WORLD HEALTH SURVEY PLUS

Nepal – 2023

Individual Questionnaire

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Contact Record: Individual Respondent

Q1000A. INTERVIEWER I.D.	☐☐☐
Q1000B. CONTACT WITH:	
1=INDIVIDUAL RESPONDENT	1
2=NO ONE	2
Q1000C. RESULT CODE	
01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED – THIS INCLUDES INTERVIEW AND BODY MEASUREMENT, PERFORMANCE TESTS AND BLOOD SAMPLE)	01
02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE).	02
03=RESPONDENT CONTACTED-INITIAL REFUSAL	03
04=RESPONDENT CONTACTED-UNCERTAIN ABOUT INTERVIEW	04
05=RESISTANCE/REFUSAL BY RESPONDENT	05
06=FINAL REFUSAL BY RESPONDENT	06
07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER	07
08=UNABLE TO LOCATE RESPONDENT	08
09=NO INTERVIEW BECAUSE RESPONDENT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL.	09
10=LANGUAGE BARRIER	10
11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE)	11
12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO RESPONDENT	12
13=RESPONDENT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE	13

Section 1000: Socio-Demographic Characteristics

I would like to start by asking you some background questions before asking you questions about your health. This information is confidential and you will not be identified individually or without your consent.

Q1001	*Household ID*	☐☐☐☐☐	
Q1002	*Person (HH member) number from HH roster (number from column)*	☐☐	
Q1003	What is your mother tongue? By mother tongue, we mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with.	*1 NEPALI* *2 MAITHILI* *3 THARU* *4 NEWARI* *5 BHOJPURI* *6 BAJJIKA* *7 MAGAR/MANGAR/MONGAR* *8 HINDI* *9 ENGLISH* *87 OTHER, SPECIFY:*	
Q1004	*INTERVIEWER:* *Record sex of the respondent*	*1 MAN* *2 WOMAN* *3 NON-BINARY*	
Q1005	What day, month and year were you born? *DD / MM / YYYY* *Check birth certificate if available.*	☐☐/☐☐/☐☐☐☐ *-8 DK*	
Q1006	How old are you now? *INTERVIEWER: This would be age at last birthday. If don't know - probe.*	☐☐☐ *AGE IN YEARS*	
Q1007	What is your current marital status?	*1 NEVER MARRIED ……➔* *2 CURRENTLY MARRIED ……..➔* *3 COHABITING ……..➔* *4 SEPARATED/DIVORCED ……..➔* *5 WIDOWED ……..➔*	*Q1010* *Q1009* *Q1009* *Q1008* *Q1008*
Q1008	For how many years have you been separated, divorced or widowed? *INTERVIEWER: if less than 1 year, enter "00"*	☐☐ *NUMBER OF YEARS ……➔* *-8 DK ……..➔*	*Q1010* *Q1010*
Q1009	For how many years have you been married or living together? *INTERVIEWER: if less than 1 year, enter "00"*	☐☐ *NUMBER OF YEARS* *-8 DK*	

Q1010	Have you ever been to school?	*1 YES* *2 NO ……..➔*	*Q1013*
Q1011	What is the highest level of education that you have completed?	1 LESS THAN PRIMARY SCHOOL 2 PRIMARY SCHOOL COMPLETED (GRADE 1-5) 3 LOWER SECONDARY SCHOOL COMPLETED 4 UPPER SECONDARY GENERAL SCHOOL (OR EQUIVALENT) COMPLETED 5 UPPER SECONDARY VOCATIONAL EDUCATION (OR EQUIVALENT) COMPLETED 6 POST-SECONDARY (NON-UNIVERSITY OR SHORT-CYCLE TERTIARY) GENERAL EDUCATION COMPLETED 7 POST-SECONDARY (NON-UNIVERSITY OR SHORT-CYCLE TERTIARY) VOCATIONAL EDUCATION COMPLETED 8 UNIVERSITY BACHELOR'S (OR EQUIVALENT) DEGREE COMPLETED 9 UNIVERSITY MASTER'S (OR EQUIVALENT) DEGREE COMPLETED 10 UNIVERSITY DOCTORAL (OR EQUIVALENT) DEGREE COMPLETED	
Q1012	How many years of school, including higher education have you completed?	☐☐ *NUMBER OF YEARS* *-8 DON'T KNOW*	
Q1013	What is your background or ethnic group?	1 HILL BRAHMAN/CHHETRI 2 HILL DALIT 3 HILL JANAJATI 4 MADHESI 5 TERAI JANAJATI 6 TERAI DALIT 7 MUSLIM 8 THAKURI 9 DHASHNANI/SHANYASHI 87 OTHERS, SPECIFY	
Q1014	Do you belong to a religious denomination? *INTERVIEWER: allow the respondent to reply without reading categories. Clarify as needed.*	*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	*OTHER , SPECIFY:*	
		97	*REFUSED*	
Q1015	Have you always lived in this village/town/city?	1	YES ……..➔	*Q1020*
		2	NO	
Q1016	How long have you been living (continuously) in this area? *INTERVIEWER: IF LESS THAN 1 YEAR, ENTER "00".*	☐☐	*YEARS*	
		-8	*DK*	
Q1017	Where were you living before?	*1*	*IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD*	
		2	*IN ANOTHER CITY IN THIS REGION*	
		3	*IN ANOTHER RURAL AREA IN THIS REGION*	
		4	*IN ANOTHER CITY OUTSIDE THIS REGION BUT IN NEPAL*	
		5	*IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN NEPAL*	
		6	*OUTSIDE NEPAL, IN A CITY*	
		7	*OUTSIDE NEPAL, IN A RURAL AREA*	
Q1018	Where have you lived for most of your adult life (18+ years)?	*1*	*IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD*	
		2	*IN ANOTHER CITY IN THIS REGION*	
		3	*IN ANOTHER RURAL AREA IN THIS REGION*	
		4	*IN ANOTHER CITY OUTSIDE THIS REGION BUT IN NEPAL*	
		5	*IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN NEPAL*	
		6	*OUTSIDE NEPAL, IN A CITY*	
		7	*OUTSIDE NEPAL, IN A RURAL AREA*	
Q1019	Where did you live for most of your childhood (before age 10 years)?	*1*	*IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD*	
		2	*IN ANOTHER CITY IN THIS REGION*	
		3	*IN ANOTHER RURAL AREA IN THIS REGION*	
		4	*IN ANOTHER CITY OUTSIDE THIS REGION BUT IN NEPAL*	
		5	*IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN NEPAL*	
		6	*OUTSIDE NEPAL, IN A CITY*	
		7	*OUTSIDE NEPAL, IN A RURAL AREA*	
Q1020	Where were you born?	*1*	*IN SAME COMMUNITY/LOCALITY/NEIGHBORHOOD*	
		2	*IN ANOTHER CITY IN THIS REGION*	
		3	*IN ANOTHER RURAL AREA IN THIS REGION*	
		4	*IN ANOTHER CITY OUTSIDE THIS REGION BUT IN NEPAL*	
		5	*IN ANOTHER RURAL AREA OUTSIDE THIS REGION BUT IN NEPAL*	
		6	*OUTSIDE NEPAL, IN A CITY*	
		7	*OUTSIDE NEPAL, IN A RURAL AREA*	

Thank you, that ends this section – we will return to questions about you in the next section.

Section 1100: Covid-19 Vaccination

Q1101	Have you received a COVID-19 vaccination?	1 YES……..…….. ➔ 2 NO	Q1103
Q1102	If not, why?	1 I AM NOT YET ELIGIBLE ACCORDING TO MY COUNTRY VACCINATION PLAN 2 I WAS SICK 3 MY DOCTOR/HEALTH PROVIDER RECOMMENDED TO WAIT 4 I PREFERRED TO WAIT FOR ANOTHER TYPE OF VACCINE THAN THAT CURRENTLY AVAILABLE 5 I JUST PREFER TO WAIT 6 SHORTAGE OF VACCINES OR VACCINES OUT OF STOCK 7 TURNED AWAY WHEN I WENT TO GET VACCINATED 8 UNABLE TO ACCESS DUE TO LOCKDOWN RESTRICTIONS 9 NO TRANSPORTATION 10 LACK OF MONEY 11 DIFFICULT TO MAKE AN APPOINTMENT 12 FEAR OF ADVERSE REACTIONS 13 I DO NOT WANT TO BE VACCINATED 87 OTHER, SPECIFY 97 REFUSED/PREFER NOT TO RESPOND	END
Q1103	How many doses?	1 ONE 2 Two 3 THREE 4 MORE THAN THREE	

Section 2000: Health State Description

HEALTH STATE DESCRIPTION

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

Q2000	In general, how would you rate your health today?	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 work or household activities?	1	None
		2	Mild
		3	Moderate
		4	Severe
		5	Extreme/cannot do

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

INTERVIEWER: Read and show scale to respondent

MOBILITY

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

SELF-CARE

	Overall in the last 30 days, how much difficulty did you have …	*NONE*	*MILD*	*MODERATE*	*SEVERE*	*EXTREME / CANNOT DO*
Q2004	… with self-care, such as bathing/washing or dressing yourself?	*1*	*2*	*3*	*4*	*5*
Q2005	… in taking care of and maintaining your general appearance (for example, grooming, looking neat and tidy)?	*1*	*2*	*3*	*4*	*5*
Q2006	… in staying by yourself for a few days (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 bodily aches or pains did you have?	*1*	*2*	*3*	*4*	*5*
Q2008	…how much bodily discomfort did you have?	*1*	*2*	*3*	*4*	*5*
	If Q2007 and Q2008 are both = 1, "None"……					*Q2010*
Q2009	… how much difficulty did you have in your daily life because of your pain?	*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 concentrating or remembering things?	*1*	*2*	*3*	*4*	*5*
Q2011	… did you have in learning a new task (for example, learning how to get to a new place, learning a new game, learning a new recipe)?	*1*	*2*	*3*	*4*	*5*

INTERPERSONAL ACTIVITIES

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

SLEEP AND ENERGY

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

AFFECT

	Overall in the last 30 days, how much of a problem did you have…	*NONE*	*MILD*	*MODERATE*	*SEVERE*	*EXTREME / CANNOT DO*
Q2018	…with feeling sad, low or depressed?	*1*	*2*	*3*	*4*	*5*
Q2019	… with worry or anxiety?	*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. Some of these questions may seem repetitive, but we do need your attention and it is important to give us answers to each question.
INTERVIEWER: For each question, please circle only one response.

	In the last 30 days, how much difficulty did you have …	None	Mild	Moderate	Severe	Extreme/ cannot do	*N/A*
Q2028	… in standing for long periods?	*1*	*2*	*3*	*4*	*5*	*9*
Q2029	… in taking care of your household responsibilities?	*1*	*2*	*3*	*4*	*5*	*9*
Q2030	… 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*
Q2031	… concentrating on doing something for 10 minutes?	*1*	*2*	*3*	*4*	*5*	*9*
Q2032	… in walking a long distance such as a kilometer?	1	2	3	4	5	9
Q2033	… in bathing/washing your whole body?	*1*	*2*	*3*	*4*	*5*	*9*
Q2034	… in getting dressed?	*1*	*2*	*3*	*4*	*5*	*9*
Q2035	… in your day to day work?	*1*	*2*	*3*	*4*	*5*	*9*
Q2036	… with carrying things?	*1*	*2*	*3*	*4*	*5*	*9*
Q2043	In the last 30 days, how much have you been emotionally affected by your health condition(s)?	*1*	*2*	*3*	*4*	*5*	*9*

Section 2200: Assistive Technology

Now we will switch to questions specifically about any assistive devices or assistive products you may use.

USE

Q2200	How many assistive products do you currently use?	☐☐		
		0	……..... ➔	Q2234

What functional abilities do the assistive products you currently use support or compensate? The following questions pertain to availability of services and affordability.

COGNITION

Q2201	Cognition (thinking) (examples: remembering, time management, planning or decision making)	1 2	YES NO ……..... ➔	Q2205
Q2202	Considering your assistive product for cognition, did you receive any services?	1 2	YES NO ……..... ➔	Q2205
Q2203	What services have you received? Select all options that apply.	1 2 3 4 5 6 7 8 9 10 11 12	REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S) ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS SELECTION OF THE ASSISTIVE PRODUCT(S) FITTING OF THE ASSISTIVE PRODUCT(S) TRAINING IN USING THE ASSISTIVE PRODUCT(S) TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S) FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S) MAINTENANCE OF THE ASSISTIVE PRODUCT(S) REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S) OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED I DID NOT RECEIVE ALL SERVICES I NEEDED I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2204	How much have you or your family paid in total for your assistive product(s) for cognition and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)		

COMMUNICATION

Q2205	Communication (examples: speech, language)	1 2	YES NO ……..... ➔	Q2208
Q2206	Considering your assistive product for communication, did you receive any services?	1 2	YES NO ……..... ➔	Q2208
Q2207	What services have you received? Select all options that apply**.**	1 2 3 4 5 6 7 8 9 10 11 12	REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S) ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS SELECTION OF THE ASSISTIVE PRODUCT(S) FITTING OF THE ASSISTIVE PRODUCT(S) TRAINING IN USING THE ASSISTIVE PRODUCT(S) TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S) FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S) MAINTENANCE OF THE ASSISTIVE PRODUCT(S) REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S) OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED I DID NOT RECEIVE ALL SERVICES I NEEDED I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2208	How much have you or your family paid in total for your assistive product(s) for communication and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)		

CONTINENCE

Q2209	Continence (examples: bladder, bowel)	1 2	YES NO ……..... ➔	Q2212
Q2210	Considering your assistive product for continence, did you receive any services?	1 2	YES NO ……..... ➔	Q2212
Q2211	What services have you received? Select all options that apply**.**	1 2 3 4 5 6 7 8 9	REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S) ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS SELECTION OF THE ASSISTIVE PRODUCT(S) FITTING OF THE ASSISTIVE PRODUCT(S) TRAINING IN USING THE ASSISTIVE PRODUCT(S) TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S) FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S) MAINTENANCE OF THE ASSISTIVE PRODUCT(S) REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S)	

		10 OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED 11 I DID NOT RECEIVE ALL SERVICES I NEEDED 12 I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2212	How much have you or your family paid in total for your assistive product(s) for continence and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)	

