



STUDY ON GLOBAL AGEING AND ADULT HEALTH

Wave 1

Proxy Respondent Questionnaire



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Section 1. Respondent Characteristics and IQ CODE

Time Begin :

P1006	Household ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P1006b	IS THIS A FIRST (NEW) OR SECOND (FOLLOW-UP) INTERVIEW?	1 FIRST (NEW) 2 SECOND (FOLLOW-UP)
P1007	Person (HH member) number from HH roster for <u>selected respondent</u>	<input type="text"/> <input type="text"/>
P1007a	Person (HH member) number from HH roster for <u>PROXY respondent</u>	<input type="text"/> <input type="text"/>
P1007b	Interviewer/Supervisor ID number	<input type="text"/> <input type="text"/> <input type="text"/>

As described in the consent form, [respondent's name] was selected to be part of this study, but may find it difficult to complete the interview. The health and well-being of people like [respondent's name] is important for this research and this is why we want to ask the following questions. I will be asking you a number of questions about the health and well being of the respondent.

P1008	What is the respondent's mother tongue? By mother tongue we mean the language the respondent learned first, the language that the respondent expressed her/himself fully in, or voluntarily would identify with.	1 COUNTRY-SPECIFIC 2 COUNTRY-SPECIFIC... 87 OTHER, SPECIFY:
P1009	INTERVIEWER: Record sex of the respondent: NOTE - NOT the sex of the proxy.	1 MALE 2 FEMALE
P1010	What day, month and year was the respondent born? DD/MM/YYYY	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88 DON'T KNOW
P1011	How old is the respondent now? If don't know - probe.	<input type="text"/> <input type="text"/> <input type="text"/> AGE IN YEARS
P1012	What is the respondent's <u>current</u> marital status?	1 NEVER MARRIED 2 CURRENTLY MARRIED 3 COHABITING 4 SEPARATED/DIVORCED 5 WIDOWED
P1015	Has the respondent <u>ever</u> been to school?	1 YES 2 No➔

P2000

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P1016	What is the highest level of education that s/he completed?	1 LESS THAN PRIMARY SCHOOL 2 PRIMARY SCHOOL COMPLETED 3 SECONDARY SCHOOL COMPLETED 4 HIGH SCHOOL(OR EQUIVALENT) COMPLETED 5 COLLEGE/PRE-UNIVERSITY/ UNIVERSITY COMPLETED 6 POST GRADUATE DEGREE COMPLETED
P1018	What is her/his <u>background or ethnic group</u> ?	1 COUNTRY-SPECIFIC 2 COUNTRY-SPECIFIC... 87 OTHER, SPECIFY:
P1019	Did he/she belong to a religious denomination? <i>INTERVIEWER: ALLOW THE PROXY TO REPLY WITHOUT READING CATEGORIES. CLARIFY AS NEEDED.</i>	1 No, none 2 Buddhism 3 Chinese traditional religion 4 Christianity (including Roman Catholic, Protestant, Orthodox, other) 5 Hinduism 6 Islam 7 Jainism 8 Judaism 9 Primal indigenous (including African traditional and diasporic) 10 Sikhism 87 OTHER , SPECIFY: 97 Refused
P1020	How long have you known [respondent's name]? <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> YEARS </div> <i>INTERVIEWER: If less than 1 year, enter "00".</i>	

INTERVIEWER - use number of years listed in question P1020 for the time frame in the next introduction. If more than 10 years, use 10 years as the time frame. For example, if the proxy has known the respondent for only 5 years, use 5 years. If the person has known the respondent for 20 years, use 10 years.

Now we want you to remember what your friend or relative was like [10 years] ago and to compare it with what he/she is like now. Ten years ago was in 1996. Below are situations where this person has to use his/her memory or intelligence and we want you to indicate whether this has improved, stayed the same or got worse in that situation over the past [10 years]. Note the importance of comparing his/her present performance with [10 years] ago.

For example, if [10 years] ago this person always forgot where he/she had left things, and he/she still does, then this would be considered "not much change".

INTERVIEWER: can show the respondent the scale and read the categories.

