



STUDY ON GLOBAL AGEING AND ADULT HEALTH 2007

DRM Validation Questionnaire – Full Day



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Household ID

Contact Record

	Call #1 (A)	Call #2 (B)	Call #3 (C)
Q0100A. INTERVIEWER I.D.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Q0100B. CONTACT WITH:			
1=INDIVIDUAL RESPONDENT	1	1	1
2=PROXY RESPONDENT	2	2	2
3=NO ONE	3	3	3
Q0100C. RESULT CODE			
01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED – THIS INCLUDES INTERVIEW AND BODY MEASUREMENT, PERFORMANCE TESTS AND BLOOD SAMPLE)	01	01	01
02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE).	02	02	02
03=RESPONDENT CONTACTED-INITIAL REFUSAL	03	03	03
04=RESPONDENT CONTACTED-UNCERTAIN ABOUT INTERVIEW	04	04	04
05=RESISTANCE/REFUSAL BY RESPONDENT	05	05	05
06=FINAL REFUSAL BY RESPONDENT	06	06	06
07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER	07	07	07
08=UNABLE TO LOCATE RESPONDENT	08	08	08
09=NO INTERVIEW BECAUSE RESPONDENT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL.	09	09	09
10=LANGUAGE BARRIER	10	10	10
11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE)	11	11	11
12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO RESPONDENT	12	12	12
13=DECEASED RESPONDENT	13	13	13
14=RESPONDENT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE AND NOT RETURNING TO HOUSEHOLD WITHIN 7 DAYS	14	14	14
15=RESPONDENT MOVED MORE THAN 50KM FROM THIS HOUSEHOLD	15	15	15
Q0100D. DATE	<input type="text"/> / <input type="text"/> / <input type="text"/> Day/Month/Year	<input type="text"/> / <input type="text"/> / <input type="text"/> Day/Month/Year	<input type="text"/> / <input type="text"/> / <input type="text"/> Day/Month/Year
Q1000E. DAY OF WEEK (CIRCLE ONE)	Mo, Tu, We, Th, Fr, Sa, Su	Mo, Tu, We, Th, Fr, Sa, Su	Mo, Tu, We, Th, Fr, Sa, Su
Q0100F. TIME OF CONTACT	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

Section 1000: Socio-Demographic Characteristics

Time Begin :

Q1006	Household ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q1007	Individual ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q1009	INTERVIEWER: Record sex of the respondent	1 MALE 2 FEMALE
Q1010	What day, month and year were you born? DD / MM / YYYY Check birth certificate if available.	<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? INTERVIEWER: This would be age at last birthday. If don't know - probe.	<input type="text"/> <input type="text"/> <input type="text"/> AGE IN YEARS

Time End :

Section 4000: Chronic Conditions and Health Services Coverage

Time Begin :

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

ARTHRITIS

Q4001	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→	Q4003
Q4002	Have you been taking medications or other treatment for it....		
	Q4002a. ...during the last 2 weeks?	1 YES 2 No	
	Q4002b ...during the last 12 months?	1 YES 2 No	
Q4003	During the <u>last 12 months</u> , have you experienced, pain, aching, stiffness or swelling in or around the joints (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month?	1 YES 2 No	
Q4004	During the <u>last 12 months</u> , have you experienced stiffness in the joint in the <u>morning after getting up</u> from bed, or <u>after a long rest</u> of the joint without movement?	1 YES 2 No→	Q4007
If Q4003 and Q4004 are both "No" (that is, no symptoms of arthritis), skip to→			Q4008
Q4005	How long did this stiffness last?	1 About 30 minutes or less 2 More than 30 Minutes	
Q4006	Did this stiffness go away after exercise or movement in the joint?	1 YES 2 No	
Q4007	These symptoms that you have said you experienced in the last 12 months, have you experienced them in the <u>last 2 weeks</u> ?	1 YES 2 No	
Q4008	Have you experienced <u>back pain</u> during the <u>last 30 days</u> ?	1 YES 2 No→	Q4010
Q4009	On how many days did you have this back pain <u>during the last 30 days</u> ?	<input type="text"/> <input type="text"/> DAYS	

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DRM Validation Questionnaire INDIA - FULL DAY

