



# STUDY ON GLOBAL AGEING AND ADULT HEALTH

## 2010

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## Physical Activity Validation Study Questionnaire



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## Section 0000: Coversheet

Q0001	RESEARCH CENTRE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> (tba)
Q0002	HOUSEHOLD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0003	ACCELEROMETER NUMBER	<input type="text"/> <input type="text"/>
Q0004	IS THIS A NEW OR FOLLOW-UP INTERVIEW?	1= First (new respondent) 2= Second (follow-up from SAGE DRM or SAGE Pilot studies)
Q0005	INTERVIEWER ID	<input type="text"/> <input type="text"/> <input type="text"/>
Q0006	TOTAL NUMBER OF CALLS/VISITS:	1 2 3
Q0007	DATE OF FINAL RESULTS: (DD/MM/YYYY)	/ /
Q0008	SIGNATURE OF SUPERVISOR:	_____
Q0009	DATE DATA ENTRY COMPLETED (DD/MM/YYYY)	/ /

## Section 1000 Household and Respondent Information

*INTERVIEWER: This first section asks background questions about the respondent and the dwelling in which this person lives. First identify if the household/dwelling is in an urban or rural location.*

Q0104 Setting (circle one)

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

*INTERVIEWER: Indicate the sex of the respondent.*

Q1009	<i>INTERVIEWER: Record sex of the respondent</i>	1 MALE 2 FEMALE
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We will start by confirming your age.

Q1010	What day, month and year were you born? <i>DD / MM / YYYY</i> <i>Check birth certificate if available.</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
Q1011	How old are you now? <i>INTERVIEWER: This would be age at last birthday. If don't know - probe.</i>	<input type="text"/> <input type="text"/> <input type="text"/> AGE IN YEARS

We would like to ask you a few questions about your household/dwelling - we are interested in your economic well-being and work history.

Q0401	What is the total number of people who live in this household? ( <i>including the respondent</i> )	<input type="text"/> <input type="text"/> Persons
Q0727	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?	1 YES 2 NO 8 DON'T KNOW
Q0728	Would you say your household's financial situation is...?	1 Very Good 2 Good 3 Moderate 4 Bad 5 Very Bad

Q1503	Have you worked for at least 2 days during the last 7 days?	1 YES 2 NO
Q1509	Who is/was your employer in your current/most recent <u>MAIN</u> job?	1 PUBLIC SECTOR (GOVERNMENT) 2 PRIVATE SECTOR (FOR PROFIT AND NOT FOR PROFIT) 3 SELF-EMPLOYED 4 INFORMAL EMPLOYMENT

## Section 2000. Health State Descriptions and Functioning

Now we will switch to questions specifically about your health. The first questions are about your overall health, including both your physical and your mental health.

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

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

**INTERVIEWER: Read and show scale to respondent**

### MOBILITY

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

### SELF-CARE

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

### PAIN AND DISCOMFORT

		NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2007	Overall in the last 30 days, how much of <u>bodily aches or pains</u> did you have?	1	2	3	4	5
Q2008	Overall in the last 30 days, how much <u>bodily discomfort</u> did you have?	1	2	3	4	5
If Q2007 and Q2008 are both = 1, "None".....→						Q2010

Q2009	Overall in the last 30 days, how much <u>difficulty</u> did you have in your daily life because of your <u>pain</u> ?	1	2	3	4	5
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COGNITION

	Overall in the last 30 days, how much difficulty...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2010	... did you have with <u>concentrating or remembering things</u> ?	1	2	3	4	5
Q2011*	... did you have in <u>learning a new task</u> (for example, learning how to get to a new place, learning a new game, learning a new recipe)?	1	2	3	4	5

INTERPERSONAL ACTIVITIES

	Overall in the last 30 days, how much difficulty did you have,...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2012	... with <u>personal relationships or participation in the community</u> ?	1	2	3	4	5
Q2013	... in <u>dealing with conflicts and tensions</u> with others?	1	2	3	4	5
Q2014*	... with <u>making new friendships or maintaining current friendships</u> ?	1	2	3	4	5
Q2015*	...with <u>dealing with strangers</u> ?	1	2	3	4	5

