in this state have?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme .....5

5016. How much distress, sadness or worry would they experience?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5017. How much difficulty would this person have with concentrating or remembering things?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5018. ... with personal relationships or participation in the community ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5021. **RECORD CODE OF THIRD STATE** \_\_\_\_\_

5022. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5023. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5024. ... with work or household activities?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5025. How much pain or discomfort would somebody in this state have?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme ..... 5

5026. How much distress, sadness or worry would they experience?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5027. How much difficulty would this person have with concentrating or remembering things ?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5028. ... with personal relationships or participation in the community ?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5031. **RECORD CODE OF FOURTH STATE** \_\_\_\_\_

5032. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5033. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5034. ... with work or household activities?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5035. How much pain or discomfort would somebody in this state have?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme .....5

5036. How much distress, sadness or worry would they experience?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5037. How much difficulty would this person have with concentrating or remembering things ?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5038. ... with personal relationships or participation in the community ?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5041. **RECORD CODE OF FIFTH STATE** \_\_\_\_\_

5042. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5043. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5044. ... with work or household activities?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5045. How much pain or discomfort would somebody in this state have?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme.....5

5046. How much distress, sadness or worry would they experience?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5047. How much difficulty would this person have with concentrating or remembering things ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5048. ... with personal relationships or participation in the community ?



- None ..... 1
- Mild.....2
- Moderate .....3
- Severe.....4
- Extreme/Cannot do .....5

5051. **RECORD CODE OF SIXTH STATE** \_\_\_\_\_

5052. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None ..... 1
- Mild.....2
- Moderate .....3
- Severe.....4
- Extreme/Cannot do .....5

5053. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None ..... 1
- Mild.....2
- Moderate .....3
- Severe.....4
- Extreme/Cannot do .....5

5054. ... with work or household activities?

- None ..... 1
- Mild.....2
- Moderate .....3
- Severe.....4
- Extreme/Cannot do .....5

5055. How much pain or discomfort would somebody in this state have?

- None ..... 1
- Mild.....2
- Moderate .....3
- Severe.....4
- Extreme .....5

5056. How much distress, sadness or worry would they experience?

- None ..... 1
- Mild.....2
- Moderate .....3
- Severe.....4
- Extreme/Cannot do .....5

5057. How much difficulty would this person have with concentrating or remembering things ?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5058. ... with personal relationships or participation in the community ?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5061. **RECORD CODE OF SEVENTH STATE** \_\_\_\_\_

5062. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5063. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5064. ... with work or household activities?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5065. How much pain or discomfort would somebody in this state have?

None ..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme .....5

5066. How much distress, sadness or worry would they experience?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5067. How much difficulty would this person have with concentrating or remembering things ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5068. ... with personal relationships or participation in the community ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5071. **RECORD CODE OF EIGHTH STATE** \_\_\_\_\_

5072. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5073. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5074. ... with work or household activities?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5075. How much pain or discomfort would somebody in this state have?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme .....	5

5076. How much distress, sadness or worry would they experience?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme/Cannot do .....	5

5077. How much difficulty would this person have with concentrating or remembering things ?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme/Cannot do .....	5

5078. ... with personal relationships or participation in the community ?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme/Cannot do .....	5

5081. **RECORD CODE OF NINTH STATE** \_\_\_\_\_

5082. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme/Cannot do .....	5

5083. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None.....	1
Mild.....	2
Moderate .....	3
Severe.....	4
Extreme/Cannot do .....	5

5084. ... with work or household activities?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5085. How much pain or discomfort would somebody in this state have?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme ..... 5

5086. How much distress, sadness or worry would they experience?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5087. How much difficulty would this person have with concentrating or remembering things ?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5088. ... with personal relationships or participation in the community ?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5091. **RECORD CODE OF TENTH STATE** \_\_\_\_\_

5092. The final state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None ..... 1  
Mild ..... 2  
Moderate ..... 3  
Severe ..... 4  
Extreme/Cannot do ..... 5

5093. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5094. ... with work or household activities?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5095. How much pain or discomfort would somebody in this state have?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme .....5

5096. How much distress, sadness or worry would they experience?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5097. How much difficulty would this person have with concentrating or remembering things ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

5098. ... with personal relationships or participation in the community ?

None..... 1  
Mild.....2  
Moderate .....3  
Severe.....4  
Extreme/Cannot do .....5

Now that you have described the ten states on these cards, what I would like you to do is to compare each card to the others and rank them according to how desirable each state would be if you were to live in that state for the rest of your life. For this part, we will add one more card, which is for your own health today.

I will read through the cards again, and as I read them, please think carefully about which state would be most desirable and which would be least desirable. **(READ EACH CARD TO RESPONDENT AND HAND HIM THE CARD. REMEMBER TO INCLUDE CARD FOR “YOUR OWN HEALTH TODAY” IN THIS PART).**

Now, of all of these states, please pick the one that you think would be the most desirable to live with for the rest of your life **(LET RESPONDENT PICK)**. We will put this card at the top. And which state would you consider the least desirable? **(LET RESPONDENT PICK)**. We will put this card at the bottom. Now, I would like for you to place the rest of the cards in order from the most desirable to the least desirable state.