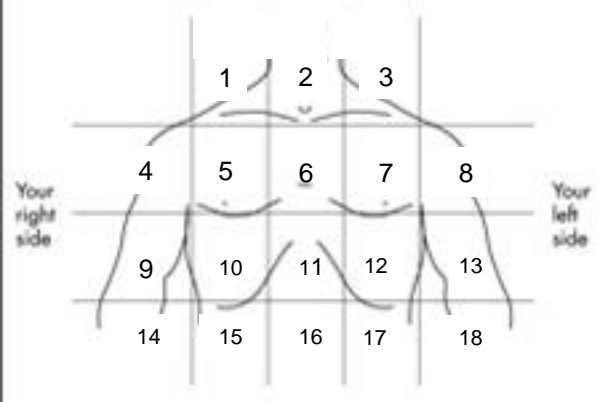
STROKE

Q4010	Have you ever been told by a health professional that you have had a <u>stroke</u> ?	1 YES 2 No→	Q4012
Q4011	Have you been taking any <u>medications or other treatment</u> for it...		
	Q4011a. ...during the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4011b. ...during the <u>last 12 months</u> ?	1 YES 2 No	
Q4012	Have you ever suffered from <u>sudden onset</u> of paralysis or weakness in your arms or legs on <u>one side</u> of your body for more than 24 hours?	1 YES 2 No	
Q4013	Have you ever had, for more than 24 hours, <u>sudden onset</u> of loss of feeling on <u>one side</u> of your body, without anything having happened to you immediately before?	1 YES 2 No	

ANGINA

Q4014	Have you ever been diagnosed with <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1 YES 2 No→	Q4016
Q4015	Have you been taking any <u>medications or other treatment</u> for it...		
	Q4015a ...during the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4015b ...during the <u>last 12 months</u> ?	1 YES 2 No	
Q4016	During the <u>last 12 months</u> , have you experienced any <u>pain or discomfort</u> in your <u>chest</u> when you walk uphill or hurry?	1 YES 2 No 3 NEVER WALKS UPHILL OR HURRIES	
Q4017	During the <u>last 12 months</u> , have you experienced any pain or discomfort in your chest when you walk at an ordinary pace on level ground?	1 YES 2 No→	Q4022
Q4018	<u>What do you do</u> if you get the pain or discomfort when you are walking? <i>Read choices</i>	1 Stop or slow down 2 Carry on after taking a pain relieving medicine that dissolves in your mouth 3 Carry on walking	
Q4019	If you stand still, what happens to the pain or discomfort? <i>Read choices</i>	1 Relieved 2 Not relieved	

ANGINA continued...

<p>Q4020 Will you show me where you usually experience the pain or discomfort?</p> <p>Circle number in each of the boxes in the areas of body mentioned or shown by the respondent.</p>	
<p>Q4021 These symptoms that you have said you experienced in the last 12 months, have you experienced them in the <u>last 2 weeks</u>?</p>	<p>1 YES</p> <p>2 No</p>

DIABETES

Q4022	Have you ever been diagnosed with <u>diabetes</u> (high blood sugar)? <i>(Not including diabetes associated with a pregnancy)</i>	1 YES 2 No→	Q4025
Q4023	Have you been taking insulin or other blood sugar lowering medications...		
	Q4023a ...in the <u>last 2 weeks</u> ? 1 YES 2 No		
	Q4023b ...in the <u>last 12 months</u> ? 1 YES 2 No		
Q4024	Have you been following a special diet, exercise regime or weight control program for diabetes during the <u>last 2 weeks</u> ? <i>(As recommended by health professional)</i>	1 YES 2 No	

CHRONIC LUNG DISEASE

Q4025	Have you ever been diagnosed with <u>chronic lung disease</u> (emphysema, bronchitis, COPD)?	1 YES 2 No→	Q4027
Q4026	Have you been taking any medications or other treatment (like oxygen) for it ...		
	Q4026a ...in the <u>last 2 weeks</u> ? 1 YES 2 No		
	Q4026b ...in the <u>last 12 months</u> ? 1 YES 2 No		
Q4027	During the <u>last 12 months</u> , have you experienced any <u>shortness of breath</u> at rest? <i>(while awake)</i>	1 YES 2 No	
Q4028	During the last 12 months, have you experienced any <u>coughing</u> or <u>wheezing</u> for <u>ten minutes or more at a time</u> ?	1 YES 2 No	
Q4029	During the last 12 months, have you experienced any <u>coughing up sputum or phlegm</u> for most days of the month <u>for at least 3 months</u> ?	1 YES 2 No	

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CHRONIC LUNG DISEASE, continued...

INTERVIEWER: IF Q4027, Q4028 AND Q4029 ARE "No" ... → SKIP TO Q4031			
Q4030	These symptoms that you said you experienced in the last 12 months, have you experienced them in the <u>last 2 weeks</u> ?	1 YES 2 NO	
Q4031	In the <u>last 12 months</u> , have you had a <u>tuberculosis (TB) test</u> ? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to a laboratory for analysis) or made an x-ray of your chest?	1 YES 2 NO→	Q4032c
Q4032	Q4032a. Have you been taking any medications or other treatment for it during the <u>last 2 weeks</u> ?	1 YES 2 NO	
	Q4032b. Have you been taking any medications or other treatment for it during the <u>last 12 months</u> ?	1 YES 2 NO	
INTERVIEWER: if Q4029 is "No", skip to			→ Q4033
	Q4032c. Have you had <u>blood</u> in your phlegm or have you <u>coughed blood</u> ?	1 YES 2 NO	