SLEEP AND ENERGY

	Overall in the last 30 days, how much of a problem did you...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2016	... have with sleeping, such as <u>falling asleep, waking up frequently during the night or waking up too early</u> in the morning?	1	2	3	4	5
Q2017	... have due to <u>not feeling rested and refreshed</u> during the day (for example, feeling tired, not having energy)?	1	2	3	4	5

AFFECT

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

VISION (*respondent should answer, as when wearing glasses/contact lenses if used*)

Q2020	When was the last time you had your <u>eyes</u> examined by a medical professional? <i>INTERVIEWER: ENTER YEARS OR MONTHS AGO. ENTER "00" IF LESS THAN 1 YEAR.</i>	<input type="text"/>	<input type="text"/>	YEARS AGO		
		-8 DON'T KNOW 98 NEVER				
Q2021	Do you use eyeglasses or contact lenses to see <u>far away</u> (for example, across the street)?	1	YES			
		2	NO			
Q2022	Do you use eyeglasses or contact lenses to see <u>up close</u> (for example at arms length, like when you are reading)?	1	YES			
		2	NO			
		1	NONE			

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

### **FUNCTIONING ASSESSMENT**

These next questions ask about difficulties due to health conditions. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

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

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

	In the last 30 days, how much difficulty did you have ...	None	Mild	Moderate	Severe	Extreme/ cannot do	N/A
Q2027	... in <u>standing up</u> from sitting down?	1	2	3	4	5	9
Q2028*	... in <u>standing for long periods</u> ?	1	2	3	4	5	9
Q2032*	... in taking care of your <u>household responsibilities</u> ?	1	2	3	4	5	9
Q2033*	... in <u>joining in</u> community activities (for example, festivities, religious or other activities) in the <u>same way</u> as anyone else can?	1	2	3	4	5	9
	In the last 30 days, how much difficulty did you have ...	None	Mild	Moderate	Severe	Extreme/ cannot do	N/A
Q2035*	... <u>concentrating</u> on doing something for <u>10 minutes</u> ?	1	2	3	4	5	9
Q2036*	... in <u>walking a long distance</u> such as a kilometer?	1	2	3	4	5	9
Q2037*	... in <u>bathing/washing</u> your <u>whole body</u> ?	1	2	3	4	5	9
Q2038*	... in getting <u>dressed</u> ?	1	2	3	4	5	9
Q2039*	... in your day to day <u>work</u> ?	1	2	3	4	5	9
Q2042	... with <u>eating</u> (including cutting up your food)?	1	2	3	4	5	9
	In the last 30 days, how much difficulty did you have ...	None	Mild	Moderate	Severe	Extreme/ cannot do	N/A
Q2043	... with <u>getting up</u> from lying down?	1	2	3	4	5	9
Q2044	... with <u>getting to</u> and <u>using</u> the toilet?	1	2	3	4	5	9
Q2045	...with <u>control</u> of your <u>bowel or bladder</u> functions?	1	2	3	4	5	9
Q2046	... getting out of your home?	1	2	3	4	5	9
Q2047*	In the last 30 days, how much have you been <u>emotionally affected</u> by your health	1	2	3	4	5	9

	condition(s)?						
Q2048*	Overall, in the last 30 days, how much did these difficulties <u>interfere</u> with your life?	1	2	3	4	5	9
Q2049	Overall, in the past 30 days, how many days were these difficulties present?	<input type="text"/> <input type="text"/> DAYS					

Note to supervisor: \*WHODAS-12 includes Q2011, 14, 15, 28, 32, 33, 35, 36, 37, 39, 39, 47, 48.

## Section 2500. Health Measurements.

Before we ask you more questions, we would like to take a few measurements and ask you to participate in a few tests. We will measure your height and weight and then a walking test will be done to help determine your mobility.