**Write the code from each card next to the rank, starting with rank 1 as most desirable (top card), to rank 11 as least desirable (bottom card). Keep the cards in the order they have been ranked, and hand them back to the respondent after they are recorded.**

5100. <b>RANK 1</b>	— — —
5101. <b>RANK 2</b>	— — —
5102. <b>RANK 3</b>	— — —
5103. <b>RANK 4</b>	— — —
5104. <b>RANK 5</b>	— — —
5105. <b>RANK 6</b>	— — —
5106. <b>RANK 7</b>	— — —
5107. <b>RANK 8</b>	— — —
5108. <b>RANK 9</b>	— — —
5109. <b>RANK 10</b>	— — —
5110. <b>RANK 11</b>	— — —

**HAVE THERMOMETER SCALE AND SAMPLE MATERIALS READY.**

Now I would like to ask you to use this thermometer-type scale to indicate just how desirable or undesirable you find each of these health states. The scale is marked from 0 to 100, where 0 indicates a health state that is as undesirable as death, and 100 indicates the most desirable health state you can imagine.

I want you to decide where each state belongs on this scale, thinking carefully about how much space you place between different states, including the best and worst states that we have marked at the ends of the scale. States that you think would be similarly attractive should be placed close to each other, and states that differ very much should be far apart from each other.

For each of the cards that you have ranked, please think about the value you would place on that state, and then write the name of the state with an arrow pointing to that exact mark on the scale. Please mark the scale like this.

**Demonstrate on the sample scale by writing “state x” to the left of the scale and drawing an arrow that touches the scale exactly at point 76, then allow the respondent to complete this task.**

This is how your valuations for all 11 states look. **DISPLAY THE VALUATIONS.**

Are you satisfied that these values show how desirable you think each of these conditions would be if you had to live in that state for the rest of your life?

**Allow respondent to revise valuations if necessary. Record code for each state and the exact scale value, starting from the top of the scale.**

	STATE CODE	VALUE
5111.	— — —	— — —
5112.	— — —	— — —
5113.	— — —	— — —
5114.	— — —	— — —
5115.	— — —	— — —
5116.	— — —	— — —
5117.	— — —	— — —
5118.	— — —	— — —
5119.	— — —	— — —
5120.	— — —	— — —
5121.	— — —	— — —



<b>INTERVIEWER REFERENCE</b>	
HEALTH STATE CODES – SET A	
OWN	Your own health today
BKO	Below the knee amputation in one leg
MDV	Moderate vision problems
BIP	Bipolar disorder
BKB	Below the knee amputation in both legs
BLD	Total blindness
MVI	Mild vision problems
QUA	Quadriplegia
MDP	Moderate depression
CBR	Chronic bronchitis
INS	Insomnia

<b>INTERVIEWER REFERENCE</b>	
HEALTH STATE CODES – SET B	
OWN	Your own health today
DEF	Deafness
DMT	Dementia
WDR	Watery diarrhoea
HEM	Hemiparesis: paralysis on one side of the body
MHE	Mild hearing problems
MVI	Mild vision problems
QUA	Quadriplegia
TBA	Two broken arms in stiff casts
ART	Arthritis
PAR	Paraplegia

<b>INTERVIEWER REFERENCE</b>	
HEALTH STATE CODES – SET C	
OWN	Your own health today
PBH	Paralysis in both hands
INF	Infertility
PAN	Panic disorder
MAJ	Major depression
URI	Loss of control over urination
MVI	Mild vision problems
QUA	Quadriplegia
RVF	Recto-vaginal fistula
POH	Paralysis in one hand
DRU	Drug dependence

<b>INTERVIEWER REFERENCE</b>	
HEALTH STATE CODES – SET D	
OWN	Your own health today
MBK	Moderate chronic lower back pain
FEV	Severe fevered state
VIT	Skin discolorations on face
ALC	Alcohol dependence
MOV	Movement disorder
MVI	Mild vision problems
QUA	Quadriplegia
ULC	Pain in stomach, as in ulcer
PSY	Psychosis
SBK	Severe chronic lower back pain

## F. Health System Responsiveness

**Read all options to the respondent except for Refuse and Don't Know (DK). If a question does not apply to the respondent, circle the option Not Applicable (NA).**

These questions are about your experiences in getting health care in the last 12 months. This may be from a doctor's consulting room, a clinic, a hospital or a health care provider may have visited you at home.

6000. Have you received any health care in the last 12 months?

Yes ..... **1**  
No.....**5 (Go to 6600)**

6001. In the last 12 months, did you get any health care at an outpatient health facility or did a health care provider visit you at home? An outpatient health facility is a doctor's consulting room, a clinic or a hospital outpatient unit – any place outside your home where you did not stay overnight.