HEARING

Q2213	Hearing (examples: hearing in a quiet place, hearing in a noisy place)	1 YES 2 NO ……..... ➔	Q2216
Q2214	Considering your assistive product for hearing, did you receive any services?	1 YES 2 NO ……..... ➔	Q2216
Q2215	What services have you received? Select all options that apply**.**	1 REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S) 2 ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS 3 SELECTION OF THE ASSISTIVE PRODUCT(S) 4 FITTING OF THE ASSISTIVE PRODUCT(S) 5 TRAINING IN USING THE ASSISTIVE PRODUCT(S) 6 TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S) 7 FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S) 8 MAINTENANCE OF THE ASSISTIVE PRODUCT(S) 9 REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S) 10 OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED 11 I DID NOT RECEIVE ALL SERVICES I NEEDED 12 I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2216	How much have you or your family paid in total for your assistive product(s) for hearing and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)	

MOBILITY

Q2217	Mobility (examples: holding, reaching, sitting, standing, moving – i.e, walking, running, wheeled mobility, stabilizing)	1 YES 2 NO ……..... ➔	Q2220
Q2218	Considering your assistive product for mobility, did you receive any services?	1 YES 2 NO ……..... ➔	Q2220
Q2219	What services have you received? Select all options that apply**.**	1 REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S)	

		2	ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS	
		3	SELECTION OF THE ASSISTIVE PRODUCT(S)	
		4	FITTING OF THE ASSISTIVE PRODUCT(S)	
		5	TRAINING IN USING THE ASSISTIVE PRODUCT(S)	
		6	TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S)	
		7	FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S)	
		8	MAINTENANCE OF THE ASSISTIVE PRODUCT(S)	
		9	REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S)	
		10	OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED	
		11	I DID NOT RECEIVE ALL SERVICES I NEEDED	
		12	I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2220	How much have you or your family paid in total for your assistive product(s) for mobility and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)		

SELF-CARE

Q2221	Self-care (examples: washing, going to the toilet, dressing, cooking)	1	YES	
		2	NO ……..➔	Q2224
Q2222	Considering your assistive product for self care, did you receive any services?	1	YES	
		2	NO ……..➔	Q2224
Q2223	What services have you received? Select all options that apply.	1	REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S)	
		2	ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS	
		3	SELECTION OF THE ASSISTIVE PRODUCT(S)	
		4	FITTING OF THE ASSISTIVE PRODUCT(S)	
		5	TRAINING IN USING THE ASSISTIVE PRODUCT(S)	
		6	TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S)	
		7	FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S)	
		8	MAINTENANCE OF THE ASSISTIVE PRODUCT(S)	
		9	REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S)	
		10	OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED	
		11	I DID NOT RECEIVE ALL SERVICES I NEEDED	
		12	I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE	

		PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2224	How much have you or your family paid in total for your assistive product(s) for self-care and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)	

VISION

Q2225	Vision (examples: seeing up close, seeing far away, moving)	1 2	YES NO ……..... ➔	Q2228
Q2226	Considering your assistive product for self care, did you receive any services?	1 2	YES NO ……..... ➔	Q2228
Q2227	What services have you received? Select all options that apply**.**	1 2 3 4 5 6 7 8 9 10 11 12	REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S) ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS SELECTION OF THE ASSISTIVE PRODUCT(S) FITTING OF THE ASSISTIVE PRODUCT(S) TRAINING IN USING THE ASSISTIVE PRODUCT(S) TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S) FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S) MAINTENANCE OF THE ASSISTIVE PRODUCT(S) REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S) OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED I DID NOT RECEIVE ALL SERVICES I NEEDED I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2228	How much have you or your family paid in total for your assistive product(s) for vision and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)		

Q2229	Others, specify:	1 2	YES NO ……..... ➔	Q2232
Q2230	Considering your assistive product for other functional abilities, did you receive any services?	1 2	YES NO ……..... ➔	Q2232
Q2231	What services have you received? Select all options that apply**.**	1 2 3 4 5 6	I DID NOT NEED ANY SERVICES (SHOULD ONLY BE CHECKED IF NONE OF THE OPTIONS BELOW ARE CHECKED.) ……..... ➔ REFERRAL TO A PLACE WHERE YOU COULD GET THE ASSISTIVE PRODUCT(S) ASSESSMENT OF YOUR ASSISTIVE PRODUCT NEEDS SELECTION OF THE ASSISTIVE PRODUCT(S) FITTING OF THE ASSISTIVE PRODUCT(S) TRAINING IN USING THE ASSISTIVE	

		PRODUCT(S) 7 TRAINING IN MAINTAINING THE ASSISTIVE PRODUCT(S) 8 FOLLOW-UP RELATED TO THE ASSISTIVE PRODUCT(S) 9 MAINTENANCE OF THE ASSISTIVE PRODUCT(S) 10 REPAIR OR REPLACEMENT OF THE ASSISTIVE PRODUCT(S) 11 OPPORTUNITY TO GIVE FEEDBACK ABOUT THE ASSISTIVE PRODUCT(S) OR SERVICES I HAVE RECEIVED 12 I DID NOT RECEIVE ALL SERVICES I NEEDED 13 I OBTAINED THE ASSISTIVE PRODUCT(S) WITHOUT THE INVOLVEMENT OF A SERVICE PROVIDER (E.G., SELF-MADE OR GIFT)	
Q2232	How much have you or your family paid in total for your assistive product(s) for other functional abilities and related services?	☐☐☐☐☐☐☐☐ (LOCAL CURRENCY)	

BENEFIT

Q2233	Considering all the assistive products you use, to what extent do they help you to do what you want?	1 NOT AT ALL 2 NOT MUCH 3 MODERATELY 4 MOSTLY 5 COMPLETELY	

UNMET NEED

Q2234	Do you think you need any assistive product(s) that you do not currently use, or you currently use but it needs to be replaced?	1 YES ……..... ➔ 2 NO ……..... ➔		Q2235 NEXT SECTION

Q2235	Which of your activities should those assistive products support or compensate? Select all that apply. If not on the list, please specify.	1 COGNITION (THINKING) (EXAMPLES: REMEMBERING, TIME MANAGEMENT, PLANNING OR DECISION MAKING) 2 COMMUNICATION (EXAMPLES: SPEECH, LANGUAGE) 3 CONTINENCE (EXAMPLES: BLADDER, BOWEL) 4 HEARING (EXAMPLES: HEARING IN A QUIET PLACE, HEARING IN A NOISY PLACE) 5 MOBILITY (EXAMPLES: HOLDING, REACHING, SITTING, STANDING, MOVING – I.E, WALKING, RUNNING, WHEELED MOBILITY, STABILIZING) 6 SELF-CARE (EXAMPLES: WASHING, GOING TO THE TOILET, DRESSING, COOKING) 7 VISION (EXAMPLES: SEEING UP CLOSE, SEEING FAR AWAY, MOVING) 87 ..... OTHERS, PLEASE SPECIFY:

Section 2500: Anthropometrics, Performance Tests and Biomarkers

Before we ask you more questions, we would like to measure a few things, like your blood pressure, your weight and height. We'll also ask you to participate in a few tests to determine your health status.

BLOOD PRESSURE

First I would like to measure your blood pressure and pulse rate. Stay seated, and once I put this on your upper arm, keep it steady and at the level of your heart. We will need to take the blood pressure reading three times. It will squeeze your upper arm a bit, but it will not hurt. Relax.

INTERVIEWER: respondent should remain seated. Demonstrate to the respondent how to hold their arm while the machine is measuring. Place the monitoring device on the upper arm and have the respondent hold it at heart level against his/her chest. When the device is in the correct position and respondent is relaxed, press the button to start. Check to make sure it is working. Collect the blood pressure and pulse 3 times with one minute between each measurement. You do not need to remove the device between measurements.

Q2501 *Time 1* *Systolic* ☐☐☐

Diastolic ☐☐☐

Q2501a *Time 1* *Pulse rate* ☐☐☐ */ minute*

INTERVIEWER: Ask the respondent to release the arm and relax. Wait for one minute before time 2.

Okay, now we can get your second measurement for your blood pressure.

Q2502 *Time 2* *Systolic* ☐☐☐

Diastolic ☐☐☐

Q2502a *Time 2* *Pulse rate* ☐☐☐ */ minute*

INTERVIEWER: Again, remind the respondent to relax. Meanwhile, when waiting to take the third measurement, you can locate and measure out a 4 metre length to prepare for the vision test and timed walk.

Okay, now we can get your third measurement for your blood pressure.

Q2503 *Time 3* *Systolic* ☐☐☐

Diastolic ☐☐☐

Q2503a *Time 3* *Pulse rate* ☐☐☐ */ minute*

Q2504 *INTERVIEWER: Can respondent stand up, yes or no?*

1 YES
2 NO ..... ➔ Q2521

ANTHROPOMETRIC MEASUREMENTS

I would now like to measure how tall you are. To measure your height I need you to please take off your shoes. Put your feet and heels close together, stand straight and look forward, standing with your back, head and heels touching the wall. Look straight ahead.		
Q2506	*Measured height in centimetres*	☐☐☐.☐ *centimetres* *997 Refused* *998 Not able*
Now we want to measure your weight – could you please keep your shoes off and step on this scale. We will also measure your waist and hips using a tape measure.		
Q2507	*Measured weight In kilograms*	☐☐☐.☐ *kilograms* *997 Refused* *998 Not able*
If female, Go to Q2507a; If male, Go to next Q2508		
Q2507a	*Are you currently pregnant*	*1 YES* *2 NO* 8 *DK…… ➔ Q2508*
Q2507b	*How much did you weigh before this pregnancy*	☐☐☐.☐ *kilograms* 997. Refused -88. DK
Q2508	*Waist circumference* *INTERVIEWER: identify the top of the hip bone - and make sure the tape measure is parallel to the floor all the way around the body*	☐☐☐.☐ *centimetres* *997 Refused* *998 Not able*
Q2509	*Hip circumference* *INTERVIEWER: measure at the maximum circumference of the hips – and make sure the tape measure is parallel to the floor all the way around the body*	☐☐☐.☐ *centimetres* *997 Refused* *998 Not able*
Now you can put your shoes back on, if you wish, and we can continue.		
Notes:		

TIMED WALK

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

Normal walk

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

INTERVIEWER: DEMONSTRATE.

Do you feel this would be safe? *If yes, continue.*

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

Ready begin.

Q2510	*Did respondent complete the walk at usual pace?*	*1 YES* *2 NO, REFUSED* *3 NO, CANNOT WALK, EVEN WITH SUPPORT ..... ➔ Q2521*
Q2511	*Time at 4 metres*	☐☐.☐ *SECONDS*

Rapid walk

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

INTERVIEWER: DEMONSTRATE.

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

"Ready begin."

Q2512	*Did respondent complete the walk at rapid pace?*	*1 YES* *2 NO, REFUSED/UNABLE .....➔ Q2521*
Q2513	*Time at 4 metres*	☐☐.☐ *SECONDS*

GRIP STRENGTH

FILTER: If respondent has obvious problem with hand/arm, skip that side. If problems with both hands/arms, answer 1=yes to Q2521 and Q2522, then ➔ skip to Q2528. Make sure you fit the dynamometer to the respondent's hand size.

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

Q2521	*Have you had any surgery on your left arm, hand or wrist in the last 3 months OR arthritis or pain in your left hand or wrist?*	*1 YES ➔ DO NOT TEST LEFT HAND* *2 NO*
Q2522	*Have you had any surgery on your right arm, hand or wrist in the last 3 months OR arthritis or pain in your right hand or wrist?*	*1 YES ➔ DO NOT TEST RIGHT HAND* *2 NO*
Q2523	*Which hand do you consider your dominant hand?*	*1 LEFT* *2 RIGHT* *3 USE BOTH THE SAME*

Remain sitting and let your hand drop to your side. Keep your upper arm against your body and bend your elbow to 90 degrees with palm facing in (like shaking hands). Keep your elbow pressed against your side. *INTERVIEWER: DEMONSTRATE.*
Then grab the two pieces of metal together like this.
INTERVIEWER: DEMONSTRATE.
I will ask you to do this two times in each hand. Let's start with your left hand, please take this in your left hand. If you feel any pain or discomfort, tell me and we will stop.

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

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

Ready? Squeeze, squeeze, squeeze!

Q2524	*First test left hand*	☐☐ *KILOGRAMS* *-9 REFUSED ……➔ Q2526*
Q2525	*Second test left hand*	☐☐ *KILOGRAMS*

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

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

Ready? Squeeze, squeeze, squeeze!

Q2526	*First test right hand*	☐☐ *KILOGRAMS* *-9 REFUSED ……➔ Q2528*
Q2527	*Second test right hand*	☐☐ *KILOGRAMS*

VERBAL RECALL

We are now going to test your memory. I know these questions may be difficult to answer, but please try to provide an answer. I am going to read you a list of words. Listen to them carefully and try to remember as many of them as you can, not necessarily in order. I will ask you to repeat them again after some time.

INTERVIEWER: you can use the table below to assist you with scoring.

LIST OF WORDS:	*TRIAL 1*	*TRIAL 2*	*TRIAL 3*
Arm			
Bed			
Plane			
Dog			
Clock			
Bike			
Ear			
Hammer			
Chair			
Cat			

	SUBSTITUTED WORDS:			
Q2528	*Number of words recalled correctly Trial 1*	☐☐		
Q2529	*Number of words that respondent failed to recall Trial 1*	☐☐		
Q2530	*Number of words substituted Trial 1*	☐☐		
I will read the list to you again, and then again when I am done, repeat them after me.				
Q2531	*Number of words recalled correctly Trial 2*		☐☐	
Q2532	*Number of words that respondent failed to recall Trial 2*		☐☐	
Q2533	*Number of words substituted Trial 2*		☐☐	
One final time – I will read the list and when I am done, you repeat as many as you can remember.				
Q2534	*Number of words recalled correctly Trial 3*			☐☐
Q2535	*Number of words that respondent failed to recall Trial 3*			☐☐
Q2536	*Number of words substituted Trial 3*			☐☐

INTERVIEWER: Prepare equipment for blood tests. After 10 minutes has elapsed perform the delayed recall test

DELAYED VERBAL RECALL

I read you a list of words about 10 minutes ago. I will NOT repeat this list to you now, but could you please repeat to me as many of them as you can remember?