Q2504	What is your height in centimeters?	<input type="text"/> <input type="text"/> <input type="text"/> centimetres
Q2505	What is your weight in kilograms?	<input type="text"/> <input type="text"/> <input type="text"/> kilograms

<i>FILTER1</i>	<i>INTERVIEWER: Can respondent stand up, yes or no?</i>	1 YES 2 No ..... →	Q2514
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### ANTHROPOMETRIC MEASUREMENTS

I would now like to measure how tall you are. To measure your height I need you to please take off your shoes. Put your feet and heels close together, stand straight and look forward standing with your back, head and heels touching the wall. Look straight ahead.

Q2506	Measured height in centimetres	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> centimetres 997 Refused 998 Not able
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Now we want to measure your weight - could you please keep your shoes off and step on this scale.

Q2507	Measured weight In kilograms	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kilograms 997 Refused 998 Not able
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### BALANCE TESTING

*INTERVIEWER: Begin with a tandem stand (heel of one foot placed by the big toe of the other foot - that is, one foot in front of the other). Individuals unable to hold this position should try the side-by-side position.*

#### Tandem stand

I would now like to assess your balance. Keep your shoes off for this test. Please try to stand with the heel of one foot in front of the toes of the other foot for 10 seconds. You may put either foot in front, whichever is more comfortable for you. Please watch while I demonstrate. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.

*INTERVIEWER: Demonstrate. Check their understanding and ability to do this. If respondent can attempt, decide on forward foot. Then get the respondent into position. Stand next to the participant to help him or her into tandem position. Allow participant to hold onto your arms/wall/chair to get balance. Begin timing when participant has the feet in position and lets go. Stop when respondent touches arm/wall/chair, shifts her/his feet, or after 10 seconds.*

Okay, go now.		
Q2508	Measured time for balance - tandem stand	<input type="text"/> <input type="text"/> . <input type="text"/> seconds ..... → Q2510 97 Refused..... → Q2509 98 Not able..... → Q2509
<i>INTERVIEWER: If the respondent is able to do the tandem stand - skip to the timed walk (Q2510)</i>		
<i>INTERVIEWER: If the respondent is NOT able to do the tandem stand - go to side-by-side stand (Q2509)</i>		
Side-by-side stand I want you to try to stand with your feet together, side by side, for about 10 seconds. Please watch while I demonstrate. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.		
<i>INTERVIEWER: Stand next to the participant to help him or her into the side-by-side position. Allow participant to hold onto your arms/chair/wall to get balance. Begin timing when participant has feet together and lets go. Stop when</i>		
Q2509	Measured time - side-by-side stand	<input type="text"/> <input type="text"/> . <input type="text"/> seconds 97 Refused 98 Not able

**TIMED WALK**

*INTERVIEWER: you will now invite the respondent to do a walking test - using your flexible steel tape measure, mark out length of 4 metres over a flat and straight surface if you have not already done so. Mark the ground at the beginning and end. Mark sure the surface is flat and free of obstacles. You will walk slightly behind the person for both tests.*

Normal walk

Now I am going to observe how you normally walk. If you use a cane or other walking aid and would be more comfortable with it, then you may use it. This is the walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store. Walk all the way past the other end of the tape before you stop. I will walk with you.

*INTERVIEWER: DEMONSTRATE.*

Do you feel this would be safe? *If yes, continue.*  
 When I want you to start, I will say: "Ready, begin."

Ready begin.

Q2510	Did respondent complete the walk at usual pace?	1 YES 2 NO, REFUSED 3 NO, CANNOT WALK, EVEN WITH SUPPORT ..... → Q2514
Q2511	Time at 4 metres	<input type="text"/> <input type="text"/> . <input type="text"/> SECONDS

Rapid walk

Now I want to repeat the walk. This time, however, I would like you to walk at a rapid pace, as fast as you safely can, and go all the way past the other end of the course I marked out for you.

*INTERVIEWER: DEMONSTRATE.*

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

"Ready begin."

