



# STUDY ON GLOBAL AGEING AND ADULT HEALTH 2007

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## DRM Validation Questionnaire – Set D



### Table of Contents

Contact Record .....	2
Section 0400: Household Roster .....	3
Section 0500: Housing.....	7
Section 0700: Assets and Household Income .....	9
Section 1000: Socio-Demographic Characteristics.....	11
Section 2000: Health State Descriptions .....	14
Section 7000: Subjective Well-Being and Quality of Life.....	18

## Contact Record

	Call #1 (A)	Call #2 (B)	Call #3 (C)
<b>Q0100A. INTERVIEWER I.D.</b>	□ □ □	□ □ □	□ □ □
<b>Q0100B. CONTACT WITH:</b>			
1=INDIVIDUAL RESPONDENT	1	1	1
2=PROXY RESPONDENT	2	2	2
3=NO ONE	3	3	3
<b>Q0100C. RESULT CODE</b>			
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
<b>Q0100D. DATE</b>	_ / _ / _ Day/Month/Year	_ / _ / _ Day/Month/Year	_ / _ / _ Day/Month/Year
<b>Q1000E. DAY OF WEEK (CIRCLE ONE)</b>	Mo, Tu, We, Th, Fr, Sa, Su	Mo, Tu, We, Th, Fr, Sa, Su	Mo, Tu, We, Th, Fr, Sa, Su
<b>Q0100F. TIME OF CONTACT</b>	□ □ : □ □	□ □ : □ □	□ □ : □ □

**Section 0400: Household Roster**

Time Begin   :

**Q0400** Setting

*INTERVIEWER: Location of selected household, 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>

I would first like to know how many people live in this household/dwelling. Let me assure you that any information you provide is strictly confidential. By asking “who lives at this household?”, I mean those who share meals (‘eat out of the same cooking pot’) and usually stay here for at least four months a year. Please include people who may presently be in an institution due to their health (for example, in hospital or old people's home) for a short time.

I would like to know the age, sex, marital status, educational level and relationship to the household head of each of the members of this household who live here.

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

Q0401	What is the total number of people who live in this household?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Persons		

We want to start with the person who is the head of the household. By head of the household we mean the main decision maker in the household. The head can be either male or female. If two people are equal decision-makers, take the older person.

Q0402	What is the name of the head of the household?  <i>Interviewer: Use Column 01 on the Household Roster for this person.</i>	Q0402a. Surname (last name):
		Q0402b. First (given) name:

*INTERVIEWER: remember to include people who may presently be in an institution for a short time due to their health.*

*Complete one column for each household member in the table on the following pages.*

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DRM Validation Questionnaire INDIA - Set D

		Person (HH member) number					
		01	02	03	04	05	
Q0403	First name and surname A. Last/surname:	<b>Household head</b>					
	B. First (given):						
Q0404	<i>BLANK</i>						
Q0405	What is [NAME]'s relationship to the household head? 01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW	N/A	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	
Q0406	Is [NAME] a male or a female? 1 = MALE 2 = FEMALE	1 2	1 2	1 2	1 2	1 2	
Q0407	How old is he/she? (if less than 1 year old enter "00")						
Q0408	What is [NAME]'s marital status? 1= NEVER MARRIED (AND NOT COHABITING) 2= CURRENTLY MARRIED 3= COHABITING 4= SEPARATED/DIVORCED 5= WIDOWED 8=DON'T KNOW	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	
Q0409	What is the highest level of education [NAME] completed? 0=NO FORMAL EDUCATION 1=LESS THAN PRIMARY SCHOOL 2=PRIMARY SCHOOL COMPLETED 3=SECONDARY SCHOOL COMPLETED 4=HIGH SCHOOL (OR EQUIVALENT) COMPLETED 5=COLLEGE/PREUNIVERSITY/UNIVERSITY COMPLETED 6=POST GRADUATE DEGREE COMPLETED	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	0 1 2 3 4 5 6	

World Health Organization Study on Global Ageing and Adult Health (SAGE)  
 DRM Validation Questionnaire INDIA - Set D

Person (Household Member) number									
	06	07	08	09	10	11	12	13	14
Surname									
First name									
Q0404									
Q0405	01 02 03 04 05 06 07 08 09 10 11 12 88								
Q0406	1 2								
Q0407									
Q0408	1 2 3 4 5 8								
Q0409	0 1 2 3 4 5 6								

We want to know who is the main economic earner for the household and who will be completing the rest of the interview. By main income earner, we mean the person who brings in the most money. If two people are equal income earners, take the older person.