INTERVIEWER – DO NOT read the list again to the respondent - the list below is for your own use.

LIST OF WORDS:	
ARM	*BIKE*
BED	*EAR*
PLANE	*HAMMER*
DOG	*CHAIR*
CLOCK	*CAT*

Q2541	*Number of words recalled correctly*	☐☐
Q2542	*Number of words that respondent failed to recall*	☐☐
Q2543	*Number of words substituted*	☐☐

BLOOD TESTS

I would like to get your consent/agreement to give a blood sample. We will only prick your finger to get blood. If you decide not to have the test done, it is your right and we will respect your decision and continue with the other parts of the survey.

INTERVIEWER: go to the INFORMED CONSENT FORM FOR BLOOD SAMPLE

Q2544	*INTERVIEWER: Indicate whether the respondent agrees or not.*	*1. Respondent agrees to provide blood sample* *2. Respondent does NOT agree to provide blood sample ……➔ NEXT SECTION*
Q2545	*INTERVIEWER: circle one*	*1 Blood sample obtained* *2 Blood sample NOT obtained…➔ NEXT SECTION*
Q2546	HbA1c	☐☐.☐%
Q2547h	In the last 12 hours, when did you eat or drink anything other than water?	☐☐:☐☐
Q2548h	Time of blood test	☐☐:☐☐
Q2547	Was the A1CNow+ device used for HbA1c measurement?	*1 Yes* *2 No ……..➔ Q2550*
Q2548	The A1CNow+ monitor displays a QC check code or error code, which code did it display?	*0 No error code (QC OK)* *1 OR 1* *2 OR 2* *3 OR 3* *4 OR 4* *5 OR 5* *6 OR 6* *7 < 4.0%* *8 > 13.0%* *9 QC 2, QC 6, QC 7* *10 QC 30, QC 31, QC 33* *11 QC 50, QC 51, QC 55, QC 56* *12 E1 to E99* *13 00 TL* *87 Other*
Q2549	If the HbA1c value was below 4.0% or above 6.5% did you tell the participant "*these results suggest that you could see a health professional for further investigation*"?	*1 Yes* *2 Not Applicable/HbA1c > 4.0% and < 6.5%*
Q2550	Haemoglobin (Hb)	☐☐.☐☐ mg/dL *99.99 = HHH*

Q2551 If the Hb value was below the normal cutoff values listed for certain sex and age ranges (listed below) did you tell the participant "*these results suggest that you could see a health professional for further investigation*"? Non-pregnant women 15 years of age and older < 12.0 Pregnant women < 11.0 Men 15 years of age and older < 13.0	*1 Yes* *2 Not Applicable/Hb is greater than value listed for sex and age*
Q2552 In the last 12 hours, when did you eat or drink anything other than water?	☐☐:☐☐
Q2553 Time of blood test	☐☐:☐☐
Q2554 Glucose	☐☐☐.☐☐ mg/dL *888.88 = LOW or <20 mg/dL* *999.99 = HIGH or >600mg/dL*
Q2555 If the glucose value was above 200 mg/dL or below 50 mg/dL did you tell the participant, "*these results suggest that you could see a health professional for further investigation*"?	*1 Yes* *2 Not Applicable/glucose value is greater than 50 mg/dL and less than 240 mg/dL*
Q2556 Total Cholesterol	☐☐☐.☐☐ mg/dL *888.88 = LOW or <100 mg/dL* *999.99 = HIGH or >400 mg/dL*
Q2557 If the total cholesterol value was above 240 mg/dL did you tell the participant, *"these results suggest that you could see a health professional for further investigation"?*	*1 Yes* *2 Not Applicable/cholesterol value is less than 240 mg/dL*
Q2558 HDL cholesterol	☐☐☐.☐☐ mg/dL *888.88 = LOW or <20 mg/dL* *999.99 = HIGH or >120 mg/dL*
Q2559 If the HDL cholesterol value was below 40 mg/dL did you tell the participant *"these results suggest that you could see a health professional for further investigation"?*	*1 Yes* *2 Not Applicable/HDL value is greater than 40 mg/dL*

Q2560 Triglycerides	☐☐☐.☐☐ mg/dL *888.88 = LOW or <50 mg/dL* *999.99 = HIGH or >500 mg/dL*
Q2561 If the triglycerides value was above 500 mg/dL did you tell the participant, *"these results suggest that you could see a health professional for further investigation"?*	*1 Yes* *2 Not Applicable/triglyceride value is less than 500 mg/dL*
Q2562 Calculated LDL Cholesterol	☐☐☐.☐☐ mg/dL
Q2563 Calculated Total Cholesterol to HDL Cholesterol Ratio (TC/HDL)	☐☐☐.☐☐ mg/dL

Section 3000: Risk Factors and Preventive Health Behaviours − Tobacco Use

The next question ask about your habits, health behaviours and awareness about health. This includes things like smoking, drinking alcohol, and eating enough fruits and vegetables as part of your diet. I will start with questions about smoking habits.

SMOKING TOBACCO

First, I will ask about use of smoking tobacco. By smoked tobacco, I mean I do not mean electronic products without tobacco, which I will ask about later.

Q3001	Do you currently smoke any of the tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all ……➔ 8. Don't know ……➔ 9. Refused ……➔	 Q3004 Q3004 Q3004
Q3002	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	1. Yes 2. No 3. No visit in the past 12 months 8. Don't know 9. Refused	
Q3004	In the past, have you smoked any of the tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	Q3011

SMOKELESS TOBACCO

Now I will ask you about use of smokeless tobacco. By smokeless tobacco, I mean do not mean electronic products, which I will ask about later.

Q3011	Do you currently use any of the smokeless tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all ……➔ 8. Don't know ……➔ 9. Refused ……➔	 Q3014 Q3014 Q3014
Q3012	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit using smokeless tobacco?	1. Yes 2. No 3. No visit in the past 12 months 8. Don't know 9. Refused	
Q3014	In the past, have you used any of the smokeless tobacco products that I mentioned?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	Q3021

ELECTRONIC CIGARETTES

Now I will ask you about use of electronic cigarettes. Electronic cigarettes include any electronic product that heats a liquid, with or without nicotine, by using a battery or other methods to produce an aerosol, and do not contain tobacco. They have various other names such as e-cigarette, JUUL, vape-pen, e-shisha, e-pipes.

Q3021	Do you currently use electronic cigarettes?	1. Daily 2. Less than daily 3. Not at all ……➔ 8. Don't know ……➔ 9. Refused ……➔	 Q3024 Q3024 Q3024
Q3022	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit using electronic cigarettes?	1. Yes 2. No 3. No visit in the past 12 months 8. Don't know 9. Refused	
Q3024	In the past, have you used electronic cigarettes?	1. Daily 2. Less than daily 3. Not at all 8. Don't know 9. Refused	*NEXT SECTION*

Section 3100: Risk Factors and Preventive Health Behaviours – Alcohol Use

ALCOHOL *(show Alcohol card to respondent)*

Q3100	Have you ever consumed a drink that contains alcohol (such as beer, wine, spirits)?	1. YES 2. NO, NEVER ……..…..->	NEXT SECTION
Q3101	How old were you when you first started consuming alcohol?	☐☐ years	
Q3102	How often do you have a drink containing alcohol?	1. MONTHLY OR LESS 2. 2-4 TIMES A MONTH 3. 2-3 TIMES A WEEK 4. 4 OR MORE TIMES A WEEK	
Q3103	Have you consumed alcohol in the last 30 days?	1. YES 2. NO ……..……..->	Q3106
Q3104	How many standard drinks containing alcohol do you have on a typical day?	1. 1 OR 2 2. 3 OR 4 3. 5 OR 6 4. 7 TO 9 5. 10 OR MORE	
Q3105	Now think about the past 7 days. During the past 7 days, how many [standard] drinks of any alcoholic beverage did you have each day? *USE SHOWCARD .*	***INTERVIEWER: Want respondent to tell you the number of "standard" drinks. By standard drink - refer to Appendix. Include number below:***	
	Q3105a. Monday	☐☐	
	Q3105b. Tuesday	☐☐	
	Q3105c. Wednesday	☐☐	
	Q3105d. Thursday	☐☐	
	Q3105e. Friday	☐☐	
	Q3105f. Saturday	☐☐	
	Q3105g. Sunday	☐☐	
Q3106	Now think about the last 12 months. In the last 12 months, how frequently [on how many days] on average, have you had at least one alcoholic drink?	0. NO DAYS ……..……..……...-> 1. LESS THAN ONCE A MONTH 2. ONE TO THREE DAYS PER MONTH 3. ONE TO FOUR DAYS PER WEEK 4. FIVE OR MORE DAYS PER WEEK	NEXT SECTION
Q3107	In the last 12 months, on the days you drank alcoholic beverages, how many drinks did you have on average?	☐☐ DRINKS -8 DON'T KNOW	
Q3108	How often do you have six or more drinks on one occasion?	1. NEVER 2. LESS THAN MONTHLY 3. MONTHLY 4. WEEKLY 5. DAILY OR ALMOST DAILY	

Section 3300: Risk Factors and Preventive Health Behaviours – Diet

Studies have shown that diet and lifestyle are very important health factors. I want to ask you a few questions about your diet. I am going to ask you about the fruit and vegetables you usually eat, about salt and a few other questions.

Q3300	How many servings of fruit do you eat on a typical day?	☐☐ SERVINGS -8 DON'T KNOW
Q3301	How many servings of vegetables do you eat on a typical day?	☐☐ SERVINGS -8 DON'T KNOW

	The next few questions ask about availability and access to food – and your food intake.	
Q3307	In the last 12 months, how often did you ever eat less than you felt you should because there wasn't enough food?	1. EVERY MONTH 2. ALMOST EVERY MONTH 3. SOME MONTHS, BUT NOT EVERY MONTH 4. ONLY IN 1 OR 2 MONTHS 5. NEVER
Q3308	In the last 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?	1. EVERY MONTH 2. ALMOST EVERY MONTH 3. SOME MONTHS, BUT NOT EVERY MONTH 4. ONLY IN 1 OR 2 MONTHS 5. NEVER
Q3309	Has your food intake declined over the past 3 months due to: loss of appetite, digestive problems, chewing or swallowing difficulties?	1. SEVERE DECREASE IN FOOD INTAKE 2. MODERATE DECREASE IN FOOD INTAKE 3. NO DECREASE IN FOOD INTAKE
Q3310	How has your weight loss been during the last 3 months?	1. WEIGHT LOSS GREATER THAN 3 KG (6.6 LBS) 2. WEIGHT LOSS BETWEEN 1 AND 3 KG (2.2 AND 6.6 LBS) 3. NO WEIGHT LOSS 4. WEIGHT GAIN 8. DON'T KNOW

Section 3400: Risk Factors and Preventive Health Behaviours – Physical Activity

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

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

Q3401	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate, [like heavy lifting, digging or chopping wood] for at least 10 minutes continuously? INSERT EXAMPLES & USE SHOWCARD	1 YES 2 NO ……➔	*Q3404*
Q3402	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	☐ DAYS	
Q3403	How much time do you spend doing vigorous-intensity activities at work on a typical day?	☐☐:☐☐ HOURS:MINUTES	
Q3404	Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate [such as brisk walking, carrying light loads, cleaning, cooking, or washing clothes] for at least 10 minutes continuously? INSERT EXAMPLES & USE SHOWCARD	1 YES 2 NO ……➔	*Q3407*
Q3405	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	☐ DAYS	
Q3406	How much time do you spend doing moderate-intensity activities at work on a typical day?	☐☐:☐☐ HOURS:MINUTES	

The next questions exclude the physical activities at work that you've already mentioned.
Now I would like to ask you about the usual way you travel to and from places. For example, getting to work, to shopping, to the market, to place of worship. [Insert other examples if needed]

Q3407	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	*1 YES* *2 NO ……➔*	*Q3410*
Q3408	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	☐ DAYS	
Q3409	How much time would you spend walking or bicycling for travel on a typical day?	☐☐:☐☐ HOURS:MINUTES	

The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness, leisure and recreational activities [insert relevant terms].

Q3410	Do you do any <u>vigorous intensity sports, fitness or recreational (leisure) activities</u> that cause large increases in breathing or heart rate [like running or football], for at least 10 minutes continuously? *INSERT EXAMPLES & USE SHOWCARD*	*1 YES* *2 NO* ……➔	*Q3413*
Q3411	In a typical week, on how many days do you do <u>vigorous</u> intensity sports, fitness or recreational (leisure) activities?	☐ *DAYS*	
Q3412	How much time do you spend doing <u>vigorous</u> intensity sports, fitness or recreational activities on a typical day?	☐☐:☐☐ *HOURS:MINUTES*	
Q3413	Do you do any <u>moderate-intensity sports, fitness or recreational (leisure) activities</u> that causes a small increase in breathing or heart rate [such as brisk walking, cycling or swimming] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	*1 YES* *2 NO* ……➔	*Q3416*
Q3414	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	☐ DAYS	
Q3415	How much time do you spend doing moderate intensity sports, fitness or recreational (leisure) activities on a typical day?	☐☐:☐☐ HOURS:MINUTES	

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.

INSERT EXAMPLES & USE SHOWCARD

Q3416	How much time do you usually spend sitting or reclining on a typical day?	☐☐:☐☐ HOURS:MINUTES

Section 4000: Chronic Conditions and Health Service Coverage

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

Now I would like to ask 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. I will also ask about health habits and behaviours. First I will ask about a few different health conditions.