Q2512	Did respondent complete the walk at rapid pace?	1 YES 2 NO, REFUSED/UNABLE .....→	Q2518
Q2513	Time at 4 metres	<input type="text"/> <input type="text"/> . <input type="text"/> SECONDS	

**GRIP STRENGTH**

*FILTER: If respondent has obvious problem with hand/arm, skip that side. If problems with both hands/arms, answer 1=yes to Q2518 and Q2519, then → skip to Q2525. Make sure you fit the dynamometer to the respondent's hand size.*

**We are now going to test the strength in your hands.**

Q2518	Have you had any surgery on your <u>left arm, hand or wrist</u> in the last 3 months OR arthritis or pain in your <u>left hand or wrist</u> ?	1 YES → DO NOT TEST LEFT HAND 2 NO
Q2519	Have you had any surgery on your <u>right arm, hand or wrist</u> in the last 3 months OR arthritis or pain in your <u>right hand or wrist</u> ?	1 YES → DO NOT TEST RIGHT HAND 2 NO
Q2520	Which hand do you consider your dominant hand?	1 LEFT 2 RIGHT 3 USE BOTH THE SAME

Remain sitting and let your hand drop to your side. Keep your upper arm against your body and bend your elbow to 90 degrees with palm facing in (like shaking hands). Keep your elbow pressed against your side. Then grab the two pieces of metal together like this.

*INTERVIEWER: DEMONSTRATE.*

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

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

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

Ready? Squeeze, squeeze, squeeze!

Q2521	First test left hand	<input type="text"/> <input type="text"/> KILOGRAMS -9 REFUSED .....→	Q2523
Q2522	Second test left hand	<input type="text"/> <input type="text"/> KILOGRAMS	

Okay, now let's do the same on the other side. Hold the device in your right hand, so we can test your strength on this side also.

*INTERVIEWER: Check positioning and grip to make sure it is correct.*

Ready? Squeeze, squeeze, squeeze!

Q2523	First test right hand	<input type="text"/> <input type="text"/> KILOGRAMS -9 REFUSED .....→	3000
Q2524	Second test right hand	<input type="text"/> <input type="text"/> KILOGRAMS	

## Section 3000: Risk Factors and Preventive Health Behaviours

We would now like to ask you some questions about your habits, health behaviours and awareness about health. This includes things like eating enough fruits and vegetables as part of your diet and your levels of physical activity. I will start with questions about nutrition.

### NUTRITION

Studies have shown that nutrition and life-style are very important health factors. I want to ask you a few questions about your diet. I am going to ask you about the fruit and vegetables you usually eat.

*(Show Nutrition card to respondent -- see Appendix A3000C)*

Q3012	How many servings of <u>fruit</u> do you eat on a typical day?	<input type="text"/> <input type="text"/> SERVINGS -8 DON'T KNOW
Q3013	How many servings of <u>vegetables</u> do you eat on a typical day?	<input type="text"/> <input type="text"/> SERVINGS -8 DON'T KNOW
Q3014	In the <u>last 12 months</u> , how often did you ever eat less than you felt you should because there wasn't enough food?	1 Every month 2 Almost every month 3 Some months, but not every month 4 Only in 1 or 2 months 5 Never
Q3015	In the <u>last 12 months</u> , were you ever hungry, but didn't eat because you couldn't afford enough food?	1 Every month 2 Almost every month 3 Some months, but not every month 4 Only in 1 or 2 months 5 Never

### PHYSICAL ACTIVITY - (SEE APPENDIX A3000D)

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be an active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores, harvesting food/crops, fishing or hunting for food, providing care or seeking employment.

In answering the following questions 'vigorous activities' require hard physical effort and cause large increases in breathing or heart rate, 'moderate activities' require moderate physical effort and cause small increases in breathing or heart rate.