Yes, at a facility or visited at home..... **1**  
No.....**5 (Go to 6300)**

6002. In the last 12 months, did you get most of your health care at a health facility or most of it from a health provider who visited you in your home?

Mostly at a health facility ..... **1**  
Mostly from a health provider in my home ...**2 (Go to 6200)**  
Equally from both .....**3**

6003. When was your last visit to a health facility or provider? Was it...

In the last 30 days?..... **1**  
In the last 3 months? .....**2**  
In the last 6 months .....**3**  
Between 6 months and 12 months ago .....**4**  
Don't remember .....**5**

6004. What was the name of the health care facility?

**(Please fill in name of facility, e.g. Oxford Clinic. Only fill in the name of the provider if the facility does not have another name.)**

Name: \_\_\_\_\_

6005. Was [name provided in 6004] your usual place of care?

Yes ..... **1**  
No.....**5**

**Go to 6100.**

### **Prompt attention**

The next questions are about how promptly you got care.

6100. In the last 12 months, how long did you usually have to wait from the time that you wanted care to the time that you received care?

\_\_\_\_\_ minutes  
\_\_\_\_\_ hours  
\_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

6101. In the last 12 months, when you wanted care, how often did you get care as soon as you wanted?

Always ..... **1**  
Usually ..... **2**  
Sometimes ..... **3**  
Never ..... **4**

6102. In the last 12 months have you needed any laboratory tests or examinations?  
Some examples of tests or special examinations are blood tests, scans or X-rays.

Yes ..... **1**  
No ..... **5 (Go to 6104)**

6103. Generally, how long did you have to wait before you could get the laboratory tests or examinations done?

Got them same day ..... **1**  
1-2 days ..... **2**  
3-5 days ..... **3**  
6-10 days ..... **4**  
More than 10 days  
(specify) \_\_\_\_\_ **5**

6104. Now, overall, how would you rate your experience of getting prompt attention at the health services in the last 12 months? Prompt attention means ... (**Read the prompt attention card to the respondent**).

Very good ..... **1**  
Good ..... **2**  
Moderate ..... **3**  
Bad ..... **4**  
Very bad ..... **5**

## **Dignity**

The next questions are about the dignity with which you were treated when you sought health care.

6110. In the last 12 months, when you sought health care, how often did doctors, nurses or other health care providers treat you with respect?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6111. In the last 12 months, how often did the office staff, such as receptionists or clerks there, treat you with respect?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6112. In the last 12 months, how often were your physical examinations and treatments done in a way that your privacy was respected?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6113. Now, overall, how would you rate your experience of getting treated with dignity at the health services in the last 12 months? Dignity means ...  
(Read the dignity card to the respondent).

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Communication**

The next questions are about how health care providers communicated with you when you sought health care.

6120. In the last 12 months, how often did doctors, nurses or other health care providers listen carefully to you?

Always .....1  
Usually .....2  
Sometimes .....3  
Never .....4

6121. In the last 12 months, how often did doctors, nurses or other health care providers, explain things in a way you could understand?

Always .....1  
Usually .....2  
Sometimes .....3  
Never .....4

6122. In the last 12 months, how often did doctors, nurses, or other health care providers give you time to ask questions about your health problem or treatment?

Always .....1  
Usually .....2  
Sometimes .....3  
Never .....4

6123. Now, overall, how would you rate your experience of how well health care providers communicated with you in the last 12 months? Communication means **(Read the communication card to the respondent)**.

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Autonomy**

As part of your care, decisions are made about which treatments or tests to give. The next questions are your involvement in decisions about the care and treatment you received in the last 12 months.

6130. In the last 12 months, when you went for health care, were any decisions made about your care, treatment (giving you drugs, for example) or tests?

Yes ..... 1  
No.....5(Go to 6132)

6131. In the last 12 months, how often did doctors, nurses or other health care providers there involve you as much as you wanted be in deciding about the care, treatment or tests?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6132. In the last 12 months, how often did doctors, nurses or other health care providers there ask your permission before starting the treatment or tests?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6133. Now, overall, how would you rate your experience of getting involved in making decisions about your care or treatment as much as you wanted in the last 12 months? Being involved in decision making means ... **(Read the autonomy card to the respondent).**

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Confidentiality of Information**

The next questions are about your experience of confidentiality of information in the health services.

6140. In the last 12 months, how often were talks with your doctor, nurse or other health care provider done privately so other people who you did not want to hear could not overhear what was said?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6141. In the last 12 months, how often did your doctor, nurse or other health care provider keep your personal information confidential? This means that anyone whom you did not want informed could not find out about your medical conditions.

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6142. Now, overall, how would you rate your experience of the way the health services kept information about you confidential in the last 12 months? Confidentiality of information means ... **(Read the confidentiality card to the respondent).**

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Choice**

The next questions are about the choice of health care providers you have.

6150. Over the last 12 months, with the doctors, nurses and other health care providers available to you how big a problem, if any, was it to get to a health care provider you were happy with?