Q0410	Who is the main income earner for the household (person who brings in most money)?  <i>INTERVIEWER: insert the Person (HH member) number from the roster table above. If person outside HH, circle "87".</i>	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> 87 OTHER PERSON
Q0411	Who is the household member who completed the household roster?  <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div>

Time End   :

**Section 0500: Housing**

Time Begin   :

Now, I would like to ask you some questions about your dwelling or home.

Q0501	Is this dwelling where you live...?  <i>INTERVIEWER: read options to the respondent.</i>	1 Owned by the household head and fully paid off 2 Owned by the household head but not yet fully paid off 3 Owned by someone else in household and fully paid off 4 Owned by someone else in household but not yet fully paid off 5 Rented.....→ 6 Provided free of charge.....→ 87 Other, specify:	Q0503 Q0503
Q0502	If the owner [you] were to sell this dwelling today, what is the approximate value (about how much is it worth)? <i>Use local currency.</i>	<input type="text"/> <input type="text"/> -8 DON'T KNOW	
Q0503	How many rooms does this dwelling have in total, without counting the bathrooms/toilets or hallways/passage ways?	<input type="text"/> <input type="text"/>	

ENVIRONMENTAL RISK FACTORS / WATER AND SANITATION

Q0504	What type of floor does your dwelling have? <i>(Circle main type)</i>	1 Hard Floor (Tile, Cement, Brick, Wood) 2 Earth Floor	
Q0505	What type of wall does your dwelling have? <i>(Circle main type)</i>	1 CEMENT, BRICK, STONE OR WOOD 2 MUD/ MUD BRICK 3 THATCH AND OTHER 4 PLASTIC SHEET 5 METAL SHEET 7 OTHER, SPECIFY:	
Q0506	What is the main source of drinking water for members of this household? <i>(Use pictorials in Appendix A0500A)</i>	1 PIPED WATER INTO DWELLING 2 PIPED WATER TO YARD/PLOT 3 PUBLIC TAP/STANDPIPE 4 TUBEWELL/BOREHOLE 5 PROTECTED DUG WELL 6 UNPROTECTED DUG WELL 7 PROTECTED SPRING 8 UNPROTECTED SPRING 9 RAINWATER COLLECTION 10 BOTTLED WATER 11 SMALL SCALE VENDOR 12 TANKER-TRUCK 13 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNELS) 87 OTHER, SPECIFY:	

WHO Study on Global Ageing and Adult Health (SAGE)  
 DRM Validation Questionnaire INDIA - Set D

<p>Q0508</p>	<p>What type of toilet facility do members of your household usually use?</p> <p><i>(Use pictorials in Appendix A0500B )</i></p> <p><i>If respondent indicates “flush” or “pour flush”, probe: Where does it flush to?</i></p>	<p>1 FLUSH/POUR FLUSH TO PIPED SEWER SYSTEM          2 FLUSH/POUR FLUSH TO SEPTIC TANK          3 FLUSH/POUR FLUSH TO PIT LATRINE          4 FLUSH/POUR FLUSH TO OTHER LOCATION          5 FLUSH/POUR FLUSH TO UNKNOWN PLACE/NOT SURE          6 VENTILATED IMPROVED PIT LATRINE (VIP)          7 PIT LATRINE WITH SLAB          8 PIT LATRINE WITHOUT SLAB/OPEN PIT          9 COMPOSTING TOILET          10 BUCKET LATRINE          11 HANGING TOILET/HANGING LATRINE          12 NO FACILITIES OR BUSH OR FIELD .....→          87 <i>Other, specify:</i></p>	<p>Next section</p>
<p>Q0509</p>	<p>Do you share this facility with other households?</p>	<p>1 YES          2 NO</p>	

Time End   :

## Section 0700: Assets and Household Income

Time Begin   :

### PERMANENT INCOME INDICATORS (ASSETS)

I would like to ask you a few more questions about your home and items you might have in your home. remember that any information you provide will be kept confidential.