Q3016	Does your work involve <u>vigorous-intensity</u> activity that causes large increases in breathing or heart rate, [like heavy lifting, digging or chopping wood] for at least 10 minutes continuously? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	1 YES 2 NO .....→	Q3019
Q3017	In a typical week, on how many days do you <u>vigorous-intensity</u> activities as part of your work?	<input type="text"/> DAYS	
Q3018	How much time do you spend doing <u>vigorous-intensity</u> activities at work on a typical day?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <i>HOURS:MINUTES</i>	
Q3019	Does your work involve <u>moderate-intensity</u> activity that causes small increases in breathing or heart rate [such as brisk walking, carrying light loads, cleaning, cooking, or washing clothes] for at least 10 minutes continuously? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	1 YES 2 NO .....→	Q3022

Q3020	In a typical week, on how many days do you do <u>moderate-intensity activities</u> as part of your work?	<input type="checkbox"/> DAYS	
Q3021	How much time do you spend doing <u>moderate-intensity activities</u> at work on a typical day?	<input type="text"/> : <input type="text"/> HOURS:MINUTES	
<p>The next questions exclude the physical activities at work that you've already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example, getting to work, to shopping, to the market, to place of worship. <i>[Insert other examples if needed]</i></p>			
Q3022	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	1 YES 2 No .....→	Q3025
Q3023	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	<input type="checkbox"/> DAYS	
Q3024	How much time would you spend walking or bicycling for travel on a typical day?	<input type="text"/> : <input type="text"/> HOURS:MINUTES	
<p>The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness, leisure and recreational activities <i>[insert relevant terms]</i>.</p>			
Q3025	Do you do any <u>vigorous intensity sports, fitness or recreational (leisure) activities</u> that cause large increases in breathing or heart rate [like running or football], for at least 10 minutes continuously? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	1 YES 2 No .....→	Q3028
Q3026	In a typical week, on how many days do you do <u>vigorous intensity sports, fitness or recreational (leisure) activities</u> ?	<input type="checkbox"/> DAYS	
Q3027	How much time do you spend doing <u>vigorous intensity sports, fitness or recreational activities</u> on a typical day?	<input type="text"/> : <input type="text"/> HOURS:MINUTES	
Q3028	Do you do any <u>moderate-intensity sports, fitness or recreational (leisure) activities</u> that causes a small increase in breathing or heart rate [ <i>such as brisk walking, cycling or swimming</i> ] for at least 10 minutes at a time? <i>INSERT EXAMPLES &amp; USE SHOWCARD</i>	1 YES 2 No .....→	Q3031
Q3029	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	<input type="checkbox"/> DAYS	
Q3030	How much time do you spend doing moderate intensity sports, fitness or recreational (leisure) activities on a typical day?	<input type="text"/> : <input type="text"/> HOURS:MINUTES	
<p>The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [<i>sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television</i>], but do not include time spent sleeping.</p> <p><i>INSERT EXAMPLES &amp; USE SHOWCARD</i></p>			
Q3031	How much time do you usually spend sitting or reclining on a typical day?	<input type="text"/> : <input type="text"/> HOURS:MINUTES	

## Section 4000 Chronic Conditions

Now we would like to know if you have any health conditions.

Q4001	Have you ever been diagnosed with/told you have <u>arthritis</u> (a disease of the joints, or by other names rheumatism or osteoarthritis)?	1 YES 2 NO	
Q4010	Have you ever been told by a health professional that you have had a <u>stroke</u> ?	1 YES 2 NO	
Q4014	Have you ever been diagnosed with <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1 YES 2 NO	
Q4022	Have you ever been diagnosed with <u>diabetes</u> (high blood sugar)? <i>(Not including diabetes associated with a pregnancy)</i>	1 YES 2 NO	
Q4025	Have you ever been diagnosed with <u>chronic lung disease</u> (emphysema, bronchitis, COPD)?	1 YES 2 NO	
Q4033	Have you ever been diagnosed with asthma (an allergic respiratory disease)?	1 YES 2 NO	
Q4040	Have you ever been diagnosed with depression?	1 YES 2 NO	
Q4060	Have you ever been diagnosed with high blood pressure (hypertension)?	1 YES 2 NO	
Q4062	In the <u>last 5 years</u> , were you diagnosed with a <u>cataract</u> in one or both of your eyes (a cloudiness in the lens of the eye)?	1 YES 2 NO	
Q4066	Have you <u>lost all</u> of your natural teeth?	1 YES 2 NO	