ASTHMA

Q4033	Have you ever been diagnosed with asthma (an allergic respiratory disease)?	1 YES 2 NO→	Q4035
Q4034	Have you been taking any medications or other treatment for it ...		
	Q4034a ...in the <u>last 2 weeks</u> ?	1 YES 2 NO	
	Q4034b ...in the <u>last 12 months</u> ?	1 YES 2 NO	
During the <u>last 12 months</u> , have you experienced any of the following:			
Q4035	Attacks of <u>wheezing or whistling</u> breathing?	1 YES 2 NO	
Q4036	Attack of wheezing that came on <u>after</u> you stopped exercising or some other physical activity?	1 YES 2 NO	
Q4037	A feeling of tightness in your chest?	1 YES 2 NO	
Q4038	Have you woken up with a feeling of tightness in your chest in the morning or any other time?	1 YES 2 NO	
Q4039	Have you had an attack of shortness of breath that came on without obvious cause when you were <u>not exercising or doing some physical activity</u> ?	1 YES 2 NO	
IF Q4035 TO Q4039 ARE ALL 'No', SKIP TO			→ Q4040
IF ONE OF THE SYMPTOM QUESTIONS (Q4035 TO Q4039) IS 'Yes', CONTINUE WITH Q4039a.			
Q4039a	These symptoms that you said you experienced in the last 12 months, have you experienced them in the <u>last 2 weeks</u> ?	1 YES 2 NO	

DEPRESSION

Q4040	Have you ever been diagnosed with depression?	1 YES 2 NO→	Q4042
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DEPRESSION continued...

Q4041	Have you been taking any <u>medications or other treatment</u> for it ... (Other treatment can include attending therapy or counseling sessions.)		
	Q4041a ...during the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4041b ...during the <u>last 12 months</u> ?	1 YES 2 No	
Q4042	During the last 12 months, have you had a period <u>lasting several days</u> when you felt <u>sad, empty or depressed</u> ?	1 YES 2 No	
Q4043	During the last 12 months, have you had a period lasting several days when you <u>lost interest</u> in most things you usually enjoy such as personal relationships, work or hobbies/recreation?	1 YES 2 No	
Q4044	During the last 12 months, have you had a period lasting several days when you have been feeling your <u>energy decreased</u> or that you <u>are tired all the time</u> ?	1 YES 2 No	
INTERVIEWER: IF ANY ONE OF Q4042, Q4043 OR Q4044 IS "YES", CONTINUE TO Q4045 IF ALL 3 (Q4042, Q4043 AND Q4044) ARE "NO", SKIP TO → Q4060			
Q4045	Was this period [of sadness/loss of interest/low energy] for <u>more than 2 weeks</u> ?	1 YES 2 No →	Q4060
Q4046	Was this period [of sadness/loss of interest/low energy] <u>most of the day, nearly every day</u> ?	1 YES 2 No	
Q4047	During this period, did you <u>lose your appetite</u> ?	1 YES 2 No	
Q4048	Did you notice any <u>slowing down in your thinking</u> ?	1 YES 2 No	
Q4049	Did you notice any problems <u>falling asleep</u> ?	1 YES 2 No	
Q4050	Did you notice any problems <u>waking up too early</u> ?	1 YES 2 No	
Q4051	During this period, did you have any <u>difficulties concentrating</u> ; for example, listening to others, working, watching TV, listening to the radio?	1 YES 2 No	
Q4052	Did you notice any <u>slowing down in your moving around</u> ?	1 YES 2 No	
Q4053	During this period, did you feel <u>anxious</u> and <u>worried</u> most days?	1 YES 2 No	
Q4054	During this period, were you so <u>restless or jittery</u> nearly every day that you paced up and down and couldn't sit still?	1 YES 2 No	
Q4055	During this period, did you feel <u>negative</u> about yourself or like you had <u>lost confidence</u> ?	1 YES 2 No	
Q4056	Did you frequently feel <u>hopeless</u> - that there was no way to improve things?	1 YES 2 No	
Q4057	During this period, did your <u>interest in sex</u> decrease?	1 YES 2 No	
Q4058	Did you <u>think of death</u> , or <u>wish you were dead</u> ?	1 YES 2 No	
Q4059	During this period, did you ever <u>try to end your life</u> ?	1 YES 2 No	

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HYPERTENSION

Q4060	Have you ever been diagnosed with high blood pressure (hypertension)?	1 YES 2 No→	Q4062
Q4061	Have you been taking any <u>medications</u> or <u>other treatment</u> for it during ... (Other treatment might include weight loss program or change in eating habits.)		
	Q4061athe <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4061bthe <u>last 12 months</u> ?	1 YES 2 No	

CATARACTS

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→ 8 DON'T KNOW	Q4064
Q4063	In the last 5 years, have you had <u>eye surgery</u> to remove this cataract(s)?	1 YES 2 No	
In the <u>last 12 months</u> have you experienced any of the following:...			
Q4064	...cloudy or blurry vision?	1 YES 2 No	
Q4065	...vision problems with light, such as glare from bright lights, or halos around lights?	1 YES 2 No	

ORAL HEALTH

Now I would like you to tell me about the condition of your mouth and teeth.