No problem .....1  
Mild problem .....2  
Moderate problem.....3  
Severe problem .....4  
Extreme problem.....5

6151. Over the last 12 months, how big a problem, if any, was it to get to use other health services other than the one you usually went to?

No problem .....1  
Mild problem .....2  
Moderate problem.....3  
Severe problem .....4  
Extreme problem.....5  
NA – never tried .....9

6152. Now, overall, how would you rate your experience of being able to use a health care provider or service of your choice over the last 12 months? Choice means ... **(Read the choice card to the respondent).**

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5



### **Quality of Surroundings or Environment**

The next questions are about the environment or the surroundings at the places you go to for health care.

6160. Thinking about the places you visited for health care in the last 12 months, how would you rate the basic quality of the waiting room, for example, space, seating and fresh air?

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

6161. Thinking about the places you visited for health care over the last 12 months, how would you rate the cleanliness of the place?

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

6162. Now, overall, how would you rate the overall quality of the surroundings, for example, space, seating, fresh air and cleanliness of the health services you visited in the last 12 months? Quality of surroundings means ... **(Read the surroundings or environment card to the respondent).**

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

**Go to 6300: Inpatient Care**

## **6200. Home Care**

Now for all the following questions on health care you receive at home, I would like you to think about all the health care providers who visited you at home over the last 12 months.

The next questions are about how promptly you received care. Sometimes you need care right away for an injury or illness and sometimes you do not need it right away, but can wait for an appointment. The next questions ask about those two different kinds of situations and how promptly you got care.

### **Prompt Attention**

The next questions are about how promptly you got care.

6200. In the last 12 months, how long did you usually have to wait from the time that you wanted care to the time that you received care?

\_\_\_\_\_ minutes  
\_\_\_\_\_ hours  
\_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

6201. In the last 12 months, when you wanted care, how often did you get care as soon as you wanted?

Always ..... **1**  
Usually ..... **2**  
Sometimes..... **3**  
Never..... **4**

6202. In the last 12 months, have you needed any laboratory tests or examinations?  
Some examples of tests or special examinations are blood tests, scans or X-rays.?

Yes ..... **1**  
No..... **5(Go to 6204)**

6203. How long did you have to wait before you could get the laboratory tests or examinations done?

Got them same day ..... **1**  
1-2 days..... **2**  
3-5 days..... **3**  
6-10 days..... **4**  
More than 10 days  
(specify)..... **5**

6204. Now, overall, how would you rate your experience of getting prompt attention at your home in the last 12 months? Prompt attention means ... **(Read the prompt attention card to the respondent).**

Very good.....	<b>1</b>
Good.....	<b>2</b>
Moderate .....	<b>3</b>
Bad .....	<b>4</b>
Very bad.....	<b>5</b>

## **Dignity**

The next questions are about the dignity with which you were treated when you were treated in your home visit.

6210. In the last 12 months, when you were visited at home, how often did doctors, nurses or other health care providers treat you with respect?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6211. In the last 12 months, how often were your physical examinations and treatments conducted during your home visit done in such a way that they ensured that your privacy was respected?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6212. Now, overall, how would you rate your experience of getting treated with dignity by the health services in the last 12 months? Dignity means ... (**Read the dignity card to the respondent**).

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Communication**

The next questions are about how health care providers communicated with you when they visited you at home.

6220. In the last 12 months, how often did doctors, nurses or other health care providers who visited you listen carefully to you?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6221. In the last 12 months, how often did doctors, nurses or other health care providers, explain things in a way you could understand?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6222. In the last 12 months, how often did doctors, nurses, or other health care providers give you time to ask questions about your health problem or treatment?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6223. Now, overall, how would you rate your experience of how well health care providers communicated with you in the last 12 months? Communication means ... **(Read the communication card to the respondent).**

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Autonomy**

As part of your care, decisions are made about which treatments or tests to give. The next questions are your involvement in decisions about the care and treatment you received in the last 12 months.

6230. In the last 12 months, when you were visited at home, were any decisions made about your care, treatment (giving you drugs, for example) or tests?

Yes ..... 1  
No.....5(Go to 6232)

6231. In the last 12 months, how often did doctors, nurses or other health care providers involve you as much as you wanted be in deciding about the care, treatment or tests?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6232. In the last 12 months, how often did doctors, nurses or other health care providers ask your permission before starting the treatment or tests?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6233. Now, overall, how would you rate your experience of getting involved in making decisions about your care or treatment as much as you wanted in the last 12 months? Being involved in decision making means ... **(Read the autonomy card to the respondent).**

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Confidentiality of Information**

The next questions are about your experience of confidentiality of information in the health services.

6240. In the last 12 months, how often were talks with your doctor, nurse or other health care provider in your home visits done privately so other people who you did not want to hear could not overhear what was said?

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6241. In the last 12 months, how often did your doctor, nurse or other health care provider keep your personal information confidential? This means that anyone whom you did not want informed could not find out about your medical conditions.