Q4073	In the <u>last 12 months</u> , have you had any event where you suffered from bodily injury?	1 YES (IF MORE THAN ONE EVENT, SELECT THE MOST RECENT TO ASK ABOUT IN MORE DETAIL BELOW) 2 No .....→	Q4078
	<i>INTERVIEWER: If more than one, ask respondent to think of the most recent event.</i>		
	<b>Q4073a.</b> Where were you when you were injured?	1 Home 2 School 3 Work 87 Other, specify : 88 Don't know	
Q4074	What was the cause of this injury?	1 Fall 2 Struck/hit by person or object 3 Stabbed 4 Gun shot 5 Fire, flames or heat (burn) 6 Drowning or near-drowning 7 Poisoning 8 Animal bite 9 Electricity shock 87 Other, specify: 88 Don't know	

Q4075	How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?	1 IT WAS AN ACCIDENT (UNINTENTIONAL) 2 SOMEONE ELSE DID IT TO ME DELIBERATELY (INTENTIONAL) 3 I DID IT TO MYSELF DELIBERATELY (SELF-INFLICTED) 88 DON'T KNOW	
Q4076	Did you receive any <u>medical care or treatment</u> for your injuries?	1 YES 2 No	
Q4077	Did you suffer a physical disability as a result of being injured? <i>INTERVIEWER: disability is any restriction or lack of ability to perform an activity as before the injury.</i>	1 YES 2 No .....→	SECTION
	<b>Q4077a.</b> In what ways were you physically disabled?  <i>INTERVIEWER: CIRCLE ALL THAT RESPONDENT INDICATES.</i>	1 UNABLE TO USE HAND OR ARM 2 DIFFICULTY TO USE HAND OR ARM 3 WALK WITH A LIMP 4 LOSS OF HEARING 5 LOSS OF VISION 6 WEAKNESS OR SHORTNESS OF BREATH 7 INABILITY TO REMEMBER THINGS 8 INABILITY TO CHEW 87 OTHER, SPECIFY:	

## Section 6000: Social Cohesion

We would like to shift away from questions about your direct health. This section of the survey asks your opinions about other areas and issues in your life. The following questions are to get your opinions about community and social aspects in your life. We'd like to know about some of your involvement in your community. For all of these, I want you just to give me your best guess.

	How often in the last 12 months have you ...					
		NEVER	ONCE OR TWICE PER YEAR	ONCE OR TWICE PER MONTH	ONCE OR TWICE PER WEEK	DAILY
Q6001	... attended any public meeting in which there was discussion of local or school affairs?	1	2	3	4	5
Q6002	... met personally with someone you consider to be a community leader?	1	2	3	4	5
Q6003	...attended any group, club, society, union or organizational meeting?	1	2	3	4	5
Q6004	... worked with other people in your neighborhood to fix or improve something?	1	2	3	4	5
Q6005	... had friends over to your home?	1	2	3	4	5
Q6006	... been in the home of someone who lives in a different neighbourhood than you do or had them in your home?	1	2	3	4	5
Q6007	... socialized with coworkers outside of work?	1	2	3	4	5
Q6008	... attended religious services (not including weddings and funerals)?	1	2	3	4	5
Q6009	... gotten out of the house/your dwelling to attend social meetings, activities, programs or events or to visit friends or relatives?	1	2	3	4	5

Q6010	Would you like to go out more often or are you satisfied with how much you get out of the house?	1 Would like to go out more often 2 Satisfied with frequency of going out ....→ 3 Would NOT like to go out more often ...→	7008a 7008a
Q6011	What is the main reason that you don't	1 Health problems	

	get out more?	2 Safety or security concerns 3 Other non-health related reasons 87 <i>Other, specify:</i>
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Now, we'd like to ask for your thoughts about your life and life situation. We want to know how you feel about your quality of life.