Q4066	Have you <u>lost all</u> of your natural teeth?	1 YES 2 No	
Q4067	During the <u>last 12 months</u> , have you had any problems with your mouth and/or teeth, including problems with swallowing?	1 YES 2 No→	Q4069
Q4068	Have you received any <u>medications</u> or <u>treatment</u> from a dentist or other oral health specialist during...		
	Q4068a ... the <u>last 2 weeks</u> ?	1 YES 2 No	
	Q4068b ... the <u>last 12 months</u> ?	1 YES 2 No	

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INJURIES

Q4069	In the <u>last 12 months</u> , have you been involved in a <u>road traffic accident</u> where you suffered from bodily injury? <i>PROBE: This could have been an accident in which you were involved either as the occupant of a motor vehicle, or when you were riding a motorcycle/scooter, rickshaw or bicycle or walking.</i>	1 YES (IF MORE THAN ONE ACCIDENT, SELECT THE MOST RECENT TO ASK ABOUT IN MORE DETAIL BELOW) 2 No→	Q4073
Q4070	How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?	1 IT WAS AN ACCIDENT (UNINTENTIONAL) 2 SOMEONE ELSE DID IT TO ME DELIBERATELY (INTENTIONAL) 3 I DID IT TO MYSELF DELIBERATELY (SELF-INFLICTED) 8 DON'T KNOW	
Q4071	Did you receive any <u>medical care or treatment</u> for your injuries?	1 YES 2 No	
Q4072	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→	Q4073
	Q4072a. In what ways were you physically disabled? <i>INTERVIEWER: CIRCLE ALL THAT RESPONDENT SELECTS.</i>	1 Unable to use hand or arm 2 Difficulty to use hand or arm 3 Walk with a limp 4 Loss of hearing 5 Loss of vision 6 Weakness or shortness of breath 7 Inability to remember things 8 Inability to chew 87 Other, specify:	
Q4073	In the <u>last 12 months</u> , have you had any other event where you suffered from bodily injury? <i>INTERVIEWER: If more than one, ask respondent to think of the most recent event.</i>	1 YES (IF MORE THAN ONE EVENT, SELECT THE MOST RECENT TO ASK ABOUT IN MORE DETAIL BELOW) 2 No→	Q4078
	Q4073a. Where were you when you were injured?	1 Home 2 School 3 Work 7 Other, specify : 8 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) 8 DON'T KNOW	

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INJURIES continued...

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→	Q4078
	Q4077a. 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:	

CERVICAL CANCER AND BREAST CANCER SCREENING (WOMEN ONLY)

Questions to be asked to FEMALE respondents only.

FEMALE→ Q4078

MALE→ GO TO NEXT SECTION

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

Q4078	When was <u>the last time</u> you had a <u>pelvic examination</u> , if ever? (By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?) <i>ENTER "00" IF LESS THAN 1 YEAR AGO.</i>	<input type="text"/> <input type="text"/> YEARS AGO 98 NEVER HAD EXAM→	Q4080
Q4079	The last time you had the pelvic examination, did you have a PAP smear test? (By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?)	1 YES 2 No	
Q4080	When was the last time you had a mammography, if ever? (That is, an x-ray of your breasts taken to detect breast cancer at an early stage.) <i>ENTER "00" IF LESS THAN 1 YEAR AGO.</i>	<input type="text"/> <input type="text"/> YEARS AGO 98 NEVER HAD EXAM	

Time End :

Section 7000: Subjective Well-Being and Quality of Life

Time Begin :

Now, we'd like to ask for your thoughts about your life and life situation. We want to know how you feel about your health and quality of life.