Does your household or anyone in your household have...?

Q0701	How many chairs are there in your household? <i>(If none enter "00")</i>	<input type="text"/> <input type="text"/>
Q0702	How many tables are there in your household? <i>(If none enter "00")</i>	<input type="text"/> <input type="text"/>
Q0703	How many cars are there in your household? <i>(If none enter "00")</i>	<input type="text"/> <input type="text"/>
Q0704	Does your home have electricity?	1 YES 2 NO

Q0705	A bicycle?	1 YES 2 NO
Q0706	A clock?	1 YES 2 NO
Q0707	A bucket?	1 YES 2 NO
Q0708	A cot / bed / mattress?	1 YES 2 NO
Q0709	A dishwasher?	1 YES 2 NO
Q0710	A refrigerator?	1 YES 2 NO
Q0711	A fixed-line telephone?	1 YES 2 NO
Q0712	A mobile / cellular telephone?	1 YES 2 NO
Q0713	A television?	1 YES 2 NO
Q0714	A computer?	1 YES 2 NO
Q0715	A radio / tape or CD player?	1 YES 2 NO
Q0716	Livestock (cattle only)?	1 YES 2 NO
Q0717	A sewing machine?	1 YES 2 NO
Q0718	A moped / scooter / motorcycle?	1 YES 2 NO

WHO Study on Global Ageing and Adult Health (SAGE)  
DRM Validation Questionnaire INDIA - Set D

Q0719	A bullock cart or animal drawn cart?	1	YES
		2	NO

I would now like to know if you own any land or jewellery – and the approximate value (amount). I know this is sensitive information and will not share this with any persons outside of the survey team. Please tell us if you or anyone in your home owns any land, jewellery or other items of value.

Q0720	Land or property?	1	YES
		2	NO
Q0721	Other valuable items, such as jewellery, books, art...?	1	YES
		2	NO

In the last part of this section, I will ask about the total income for the household in the last 12 months (previous to today) from paid work or other sources. I would like to know about all sources of income. I know it may be difficult to calculate that figure, but please do try to give as accurate an amount as possible. Remember that all information will be kept strictly confidential. This information is important to assess overall health and well-being of people in your household compared to other similar households.

Q0722	Does your household have a regular source of income?  <i>Interviewer: Regular income over the last 12 months, meaning that the household can depend on a source to provide an income at intervals that can be used to base household budget decisions.</i>	1	Yes, regular source
		2	Yes, regular but seasonal
		3	No
Q0724	Your approximate total household income from <u>ALL</u> sources over the last 12 months is about how much?	<input type="text"/>	
		-8 DON'T KNOW	
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
We want you to think of a typical month and the expenditures for your household. We want to know an average total amount your household spends on all items in a typical month. This includes the total amount your household and all its members spent on everything, for example, clothing, transport, rent and rates, school fees, food, drink, entertainment, health care and all other expenses.			
Q0728	In general, what is your household's average overall monthly spending?	<input type="text"/>	
		-8 DON'T KNOW	
Q0729	Finally, thinking about the overall situation in the household, would you say your household's financial situation is...?	1	Very Good
		2	Good
		3	Moderate
		4	Bad
		5	Very Bad

Time End   :