Always .....1  
Usually .....2  
Sometimes.....3  
Never.....4

6242. Now, overall, how would you rate your experience of the way the health services kept information about you confidential in the last 12 months? Confidentiality means ... **(Read the confidentiality of information card to the respondent).**

Very good.....1  
Good.....2  
Moderate .....3  
Bad .....4  
Very bad.....5

## **Choice**

The next questions are about the choice of health care providers you have.

6250. Over the last 12 months, with the doctors, nurses and other health care providers available to you how big a problem, if any, was it to get to a health care provider you were happy with?

No problem .....	1
Mild problem .....	2
Moderate problem.....	3
Severe problem .....	4
Extreme problem .....	5

6251. Over the last 12 months, how big a problem, if any, was it to get to use other health services other than the one you usually went to?

No problem .....	1
Mild problem .....	2
Moderate problem.....	3
Severe problem .....	4
Extreme problem .....	5
NA .....	9

6252. Now, overall, how would you rate your experience of being able to use a health care provider or service of your choice over the last 12 months? Choice means ... **(Read the choice card to the respondent).**

Very good.....	1
Good.....	2
Moderate .....	3
Bad .....	4
Very bad.....	5

**Go to 6300: Inpatient Care**



### **6300. Inpatient Care**

Now I would like to ask you some questions about getting health care from a place where you stay over night, which in most cases are hospitals.

6300. Have you stayed overnight in a health care centre or hospital in the last 12 months?

Yes ..... **1**  
No.....**5 (Go to 6400)**

6301. What was the name of the hospital you stayed in most recently?  
**(Please fill in name of facility, e.g. Oxford Hospital)**

Name: \_\_\_\_\_

6302. Did you get your hospital care as soon as you wanted?

Yes ..... **1**  
No.....**5**

6303. When you were in the hospital, how often did you get attention from doctors and nurses as quickly as you wanted?

Always ..... **1**  
Usually ..... **2**  
Sometimes ..... **3**  
Never..... **4**

6304. Now, overall, how would you rate your experience of getting prompt attention at the hospital in the last 12 months? Prompt attention means ... **(Read the prompt attention card to the respondent).**

Very good..... **1**  
Good..... **2**  
Moderate ..... **3**  
Bad ..... **4**  
Very bad..... **5**

6305. Overall, how would you rate your experience of getting treated with dignity at the hospital in the last 12 months? Dignity means ... **(Read the dignity card to the respondent).**

Very good..... **1**  
Good..... **2**  
Moderate ..... **3**  
Bad ..... **4**  
Very bad..... **5**

6306. Overall, how would you rate your experience of how well health care providers communicated with you during your stay in the hospital in the last 12 months? Communication means ... **(Read the communication card to the respondent).**

Very good.....	1
Good.....	2
Moderate .....	3
Bad .....	4
Very bad.....	5

6307. Overall, how would you rate your experience of getting involved in making decisions about your care or treatment as much as you wanted when you were in hospital in the last 12 months? Being involved in decision making means ... **(Read the autonomy card to the respondent).**

Very good.....	1
Good.....	2
Moderate .....	3
Bad .....	4
Very bad.....	5

6308. Overall, how would you rate your experience of the way the hospital kept personal information about you confidential in the last 12 months. Confidentiality means ... **(Read the confidentiality of information card to the respondent).**

Very good.....	1
Good.....	2
Moderate .....	3
Bad .....	4
Very bad.....	5
DK .....	8

6309. Overall, how would you rate your experience of being able to use a hospital of your choice over the last 12 months? Choice means ... **(Read the choice card to the respondent).**

Very good.....	1
Good.....	2
Moderate .....	3
Bad .....	4
Very bad.....	5

6310. Overall, how would you rate the overall quality of the surroundings, for example, space, seating, fresh air and cleanliness of the health services you visited in the last 12 months? Quality of surroundings means ... **(Read the surroundings or environment card to the respondent).**

Very good.....1  
 Good.....2  
 Moderate .....3  
 Bad .....4  
 Very bad.....5

6311. In the last 12 months, when you stayed in a hospital, how big a problem, if any, was it to get the hospital to allow your family and friends to take care of your personal needs, such as bringing you your favourite food, soap etc..?