Q7001	Do you have enough energy for everyday life?	1 Completely 2 Mostly 3 Moderately 4 A little 5 None at all
Q7002	Do you have enough money to meet your needs?	1 Completely 2 Mostly 3 Moderately 4 A little 5 None at all

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

	How satisfied are you with...	VERY SATISFIED	SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
Q7003	... your health?	1	2	3	4	5
Q7004	... yourself?	1	2	3	4	5
Q7005	... your ability to perform your daily living activities?	1	2	3	4	5
Q7006	... your personal relationships?	1	2	3	4	5
Q7007	... the conditions of your living place?	1	2	3	4	5
Q7008	Taking all things together, how <u>satisfied</u> are you with your life as a whole these days?	1	2	3	4	5

Q7009	How often have you felt that you were <u>unable</u> to <u>control the important things</u> in your life? <i>Read responses</i>	1 Never 2 Almost never 3 Sometimes 4 Fairly often 5 Very often
Q7010	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
Q7011	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>

Q7012	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	DON'T KNOW

Day reconstruction

INTERVIEWER: For this module, you will ask the respondent to reconstruct her or his previous day beginning from when s/he woke up until the end of the day, typically with the respondent going to bed for the night. We want the respondent to tell you about the entire day - reconstructing and remembering the events, persons and feelings experienced yesterday.

We have provided space for up to 20 activities - however, if the respondent has less than 20 activities, you should stop after the respondent has completed her/his day and skip to Q7960. If the respondent has more than 20 activities, you should also just proceed to Q7960. You will see that the activities are numbered 1-20, but you should NOT read the activity numbers to the respondent.

Q7013	Record current time.	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME
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INTRODUCTION to Day Reconstruction

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 starting from when you woke up until you went to sleep for the night. We'll go through this one activity at a time.

People do different activities throughout the day. Here is a list of examples: working, preparing food, doing housework, watching children, traveling to work or the market, grooming, bathing, eating, exercising, praying, resting, chatting with friends, playing cards, watching TV, listening to the radio, reading the newspaper or taking care of someone.

I would like for you to tell me about all the different things that you did yesterday. You may have done some of the things that I just mentioned. You may have done other things too.

Please keep all of your responses to just a word or two. And you don't have to mention very short activities, like washing hands, which only take one or two minutes. We'll start at the beginning.

Q7014	When did you wake up yesterday? <i>INTERVIEWER: If respondent can't remember, get her or his best guess.</i>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME -8 DON'T KNOW TIME
Q7015	At what time did you go to sleep for the night yesterday? <i>INTERVIEWER: If respondent can't remember, get his or her best guess.</i>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME -8 DON'T KNOW TIME

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Activity 1

Q7016	What was the first thing you did after waking up yesterday morning? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7017	How long did this activity last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES
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Q7018	At what time did this activity begin? <i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME
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Q7019	Were you talking or interacting with anyone when you did this? By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting. <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7020 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7019a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

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 during that time of the day. Please respond "not at all", "a little", or "very much" to the following questions.

		Not at all	A little	Very much
Q7020	How <u>worried</u> were you feeling?	1	2	3
Q7021	How <u>rushed</u> were you feeling?	1	2	3
Q7022	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7023	How <u>depressed</u> were you feeling?	1	2	3
Q7024	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7025	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7026	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 2

Q7050	What was the next thing you did yesterday morning? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7051	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 20px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7052	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7053 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7052a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7053	How <u>worried</u> were you feeling?	1	2	3
Q7054	How <u>rushed</u> were you feeling?	1	2	3
Q7055	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7056	How <u>depressed</u> were you feeling?	1	2	3
Q7057	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7058	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7059	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 3

Q7100	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7101	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7102	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7103 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7102a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7103	How <u>worried</u> were you feeling?	1	2	3
Q7104	How <u>rushed</u> were you feeling?	1	2	3
Q7105	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7106	How <u>depressed</u> were you feeling?	1	2	3
Q7107	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7108	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7109	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 4

Q7150	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
	1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7151	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> HOURS : MINUTES </div>
Q7152	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7153 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7152a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7153	How <u>worried</u> were you feeling?	1	2	3
Q7154	How <u>rushed</u> were you feeling?	1	2	3
Q7155	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7156	How <u>depressed</u> were you feeling?	1	2	3
Q7157	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7158	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7159	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 5

Q7200	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7201	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="margin-left: 10px;">HOURS : MINUTES</div> </div>
Q7202	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7203 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7202a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7203	How worried were you feeling?	1	2	3
Q7204	How rushed were you feeling?	1	2	3
Q7205	How irritated or angry were you feeling?	1	2	3
Q7206	How depressed were you feeling?	1	2	3
Q7207	How tense or stressed were you feeling?	1	2	3
Q7208	How calm or relaxed were you feeling?	1	2	3
Q7209	How much were you enjoying what you were doing?	1	2	3

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Activity 6

Q7250	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7251	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7252	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7253 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7252a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7253	How worried were you feeling?	1	2	3
Q7254	How rushed were you feeling?	1	2	3
Q7255	How irritated or angry were you feeling?	1	2	3
Q7256	How depressed were you feeling?	1	2	3
Q7257	How tense or stressed were you feeling?	1	2	3
Q7258	How calm or relaxed were you feeling?	1	2	3
Q7259	How much were you enjoying what you were doing?	1	2	3