**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"/>
Q1008	<p>What is your mother tongue?</p> <p>By mother tongue, we mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with.</p>	<p>1 ASSAMEE</p> <p>2 BENGALI</p> <p>3 ENGLISH</p> <p>4 GUJARATI</p> <p>5 HINDI</p> <p>6 KANNADA</p> <p>7 KASHMIRI</p> <p>8 KONKANI</p> <p>9 MALAYAM</p> <p>10 MANIPURI</p> <p>11 MARATHI</p> <p>12 NEPALI</p> <p>13 ORIYA</p> <p>14 PUNJABI</p> <p>15 SINDHI</p> <p>16 TAMIL</p> <p>17 TELUGU</p> <p>18 URDU</p> <p>87 OTHER, SPECIFY:</p>
Q1009	<p>INTERVIEWER:</p> <p>Record sex of the respondent</p>	<p>1 MALE</p> <p>2 FEMALE</p>
Q1010	<p>What day, month and year were you born?</p> <p>DD / MM / YYYY</p> <p>Check birth certificate if available.</p>	<p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>-8 DON'T KNOW</p>
Q1011	<p>How old are you now?</p> <p>INTERVIEWER: This would be age at last birthday. If don't know - probe.</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> AGE IN YEARS</p>
Q1012	What is your <u>current</u> marital status?	<p>1 NEVER MARRIED .....→ Q1015</p> <p>2 CURRENTLY MARRIED .....→ Q1014</p> <p>3 COHABITING .....→ Q1014</p> <p>4 SEPARATED/DIVORCED .....→ Q1013</p> <p>5 WIDOWED .....→ Q1013</p>

WHO Study on Global Ageing and Adult Health (SAGE)  
 DRM Validation Questionnaire INDIA - Set D

Q1013	For how many <u>years</u> have you been separated, divorced or widowed? <i>INTERVIEWER: if less than 1 year, enter "00"</i>	<input type="text"/> <input type="text"/> NUMBER OF YEARS .....→ -8 <i>DON'T KNOW</i> .....→	Q1015 Q1015
Q1014	For how many <u>years</u> have you been married or living together? <i>INTERVIEWER: if less than 1 year, enter "00"</i>	<input type="text"/> <input type="text"/> NUMBER OF YEARS -8 <i>DON'T KNOW</i>	
Q1015	Have you <u>ever</u> been to school?	1 YES 2 NO .....→	Q1018
Q1016	What is the <u>highest level</u> of education that you have <u>completed</u> ?	1 LESS THAN PRIMARY SCHOOL 2 PRIMARY SCHOOL COMPLETED 3 SECONDARY SCHOOL COMPLETED 4 HIGH SCHOOL( OR EQUIVALENT) COMPLETED 5 COLLEGE/PRE-UNIVERSITY/UNIVERSITY COMPLETED 6 POST GRADUATE DEGREE COMPLETED	
Q1017	How many <u>years of school</u> , including higher education have you <u>completed</u> ?	<input type="text"/> <input type="text"/> NUMBER OF YEARS -8 <i>DON'T KNOW</i>	
Q1018	What is your <u>background or ethnic group</u> ?	1 SCHEDULED TRIBE 2 SCHEDULED CASTE 3 NO CASTE OR TRIBE 7 <i>OTHER, SPECIFY:</i>	
Q1019	Do you belong to a <u>religious denomination</u> ?  <i>INTERVIEWER: allow the respondent to reply without reading categories. Clarify as needed.</i>	1 NO, NONE 2 BUDDHISM 3 CHINESE TRADITIONAL RELIGION 4 CHRISTIANITY (INCLUDING ROMAN CATHOLIC, PROTESTANT, ORTHODOX, OTHER) 5 HINDUISM 6 ISLAM 7 JAINISM 8 JUDAISM 9 PRIMAL INDIGENOUS (INCLUDING AFRICAN TRADITIONAL AND DIASPORIC) 10 SIKHISM 87 <i>OTHER, SPECIFY:</i> 97 REFUSED	
Q1020	Independently of whether you go to [church, temple, mosque...] or not, would you say you are...	1 A religious person 2 Not a religious person 3 A convinced atheist 8 <i>Don't know</i>	

WHO Study on Global Ageing and Adult Health (SAGE)  
 DRM Validation Questionnaire INDIA - Set D