No problem .....1  
 Mild problem .....2  
 Moderate problem.....3  
 Severe problem .....4  
 Extreme problem.....5

6312. During your stay in the hospital, how big a problem, if any, was it to have the hospital allow you to practice religious or traditional observances if you wanted to? Would you say it was:

No problem .....1  
 Mild problem .....2  
 Moderate problem.....3  
 Severe problem .....4  
 Extreme problem.....5

6313. Now, overall, how would you rate your experience of how the hospital allowed you to interact with family, friends and to continue your social and/ or religious customs during your stay over the last 12 months? Social support means ... **(Read the social support card to the respondent).**

Very good.....1  
 Good.....2  
 Moderate .....3  
 Bad .....4  
 Very bad.....5

**Go to 6400: Other Aspects of the Health System**

#### **6400. Other Aspects of the Health System**

6400. In the last 12 months were you treated badly by the health system or services in your country because of your: **(Check all that apply )**

	<b>Yes</b>	<b>No</b>	<b>Refuse</b>
1. Nationality	<b>1</b>	<b>5</b>	<b>7</b>
2. Social class	<b>1</b>	<b>5</b>	<b>7</b>
3. Lack of private insurance	<b>1</b>	<b>5</b>	<b>7</b>
4. Ethnicity	<b>1</b>	<b>5</b>	<b>7</b>
5. Colour	<b>1</b>	<b>5</b>	<b>7</b>
6. Sex	<b>1</b>	<b>5</b>	<b>7</b>
7. Language	<b>1</b>	<b>5</b>	<b>7</b>
8. Religion	<b>1</b>	<b>5</b>	<b>7</b>
9. Political/other beliefs	<b>1</b>	<b>5</b>	<b>7</b>
10. Health status	<b>1</b>	<b>5</b>	<b>7</b>
11. Lack of wealth	<b>1</b>	<b>5</b>	<b>7</b>
12. Other (specify) _____	<b>1</b>	<b>5</b>	<b>7</b>

**This question is only to be asked to women.**

6401. In the last 12 months when you used health services in this country, did you feel that you were treated worse because you were a woman?

Yes ..... **1**  
No.....**5**  
Refuse .....**7**

### **6500. Utilization**

I will read you a list of different types of places you can get health services. Please can you indicate the number of times you went to each of them in the last 30 days.

#### **Times**

- |      |       |  |
|------|-------|--|
| 6500 | _____ | General Practitioners (doctors)  |
| 6501 | _____ | Dentists   |
| 6502 | _____ | Specialists  |
| 6503 | _____ | Chiropractors  |
| 6504 | _____ | Traditional Healers  |
| 6505 | _____ | Clinics (staffed mainly by nurses, run separately from hospital)                                 |
| 6506 | _____ | Hospital outpatient unit   |
| 6507 | _____ | Hospital inpatient services  |
| 6508 | _____ | Pharmacy (where you talked to someone about your care and did not <u>only</u> purchase medicine) |
| 6509 | _____ | Home health care services  |
| 6510 | _____ | Other (specify) _____  |

6511. What was the main reason that you went to the health care provider for your most recent visit? I will read through a list. Please indicate all that apply.

**(Check all that apply).**

	Yes	No	DK	NA
1. You needed a check up for a chronic, ongoing problem	1	5	8	9
2. You needed care because my chronic, ongoing problem flared up	1	5	8	9
3. You needed care because of an injury or illness that had just happened	1	5	8	9
4. You needed to follow up with the provider after having an operation or treatment for an injury	1	5	8	9
5. You were not sick, you went for a general exam or preventive care	1	5	8	9
6. Other (specify)_____	1	5	8	9

6512. What services were provided at your most recent visit? Again, I will read through a list. Please indicate all that apply **(Check all that apply).**

	Yes	No	DK	NA
1. You were examined	1	5	8	9
2. You received tests	1	5	8	9
3. The health care provider gave you treatment	1	5	8	9
4. The health care provider talked with you about your health problem	1	5	8	9
5. The health care provider talked to you about your health in general	1	5	8	9
6. You picked up medicine or a prescription	1	5	8	9
7. Other (specify)_____	1	5	8	9

**Go to 6600: Review of Health System**

**6600. Review of Health System**

6600. In the last 12 months, were you ever refused health care because you could not afford it?

Yes ..... **1**  
No.....**5**

6601. In the last 12 months, did you not seek health care because you could not afford it?

Yes ..... **1**  
No.....**5**

**Ask the respondent to read the cards below or read the cards to the respondent if he/she would prefer. These are descriptions of some different ways the health care services in your country show respect for people and make them the centre of care. Please write the code in the space provided.**

Thinking about what is on these cards and about the whole health system, which is the most important and the least important to you?

6602. **MOST IMPORTANT** \_\_\_\_\_ <sup>1</sup>Most important

6603. **LEAST IMPORTANT** \_\_\_\_\_ <sup>8</sup>Least important

<b>DIGNITY</b>	<b>CODE = DIG</b>
<ul style="list-style-type: none"> <li>◆ being shown respect</li> <li>◆ having physical examinations conducted in privacy</li> </ul>	

<b>CONFIDENTIALITY OF INFORMATION</b>	<b>CODE = CI</b>
<ul style="list-style-type: none"> <li>◆ having your medical history kept confidential</li> <li>◆ having talks with health providers done so that other people who you don't want to have hear you can't overhear you</li> </ul>	

<b>CHOICE</b>	<b>CODE = CH</b>
<ul style="list-style-type: none"> <li>◆ being able to choose your doctor or nurse or other person usually providing your health care</li> <li>◆ being able to go to another place for health care if you want to</li> </ul>	