ARTHRITIS

Q4001	Has a health care professional/doctor ever told you that you have <u>arthritis</u> (a disease of the joints)?	*1 YES* *2 NO* …… ➔	*Q4003*
Q4001a	When were you diagnosed? *INTERVIEWER: If don't know then ask:* How long ago were you diagnosed? OR How long have you had…arthritis?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4002	If yes, 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 morning after getting up from bed, or after a long rest 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 <u>the last 30 days</u>?	*1 YES* *2 NO* …… ➔	*Q4010*

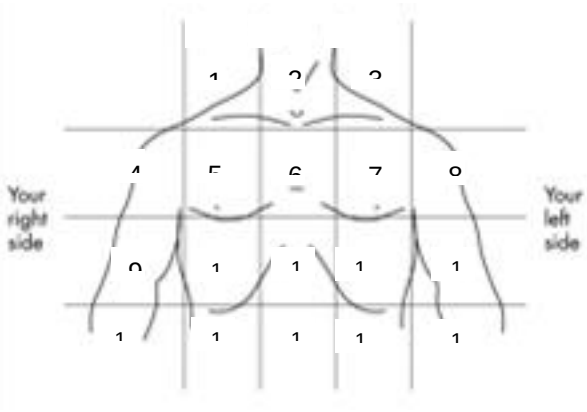
Q4009	On how many days did you have this back pain during the last 30 days?	☐☐ *DAYS*	

STROKE

Q4010	Has a health care professional/doctor ever told you that you have had a stroke?	*1 YES* *2 NO* …… ➔	*Q4012*
Q4010a	When were you diagnosed? *INTERVIEWER: If don't know then ask:* How long ago were you diagnosed? OR How long ago did you have a stroke/your last stroke?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4011	Have you been taking any medications or other treatment for it…		
	Q4011a. …during the last 2 weeks?	*1 YES* *2 NO*	
	Q4011b. …during the last 12 months?	*1 YES* *2 NO*	
Q4012	Have you ever suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours?	*1 YES* *2 NO*	
Q4013	Have you ever had, for more than 24 hours, sudden onset of loss of feeling on one side of your body, without anything having happened to you immediately before?	*1 YES* *2 No*	

ANGINA

Q4014	Has a health care professional/doctor ever told you that you have angina or angina pectoris (a heart disease)?	*1 YES* *2 NO* …… ➔	*Q4016*
Q4014a	When were you diagnosed? *INTERVIEWER: If don't know then ask:* How long ago were you diagnosed? OR How long have you had…angina?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4015	Have you been taking any medications or other treatment for it…		
	Q4015a...during the last 2 weeks?	*1 YES* *2 NO*	
	Q4015b...during the last 12 months?	*1 YES* *2 NO*	
Q4016	During the last 12 months, have you experienced any pain or discomfort in your chest when you walk uphill or hurry?	*1 YES* *2 NO* *3 NEVER WALKS UPHILL OR HURRIES*	
Q4017	During the last 12 months, 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	What do you do if you get the pain or discomfort when you are walking? *Read choices*	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? *Read choices*	1 Relieved *2* Not relieved	
Q4020	Will you show me where you usually experience the pain or discomfort? *INTERVIEWER: Circle number in each of the boxes in the areas of body mentioned or shown by the respondent.*		
Q4021	These symptoms that you have said you experienced in the last 12 months, have you experienced them in the last 2 weeks?	*1* YES *2* NO	

DIABETES

Q4022	Have you been diagnosed with diabetes (high blood sugar)? *(Not including diabetes associated with a pregnancy)*	*1* YES *2* NO …….. ➔	*Q4025*
Q4022a	When were you diagnosed? *INTERVIEWER: If don't know then ask:* How long ago were you diagnosed? OR How long have you had diabetes?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4023	Have you been taking insulin or other blood sugar lowering medications…		
	Q4023a …in the last 2 weeks?	1 YES 2 NO	
	Q4023b …in the last 12 months?	1 YES 2 NO	
Q4024	Are you following a special diet, exercise regime or weight control program for diabetes during the last 2 weeks? *(As recommended by health professional)*	1 YES 2 NO	

CHRONIC LUNG DISEASE

Q4025	Have you ever been told by a doctor or health care professional that you have chronic lung disease (emphysema, bronchitis, COPD)?	*1* YES *2* NO …….. ➔	*Q4027*

Q4025a	When were you diagnosed? *INTERVIEWER: If don't know then ask:* How long ago were you diagnosed? OR How long have you had…COPD/emphysema?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4026	Have you been taking any medications or other treatment (like oxygen) for it …		
	Q4026a …in the last 2 weeks?	1 YES 2 NO	
	Q4026b …in the last 12 months?	1 YES 2 NO	
Q4027	During the last 12 months, have you experienced any shortness of breath at rest? (while awake)	*1 YES* *2 NO*	
Q4028	During the last 12 months, have you experienced any coughing or wheezing for ten minutes or more at a time?	*1 YES* *2 NO*	
Q4029	During the last 12 months, have you experienced any coughing up sputum or phlegm for most days of the month for at least 3 months?	*1 YES* *2 NO*	

ASTHMA

Q4033	Have you ever been diagnosed with asthma (an allergic respiratory disease)?	1 YES 2 NO …… ➔	*Q4035*
Q4033a	When were you diagnosed? *INTERVIEWER: If don't know then ask:* How long ago were you diagnosed? OR How long have you had…asthma?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4034	Have you been taking any medications or other treatment for it …		
	Q4034a …in the last 2 weeks?	*1 YES* *2 NO*	
	Q4034b …in the last 12 months?	1 YES 2 NO	
During the last 12 months, have you experienced any of the following:			
Q4035	Attacks of wheezing or whistling breathing?	*1 YES* *2 NO*	
Q4036	Attack of wheezing that came on after 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 not exercising or doing some physical activity?	*1 YES* *2 NO*	

IF Q4035 TO Q4039 ARE ALL 'NO', SKIP TO …… ➔ *IF ONE OF THE SYMPTOM QUESTIONS (Q4035 TO Q4039) IS 'YES', CONTINUE WITH Q4039a.*			*Q4040*
Q4039a	These symptoms that you said you experienced in the last 12 months, have you experienced them in the last 2 weeks?	*1 YES* *2 NO*	

DEPRESSION

Q4040	Has a health care professional/doctor ever told you that you have depression?	*1 YES* *2 NO …….. ➔*	*Q4042*
Q4040a	When were you diagnosed? INTERVIEWER: If don't know then ask: How long ago were you diagnosed? OR How many years have you had depression?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4041	Have you been taking any medications or other treatment for it … (Other treatment can include attending therapy or counseling sessions.)		
	Q4041a …during the last 2 weeks?	*1 YES* *2 NO*	
	Q4041b …during the last 12 months?	*1 YES* *2 NO*	
Q4042	During the last 12 months, have you had a period lasting several days when you felt sad, empty or depressed?	*1 YES* *2 NO*	
Q4043	During the last 12 months, have you had a period lasting several days when you lost interest 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 energy decreased or that you are tired all the time?	*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 Q4057*			
Q4045	Was this period [of sadness/loss of interest/low energy] for more than 2 weeks?	*1 YES* *2 NO …… ➔*	*Q4060*
Q4046	Was this period [of sadness/loss of interest/low energy] most of the day, nearly every day?	*1 YES* *2 NO*	
Q4047	During this period, did you lose your appetite?	*1 YES* *2 NO*	
Q4048	Did you notice any slowing down in your thinking?	*1 YES* *2 NO*	
Q4049	Did you notice any problems falling asleep?	*1 YES* *2 NO*	
Q4050	Did you notice any problems waking up too early?	*1 YES* *2 NO*	
Q4051	During this period, did you have any difficulties concentrating; for example, listening to others, working, watching TV, listening to the radio?	*1 YES* *2 NO*	
Q4052	Did you notice any slowing down in your moving around?	*1 YES* *2 NO*	

Q4053	During this period, did you feel anxious and worried most days?	*1 YES* *2 NO*	
Q4054	During this period, were you so restless or jittery 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 negative about yourself or like you had lost confidence?	*1 YES* *2 NO*	
Q4056	Did you frequently feel hopeless - that there was no way to improve things?	*1 YES* *2 NO*	
Q4057	During this period, did your interest in sex decrease?	*1 YES* *2 NO*	
Q4058	Did you think of death, or wish you were dead?	*1 YES* *2 NO*	
Q4059	During this period, did you ever try to end your life?	*1 YES* *2 NO*	

PANIC AND ANXIETY

The next question is about panic attacks, also sometimes called anxiety attacks. These are sudden, strong feelings of fear or anxiety that reach their peak within a few minutes and are usually accompanied by physical reactions like racing heart, sweating, shortness of breath, feeling faint, or feeling sick to your stomach. People who have panic attacks sometimes feel like they might lose control, go crazy, or suddenly die.

Q4060	With this definition in mind, did you ever in your life have a panic attack?	1 YES 2 NO …….. ➔	*Q4063*
Q4061	Panic attacks sometimes happen "out of the blue" for no apparent reason. Other times they occur in situations where a person has a strong fear, such as a fear of snakes or of heights, or when a person is in real danger, like a car accident. How many of your panic attacks ever occurred "out of the blue"?	1 All 2 Most 3 Some 4 None	
Q4062	On how many days in the last 30 days did you have a panic attack?	☐☐ DAYS *-8 DON'T KNOW* *98 NEVER*	

STRESSFUL EXPERIENCES

People who are exposed to extremely stressful experiences, like being assaulted or involved in a serious accident, often have a number of negative reactions. The next questions are about reactions of this sort.

	Overall in the last 30 days, how much were you bothered by the following reactions to any extremely stressful experience that ever happened to you?	NOT AT ALL	A LITTLE	SOME	A LOT	EXTREMELY
Q4063	Avoiding external reminders of a stressful experience, for example, people, places, conversations, activities, objects, or situations?	1	2	3	4	5
Q4064	Feeling distant or cut off from other people?	1	2	3	4	5
Q4065	Feeling irritable, having angry outbursts, or acting aggressively?	1	2	3	4	5

Q4066	Suddenly feeling or acting as if a stressful experience were actually happening again, as if you were actually back there reliving it?	1	2	3	4	5

HIGH MOOD

Q4067	The next question is about whether in the last 30 days you had an episode lasting 2 days or longer when your mood was either much higher than usual most of the day, much more irritable than usual most of the day, or a mix of these things. During these episodes, people are often much more excitable than usual, extremely self-confident, or optimistic. They often do potentially risky or embarrassing things they normally would not do. And sometimes this gets them into trouble. With this definition in mind, did you have an episode of this sort lasting 2 days or longer at any time in the last 30 days?	1 *YES* 2 *NO*..... ➔		*Q4071*

	How often during that episode did you have each of the following experiences?	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OR ALMOST ALL OF THE TIME
Q4068	You were in a much better mood, much happier, or more excitable than usual?	1	2	3	4	5
Q4069	You felt extremely self-confident, optimistic, or believed you could do anything?	1	2	3	4	5
Q4070	You were much more irritable or quick to take offense than usual?	1	2	3	4	5

SADNESS

Overall in the last 30 days, how often did you …		NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OR ALMOST ALL OF THE TIME
Q4071	… feel sad or depressed?	1	2	3	4	5
Q4072	… feel empty or hopeless?	1	2	3	4	5
Q4073	… take little or no interest or pleasure in things you used to enjoy?	1	2	3	4	5
Q4074	… feel down on yourself, no good, or worthless?	1	2	3	4	5

ANXIETY

Overall in the last 30 days, how often did you …		NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OR ALMOST ALL OF THE TIME
Q4075	… feel worried or anxious?	1	2	3	4	5
Q4076	… worry about a number of different things in your life, such as your work, family, health, or finances?	1	2	3	4	5
Q4077	… feel more worried than other people in your same situation?	1	2	3	4	5
Q4078	… worry excessively or too much?	1	2	3	4	5

HYPERTENSION

Q4079	Has a health care professional/doctor ever told you that you have high blood pressure (hypertension)?	*1 YES* *2 NO* …… ➔	*Q4082*
Q4079a	When were you diagnosed? INTERVIEWER: If don't know then ask: How long ago were you diagnosed? OR How many years have you had…hypertension?	☐☐ YEARS AGO ☐☐ MONTHS AGO -8 *DON'T KNOW*	
Q4080	Have you been taking any medications or other treatment for it during … (Other treatment might include weight loss programme or change in eating habits.)		
	Q4080a....the last 2 weeks?	*1 YES* *2 NO*	
	Q4080b....the last 12 months?	*1 YES* *2 NO*	
Q4081	Have you been using other methods, such as weight loss, exercise or changing diets to control your blood pressure in the last two weeks?	*1 YES* *2 NO*	

CATARACTS

Q4082	Has a health care professional/doctor diagnosed you with a cataract in one or both of your eyes (a cloudiness in the lens of the eye)?	*1 YES* *2 NO* …….. ➔ *8 DON'T KNOW*	*Q4086*
Q4083	Have you ever had eye surgery to remove this cataract(s)?	*1 YES* *2 NO* …….. ➔	*Q4084*
Q4083a	On which of your eyes did you have the cataract surgery performed?	*1 RIGHT* *2 LEFT* *3 BOTH*	
Q4083b	How long ago was your most recent cataract surgery? (if Q4083a is 3 (both) ask for both eyes)	*RIGHT EYE* ☐☐ YEARS AGO / ☐☐ MONTHS AGO ☐☐ WEEKS AGO / ☐☐ DAYS AGO -8 *DON'T KNOW* *LEFT EYE* ☐☐ YEARS AGO / ☐☐ MONTHS AGO ☐☐ WEEKS AGO / ☐☐ DAYS AGO -8 *DON'T KNOW*	

In the last 12 months have you experienced any of the following:…			
Q4084	…cloudy or blurry vision?	1 YES 2 NO	
Q4085	…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.

Q4086	Have you lost all of your natural teeth?	1 YES 2 NO	
Q4087	During the last 12 months, have you had any problems with your mouth and/or teeth (this includes problems with swallowing)?	1 YES 2 NO …….. ➔	Q4089
Q4088	Have you received any treatment from a dentist or other oral health specialist during…		
	Q4088a … the last 2 weeks?	1 YES 2 NO	
	Q4088b … the last 12 months?	1 YES 2 NO	

CERVICAL CANCER AND BREAST CANCER SCREENING (WOMEN ONLY)

Questions to be asked to FEMALE respondents only.
FEMALE ….GO TO Q4089
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.