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	Compared with [10 years] ago how is this person at...	MUCH IMPROVED	A BIT IMPROVED	NOT MUCH CHANGE	A BIT WORSE	MUCH WORSE	DON'T KNOW
P1021	Remembering things about family and friends, for example, occupations, birthdays or addresses	1	2	3	4	5	8
P1022	Remembering things that have happened recently	1	2	3	4	5	8
P1023	Recalling conversations a few days later	1	2	3	4	5	8
P1024	Remembering his/her address and telephone number	1	2	3	4	5	8
P1025	Remembering what day and month it is	1	2	3	4	5	8
P1026	Remembering where things are usually kept	1	2	3	4	5	8
P1027	Remembering where to find things which have been put in a different place from usual	1	2	3	4	5	8
P1028	Knowing how to work familiar machines around the house	1	2	3	4	5	8
P1029	Learning to use a new gadget or machine around the house	1	2	3	4	5	8
P1030	Learning new things in general	1	2	3	4	5	8
P1031	Following a story in a book or on TV	1	2	3	4	5	8
P1032	Making decisions on everyday matters	1	2	3	4	5	8
P1033	Handling money for shopping	1	2	3	4	5	8
P1034	Handling financial matters, for example, a pension or dealing with the bank	1	2	3	4	5	8
P1035	Handling other everyday arithmetic problems, for example, knowing how much food to buy, knowing how long between visits from family or friends	1	2	3	4	5	8
P1036	Using his/her intelligence to understand what's going on and to reason things through	1	2	3	4	5	8

Time End :

Section 2. Health State Descriptions

Time Begin :

Now I will switch to questions specifically about the respondent's health. The first questions are about her/his overall health, then I ask about his/her physical and mental health.

P2000	In general, how would you rate [NAME's] <u>health today</u> ?	1	Very good
		2	Good
		3	Moderate
		4	Bad
		5	Very bad
P2001	Overall in the last 30 days, how much difficulty did s/he have with <u>work or household activities</u> ?	1	None
		2	Mild
		3	Moderate
		4	Severe
		5	Extreme/cannot do

Now I would like to review the different functions of her/his 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 the respondent may have, I would like you to consider how much difficulty s/he had, on average, in the last 30 days, while doing the activity in the way that s/he usually does it. By difficulty, I mean requiring increased effort, discomfort or pain, slowness or changes in the way s/he does the activity.

INTERVIEWER: Read and show scale to proxy.

MOBILITY

	Overall in the last 30 days, how much difficulty did [NAME] have...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
P2002	... with <u>moving around</u> ?	1	2	3	4	5
P2003	... in <u>vigorous activities</u> ('vigorous activities' require hard physical effort and cause large increases in breathing or heart rate)?	1	2	3	4	5

SELF-CARE

	Overall in the last 30 days, how much difficulty did [NAME] have ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
P2004	... with <u>self-care</u> , such as bathing/washing or dressing her/himself?	1	2	3	4	5
P2005	... in <u>taking care of and maintaining her/his general appearance</u> (for example, grooming, looking neat and tidy)?	1	2	3	4	5
P2006	... in <u>staying by her/himself</u> for a few days (3 to 7 days)?	1	2	3	4	5

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PAIN AND DISCOMFORT

	Overall in the last 30 days, ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
P2007	...how much of <u>bodily aches or pains</u> did s/he have?	1	2	3	4	5
P2008	...how much <u>bodily discomfort</u> did s/he have?	1	2	3	4	5
If P2007 AND P2008 ARE BOTH = 1, "NONE".....➔						P2010
P2009	... how much <u>difficulty</u> did s/he have in her/his daily life because of her/his pain?	1	2	3	4	5

COGNITION

	Overall in the last 30 days, how much difficulty did s/he have ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
P2010	... with <u>concentrating or remembering things</u> ?	1	2	3	4	5
P2011	... in <u>learning a new task</u> (for example, learning how to get to a new place, learning a new game, learning a new recipe)?	1	2	3	4	5

INTERPERSONAL ACTIVITIES

	Overall in the last 30 days, how much difficulty did [NAME] have ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
P2012	... with <u>personal relationships or participation in the community</u> ?	1	2	3	4	5
P2013	... in <u>dealing with conflicts and tensions</u> with others?	1	2	3	4	5
P2014	... with <u>making new friendships or maintaining current friendships</u> ?	1	2	3	4	5
P2015	... with <u>dealing with strangers</u> ?	1	2	3	4	5

SLEEP AND ENERGY

	Overall in the last 30 days, how much of a problem did s/he have ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
P2016	... with sleeping, such as problems <u>falling asleep</u> , waking up <u>frequently during the night</u> or waking <u>up too early</u> in the morning?	1	2	3	4	5
P2017	... due to not <u>feeling rested and refreshed</u> during the day (for example, feeling tired, not having energy)?	1	2	3	4	5

AFFECT

	Overall in the last 30 days, how much of a problem did [NAME] have ...	NONE	MILD	MODERATE	SEVERE	EXTREME / CANNOT DO
P2018	... with <u>feeling sad, low or depressed</u> ?	1	2	3	4	5
P2019	... have with <u>worry or anxiety</u> ?	1	2	3	4	5