Q7008a	How often have you felt that you were <u>unable to control the important things</u> in your life?  <i>Read responses</i>	1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often
Q7008b	How often have you found that you could <u>not cope</u> with all the things that you had to do?  <i>Read responses</i>	1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often
Q7009	How would you rate your overall quality of life?  <i>Read responses</i>	1 Very Good 2 Good 3 Moderate 4 Bad 5 Very Bad 8 <i>DON'T KNOW</i>
Q7010	Taking all things together, how would you say you are these days? Are you...?  <i>Read responses</i>	1 Very happy 2 Happy 3 Neither happy nor unhappy 4 Unhappy 5 Very unhappy 8 <i>DON'T KNOW</i>

## Section 7000 Time Use - Summary Full Day DRM

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

### INTRODUCTION to Day Reconstruction - Full Day

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

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

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

*INTERVIEWER: Please note for Q7015 and Q7016, Q7050 and Q7051, Q7100 and Q7101 :*

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

**MORNING**

Q7015	<p>Please tell me the main things that you did yesterday morning from the time you woke up until around noon/mid-day. Please also mention if you were talking or interacting with anyone for any parts of the morning. By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting.</p> <p>Be sure to cover as much as you can remember. You don't have to go in order, but it's probably easier that way. Be sure to stop with activities from around noon/mid-day.</p>		
<ul style="list-style-type: none"> <li>1 WORKING</li> <li>2 PREPARING FOOD</li> <li>3 DOING HOUSEWORK</li> <li>4 SUBSISTENCE FARMING</li> <li>5 WATCHING CHILDREN</li> <li>6 SHOPPING</li> <li>7 WALKING SOMEWHERE</li> <li>8 TRAVELING BY BICYCLE</li> <li>9 TRAVELING BY CAR/BUS/TRAIN</li> </ul>	<ul style="list-style-type: none"> <li>10 REST (INCLUDES TEA/COFFEE BREAK)</li> <li>11 CHATTING WITH SOMEONE</li> <li>12 PLAYING (INCLUDES CARDS/GAMES)</li> <li>13 READING</li> <li>14 LISTENING TO RADIO</li> <li>15 WATCHING TV</li> <li>16 EXERCISING OR LEISURELY WALK</li> <li>17 OTHER LEISURELY ACTIVITY</li> </ul>	<ul style="list-style-type: none"> <li>18 GROOMING OR BATHING</li> <li>19 EATING</li> <li>20 RELIGIOUS ACTIVITY</li> <li>21 PROVIDING CARE TO SOMEONE</li> <li>22 INTIMATE RELATIONS/SEX</li> <li>23 WENT TO SLEEP FOR THE NIGHT</li> </ul>	

Q7016	<ul style="list-style-type: none"> <li>1 ALONE</li> <li>2 SPOUSE</li> <li>3 ADULT CHILDREN (AGED 18 YEARS AND OLDER)</li> <li>4 YOUNG CHILDREN OR GRANDCHILDREN</li> <li>5 FAMILY (OTHER THAN SPOUSE, CHILDREN OR GRANDCHILDREN)</li> <li>6 FRIENDS</li> <li>7 CO-WORKERS</li> <li>87 OTHER, SPECIFY:</li> </ul>
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Q7017	Did you do anything else before noon/mid-day yesterday?	CIRCLE RESPONSES IN Q7015 ABOVE.
Q7018	Were you talking or interacting with anyone else before noon/mid-day yesterday?	CIRCLE RESPONSES IN Q7016 ABOVE

We often feel different things during different parts of the day. Sometimes we feel good, sometimes we feel less good. And some of the things we do are enjoyable, while some activities are not so enjoyable. Now, please think about how you felt yesterday morning. For the following questions, please respond "not at all", "a little", or "very much".