Q4089	When was the last time you had a pelvic examination, if ever? *(By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?)* *ENTER "00" IF LESS THAN 1 YEAR AGO.*	☐☐ YEARS AGO 98 NEVER HAD EXAM ……..….. ➔	Q4092
Q4090	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	
Q4091	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.)* *ENTER "00" IF LESS THAN 1 YEAR AGO.*	☐☐ YEARS AGO 98 NEVER HAD EXAM	

Section 4100: Accidents

Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in

ROAD TRAFFIC ACCIDENT

Q4102	During the past 12 months, was anyone in your household killed in a road traffic accident, or injured in a road traffic accident with injuries severe enough that for at least one day they could not carry out their normal daily activities?	1. Yes 2. No ……➔	Q4114
For each person, repeat Q4103-Q4115			
Q4103	What is the name of the first/next person killed or injured in a road traffic accident? [record name]	Name _____	
Q4105	Is [Name] still alive?	1. Yes ……➔ 2. No 8. Don't know……➔	Q4110 Q4110
Q4106	Was [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4107	What was [Name]'s age when [Name] died?	☐☐ YEARS -8 *DK*	
Q4108	Was [Name]'s death related to the road traffic accident?	1. Yes……➔ 2. No	Q4115
Q4110	Is [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4111	What is [Name]'s age?	☐☐ YEARS -8 *DK*	
Q4115	Was there any other member of this household killed or injured in a road traffic accident in the past 12 months?	1. Yes ……➔ 2. No	Q4103

NON-ROAD TRAFFIC ACCIDENT

I would like to ask about any other accidents or injuries to members of your household that may have occurred – not related to road traffic.

Q4116	In the past 12 months, was anyone in your household killed or injured in an accident other than a road traffic accident. By injuries, I mean that their injuries were severe enough that for at least one day they could not carry out their normal daily activities.	1. Yes 2. No ……➔	Next section

For each person, repeat Q4117-Q4130			
Q4117	What is the name of the first/next person killed or injured in the accident other than a road traffic accident? [record name]	Name _____	
Q4118	In what type of incident was [Name] killed or injured? [IF A PERSON HAD MORE THAN ONE INCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT INCIDENT ONLY.]	1. Fire/Burning 2. Animal bite 3. Fall 4. Drowning, near drowning 5. Poisoning 6. Electrical injury 7. Struck by person or object 8. Cut or stabbed 9. Gunshot 87. Other reasons, specify. 88. Don't know	
Q4119	How did the death or injury happen?	1. Accidental 2. Natural disaster 3. Violence/Assault 4. Self-harm 8. Don't know	
Q4120	Is [Name] still alive?	1. Yes .....➔ 2. No 8. Don't know .....➔	Q4125 Q4125
Q4121	Was [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4122	What was [Name]'s age when [Name] died?	☐☐ YEARS -8 *DK*	
Q4123	Was [Name]'s death related to this incident?	1. Yes .....➔ 2. No	Q4130
Q4125	Is [Name] male or female?	1. Man 2. Woman 3. Non-Binary	
Q4126	What is [Name]'s age?	☐☐ YEARS -8 *DK*	
Q4130	Was there any other member of this household killed or injured in a road traffic accident in the past 12 months?	1. Yes .....➔ 2. No	Go back to Q4117

Section 4500: Antimicrobial Resistance

BASIC UNDERSTANDING ABOUT ANTIBIOTICS

Q4501	Have you heard of the term antibiotics or antimicrobials?	1 YES 2 NO 8. DK/NOT SURE
Q4502	What kind of disease is treated with antibiotics?	1 DIABETES 2 INFECTIONS 3 HEART ATTACK 4 ASTHMA 5 PSYCHIATRIC ILLNESS

USE OF ANTIBIOTICS IN LAST 12 MONTHS

Q4503	Have you taken any antibiotics by mouth, such as tablets, powder or syrup in the last 12 months?	1 YES 2 NO ……➔ 8. DK/NOT SURE ……➔	 Q4508 Q4508
Q4504	How did you obtain the last course of antibiotics that you used?	1. From a medical prescription 2. Given directly by a medical practitioner (doctor or nurse) ……➔ 3. Without prescription from a pharmacy ……➔ 4. You used leftover antibiotics (either yours or a friend/family members) ……➔ 5. Without prescription from elsewhere (internet, stall, street hawker or medical store) ……➔ 8. DK/Not sure ……➔	 Q4506 Q4506 Q4507 Q4507 Q4520
Q4505	When obtaining your prescription, did you get advice on how to take them and for how long?	1 YES 2 NO 8. DK/NOT SURE	
Q4506	When obtaining your antibiotics, did you get advice on how to take them and for how long?	1 YES 2 NO 8. DK/NOT SURE	
Q4507	Did you have a test, for example a blood or urine test, or throat swab, to find out what was causing your illness, before or at the same time as you started antibiotics ?	1 YES 2 NO 8. DK/NOT SURE	

BASIC UNDERSTANDING ABOUT ANTIMICROBIAL RESISTANCE

Q4520	Have you heard of antibiotic resistance or antimicrobial resistance?	1 YES 2 NO ……..→ 8 DK/NOT SURE ……..→	 Q4522 Q4522
Q4521	From whom/where did you hear about antibiotic resistance or antimicrobial resistance? (indicate all that apply)	1 DOCTOR OR NURSE 2 PHARMACIST 3 COMMUNITY HEALTH WORKER 4 FAMILY MEMBER OR FRIEND 5 MEDIA (NEWSPAPER, MAGAZINE, LEAFLET, POSTER, TV, RADIO) 6 INTERNET OR ONLINE SOCIAL MEDIA 7 SPECIFIC CAMPAIGN 8 OTHER	

KNOWLEDGE ABOUT ANTIMICROBIAL RESISTANCE

Q4522	Antimicrobial resistance occurs when bacteria evolve to become resistant to antibiotics, and these medicines no longer work as well	1 TRUE 2 FALSE 8 DK/NOT SURE
Q4523	Misuse and overuse of antibiotics increase antimicrobial resistance in bacteria	1 TRUE 2 FALSE 8 DK/NOT SURE
Q4528	Use of antibiotics for animals and plants (for example, in farming) can increase Antimicrobial resistant infections in humans	1 TRUE 2 FALSE 8 DK/NOT SURE
Q4529	Unused or expired antibiotics can be disposed along with general household waste	1 TRUE 2 FALSE 8 DK/NOT SURE

KNOWLEDGE OF INTERVENTIONS TO PREVENT ANTIMICROBIAL RESISTANCE

Which of the following actions can help in preventing Antimicrobial Resistance?		
Q4530	Taking antibiotics only with a valid prescription	1 YES 2 NO 8 DK/NOT SURE
Q4531	Healthcare workers prescribing antibiotics only when necessary	1 YES 2 NO 8 DK/NOT SURE
Q4532	Good hygiene practices at home	1 YES 2 NO 8 DK/NOT SURE
Q4533	Vaccinating children on time	1 YES 2 NO 8 DK/NOT SURE
Q4534	Reduce diseases in animals by keeping their surroundings clean	1 YES 2 NO 8 DK/NOT SURE

Section 5000: Health Care Utilization

I would now like to know about your recent experiences with obtaining health care from health care workers, hospitals, clinics and the health care system. I want to know if you needed health care recently, and if so, why you needed health care and what type of facility and health care provider you received care from.

Q5001	When was the last time that you needed health care? *INTERVIEWER: this can be inpatient or outpatient care. If less than one month ago, enter "00" for years, "00" for months and enter the number of days.*	☐☐ years ago ☐☐ months ago… ☐☐ days ago *98 Never ……..……..➔* *-8 Don't know*	*Q5046*
Q5002	*If 'don't know',* Was it more than 3 years ago?	*1 Yes ……..……➔* *2 No*	*Q5046*
Q5003	The last time you needed health care, did you get health care?	*1 YES* *2 NO*	
Q5004	Thinking about health care you needed in the last 3 years, where did you go most often when you felt sick or needed to consult someone about your health? *INTERVIEWER: Only one answer allowed.*	1 Private doctor's office 2 Private clinic or health care facility 3 Private hospital 4 Public clinic or health care facility 5 Public hospital 6 Charity or church run clinic 7 Charity or church run hospital 8 Traditional healer [use local term] 9 Pharmacy or dispensary *87 Other, specify*	

INPATIENT HOSPITAL CARE

The next two questions ask about any overnight stay in a hospital or other health care facility you have had in the last 3 years.

Q5005	In the last 3 years, have you ever stayed overnight in a hospital or long-term care facility?	*1 YES, A HOSPITAL* *2 YES, LONG TERM CARE FACILITY* *3 BOTH (HOSPITAL AND LONG TERM CARE FACILITY)* *4 NO ……➔*	*Q5025*
Q5006	When was the last overnight stay in a hospital or long-term care facility? *INTERVIEWER: If less than one month ago, enter "00" for years, "00" for months and enter number of days.*	☐☐ years ago ☐☐ months ago ☐☐ days ago *-8 DON'T KNOW* *If more than 3 years ago …… ➔*	*Q5025*

INPATIENT HOSPITAL CARE Continued…

Now I would like to know about more recent times - if you've had any overnight stays in a hospital or other type of health care facility in the last 12 months.

Q5007	Over the last 12 months, how many different times were you a patient in a hospital/long-term care facility for at least one night?	☐☐ TIMES *-8 DON'T KNOW* *IF "00" (NO OVERNIGHT STAYS) ……..➔*	*Q5025*

I want to know more about why you needed an overnight stay in a health care facility. Starting with the most recent stay, I want to know more about your overnight stays, including why you needed to be hospitalized each time. But first I would like you to come back to thinking about your last overnight hospital stay only.

Q5008	What type of hospital or facility was it? Remember we are asking now about your last (most recent) overnight stay. *INTERVIEWER: One answer only.*	*1 Public hospital* *2 Private hospital* *3 Charity or church-run hospital* *4 Old person's home or long-term care facility* *7 Other, specify:*	
	Q5008a. What was the name of this hospital or facility?	_____	
	Q5008b. Which reason best describes why you were last hospitalised? *INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD.*		
	1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) *2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)* *3 NUTRITIONAL DEFICIENCIES* *4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)* *5 INJURY (NOT OCCUPATION RELATED)* *6 SURGERY* *7 SLEEP PROBLEMS* *8 OCCUPATION/WORK RELATED CONDITION/INJURY* *9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)*	*10 DIABETES OR RELATED COMPLICATIONS* *11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST* *12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING* *13 PROBLEMS WITH YOUR BREATHING* *14 HIGH BLOOD PRESSURE / HYPERTENSION* *15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY* *16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)* *17 DEPRESSION OR ANXIETY* *18 CANCER* *87 OTHER, SPECIFY:*	
Q5009	How did you get there? *INTERVIEWER: Circle all that the respondent mentions.*	*1 Private vehicle* *2 Public transportation* *3 Taxicab* *4 Ambulance or emergency vehicle* *5 Bicycle* *6 Walked* *8 DON'T KNOW*	
	Q5009a. About how long did it take you to get there?	☐☐:☐☐ *HOURS:MINUTES* *-8 DON'T KNOW*	

Q5010	Who paid for this hospitalisation? Anyone else? *INTERVIEWER: Circle all responses. Probe to see if anyone else paid or contributed to paying for the care?*	*1 RESPONDENT* *2 SPOUSE/PARTNER* *3 SON/DAUGHTER* *4 OTHER FAMILY MEMBER* *5 NON-FAMILY MEMBER* *6 MANDATORY INSURANCE SCHEME* *7 VOLUNTARY INSURANCE SCHEME* *8 HOSPITALISATION WAS FREE ..... ➔*	*Q5013*
Q5011	Thinking about your last [hospital] stay, how much did you or your family/household members pay out-of-pocket for: *INTERVIEWER: enter "0" if the service was free - If a person did not have medicines or tests, enter 99998 for "Not applicable, did not have".* [use local currency]	a. [HEALTH CARE PROVIDER'S] FEES ☐☐☐☐☐☐ b. Medicines ☐☐☐☐☐ c. Tests ☐☐☐☐☐ d. Transport ☐☐☐☐☐ e. Other ☐☐☐☐☐ Specify:	
Q5012	About how much in total did you or a family/household member pay out-of-pocket for this hospitalisation?	☐☐☐☐☐☐☐☐☐	
Q5013	Overall, how satisfied were you with the care you received during your last [hospital] stay?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very dissatisfied	
Q5014	What was the outcome or result of your visit to the [hospital]? Did your condition…	1 Get much better 2 Get better 3 No change 4 Get worse 5 Get much worse	
Q5015	Was this the outcome or result you had expected?	1 YES 2 NO	

<table>
<tr><td>Q5025</td><td>In the last 12 months, has there been a time when you needed to stay overnight in a health care facility but did not get that care?</td><td colspan="2">1 YES
2 NO ……..…….. ➔</td><td>Q5026</td></tr>
<tr><td rowspan="3"></td><td colspan="4">Q5025a. What was the main reason you needed care, but did not get care?
INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD</td></tr>
<tr><td colspan="2">1 Communicable disease (infections, malaria, tuberculosis, HIV)
2 Maternal and perinatal conditions (pregnancy)
3 Nutritional deficiencies
4 Acute conditions (diarrhoea, fever, flu, headaches, cough, other)
5 Injury (not work related, see 8 below)
6 Surgery
7 Sleep problems
8 Occupation/work related condition/injury
9 Chronic pain in your joints/arthritis (joints, back, neck)</td><td colspan="2">10 Diabetes or related complications
11 Problems with your heart including unexplained pain in chest
12 Problems with your mouth, teeth or swallowing
13 Problems with your breathing
14 High blood pressure / hypertension
15 Stroke/sudden paralysis of one side of body
16 Generalized pain (stomach, muscle or other nonspecific pain)
17 Depression or anxiety
18 Cancer
87 Other, specify:</td></tr>
<tr><td colspan="2">Q5025b. Which reason(s) best explains why you did not get health care?