<p>Now I will ask you some questions about your current work or your most recent work. Please answer these questions thinking about your current work, or if you are not working currently, think about your most recent work.</p>		
<p>Q1509</p>	<p>Who is/was your employer in your current/most recent <u>MAIN</u> job?</p>	<ol style="list-style-type: none"> <li>1 PUBLIC SECTOR (GOVERNMENT)</li> <li>2 PRIVATE SECTOR (FOR PROFIT AND NOT FOR PROFIT)</li> <li>3 SELF-EMPLOYED</li> <li>4 INFORMAL EMPLOYMENT</li> </ol>
<p>Q1510</p>	<p>In the last 12 months, for your <u>main</u> job, what has been your main occupation?  <i>INTERVIEWER: Write exactly what the respondent says - write clearly in capital letters.</i></p>	<hr style="border: 1px solid black;"/>
<p>Q1511</p>	<p>Do/did you usually work throughout the year, or do/did you work seasonally, or only once in a while for your <u>main</u> job?</p>	<ol style="list-style-type: none"> <li>1 WORK THROUGHOUT THE YEAR</li> <li>2 SEASONALLY/PART OF THE YEAR</li> <li>3 ONCE IN A WHILE</li> </ol>
<p>Q1512</p>	<p>On average, how many days a week do/did you work in your <u>main</u> job?</p>	<input style="width: 20px; height: 20px;" type="text"/> DAYS
<p>Q1513</p>	<p>On average, how many hours a day do/did you work in your <u>main</u> job?</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> HOURS
<p>Q1515</p>	<p>Have you worked at <u>more than one job</u> over the <u>last 12 months</u>?</p>	<ol style="list-style-type: none"> <li>1 YES</li> <li>2 NO</li> </ol>

**Time End**   :

**Section 2000: Health State Descriptions**

Time Begin   :

*NOTE TO INTERVIEWERS: Where a DON'T KNOW response category is listed as an option - do not read this category out to the respondent.*

I would like to ask you questions about your health and well-being. I know some of these questions may be sensitive or difficult to answer, but please try to provide an answer. I will ask about your overall health, including both your physical and your mental health. Some of the questions may sound similar or repetitive, but I need to ask all of the questions for the sake of completeness. This information is confidential and you will not be identified individually or without your consent.

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. Please answer this question taking into account any assistance you have available.

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

**MOBILITY**

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

WHO Study on Global Ageing and Adult Health (SAGE)  
DRM Validation Questionnaire INDIA - Set D

SELF-CARE

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

PAIN AND DISCOMFORT

	Overall in the last 30 days...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2007	...how much of <u>bodily aches or pains</u> did you have?	1	2	3	4	5
Q2008	...how much <u>bodily discomfort</u> did you have?	1	2	3	4	5
<i>If Q2007 and Q2008 are both = 1, "None"..... →</i>						Q2010
Q2009	... how much difficulty did you have in your <u>daily life</u> because of your <u>pain</u> ?	1	2	3	4	5

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...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
Q2012	... did you have with <u>personal relationships or participation in the community</u> ?	1	2	3	4	5
Q2013	...did you have in <u>dealing with conflicts and tensions</u> with others?	1	2	3	4	5
Q2014	... did you have with <u>making new friendships or maintaining current friendships</u> ?	1	2	3	4	5

WHO Study on Global Ageing and Adult Health (SAGE)  
DRM Validation Questionnaire INDIA - Set D

Q2015	...did you have with <u>dealing with strangers</u> ?	1	2	3	4	5
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SLEEP AND ENERGY

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

AFFECT

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

VISION (If respondent normally wears, should answer as when wearing glasses/contact lenses)

Q2020	When was the last time you had your eyes examined by a medical professional?  <i>INTERVIEWER: ENTER YEARS 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	2	YES 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	2	YES NO		

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

FUNCTIONING ASSESSMENT

These next questions ask about difficulties due to health conditions. 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.