		NOT AT ALL	A LITTLE	VERY MUCH
Q7019	How <u>worried</u> were you feeling?	1	2	3
Q7020	How <u>rushed</u> were you feeling?	1	2	3
Q7021	How <u>irritated</u> or <u>angry</u> were you feeling?	1	2	3
Q7022	How <u>depressed</u> were you feeling?	1	2	3
Q7023	How <u>tense</u> or <u>stressed</u> were you feeling?	1	2	3
Q7024	How <u>calm</u> or <u>relaxed</u> were you feeling?	1	2	3
Q7025	How much were you <u>enjoying</u> what you were doing?	1	2	3

**AFTERNOON**

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

Q7051	<p>1 ALONE 2 SPOUSE 3 ADULT CHILDREN (AGED 18 YEARS AND OLDER) 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE, CHILDREN OR GRANDCHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:</p>
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Q7052	<p>Did you do anything else yesterday afternoon between noon/ mid-day and about 6pm (18.00)?</p>	<p>CIRCLE RESPONSES IN Q7050 ABOVE.</p>
Q7053	<p>Were you talking or interacting with anyone else between noon/mid-day and 6pm (evening) yesterday?</p>	<p>CIRCLE RESPONSES IN Q7051 ABOVE</p>

<p>Now, please think about how you felt yesterday afternoon. For the following questions, please respond "not at all", "a little", or "very much".</p>				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7054	How <u>worried</u> were you feeling?	1	2	3
Q7055	How <u>rushed</u> were you feeling?	1	2	3
Q7056	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7057	How <u>depressed</u> were you feeling?	1	2	3
Q7058	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7059	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7060	How much were you <u>enjoying</u> what you were doing?	1	2	3

**EVENING**

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

Q7101	1 ALONE 2 SPOUSE 3 ADULT CHILDREN (AGED 18 YEARS AND OLDER) 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE, CHILDREN OR GRANDCHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
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Q7102	Did you do anything else yesterday evening between around 6pm and going to bed?	CIRCLE RESPONSES IN Q7100 ABOVE.
Q7103	Were you talking or interacting with anyone else between around 6pm and going to bed yesterday?	CIRCLE RESPONSES IN Q7101 ABOVE

Think about how you felt while doing this activity yesterday evening.				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7104	How <u>worried</u> were you feeling?	1	2	3
Q7105	How <u>rushed</u> were you feeling?	1	2	3
Q7106	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7107	How <u>depressed</u> were you feeling?	1	2	3
Q7108	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7109	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7110	How much were you <u>enjoying</u> what you were doing?	1	2	3

I will now ask you some questions about how you felt yesterday overall.		
Looking at the whole day (morning, afternoon, AND evening), please tell me whether you had these feelings for much of the day. Please just answer "yes" or "no".		
Q7501	Did you feel ...worried... for much of the day yesterday? Yes or no.	1 YES 2 No
Q7502	Did you feel ...rushed... for much of the day yesterday? Yes or no.	1 YES 2 No
Q7503	Did you feel ...irritated or angry...for much of the day yesterday?	1 YES 2 No
Q7504	Did you feel ...depressed...?	1 YES 2 No
Q7505	Did you feel ...tense or stressed...?	1 YES 2 No
Q7506	Did you feel ...calm or relaxed...?	1 YES 2 No
Q7507	Were you enjoying what you were doing for much of the day yesterday?	1 YES 2 No
Q7508	Did you feel ...lonely ... for much of the day yesterday?	1 YES 2 No
Q7509	Did you feel ... bored ...?	1 YES 2 No
Q7510	Did you feel ...physical pain... for much of the day yesterday?	1 YES 2 NO
Q7511	Did you feel ...sleepiness...?	1 YES 2 NO
Q7512	Did you have a stomach ache at any time yesterday?	1 YES 2 NO
Q7513	Did you have a headache at any time yesterday?	1 YES 2 NO
Q7514	Did you smile or laugh a lot yesterday?	1 YES 2 NO
Q7515	What part of the day did you enjoy most yesterday? Was it the morning, the afternoon, or the evening?	1 MORNING 2 AFTERNOON 3 EVENING

Q7516	Compared to a typical day, how much free time did you have yesterday? Was yesterday typical, or did you have more free time yesterday, or did you have less free time yesterday?	1 MORE FREE TIME 2 TYPICAL 3 LESS FREE TIME
Q7517	Compared to a typical day, how was your mood yesterday? Was it typical, or were you in a better mood yesterday, or were you in a worse mood yesterday?	1 BETTER MOOD 2 TYPICAL 3 WORSE MOOD

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