INTERVIEWER:
Circle all that the respondent indicates.</td><td colspan="2">1 COULD NOT AFFORD THE COST OF THE VISIT
2 NO TRANSPORT AVAILABLE
3 COULD NOT AFFORD THE COST OF TRANSPORT
4 YOU WERE PREVIOUSLY BADLY TREATED
5 COULD NOT TAKE TIME OFF WORK OR HAD OTHER COMMITMENTS
6 THE HEALTH CARE PROVIDER'S DRUGS OR EQUIPMENT WERE INADEQUATE
7 THE HEALTH CARE PROVIDER'S SKILLS WERE INADEQUATE
8 YOU DID NOT KNOW WHERE TO GO
9 YOU TRIED BUT WERE DENIED HEALTH CARE
10 YOU THOUGHT YOU WERE NOT SICK ENOUGH
87 OTHER, SPECIFY</td></tr>
</table>

OUTPATIENT CARE AND CARE AT HOME

Now I will shift away from questions about overnight stays – to questions about health care you received that did not include an overnight hospital stay. The following questions are about care you received at a hospital, health centre, clinic, private office or at home from a health care provider, but where you did not stay overnight.

Q5026	Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital or long-term care facility?	*1 YES* *2 NO* ..... ➔	*Q5046*
Q5027	In total, how many times did you receive health care or consultation in the last 12 months?	☐☐ TIMES	

Now I would like you to think about the most recent visit - and ask you specifically about your last or most recent visit.

Q5028	What was the last (most recent) health care facility you visited in the last 12 months? ***INTERVIEWER:*** *Read out responses, circle one option only*	1 Private doctor's office 2 Private clinic or health care facility 3 Private hospital 4 Public clinic or health care facility 5 Public hospital 6 Charity or church run clinic 7 Charity or church run hospital 8 Home visit *87 Other, specify:*
	Q5028a. What was the name of this health care facility or provider?	_____
Q5029	Which was the last (most recent) health care provider you visited? *INTERVIEWER:* *After Q5029 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses*	1 GENERALIST MEDICAL PRACTITIONER (PRIMARY CARE PROVIDER, MEDICAL DOCTOR) 2 SPECIALIST MEDICAL PRACTITIONER (E.G. OBSTETRICIAN, PEDIATRICIAN, CARDIOLOGIST..) 3 SURGEON/ ANESTHESIOLOGIST 4 DENTIST 5 PHARMACIST 6 NURSING PROFESSIONAL 7 MIDWIFERY PROFESSIONAL 8 TRADITIONAL AND COMPLEMENTARY MEDICINE PROFESSIONAL 9 PARAMEDICAL PRACTITIONER 10 PHYSIOTHERAPIST OR CHIROPRACTOR 11 TRADITIONAL MEDICINE PRACTITIONER (USE LOCAL NAME) 12 HOME HEALTH CARE WORKER 87 OTHER, SPECIFY
	Q5029a. What was the sex of the [health care provider]?	*1 MAN* *2 WOMAN* *3 NON-BINARY*

	Q5029b. Was this visit to [health care provider] for a chronic (ongoing) condition, new condition, both or routine check-up?	1 CHRONIC 2 NEW 3 BOTH 4 ROUTINE CHECK-UP
	Q5029c. Which reason best describes why you needed this visit? *INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD.*	
	1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV) *2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)* *3 NUTRITIONAL DEFICIENCIES* *4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)* *5 INJURY* *6 SURGERY* *7 SLEEP PROBLEMS* *8 OCCUPATION/WORK RELATED CONDITION/INJURY* *9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)*	*10 DIABETES OR RELATED COMPLICATIONS* *11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST* *12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING* *13 PROBLEMS WITH YOUR BREATHING* *14 HIGH BLOOD PRESSURE / HYPERTENSION* *15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY* *16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)* *17 DEPRESSION OR ANXIETY* *18 CANCER* *87 OTHER, SPECIFY:*
Q5030	Thinking about your last visit, how did you get there? *INTERVIEWER:* *Circle all that the respondent mentions.*	*1 Private vehicle* *2 Public transportation* *3 Taxicab* *4 Ambulance or emergency vehicle* *5 Bicycle* *6 Walked* *8 DON'T KNOW* *9 NOT APPLICABLE*
Q5031	About how long did it take you to get there?	☐☐:☐☐ *HOURS:MINUTES* *-8 DON'T KNOW*
Q5032	Who paid for this most recent visit? Anyone else? *INTERVIEWER: Circle all responses. Probe to see if anyone else paid or contributed to paying for the care?*	*1 RESPONDENT* *2 SPOUSE/PARTNER* *3 SON/DAUGHTER* *4 OTHER FAMILY MEMBER* *5 NON-FAMILY MEMBER* *6 MANDATORY INSURANCE SCHEME* *7 VOLUNTARY INSURANCE SCHEME* *8 IT WAS FREE ……➔* *Q5034*

Q5033	Thinking about your last visit, how much did you or your household pay for: *INTERVIEWER: Only write "0" if the service was free. If a person did not have tests or drugs, enter 99998 for "Not applicable, did not have".* *(local currency)*	A. [HEALTH CARE PROVIDER'S] FEES ☐☐☐☐☐ B. MEDICINES ☐☐☐☐☐ C. TESTS ☐☐☐☐☐ D. TRANSPORT ☐☐☐☐☐ E. OTHER ☐☐☐☐☐, specify: F. TOTAL COSTS ☐☐☐☐☐☐☐
Q5034	Overall, how satisfied were you with the care you received during your last visit?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied *5* Very dissatisfied
Q5035	What was the outcome of your visit to the health care provider? Did your condition….?	1 Get much better 2 Get better 3 No change 4 Get worse *5* Get much worse
Q5036	Was this the outcome/result you had expected?	*1 YES* *2 NO*

Q5046	In the last 12 months was there a time when you needed health care from a doctor/in a clinic, but did not get care?	*1 YES* *2 NO ……..……➔*	***Q5047***
	Q5046a. What was the main reason you needed care, even if you did not get care? *INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD*		
	1 Communicable disease (infections, malaria, tuberculosis, HIV) *2 Maternal and perinatal conditions (pregnancy)* *3 Nutritional deficiencies* *4 Acute conditions (diarrhoea, fever, flu, headaches, cough, other)* *5 Injury (not work related, see 8 below)* *6 Surgery* *7 Sleep problems* *8 Occupation/work related condition/injury* *9 Chronic pain in your joints/arthritis (joints, back, neck)* *10 Diabetes or related complications*	*11 Problems with your heart including unexplained pain in chest* *12 Problems with your mouth, teeth or swallowing* *13 Problems with your breathing* *14 High blood pressure / hypertension* *15 Stroke/sudden paralysis of one side of body* *16 Generalized pain (stomach, muscle or other nonspecific pain)* *17 Depression or anxiety* *18 Cancer* *87 Other, specify:*	
	Q5046b**.** Which reason(s) best explains why you did not get health care? *INTERVIEWER:* *Circle all that the respondent indicates.*	1 COULD NOT AFFORD THE COST OF THE VISIT 2 NO TRANSPORT AVAILABLE 3 COULD NOT AFFORD THE COST OF TRANSPORT 4 YOU WERE PREVIOUSLY BADLY TREATED 5 COULD NOT TAKE TIME OFF WORK OR HAD OTHER COMMITMENTS 6 THE HEALTH CARE PROVIDER'S DRUGS OR EQUIPMENT WERE INADEQUATE 7 THE HEALTH CARE PROVIDER'S SKILLS WERE INADEQUATE 8 YOU DID NOT KNOW WHERE TO GO 9 YOU TRIED BUT WERE DENIED HEALTH CARE 10 YOU THOUGHT YOU WERE NOT SICK ENOUGH *87 Other, specify:*	

We would like to finish this section by asking you two questions about your satisfaction with the health system in your country. If you received health care, think about the health care service(s) you received in the last 12 months when answering the questions.]

Q5047	In general, how satisfied are you with how the health care services are run in your country [in your area] – are you very satisfied, satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, or very dissatisfied?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very Dissatisfied
Q5048	How would you rate the way health care in your country involves you in deciding what services it provides and where it provides them?	1 Very good 2 Good 3 Moderate 4 Bad 5 Very bad

Section 6000: Social Networks

We would like to shift away from questions about your direct health. This section of the survey asks your opinions about other areas and issues in your life. The following questions are to get your opinions about community, social and political aspects in your life.

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

		Never	Rarely	Sometimes	Often
Q6011a	First, how often do you feel that you lack companionship?	1	2	3	4
Q6011b	How often do you feel left out?	1	2	3	4
Q6011c	How often do you feel isolated from others?	1	2	3	4

We'd like to ask you a few questions about how you view other people and institutions.

Q6012	Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?	1 CAN BE TRUSTED 2 CAN'T BE TOO CAREFUL
Q6013	Do you have someone you can trust and confide in?	1 YES 2 NO

Section 7000: Quality of Life and Subjective Wellbeing

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 satisfied are you with your life as a whole these days?	1	2	3	4	5

Q7009	How often have you felt that you were unable to control the important things in your life? Read responses	1. Never 2. Almost never 3. Sometimes 4. Fairly often 5. Very often
Q7010	How often have you found that you could not cope with all the things that you had to do? Read responses	1. Never 2. Almost never 3. Sometimes 4. Fairly often 5. Very often
Q7011	How would you rate your overall quality of life? Read responses	1. Very Good 2. Good 3. Moderate 4. Bad 5. Very Bad
Q7012	Taking all things together, how would you say you are these days? Are you…? Read responses	1. Very happy 2. Happy 3. Neither happy nor unhappy 4. Unhappy 5. Very unhappy

Section 8000: Preventing Unsafe Abortion

Abortion Knowledge, Attitudes, Practices, and Intentions

Measured for female and male respondents

INTERVIEWER READS ALOUD:
Sometimes, for health or other reasons, a woman may choose to terminate her pregnancy. We will refer to this as 'induced abortion' or, simply, 'abortion'. Sometimes women are pregnant and the pregnancy ends by itself; we will call that a miscarriage.
Family planning is the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as non-invasive methods such as the calendar method and abstinence. Family planning also includes information about how to become pregnant when it is desirable, as well as treatment of infertility.

I am going to first read a couple of statements about reproductive health. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement.

Q81100	Sexual and reproductive health knowledge	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81101	I know where someone in my community can get family planning	1	2	3	4	5	97
Q81105	I know where someone in my community can get safe care for a miscarriage	1	2	3	4	5	97

INTERVIEWER READS ALOUD: I am going to read a series of statements about abortion. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement. In these statements, when I refer to "women", this includes all females, married or unmarried, who can become pregnant.

Q81110	Abortion Knowledge Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81111	Abortion is allowed in certain situations in my country.	1	2	3	4	5	97
Q81112	Abortion can be a safe procedure.	1	2	3	4	5	97
Q81113	I know where someone in my community can get a safe abortion.	1	2	3	4	5	97
Q81114	Women have the human right to have an abortion regardless of the laws in my country.	1	2	3	4	5	97

INTERVIEWER READS ALOUD: Now I'm going to ask you about your attitudes about safe abortion. When I say, "safe abortion", I mean the type of care which does not put a woman's health at risk. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement. As a reminder, when I refer to "women", this includes all females, married or unmarried, who can become pregnant.

Q81120	Abortion Attitude Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81121	I think women should be able to get a safe abortion.	1	2	3	4	5	97
Q81122	I think women seeking safe abortion care deserve to be treated with respect.	1	2	3	4	5	97
Q81123	I respect a woman's decision to have an abortion.	1	2	3	4	5	97

INTERVIEWER READS ALOUD: In these next few questions, I am going to read statements about your practices, or actions, related to abortion. Please tell me whether you strongly agree, agree, are unsure, disagree, or strongly disagree with each statement.

Q81130	Practices Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused
Q81131	I have openly discussed safe abortion with someone I know.	1	2	3	4	5	97
Q81132	I have helped someone get safe abortion information or services.	1	2	3	4	5	97
Q81133	I treat women who have had an abortion with respect.	1	2	3	4	5	97
Q81134	I have tried to stop the spread of false information about abortion in my community.	1	2	3	4	5	97
Q81135	I have challenged someone about their negative views on abortion.	1	2	3	4	5	97

Incidence of care related to abortion and pregnancy loss
Measured only for females 15-49 years old

INTERVIEWER READS ALOUD: Now I want to ask you about your own experiences with miscarriage or abortion, if you are comfortable sharing that information. Again we use 'induced abortion' or, simply, 'abortion' to refer to when, for health or other reasons, a woman terminates a pregnancy. We use 'miscarriage' to refer to when women are pregnant and the pregnancy ends by itself.