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
Q2025	... in standing for long periods?	1	2	3	4	5	9
Q2026	... in taking care of your household responsibilities?	1	2	3	4	5	9
Q2027	... in joining in community activities [for example, festivities, religious or other activities] in the same way as anyone else can?	1	2	3	4	5	9
Q2028	... concentrating on doing something for 10 minutes?	1	2	3	4	5	9
Q2029	... in walking a long distance such as a kilometer?	1	2	3	4	5	9
Q2030	... in washing (bathing) your whole body?	1	2	3	4	5	9
Q2031	... in getting dressed?	1	2	3	4	5	9
Q2032	... in your day to day work?	1	2	3	4	5	9
Q2033	In the last 30 days, how much have you been emotionally affected by your health condition(s)?	1	2	3	4	5	9
Q2034	Overall, how much did these difficulties interfere with your life?	1	2	3	4	5	9

Q2035	Besides any vision (eyeglasses, contact lenses) or hearing aids, do you use any other assistive devices (such as a cane, walker, or other) for any difficulties you experience?	1 YES 2 NO
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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 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
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?	1 Very happy 2 Happy 3 Neither happy nor unhappy 4 Unhappy 5 Very unhappy 8 DON'T KNOW
	<i>Read responses</i>	

**SET D. Day reconstruction**

*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.*

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 - 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.

Q7014	At what time did you wake up 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
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

*INTERVIEWER: Please note for Q7016 and Q7017, 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.

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DRM Validation Questionnaire INDIA - Set D

**MORNING**

Q7016	<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>	
	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	

Q7017	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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Q7018	Did you do anything else before noon/mid-day yesterday?	CIRCLE RESPONSES IN Q7016 ABOVE.
Q7019	Were you talking or interacting with anyone else before noon/mid-day yesterday?	CIRCLE RESPONSES IN Q7017 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
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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DRM Validation Questionnaire INDIA - Set D

**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>	
	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

Q7051	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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Q7052	Did you do anything else yesterday afternoon between noon/ mid-day and about 6pm (18.00)?	CIRCLE RESPONSES IN Q7050 ABOVE.
Q7053	Were you talking or interacting with anyone else between noon/mid-day and 6pm (evening) yesterday?	CIRCLE RESPONSES IN Q7051 ABOVE

Now, please think about how you felt yesterday afternoon. For the following questions, please respond "not at all", "a little", or "very much".				
		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

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DRM Validation Questionnaire INDIA - Set D

**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

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DRM Validation Questionnaire INDIA - Set D

Q7500	<i>Record current time.</i>	<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"/> TIME
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<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>		
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

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DRM Validation Questionnaire INDIA - Set D

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
Q7522	Who do you think are happier, men or women? Or are they equally happy?	1 MEN 2 WOMEN 3 EQUALLY HAPPY
Q7523	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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DRM Validation Questionnaire INDIA - Set D

Now I will ask you to compare yourself to most other people.		
Q7524	Compared to other people, are you usually in a better mood or a worse mood or are you about the same?	1 BETTER MOOD 2 SAME MOOD 3 WORSE MOOD
Q7525	Compared to other people, do you have more free time or less free time or do you have about the same?	1 MORE FREE TIME 2 SAME AMOUNT OF FREE TIME 3 LESS FREE TIME
Q7526	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
Q7527	Are you more healthy or less healthy than most people your age? 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.		
Q7528	Do you think that most people who are <u>happy</u> will tell us they are <u>happy</u> ?	1 YES 2 NO
Q7529	Overall, are most people in this area who are your age satisfied with life or not satisfied with life?	1 MOST ARE SATISFIED 2 MOST ARE NOT SATISFIED
Q7530	Now, imagine that you had a newly born grand-daughter, 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

Finally, I will ask you a few questions about how you keep track of time during the day.		
Q7531	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
Q7532	Do you usually wear a watch or something else that tells you the time?	1 YES 2 NO

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DRM Validation Questionnaire INDIA - Set D

Q7533	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?	<ul style="list-style-type: none"><li>1 LOOK AT A WATCH OR CLOCK</li><li>2 DO THINGS AT SAME TIME EVERY DAY</li><li>3 THE POSITION OF THE SUN</li><li>4 GUESS</li><li>7 OTHER, SPECIFY:</li><li>8 <i>DON'T KNOW</i></li></ul>
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Time End  :