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Activity 7

Q7300	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7301	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7302	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7303 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7302a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7303	How <u>worried</u> were you feeling?	1	2	3
Q7304	How <u>rushed</u> were you feeling?	1	2	3
Q7305	How <u>irritated</u> or <u>angry</u> were you feeling?	1	2	3
Q7306	How <u>depressed</u> were you feeling?	1	2	3
Q7307	How <u>tense</u> or <u>stressed</u> were you feeling?	1	2	3
Q7308	How <u>calm</u> or <u>relaxed</u> were you feeling?	1	2	3
Q7309	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 8

Q7350	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
	1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7351	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> HOURS : MINUTES </div>
Q7352	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7353 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7352a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7353	How <u>worried</u> were you feeling?	1	2	3
Q7354	How <u>rushed</u> were you feeling?	1	2	3
Q7355	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7356	How <u>depressed</u> were you feeling?	1	2	3
Q7357	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7358	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7359	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 9

Q7400	<p>What was the next thing you did yesterday?</p> <p><i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i></p>
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7401	<p>How long did this activity last?</p> <p><i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i></p>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <p>HOURS : MINUTES</p>
Q7402	<p>Were you talking or interacting with anyone when you did this?</p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	1 ALONE→ Q7403 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	<p>Q7402a. At the time, how friendly were you feeling towards this person (these people)?</p>	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7403	How <u>worried</u> were you feeling?	1	2	3
Q7404	How <u>rushed</u> were you feeling?	1	2	3
Q7405	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7406	How <u>depressed</u> were you feeling?	1	2	3
Q7407	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7408	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7409	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 10

Q7450	<p>What was the next thing you did yesterday?</p> <p><i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i></p>
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7451	<p>How long did this activity last?</p> <p><i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i></p>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <p>HOURS : MINUTES</p>
Q7452	<p>Were you talking or interacting with anyone when you did this?</p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	1 ALONE→ Q7453 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	<p>Q7452a. At the time, how friendly were you feeling towards this person (these people)?</p>	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7453	How <u>worried</u> were you feeling?	1	2	3
Q7454	How <u>rushed</u> were you feeling?	1	2	3
Q7455	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7456	How <u>depressed</u> were you feeling?	1	2	3
Q7457	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7458	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7459	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 11

Q7500	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7501	How long did this activity last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES
Q7502	At what time did this activity begin? <i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> TIME
Q7503	Were you talking or interacting with anyone when you did this? By interacting with, I mean were you consistently paying attention to someone. For example, if you were bathing a young child you would be interacting with them even if you were not talking. On the other hand, talking to someone for less than 5 minutes does not count as interacting. <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7504 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7503a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

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 during that time of the day. Please respond "not at all", "a little", or "very much" to the following questions.

		Not at all	A little	Very much
Q7504	How <u>worried</u> were you feeling?	1	2	3
Q7505	How <u>rushed</u> were you feeling?	1	2	3
Q7506	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7507	How <u>depressed</u> were you feeling?	1	2	3
Q7508	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7509	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7510	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 12

Q7550	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7551	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 1.2em; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7552	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7553 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7552a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7553	How <u>worried</u> were you feeling?	1	2	3
Q7554	How <u>rushed</u> were you feeling?	1	2	3
Q7555	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7556	How <u>depressed</u> were you feeling?	1	2	3
Q7557	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7558	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7559	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 13

Q7600	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
	1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7101	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> HOURS : MINUTES </div>
Q7602	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7603 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7602a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7603	How <u>worried</u> were you feeling?	1	2	3
Q7604	How <u>rushed</u> were you feeling?	1	2	3
Q7605	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7606	How <u>depressed</u> were you feeling?	1	2	3
Q7607	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7608	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7609	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 14

Q7650	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7651	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin-left: 10px;">HOURS : MINUTES</div> </div>
Q7652	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7653 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7652a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7653	How <u>worried</u> were you feeling?	1	2	3
Q7654	How <u>rushed</u> were you feeling?	1	2	3
Q7655	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7656	How <u>depressed</u> were you feeling?	1	2	3
Q7657	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7658	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7659	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 15

Q7700	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7701	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="margin-left: 10px;">HOURS : MINUTES</div> </div>
Q7702	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7703 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7702a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7703	How worried were you feeling?	1	2	3
Q7704	How rushed were you feeling?	1	2	3
Q7705	How irritated or angry were you feeling?	1	2	3
Q7706	How depressed were you feeling?	1	2	3
Q7707	How tense or stressed were you feeling?	1	2	3
Q7708	How calm or relaxed were you feeling?	1	2	3
Q7209	How much were you enjoying what you were doing?	1	2	3