Q82001	Have you ever had a pregnancy that ended in miscarriage or induced abortion?	YES ..... 1 NO ..... 2 DON'T KNOW 8	2➔END 8➔END
Q82101	In the past three years, how many miscarriages have you had?	☐☐ DON'T KNOW ..... -8	
Q82102	In the past three years, how many induced abortions have you had?	☐☐ DON'T KNOW ..... -8	If Q82101 + Q82102 = 0 or both = -8 ➔END
Q82210	Now I want to ask about each of these experiences, starting with the most recent. Thinking about the most recent miscarriage or abortion you had:		
Q82211	Was this a miscarriage or an induced abortion?	MISCARRIAGE ..... 1 INDUCED 2	
Q82212	When did it occur? *INSTRUCTION: IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED* *IF THE RESPONDENT DOESN'T KNOW, ENTER "-8"*	MM: ☐☐ YY: ☐☐	IF Q82211 = 1 -> Q82215 IF Q82211 = 2 -> Q82216
Q82215	Who decided whether or not you would access care for the miscarriage?	RESPONDENT ..... 1 PARTNER ..... 2 RESPONDENT AND SPOUSE/PARTNER JOINTLY 3 OTHER FAMILY/RELATIVE ..... 4 MEDICAL PROFESSIONAL ..... 5 OTHER (SPECIFY) ..... 7 DON'T KNOW 8	➔Q82218
Q82216	Who decided whether you would have an abortion or continue the pregnancy?	RESPONDENT ..... 1 PARTNER ..... 2 RESPONDENT AND SPOUSE/PARTNER JOINTLY 3 OTHER FAMILY/RELATIVE ..... 4 MEDICAL PROFESSIONAL ..... 5 OTHER (SPECIFY) ..... 7 DON'T KNOW 8	
Q82218	How many weeks into the pregnancy were you at the time of the miscarriage or abortion? INSTRUCTIONS: If respondent unsure, ask: 1) the time between their last period and the abortion, and help calculate the number of weeks; and/or 2) if they know the due date. *IF STILL CANNOT FIGURE OUT, ENTER "-8"*	WEEKS: ☐☐ DON'T KNOW ..... -8	

Q82220	**[IF 2 OR MORE MISCARRIAGES OR ABORTION REPORTED IN Q82101+Q82102]:** Thank you for sharing that with me. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 2 ➔Q82301
Q82221	Was this a miscarriage or an induced abortion?	MISCARRIAGE .....1 INDUCED.....2	
Q82222	When did it occur? *IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED* *IF RESPONDENT DOESN'T KNOW, ENTER "-8"*	MM: ☐☐ YY: ☐☐	
Q82230	**[IF 3 OR MORE MISCARRIAGES OR ABORTIONS REPORTED IN 1.2 and 1.3]:** Thank you. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 3 ➔Q82301
Q82231	Was this a miscarriage or an induced abortion?	MISCARRIAGE .....1 INDUCED.....2	
Q82232	When did it occur? *IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED* *IF RESPONDENT DOESN'T KNOW, ENTER "-8"*	MM: ☐☐ YY: ☐☐	
Q82240	**[IF 4 OR MORE MISCARRIAGES OR ABORTIONS REPORTED IN 1.2 and 1.3]:** Thank you. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 4 ➔Q82301
Q82241	Was this a miscarriage or an induced abortion?	MISCARRIAGE .....1 INDUCED.....2	
Q82242	When did it occur? *IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED* *IF RESPONDENT DOESN'T KNOW, ENTER "-8"*	MM: ☐☐ YY: ☐☐	
Q82250	**[IF 5 MISCARRIAGES OR ABORTIONS REPORTED IN 1.2 and 1.3]:** Thank you. Now I want you to think about the miscarriage or abortion that happened before the one we just talked about:		If Q82101+ Q82102 < 5 ➔Q82301
Q82251	Was this a miscarriage or an induced abortion?	MISCARRIAGE .....1 INDUCED.....2	

Q82252	When did it occur? *IF THE MONTH THE MISCARRIAGE OR INDUCED ABORTION STARTED DIFFERS FROM THE MONTH THE ABORTION/MISCARRIAGE WAS COMPLETED, ENTER MONTH THE PROCESS STARTED* *IF RESPONDENT DOESN'T KNOW, ENTER "-8"*	MM: ☐☐ YY: ☐☐	
	Thank you for sharing that information with me. Now I want to ask some more questions about the most recent miscarriage/abortion, the one that took place in _____ [answer to Q82212]. IF Q82211 = 1 or 2 → Q82301		
Q82301	For that most recent miscarriage, did you seek any treatment or care?	YES .....1 NO.....2	→Q83101A
Q82302	Why did you not seek care or treatment? (CIRCLE ALL THAT APPLY)	NOT NECESSARY (NO COMPLICATIONS, ETC) ..1 COULD NOT FIND/DID NOT KNOW WHERE TO SEEK CARE.....2 NO CARE AVAILABLE IN AREA.....3 TRAVEL-RELATED/LOGISTICAL ISSUES .....4 FINANCIAL ISSUES.....5 DID NOT THINK MEDICAL CARE COULD HELP..6 EXPECTED TO BE TREATED POORLY.....7 COVID-19 FEAR OR RESTRICTIONS.....8 HUSBAND/FAMILY OBJECTIONS .....9 STIGMA/SHAME/SELF-BLAME .....10 SPIRITUAL/RELIGIOUS REASONS.....11 OPPOSED TO MEDICAL INTERVENTIONS OVERALL .....12 OTHER (SPECIFY).....87	→END

INDIVIDUAL Questionnaire

Safety and quality of care related to abortion and pregnancy loss

Measured only for females 15-49 years old

INTERVIEWER READS ALOUD: When seeking miscarriage or abortion care, some women end up going to multiple people or places before receiving care. Sometimes, women also have to follow up for more care. I want to talk with you about steps you took to get care for your most recent miscarriage or abortion.

I want to start with the first place or person who provided you with miscarriage or abortion care.

If before then, you looked for information on how to get care or went somewhere that turned you away, we will discuss that later.

INSTRUCTIONS: FILL OUT Q83101A-Q83701A for STEP 1, then Q83101B-Q83701B for STEP 2, etc

		A. STEP 1	B. STEP 2	C. STEP 3	D. STEP 4
Q83101	Why did you first (next) seek care?	TO GET INFORMATION……1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED……2 TO TREAT COMPLICATIONS……3 TO HAVE INDUCED ABORTION……4 OTHER (SPECIFY)……7	TO GET INFORMATION ..... 1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED..... 2 TO TREAT COMPLICATIONS ..... 3 TO HAVE INDUCED ABORTION ..... 4 OTHER (SPECIFY) 7	TO GET INFORMATION ..... 1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED..... 2 TO TREAT COMPLICATIONS ..... 3 TO HAVE INDUCED ABORTION ..... 4 OTHER (SPECIFY) 7	TO GET INFORMATION ..... 1 TO TREAT SYMPTOMS OF A MISCARRIAGE THAT ALREADY STARTED ..... 2 TO TREAT COMPLICATIONS ..... 3 TO HAVE INDUCED ABORTION ..... 4 OTHER (SPECIFY) 7
Q83103	At that point, where did you go to get care for your miscarriage/ abortion?	GOVERNMENT HOSPITAL……1 GOVERNMENT HEALTH CENTER……2 GOVERNMENT HEALTH POST……3 OTHER PUBLIC SECTOR (SPECIFY)……4 PRIVATE HOSPITAL……5 PRIVATE CLINIC……6 OTHER PRIVATE SECTOR (SPECIFY)……7 NGO HOSPITAL……8 NGO CLINIC……9 OTHER NGO SECTOR (SPECIFY)……10 PHARMACY……11 CHEMIST/DRUG VENDOR……12 COMMUNITY HEALTH WORKER/FIELD WORKER……13 OUTSIDE A FORMAL FACILITY……14 OTHER (SPECIFY)……87	GOVERNMENT HOSPITAL ..... 1 GOVERNMENT HEALTH CENTER ..... 2 GOVERNMENT HEALTH POST ..... 3 OTHER PUBLIC SECTOR (SPECIFY) ..... 4 PRIVATE HOSPITAL ..... 5 PRIVATE CLINIC ..... 6 OTHER PRIVATE SECTOR (SPECIFY) ..... 7 NGO HOSPITAL ..... 8 NGO CLINIC ..... 9 OTHER NGO SECTOR (SPECIFY) ..... 10 PHARMACY ..... 11 CHEMIST/DRUG VENDOR ..... 12 COMMUNITY HEALTH WORKER/FIELD WORKER ..... 13 OUTSIDE A FORMAL FACILITY ..... 14 OTHER (SPECIFY) 87	GOVERNMENT HOSPITAL ..... 1 GOVERNMENT HEALTH CENTER ..... 2 GOVERNMENT HEALTH POST ..... 3 OTHER PUBLIC SECTOR (SPECIFY) ..... 4 PRIVATE HOSPITAL ..... 5 PRIVATE CLINIC ..... 6 OTHER PRIVATE SECTOR (SPECIFY) ..... 7 NGO HOSPITAL ..... 8 NGO CLINIC ..... 9 OTHER NGO SECTOR (SPECIFY) ..... 10 PHARMACY ..... 11 CHEMIST/DRUG VENDOR ..... 12 COMMUNITY HEALTH WORKER/FIELD WORKER ..... 13 OUTSIDE A FORMAL FACILITY ..... 14 OTHER (SPECIFY) 87	GOVERNMENT HOSPITAL ..... 1 GOVERNMENT HEALTH CENTER ..... 2 GOVERNMENT HEALTH POST ..... 3 OTHER PUBLIC SECTOR (SPECIFY) ..... 4 PRIVATE HOSPITAL ..... 5 PRIVATE CLINIC ..... 6 OTHER PRIVATE SECTOR (SPECIFY) ..... 7 NGO HOSPITAL ..... 8 NGO CLINIC ..... 9 OTHER NGO SECTOR (SPECIFY) ..... 10 PHARMACY ..... 11 CHEMIST/DRUG VENDOR ..... 12 COMMUNITY HEALTH WORKER/FIELD WORKER ..... 13 OUTSIDE A FORMAL FACILITY ..... 14 OTHER (SPECIFY) 87

Q83105	Who provided the care you received?	DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 AUXILIARY MIDWIFE ..... 3 CLINICAL OFFICER ..... 4 SOME MEDICAL PROFESSIONAL, DK TITLE ..... 5 COMMUNITY HEALTH WORKER/FIELD WORKER ..... 6 PHARMACIST/PHARM. WORKER ..... 7 CHEMIST/DRUG VENDOR ..... 8 TRADITIONAL BIRTH ATTENDANT ..... 9 SELF ..... 10 PARTNER/SPOUSE ..... 11 FRIEND OR RELATIVE ..... 12 OTHER (SPECIFY) 87	DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 AUXILIARY MIDWIFE ..... 3 CLINICAL OFFICER ..... 4 SOME MEDICAL PROFESSIONAL, DK TITLE ..... 5 COMMUNITY HEALTH WORKER/FIELD WORKER ..... 6 PHARMACIST/PHARM. WORKER ..... 7 CHEMIST/DRUG VENDOR ..... 8 TRADITIONAL BIRTH ATTENDANT ..... 9 SELF ..... 10 PARTNER/SPOUSE ..... 11 FRIEND OR RELATIVE ..... 12 OTHER (SPECIFY) 87	DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 AUXILIARY MIDWIFE ..... 3 CLINICAL OFFICER ..... 4 SOME MEDICAL PROFESSIONAL, DK TITLE ..... 5 COMMUNITY HEALTH WORKER/FIELD WORKER ..... 6 PHARMACIST/PHARM. WORKER ..... 7 CHEMIST/DRUG VENDOR ..... 8 TRADITIONAL BIRTH ATTENDANT ..... 9 SELF ..... 10 PARTNER/SPOUSE ..... 11 FRIEND OR RELATIVE ..... 12 OTHER (SPECIFY) 87	DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 AUXILIARY MIDWIFE ..... 3 CLINICAL OFFICER ..... 4 SOME MEDICAL PROFESSIONAL, DK TITLE ..... 5 COMMUNITY HEALTH WORKER/FIELD WORKER ..... 6 PHARMACIST/PHARM. WORKER ..... 7 CHEMIST/DRUG VENDOR ..... 8 TRADITIONAL BIRTH ATTENDANT ..... 9 SELF ..... 10 PARTNER/SPOUSE ..... 11 FRIEND OR RELATIVE ..... 12 OTHER (SPECIFY) 87
Q83211	How did you know that abortion care was available there/from that person?	HEALTH FACILITY STAFF ..... 1 COMMUNITY HEALTH WORKER OR LOCAL NGO ..... 2 INFORMAL HEALTH SECTOR, LIKE TBA ..... 3 PHARMACY ..... 4 INTERNET ..... 5 ADVERTISEMENT ..... 6 SOCIAL NETWORK ..... 7 OTHER (SPECIFY) 87	HEALTH FACILITY STAFF ..... 1 COMMUNITY HEALTH WORKER OR LOCAL NGO ..... 2 INFORMAL HEALTH SECTOR, LIKE TBA ..... 3 PHARMACY ..... 4 INTERNET ..... 5 ADVERTISEMENT ..... 6 SOCIAL NETWORK ..... 7 OTHER (SPECIFY) 87	HEALTH FACILITY STAFF ..... 1 COMMUNITY HEALTH WORKER OR LOCAL NGO ..... 2 INFORMAL HEALTH SECTOR, LIKE TBA ..... 3 PHARMACY ..... 4 INTERNET ..... 5 ADVERTISEMENT ..... 6 SOCIAL NETWORK ..... 7 OTHER (SPECIFY) 87	HEALTH FACILITY STAFF ..... 1 COMMUNITY HEALTH WORKER OR LOCAL NGO ..... 2 INFORMAL HEALTH SECTOR, LIKE TBA ..... 3 PHARMACY ..... 4 INTERNET ..... 5 ADVERTISEMENT ..... 6 SOCIAL NETWORK ..... 7 OTHER (SPECIFY) 87
Q83213	What was the main reason you chose this care as opposed to an alternative?	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) ..... 1 CONFIDENT METHOD WOULD WORK ..... 2 GEOGRAPHIC ACCESSIBILITY ..... 3 AFFORDABILITY ..... 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL ..... 5 CONFIDENTIALITY ..... 6 TIMELINESS OF CARE ..... 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE ..... 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE ..... 9 OTHER (SPECIFY) 87	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) ..... 1 CONFIDENT METHOD WOULD WORK ..... 2 GEOGRAPHIC ACCESSIBILITY ..... 3 AFFORDABILITY ..... 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL ..... 5 CONFIDENTIALITY ..... 6 TIMELINESS OF CARE ..... 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE ..... 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE ..... 9 OTHER (SPECIFY) 87	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) ..... 1 CONFIDENT METHOD WOULD WORK ..... 2 GEOGRAPHIC ACCESSIBILITY ..... 3 AFFORDABILITY ..... 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL ..... 5 CONFIDENTIALITY ..... 6 TIMELINESS OF CARE ..... 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE ..... 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE ..... 9 OTHER (SPECIFY) 87	SAFETY OF CARE (IN TERMS OF PHYSICAL HEALTH) ..... 1 CONFIDENT METHOD WOULD WORK ..... 2 GEOGRAPHIC ACCESSIBILITY ..... 3 AFFORDABILITY ..... 4 HEALTH CARE WORKER ATTITUDE RESPECTFUL ..... 5 CONFIDENTIALITY ..... 6 TIMELINESS OF CARE ..... 7 I HAD NO ALTERNATIVE/DIDN'T KNOW OF AN ALTERNATIVE ..... 8 I DIDN'T WANT/THINK I NEEDED ANOTHER ALTERNATIVE ..... 9 OTHER (SPECIFY) 87