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

P2020	When was the last time s/he had her/his <u>eyes</u> examined by a medical professional? <i>Interviewer: enter years or months ago. Enter "00" if less than 1 year or 1 month.</i>	<input type="text"/> <input type="text"/>	years ago	<input type="text"/> <input type="text"/>	months ago
				0000 Never	8888 Don't know
P2021	Does s/he use eyeglasses or contact lenses to see <u>far away</u> (for example, across the street)?	1	Yes	2	No
P2022	Does s/he use eyeglasses or contact lenses to see <u>up close</u> (for example at arms length, like when s/he is reading)?	1	Yes	2	No
P2023	In the last 30 days, how much difficulty did s/he have in seeing and recognising a person or object s/he knows <u>across the road</u> (from a distance of about 20 meters)?	1	None	2	Mild
		3	Moderate	4	Severe
		5	Extreme / cannot do		
P2024	In the last 30 days, how much difficulty did s/he have in seeing and recognising <u>an object at arm's length</u> (for example, reading)?	1	None	2	Mild
		3	Moderate	4	Severe
		5	Extreme / cannot do		

Time End :

Section 4. Chronic Conditions and Health Services Coverage

Time Begin :

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

ARTHRITIS

P4001	Has [NAME] ever been told by a health professional that s/he has <u>arthritis</u> (or by other names rheumatism or osteoarthritis)?	1 YES 2 No→	P4010
Has s/he been taking medications or other treatment for it...			
P4002a	...in the <u>last 2 weeks</u> ?	1 YES 2 No	
P4002b	...during the <u>last 12 months</u> ?	1 YES 2 No	

STROKE

P4010	Has [NAME] ever been told by a health professional that s/he had a stroke?	1 YES 2 No→	P4014
Has s/he been taking medications or other treatment for it...			
P4011a	...in the <u>last 2 weeks</u> ?	1 YES 2 No	
P4011b	... during the <u>last 12 months</u> ?	1 YES 2 No	

ANGINA

P4014	Has [NAME] ever been told by a health professional that s/he has <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1 YES 2 No→	P4022
Has s/he been taking medications or other treatment for it...			
P4015a	...in the <u>last 2 weeks</u> ?	1 YES 2 No	
P4015b	...during the <u>last 12 months</u> ?	1 YES 2 No	

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DIABETES

P4022	Has [NAME] ever been told by a health professional that s/he has diabetes (high blood sugar)? (Not including diabetes associated with a pregnancy)	1 YES 2 No→	P4025
Has s/he been taking insulin or other blood sugar lowering medications...			
P4023a	...in the <u>last 2 weeks</u> ?	1 YES 2 No	
P4023b	...during the <u>last 12 months</u> ?	1 YES 2 No	
P4024	Has s/he been 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

P4025	Has [NAME] ever been diagnosed with <u>chronic lung disease (emphysema, bronchitis, COPD)</u> ?	1 YES 2 No→	P4032
Has s/he been taking medications or other treatment (like oxygen) for it...			
P4026a	... in the <u>last 2 weeks</u> ?	1 YES 2 No	
P4026b	... during the <u>last 12 months</u> ?	1 YES 2 No	
P4032	In the <u>last 12 months</u> , have you had a <u>tuberculosis (TB) test</u> ? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to a laboratory for analysis) or made an x-ray of your chest?	1 YES 2 No→	P4033
	P4032a. Have you been taking any medications or other treatment for it during the <u>last 2 weeks</u> ?	1 YES 2 No	
	P4032b. Have you been taking any medications or other treatment for it during the <u>last 12 months</u> ?	1 YES 2 No	

ASTHMA

P4033	Has [NAME] ever been diagnosed with asthma (an allergic respiratory disease)?	1 Yes 2 No→	P4040
Has s/he been taking any medications or other treatment for it ...			
P4034a	...in the <u>last 2 weeks</u> ?	1 Yes 2 No	
P4034b	...during the <u>last 12 months</u> ?	1 Yes 2 No	

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DEPRESSION

P4040	Has [NAME] ever been diagnosed with depression?	1 YES	2 No→	
Has s/he been taking medications or other treatment for it...				
P4041a	...in the <u>last 2 weeks</u> ?	1 YES	2 No	
P4041b	...during the <u>last 12 months</u> ? (Other treatment can include attending therapy or counselling sessions.)	1 YES	2 No	

HYPERTENSION

P4060	Has [NAME] ever been told by a health professional that s/he has high blood pressure (hypertension)?	1 YES	2 No→	
Has s/he been taking medications or other treatment for it...				
P4061a	...in the <u>last 2 weeks</u> ?	1 YES	2 No	
P4061b	...during the <u>last 12 months</u> ?	1 YES	2 No	

CATARACTS

P4062	In the <u>last 5 years</u> , was [NAME] diagnosed with a cataract in one or both of her/his eyes (a cloudiness in the lens of the eye)?	1 YES	2 No→	
		8 DON'T KNOW		
P4063	In the last 5 years, has s/he had <u>eye surgery</u> to remove this cataract(s)?	1 YES	2 No	

ORAL HEALTH

Now I would like you to tell me about the condition of [NAME's] mouth and teeth - and any swallowing problems.