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Activity 16

Q7750	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7751	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7752	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7753 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7752a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7753	How worried were you feeling?	1	2	3
Q7754	How rushed were you feeling?	1	2	3
Q7755	How irritated or angry were you feeling?	1	2	3
Q7756	How depressed were you feeling?	1	2	3
Q7757	How tense or stressed were you feeling?	1	2	3
Q7758	How calm or relaxed were you feeling?	1	2	3
Q7759	How much were you enjoying what you were doing?	1	2	3

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Activity 17

Q7800	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7801	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7802	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7803 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 CO-WORKERS 87 OTHER, SPECIFY:
	Q7802a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7803	How <u>worried</u> were you feeling?	1	2	3
Q7804	How <u>rushed</u> were you feeling?	1	2	3
Q7805	How <u>irritated</u> or <u>angry</u> were you feeling?	1	2	3
Q7806	How <u>depressed</u> were you feeling?	1	2	3
Q7807	How <u>tense</u> or <u>stressed</u> were you feeling?	1	2	3
Q7808	How <u>calm</u> or <u>relaxed</u> were you feeling?	1	2	3
Q7809	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 18

Q7850	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7851	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="font-size: 24px; margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> HOURS : MINUTES
Q7852	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7853 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7852a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7853	How <u>worried</u> were you feeling?	1	2	3
Q7854	How <u>rushed</u> were you feeling?	1	2	3
Q7855	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7856	How <u>depressed</u> were you feeling?	1	2	3
Q7857	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7858	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7859	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 19

Q7900	<p>What was the next thing you did yesterday?</p> <p><i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i></p>
1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT

Q7901	<p>How long did this activity last?</p> <p><i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i></p>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p>HOURS : MINUTES</p>
Q7902	<p>Were you talking or interacting with anyone when you did this?</p> <p><i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i></p>	1 ALONE→ Q7903 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	<p>Q7902a. At the time, how friendly were you feeling towards this person (these people)?</p>	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7903	How <u>worried</u> were you feeling?	1	2	3
Q7904	How <u>rushed</u> were you feeling?	1	2	3
Q7905	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7906	How <u>depressed</u> were you feeling?	1	2	3
Q7907	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7908	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7909	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Activity 20

Q7950	What was the next thing you did yesterday? <i>INTERVIEWER: If the respondent mentions more than one activity, probe with "Which of these activity were you paying most attention to or required the most effort." Circle only ONE activity.</i>	
	1 WORKING 2 SUBSISTENCE FARMING 3 PREPARING FOOD 4 DOING HOUSEWORK 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 (SELF) 19 EATING 20 RELIGIOUS ACTIVITY 21 PROVIDING CARE TO SOMEONE 22 INTIMATE RELATIONS/SEX 23 WENT TO SLEEP FOR THE NIGHT	

Q7951	How long did this activity last? <i>INTERVIEWER: If respondent has trouble with exact duration, get estimate or approximate.</i>	<div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> : <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> HOURS : MINUTES </div>
Q7952	Were you talking or interacting with anyone when you did this? <i>INTERVIEWER: Respondent may provide more than one answer - circle responses.</i>	1 ALONE→ Q7953 2 SPOUSE 3 ADULT CHILDREN 4 YOUNG CHILDREN OR GRANDCHILDREN 5 FAMILY (OTHER THAN SPOUSE/CHILDREN) 6 FRIENDS 7 Co-WORKERS 87 OTHER, SPECIFY:
	Q7952a. At the time, how friendly were you feeling towards this person (these people)?	1 Very friendly 2 A little friendly 3 A little irritated 4 Very irritated

Now, please think about how you felt yesterday during that time of the day. Please respond "not at all", "a little", or "very much".				
		NOT AT ALL	A LITTLE	VERY MUCH
Q7953	How <u>worried</u> were you feeling?	1	2	3
Q7954	How <u>rushed</u> were you feeling?	1	2	3
Q7955	How <u>irritated or angry</u> were you feeling?	1	2	3
Q7956	How <u>depressed</u> were you feeling?	1	2	3
Q7957	How <u>tense or stressed</u> were you feeling?	1	2	3
Q7958	How <u>calm or relaxed</u> were you feeling?	1	2	3
Q7959	How much were you <u>enjoying</u> what you were doing?	1	2	3