Q83215	How much time did it take to travel to this care location? **INSTRUCTION:** THIS IS A MEASURE OF TIME REQUIRED TO TRAVEL FROM HOME TO FACILITY - ONE TRIP, ONE-WAY ONLY	NO TRAVEL/AT HOME ..... 1 LESS THAN ONE HOUR ..... 2 BETWEEN 1 - 2 HOURS ..... 3 BETWEEN 2 - 6 HOURS ..... 4 BETWEEN 6 - 12 HOURS ..... 5 MORE THAN 12 HOURS……6	NO TRAVEL/AT HOME.....1 LESS THAN ONE HOUR .....2 BETWEEN 1 - 2 HOURS.....3 BETWEEN 2 - 6 HOURS.....4 BETWEEN 6 - 12 HOURS.....5 MORE THAN 12 HOURS…….6	NO TRAVEL/AT HOME ..... 1 LESS THAN ONE HOUR..... 2 BETWEEN 1 - 2 HOURS ..... 3 BETWEEN 2 - 6 HOURS ..... 4 BETWEEN 6 - 12 HOURS ..... 5 MORE THAN 12 HOURS……6	NO TRAVEL/AT HOME..... 1 LESS THAN ONE HOUR ..... 2 BETWEEN 1 - 2 HOURS ..... 3 BETWEEN 2 - 6 HOURS ..... 4 BETWEEN 6 - 12 HOURS ..... 5 MORE THAN 12 HOURS..... 6
Q83301	Please tell me about the type of care you received?	WAIT/EXPECTANT MGMNT ..... 1 ABORTION PILLS..... 2 SURGICAL METHOD ..... 3 COMBINATION OF PILLS & SURGICAL METHOD..... 4 OTHER PILLS ..... 5 CARE FOR INFECTION/FEVER ..... 6 BLOOD TRANSFUSION..... 7 INFORMATION ..... 8➔3501A OTHER (SPECIFY)..... 87	WAIT/EXPECTANT MGMNT .....1 ABORTION PILLS .....2 SURGICAL METHOD.....3 COMBINATION OF PILLS & SURGICAL METHOD 4 OTHER PILLS .....5 CARE FOR INFECTION/FEVER .....6 BLOOD TRANSFUSION .....7 INFORMATION.....8➔3501B OTHER (SPECIFY) 87	WAIT/EXPECTANT MGMNT ..... 1 ABORTION PILLS..... 2 SURGICAL METHOD ..... 3 COMBINATION OF PILLS & SURGICAL METHOD..... 4 OTHER PILLS ..... 5 CARE FOR INFECTION/FEVER ..... 6 BLOOD TRANSFUSION..... 7 INFORMATION ..... 8➔3501C OTHER (SPECIFY)..... 87	WAIT/EXPECTANT MGMNT ..... 1 ABORTION PILLS ..... 2 SURGICAL METHOD..... 3 COMBINATION OF PILLS & SURGICAL METHOD ..... 4 OTHER PILLS ..... 5 CARE FOR INFECTION/FEVER ..... 6 BLOOD TRANSFUSION ..... 7 INFORMATION ..... 8➔3501D OTHER (SPECIFY) 87
Q83305	Prior to receiving care, were you given information about the procedure? For example: what to expect, side effects, how to know if there is an issue, and who to call?	YES ..... 1 NO ..... 2➔Q83401A N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL ..... 3➔Q83401A DON'T KNOW ..... 8➔Q83401A	YES.....1 NO.....2➔Q83401B N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL .....3➔Q83401B DON'T KNOW.....8➔Q83401B	YES ..... 1 NO ..... 2➔Q83401C N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL ..... 3➔Q83401C DON'T KNOW ..... 8➔Q83401C	YES..... 1 NO ..... 2➔Q83401D N/A: UNCONSCIOUS/ EMERGENCY ON ARRIVAL ..... 3➔Q83401D DON'T KNOW ..... 8➔Q83401D
Q83306	Do you feel you were offered enough information to feel comfortable going ahead with this procedure?	YES ..... 1 NO ..... 2 DON'T KNOW……**8**	YES.....1 NO.....2 DON'T KNOW……8	YES ..... 1 NO ..... 2 DON'T KNOW…… 8	YES..... 1 NO ..... 2 DON'T KNOW……..8
Q83401	For this procedure, did you receive any medication or a prescription for medication to control the pain?	YES, RECEIVED MEDICATION..... 1 YES, PRESCRIPTION ONLY ..... 2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION ..... 3 NO ..... 4➔Q83405A DON'T KNOW ..... 8➔Q83411A	YES, RECEIVED MEDICATION .....1 YES, PRESCRIPTION ONLY .....2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION.....3 NO.....4➔Q83405B DON'T KNOW.....**8**➔Q83411B	YES, RECEIVED MEDICATION..... 1 YES, PRESCRIPTION ONLY ..... 2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION ..... 3 NO ..... 4➔Q83405C DON'T KNOW ..... 8➔Q83411C	YES, RECEIVED MEDICATION ..... 1 YES, PRESCRIPTION ONLY ..... 2 YES, RECEIVED BOTH MEDS AND PRESCRIPTION..... 3 NO ..... 4➔Q83405D DON'T KNOW ..... 8➔Q83411D
Q83402	Was the medication enough to manage the pain?	YES ..... 1➔Q83411A NO ..... 2➔Q83411A DON'T KNOW……8➔Q83411A	YES.....1➔Q83411B NO.....2➔Q83411B DON'T KNOW.....8➔Q83411B	YES ..... 1➔Q83411C NO ..... 2➔Q83411C DON'T KNOW ..... 8➔Q83411C	YES..... 1➔Q83411D NO ..... 2➔Q83411D DON'T KNOW ..... 8➔Q83411D

Q83405	Why did you not receive pain medication?	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT) ..... 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION ..... 2 OTHER (SPECIFY) 7	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT)..... 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION..... 2 OTHER (SPECIFY) 7	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT)..... 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION..... 2 OTHER (SPECIFY)..... 7	RESPONDENT REFUSED MEDICATION (DID NOT NEED/WANT IT)..... 1 FACILITY/PROVIDER DID NOT OFFER OR PROVIDE MEDICATION..... 2 OTHER (SPECIFY) 7
Q83411	Did you have any complications as a result of this care, such as fever, poisoning, infection, or losing a lot of blood? (CIRCLE ALL THAT APPLY)	NONE.....1 HEAVY BLEEDING/ HEMORRHAGE ..... 2 FEVER..... 3 LOST CONSCIOUSNESS ..... 4 POISONING/TOXIC SUBSTANCE INGESTION..... 5 UTERINE/GUT/VAGINA PERFORATION.... 6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK..... 7 ORGAN/SYSTEM FAILURE..... 8 OTHER (SPECIFY).....87	NONE.....1 HEAVY BLEEDING/ HEMORRHAGE..... .....2 FEVER.....3 LOST CONSCIOUSNESS .....4 POISONING/TOXIC SUBSTANCE INGESTION .....5 UTERINE/GUT/VAGINA PERFORATION.....6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK .....7 ORGAN/SYSTEM FAILURE.....8 OTHER (SPECIFY).....87	NONE.....1 HEAVY BLEEDING/ HEMORRHAGE ..... 2 FEVER..... 3 LOST CONSCIOUSNESS ..... 4 POISONING/TOXIC SUBSTANCE INGESTION..... 5 UTERINE/GUT/VAGINA PERFORATION.. 6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK..... 7 ORGAN/SYSTEM FAILURE ..... 8 OTHER (SPECIFY).....87	NONE..... 1 HEAVY BLEEDING/ HEMORRHAGE..... 2 FEVER ..... 3 LOST CONSCIOUSNESS..... 4 POISONING/TOXIC SUBSTANCE INGESTION ..... 5 UTERINE/GUT/VAGINA PERFORATION .... 6 INFECTION/SEPSIS/SEPTICAEMIA OR SEPTIC SHOCK ..... 7 ORGAN/SYSTEM FAILURE ..... 8 OTHER (SPECIFY).....87
Q83501	After you received this care, was your abortion/ miscarriage complete?	YES.....1 NO.....2➔Q83601A	YES.....1 NO.....2➔Q83601B	YES.....1 NO.....2➔Q83601C	YES.....1 NO.....2➔Q83601D
Q83502	How did you determine that your miscarriage/abortion was complete?	PROVIDER/CLINICAL CONFIRMATION ..... 1 MENSTRUATION RETURNED ..... 2 BLEEDING STOPPED..... 3 ALL SYMPTOMS STOPPED..... 4 AFTER SEEING PRODUCTS OF CONCEPTION ..... 5 ALL COMPLICATIONS RESOLVED ..... 6 OTHER (SPECIFY) ..... 7 DON'T KNOW 8	PROVIDER/CLINICAL CONFIRMATION .....1 MENSTRUATION RETURNED.....2 BLEEDING STOPPED .....3 ALL SYMPTOMS STOPPED .....4 AFTER SEEING PRODUCTS OF CONCEPTION.....5 ALL COMPLICATIONS RESOLVED .....6 OTHER (SPECIFY) .....7 DON'T KNOW.....8	PROVIDER/CLINICAL CONFIRMATION... 1 MENSTRUATION RETURNED ..... 2 BLEEDING STOPPED..... 3 ALL SYMPTOMS STOPPED..... 4 AFTER SEEING PRODUCTS OF CONCEPTION ..... 5 ALL COMPLICATIONS RESOLVED ..... 6 OTHER (SPECIFY)..... 7 DON'T KNOW 8	PROVIDER/CLINICAL CONFIRMATION..... 1 MENSTRUATION RETURNED..... 2 BLEEDING STOPPED ..... 3 ALL SYMPTOMS STOPPED ..... 4 AFTER SEEING PRODUCTS OF CONCEPTION..... 5 ALL COMPLICATIONS RESOLVED..... 6 OTHER (SPECIFY) ..... 7 DON'T KNOW..... 8
Q83601	Were you offered contraceptive information?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES ..... 1 NO ..... 2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
Q83611	Do you feel the health care provider treated you with respect?	YES ..... 1 NO 2	YES.....1 NO.....2	YES ..... NO	YES.....1 NO.....2
Q83621	How much did you have to pay for this procedure or care?	[**local currency**]_____ DON'T KNOW ..... -8	[**local currency**]_____ DON'T KNOW ..... -8	[**local currency**]_____ DON'T KNOW.....-8	[**local currency**]_____ DON'T KNOW.....-8
Q83701	After receiving the care you described already, did you seek additional care somewhere else for this miscarriage, abortion, or for associated complications? ***Instructions:*** *If the only additional care was seeking contraception, do not include as a separate step*	YES .....1➔Q83101B NO .....2➔Q84101	YES.....1➔Q83101C NO..... 2➔Q84101	YES ..... 1➔Q83101D NO .....2➔Q84101	[SKIP THIS QUESTION FOR STEP 4 and go directly to Q84101]

Health system support for access to induced abortion and care related to pregnancy loss

Measured only for females 15-49 years old

INTERVIEWER READS ALOUD: Please think about your most recent abortion/miscarriage. I would like to ask more about your entire experience of accessing care, at all of the places you went for care.			
Q84101	Please remember when you decided to seek care for the abortion / miscarriage. Now remember when the abortion / miscarriage process was completed. How much time passed between your decision to seek care for your miscarriage/ abortion, and the completion of the process?	DAYS: ☐☐ WEEKS: ☐☐ DON'T KNOW.....-8	
Only ask Q84201 if Q83411A or Q83411B or Q83411C or Q83411D is [2|3|4|5|6|7|8|87] else go to Q84311			
Q84201	You told me earlier that you had some complications during the abortion/miscarriage process. What were the long-term effects of these complications?	NONE.....1 FULLY RECOVERED WITH NO LONG-TERM NEGATIVE OUTCOMES.....2 ONGOING TREATMENT, BUT LONG-TERM NEGATIVE OUTCOMES NOT EXPECTED.....3 PERMANENT/LONG-TERM NEGATIVE OUTCOMES.....4 DON'T KNOW.....8	
Q84311	Before your experience with miscarriage/abortion, did you know how to access care for it?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	1➔Q84321
Q84312	How long of a delay did initially not knowing how to access care cause in completing the miscarriage or abortion process?	NO DELAY..... 1 < 1 DAY..... 2 A FEW DAYS ..... 3 1 WEEK..... 4 2 WEEKS..... 5 MORE THAN 2 WEEKS..... 6 DON'T KNOW..... 8	
Q84321	When accessing care, did you need permission from an individual or institution - for example a husband/partner, parent or guardian, or another clinician?	YES ..... 1 NO..... 2 DON'T KNOW 8	2➔Q84331 8➔Q84331
Q84322	How long of a delay did obtaining permission contribute to your obtaining care?	NO DELAY..... 1 < 1 DAY..... 2 A FEW DAYS ..... 3 1 WEEK..... 4 2 WEEKS..... 5 MORE THAN 2 WEEKS..... 6 DON'T KNOW 8	
Q84323	Did having to obtain permission or difficulties in obtaining permission cause you to switch to a provider you preferred less?	YES ..... 1 NO..... 2 DON'T KNOW 8	

Q84331	When accessing care, did you have any difficulties arranging funds to pay for the care, if the care was not free?	YES ..... 1 NO ..... 2 CARE WAS FREE ..... 3 DON'T KNOW 8	 2➔Q84410 3➔Q84410 8➔Q84410
Q84332	How long of a delay did arranging funds to pay for care contribute to your obtaining care?	NO DELAY ..... 1 < 1 DAY ..... 2 A FEW DAYS ..... 3 1 WEEK ..... 4 2 WEEKS ..... 5 MORE THAN 2 WEEKS ..... 6 DON'T KNOW 8	
Q84333	Did difficulties in arranging funds cause you to switch to a provider you preferred less?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q84410	I now want to ask if anyone refused to provide you with care for your abortion/miscarriage at any point during the care-seeking attempts that you described earlier. Were you refused care because:		
Q84410a	…medicine or supplies were unavailable?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q84410b	…a provider was unavailable?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q84410c	…the pregnancy was assessed as too far along to receive care?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q84410d	…providing care was against the health care worker's religious or other beliefs?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Q84410e	…the requested procedure was said to be illegal?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
Thank you for sharing the experience of your abortion/miscarriage with me and for sharing your opinions.			

This completes the interview. We thank you for your time and answers. I have your contact details and may be in touch again. Should you have any questions or concerns please do not hesitate to contact my supervisor [*give supervisor's name*]. As mentioned in the consent form, we may return to you in two years' time and would appreciate speaking with you again.