<b>PROMPT ATTENTION</b>	<b>CODE = PA</b>
<ul style="list-style-type: none"> <li>◆ there is a reasonable distance and travel time from your home to the health care provider</li> <li>◆ you get fast care in emergencies</li> <li>◆ you have short waiting times for appointments and consultations, and get tests done quickly</li> <li>◆ short waiting lists for non-emergency surgery</li> </ul>	



<b>AUTONOMY</b>	<b>CODE = AUT</b>
<ul style="list-style-type: none"> <li>♦ being involved in deciding on your care or treatment if you want to</li> <li>♦ having the provider ask your permission before starting treatments or tests</li> </ul>	

<b>SURROUNDINGS OR ENVIRONMENT</b>	<b>CODE = ENV</b>
<ul style="list-style-type: none"> <li>♦ having enough space, seating and fresh air in the waiting room</li> <li>♦ having a clean facility (including clean toilets)</li> <li>♦ having healthy and edible food</li> </ul>	

<b>SOCIAL SUPPORT</b>	<b>CODE = SS</b>
<ul style="list-style-type: none"> <li>♦ the provision of food and other gifts by relatives</li> <li>♦ freedom of religious practices</li> </ul>	

<b>COMMUNICATION</b>	<b>CODE = COM</b>
<ul style="list-style-type: none"> <li>♦ the provider listens to you carefully</li> <li>♦ the provider explains things so you can understand</li> <li>♦ you have time to ask questions</li> </ul>	

6604. **Did the respondent read the cards him/herself?** Yes....1 / No.....5

## **Vignettes for Health System Responsiveness**

6700. **RECORD CARD SET:** \_\_\_\_\_  
(record A, B, C, or D)

**Circle one response per vignette**

6701. Vignette 1:	1	2	3	4	5
6702. Vignette 2:	1	2	3	4	5
6703. Vignette 3:	1	2	3	4	5
6704. Vignette 4:	1	2	3	4	5
6705. Vignette 5:	1	2	3	4	5
6706. Vignette 6:	1	2	3	4	5
6707. Vignette 7:	1	2	3	4	5
6708. Vignette 8:	1	2	3	4	5
6709. Vignette 9:	1	2	3	4	5
6710. Vignette 10:	1	2	3	4	5
6711. Vignette 11:	1	2	3	4	5
6712. Vignette 12:	1	2	3	4	5
6713. Vignette 13:	1	2	3	4	5
6714. Vignette 14:	1	2	3	4	5

**G. Deaths in the Household Over the Last 24 months**

**These questions must be asked of the head of household or his/her representative.**

7000. Has any member of this household died in the last 24 months (2 years)?

Yes .....**1**

No.....**5(Go to 8000)**

7001. How many deaths were there in the household in the last 24 months?

\_\_\_\_\_ deaths

	7002 Name of deceased	7003 Sex of deceased	7004 Month of death (1-12)	7005 Year of death (e.g., 98 for 1998)	7006 Age at death	7007 Relationship to head of household *	7008 Cause of death according to head of household or respondent															
a		Female (1) Male (2)	— —	— —	— —	— —	1. _____ 2. _____ 3. _____															
b		Female (1) Male (2)	— —	— —	— —	— —	1. _____ 2. _____ 3. _____															
c		Female (1) Male (2)	— —	— —	— —	— —	1. _____ 2. _____ 3. _____															
d		Female (1) Male (2)	— —	— —	— —	— —	1. _____ 2. _____ 3. _____															
e		Female (1) Male (2)	— —	— —	— —	— —	1. _____ 2. _____ 3. _____															
<p><b>* Codes for question 7008</b></p> <table border="0"> <tr> <td>02 = WIFE OR HUSBAND</td> <td>03 = SON OR DAUGHTER</td> <td>04 = SON OR DAUGHTER-IN-LAW</td> <td>05 = GRAND CHILD</td> <td>06 = PARENT</td> </tr> <tr> <td>07 = PARENT-IN-LAW</td> <td>08 = BROTHER OR SISTER</td> <td>09 = CO-WIFE</td> <td>10 = ADOPTED/FOSTER CHILD</td> <td></td> </tr> <tr> <td>11 = OTHER RELATIVE</td> <td>12 = NOT RELATED</td> <td>13 = DON'T KNOW (DK)</td> <td></td> <td></td> </tr> </table>								02 = WIFE OR HUSBAND	03 = SON OR DAUGHTER	04 = SON OR DAUGHTER-IN-LAW	05 = GRAND CHILD	06 = PARENT	07 = PARENT-IN-LAW	08 = BROTHER OR SISTER	09 = CO-WIFE	10 = ADOPTED/FOSTER CHILD		11 = OTHER RELATIVE	12 = NOT RELATED	13 = DON'T KNOW (DK)		
02 = WIFE OR HUSBAND	03 = SON OR DAUGHTER	04 = SON OR DAUGHTER-IN-LAW	05 = GRAND CHILD	06 = PARENT																		
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11 = OTHER RELATIVE	12 = NOT RELATED	13 = DON'T KNOW (DK)																				

<b>Time Completed:</b> __ __: __ __	<b>END OF INTERVIEW</b>
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## H. Calibration tests

### 8000. Verbal Fluency

**Instructions to respondent:** I am going to give you one minute and I want to see how many animals you can name.

8000a. TOTAL SCORE (number of animals named correctly):

8000b. NUMBER OF ERRORS:

### 8001. Verbal Recall

Initial trial: **Instructions to respondent:** I am now going to read you a list of words. Listen to them carefully and try to remember as many of them as you can not necessarily in order. I will ask you to repeat them after some time.