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Q7960	<p>You have now described your activities from this part of your day yesterday, can you tell me what time this last activity ended.</p> <p><i>INTERVIEWER: If the last activity was going to sleep, ask them "what time did you go to sleep for the night?".</i></p> <p><i>INTERVIEWER: If respondent has trouble with exact time, get estimate or approximate.</i></p>	<div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> : <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> TIME </div> <p><i>-8 DON'T KNOW</i></p>
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<p><i>INTERVIEWER: For this section, you will ask the respondent questions about how they felt yesterday overall.</i></p>		
<p>I will now ask you some questions about how you felt yesterday overall.</p> <p>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".</p>		
Q7961	<p>Did you feel ...worried... for much of the day yesterday? Yes or no.</p>	<p>1 YES 2 No</p>
Q7962	<p>Did you feel ...rushed... for much of the day yesterday? Yes or no.</p>	<p>1 YES 2 No</p>
Q7963	<p>Did you feel ...irritated or angry...for much of the day yesterday?</p>	<p>1 YES 2 No</p>
Q7964	<p>Did you feel ...depressed...?</p>	<p>1 YES 2 No</p>
Q7965	<p>Did you feel ...tense or stressed...?</p>	<p>1 YES 2 No</p>
Q7966	<p>Did you feel ...calm or relaxed...?</p>	<p>1 YES 2 No</p>
Q7967	<p>Were you enjoying what you were doing for much of the day yesterday?</p>	<p>1 YES 2 No</p>
Q7968	<p>Did you feel ...lonely ... for much of the day yesterday?</p>	<p>1 YES 2 No</p>
Q7969	<p>Did you feel ... bored ...?</p>	<p>1 YES 2 No</p>
Q7970	<p>Did you feel ...physical pain... for much of the day yesterday?</p>	<p>1 YES 2 No</p>
Q7971	<p>Did you feel ...sleepiness...?</p>	<p>1 YES 2 No</p>

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Q7972	Did you have a stomach ache at any time yesterday?	1 YES 2 NO
Q7973	Did you have a headache at any time yesterday?	1 YES 2 NO
Q7974	Did you smile or laugh a lot yesterday?	1 YES 2 NO

Q7975	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
Q7976	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
Q7977	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
Q7978	How many hours did you sleep last night?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES -8 DON'T REMEMBER
Q7979	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
Q7980	How many hours did you sleep the night before last?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOURS : MINUTES -8 DON'T REMEMBER
Q7981	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
Q7982	Who do you think are happier, men or women? Or are they equally happy?	1 MEN 2 WOMEN 3 EQUALLY HAPPY

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Q7983	Who do you think has more free time, men or women? Or do they have equal amounts of free time?	1 MEN 2 WOMEN 3 EQUAL AMOUNTS OF FREE TIME
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Now I will ask you to compare yourself to other people your age who live in this area.

Q7984	Are you usually in a better mood or a worse mood than most others? Or are you about the same?	1 BETTER MOOD 2 SAME MOOD 3 WORSE MOOD
Q7985	Do you have more free time or less free time than most others? Or do you have about the same?	1 MORE FREE TIME 2 SAME AMOUNT OF FREE TIME 3 LESS FREE TIME
Q7986	Are you more anxious or less anxious than most others? Or are you about the same?	1 MORE ANXIOUS 2 SAME LEVEL 3 LESS ANXIOUS
Q7987	Are you more healthy or less healthy than most others? Or are you about the same?	1 MORE HEALTHY 2 SAME LEVEL OF HEALTH 3 LESS HEALTHY

We will be interviewing many people in this area. We will ask them all about how happy they are. Some people will be sad but they may not tell us they are sad because they are shy or embarrassed.

Q7988a	Do you think that most people who are <u>happy</u> will tell us they are <u>happy</u> ?	1 YES 2 NO
Q7988b	Do you think that most people who are <u>sad</u> will tell us they are <u>sad</u> ?	1 YES 2 NO
Q7989	Overall, are most people in this area who are about your age happy or sad?	1 MOST ARE HAPPY 2 MOST ARE SAD
Q7990a	Imagine that you had a newly born <u>grand-daughter</u> , what would you hope for that girl? Would it be more important that he be more intelligent than other girls, or happier than other girls?	1 MORE INTELLIGENT 2 HAPPIER
Q7990b	Imagine that you had a newly born <u>grandson</u> , what would you hope for that boy? Would it be more important that he be more intelligent than other boys, or happier than other boys?	1 MORE INTELLIGENT 2 HAPPIER

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Finally, I will ask you a few questions about how you keep track of time during the day.		
Q7991	During a typical day, do you usually know what time it is? How often do you know what time it is: never, sometimes, mostly, or always?	1 NEVER 2 SOMETIMES 3 MOSTLY 4 ALWAYS
Q7992	Do you usually wear a watch or something else that tells you the time?	1 YES 2 NO
Q7993	How do you usually know the time? Do you look at a watch or clock, or do you do certain activities at the same time every day, or do you know from the position of the sun, or do you just guess, or is there something else?	1 LOOK AT A WATCH OR CLOCK 2 DO THINGS AT SAME TIME EVERY DAY 3 THE POSITION OF THE SUN 4 GUESS 7 OTHER, SPECIFY: 8 <i>DON'T KNOW</i>

Time End :