Repeat trial: **Instructions to respondent:** I read you a list of words about 20 minutes ago. Could you please repeat to me as many of them as you can?

List of words:

<i>Trial1</i> (immediate recall)	<i>Recalled</i>	<i>Trial 2</i> (delayed recall)
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Arm  
Bed  
Plane  
Dog  
Clock  
Bike  
Ear  
Hammer  
Chair  
Cat

8001a. NUMBER OF WORDS RECALLED CORRECTLY AT TRIAL 1

(immediate recall):

NUMBER OF WORDS THAT R FAILED TO RECALL AT TRIAL 1:

NUMBER OF WORDS SUBSTITUTED AT TRIAL 1:

8001b. NUMBER OF WORDS RECALLED CORRECTLY AT TRIAL 2:

(delayed recall):

NUMBER OF WORDS THAT R FAILED TO RECALL AT TRIAL 2:

NUMBER OF WORDS SUBSTITUTED AT TRIAL 2:

### 8002. Cancellation test

**Instructions to respondent:** Show card and say:

Task 1: Cross out all the red circles as quickly as you can as shown below. Please tell me when you have finished.

Task 2: Cross out all the big red circles as quickly as you can as shown below. Please tell me when you have finished.

Task 3: Cross out all the small blue squares as quickly as you can as shown below. Please tell me when you have finished.

<b>TASK</b>	<b>a. No. of CORRECT cancellations</b>	<b>b. ERRORS in cancellation (including missed and wrong cancellations)</b>	<b>c. TIME in seconds</b>
8002 1a. Red Circles			
8002 2a. Big Red Circles			
8002 3a. Small Blue Squares			

### 8003. Posturo-locomotion-manual test

**Instructions to respondent:** I would now like to see if you have any difficulties with moving around. Please sit down on this chair. When I signal, stand up as quickly as you can, step forward and then pick up this object that is kept on the floor next to you, carry it to this point (**show the stand where object is to be placed**) and place it on this stand.

After this I would like you to pick it up again, turn around and walk back to your chair, place it on the ground, step back to your chair and sit down. I would like you to do this 3 times as quickly as you can.

8003a. RECORD TIME TAKEN IN SECONDS TO STAND UP:

8003b. RECORD TIME TAKEN TO COMPLETE ENTIRE TEST: Trial 1:

Trial 2:

Trial 3:

### 8004. Visual Acuity

8004a. Visual acuity will be assessed using the standard Snellen's E charts under standard illumination (subject in the shade with the chart illuminated in natural light). The best level of binocular vision (**with glasses if respondent usually wears glasses**) will be noted. 6/ \_\_\_\_\_

8004b. Visual acuity for near vision will be assessed. \_\_\_\_\_

## I. Interviewer Observations and Report

	No	Yes	Can't assess
9000...have a hearing problem?	5	1	8
9001...have a vision problem?	5	1	8
9002...use a wheelchair?	5	1	8
9003...use cane/crutches/walker?	5	1	8
9004...have any difficulties walking?	5	1	8
9005...have paralysis in the arms, hands or legs?	5	1	8
9006...cough continually?	5	1	8
9007...have shortness of breath?	5	1	8
9008...have a mental health problem?	5	1	8

**Did the respondent have difficulties understanding the questions in:**

	No difficulties	Yes, some difficulties	Yes, a lot of difficulties	Can't assess
9009. Section A. Demographics	5	1	2	8
9010. Section B. Health State Descriptions	5	1	2	8
9011. Section C. Health Conditions	5	1	2	8
9012. Section D. Screening				
9013. Section E. Health State Valuations	5	1	2	8
9014. Section F. Health System Responsiveness	5	1	2	8
9015. Section G. Adult Mortality	5	1	2	8
9016. Section H. Calibration Tests	5	1	2	8

### General impressions and comments

9017. Respondent's cooperation was:

Excellent <b>1</b>	Very good <b>2</b>	Good <b>3</b>	Fair <b>4</b>	Poor <b>5</b>
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9018. Overall, how would rate the accuracy and completeness of the respondent's answers?

Very high <b>1</b>	High <b>2</b>	Average <b>3</b>	Low <b>4</b>	Very low <b>5</b>
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9019. Any unusual circumstances or happenings during the interview

9020. Any other comments