P4066	Has [NAME] <u>lost all</u> of her/his natural teeth?	1 YES	2 No	
P4067	During the <u>last 12 months</u> , did s/he have any problems with her/his mouth and/or teeth? (This includes troubles with swallowing.)	1 YES	2 No→	
Has s/he been taking medications or other treatment (from a dentist or other oral health specialist) for it...				
P4068a	...in the <u>last 2 weeks</u> ?	1 YES	2 No	
P4068b	...during the <u>last 12 months</u> ?	1 YES	2 No	

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INJURIES

P4069	<p>In the <u>last 12 months</u>, has [NAME] been involved in a <u>road traffic accident</u> where s/he suffered from bodily injury?</p> <p><i>PROBE: This could have been an accident in which s/he was involved either as the occupant of a motor vehicle, or when s/he was riding a motorcycle or bicycle or walking.</i></p>	<p>1 Yes (if more than one accident, select the most recent to ask about in more detail below)</p> <p>2 No→</p>	P4073
P4070	<p>How did the injury happen? Was it an accident, did someone else do this to her/him, or did s/he do this to herself/himself?</p>	<p>1 IT WAS AN ACCIDENT (UNINTENTIONAL)</p> <p>2 SOMEONE ELSE DID IT TO HER/HIM DELIBERATELY (INTENTIONAL)</p> <p>3 DID IT TO HER/HIMSELF DELIBERATELY (SELF-INFLICTED)</p> <p>88 Don't know</p>	
P4071	<p>Did s/he receive any <u>medical care or treatment</u> for her/his injuries?</p>	<p>1 YES</p> <p>2 No</p>	
P4072	<p>Did s/he suffer a physical disability as a result of being injured?</p> <p><i>INTERVIEWER: disability is any restriction or lack of ability to perform an activity as before the injury.</i></p>	<p>1 YES</p> <p>2 No→</p>	P4073
	<p>P4072a. In what ways was s/he physically disabled?</p> <p><i>INTERVIEWER: Circle all that proxy respondent selects.</i></p>	<p>1 Unable to use hand or arm</p> <p>2 Difficulty to use hand or arm</p> <p>3 Walk with a limp</p> <p>4 Loss of hearing</p> <p>5 Loss of vision</p> <p>6 Weakness or shortness of breath</p> <p>7 Inability to remember things</p> <p>8 Inability to chew</p> <p>87 Other, specify:</p>	
P4073	<p>In the <u>last 12 months</u>, has [NAME] had any other event where s/he suffered from bodily injury?</p>	<p>1 Yes (if more than one event, select the most recent to ask about in more detail below)</p> <p>2 No→</p>	P4078
	<p>P4073a. Where was s/he when s/he was injured?</p>	<p>1 Home</p> <p>2 School</p> <p>3 Work</p> <p>7 Other, specify :</p> <p>8 Don't know</p>	
P4074	<p>What was the cause of this injury?</p>	<p>1 FALL</p> <p>2 STRUCK/HIT BY PERSON OR OBJECT</p> <p>3 STABBED</p> <p>4 GUN SHOT</p> <p>5 FIRE, FLAMES OR HEAT</p> <p>6 DROWNING OR NEAR-DROWNING</p>	

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		7 POISONING 8 ANIMAL BITE 9 ELECTRICITY SHOCK 87 OTHER, SPECIFY: 88 <i>DON'T KNOW</i>	
P4075	How did the injury happen? Was it an accident, did someone else do this to her/him, or did s/he do this to herself/himself?	1 IT WAS AN ACCIDENT (UNINTENTIONAL) 2 SOMEONE ELSE DID IT TO HER/HIM DELIBERATELY (INTENTIONAL) 3 DID IT TO HER/HIMSELF DELIBERATELY (SELF-INFLICTED) 88 <i>DON'T KNOW</i>	
P4076	Did s/he receive any <u>medical care or treatment</u> for her/his injuries?	1 Yes 2 No	
P4077	Did s/he suffer a physical disability as a result of being injured? <i>INTERVIEWER: disability is any restriction or lack of ability to perform an activity as before the injury.</i>	1 Yes 2 No→	P4078
	P4077a. In what ways was s/he physically disabled? <i>INTERVIEWER: Circle all that proxy respondent selects.</i>	1 Unable to use hand or arm 2 Difficulty to use hand or arm 3 Walk with a limp 4 Loss of hearing 5 Loss of vision 6 Weakness or shortness of breath 7 Inability to remember things 8 Inability to chew 87 Other, specify:	

CERVICAL CANCER AND BREAST CANCER SCREENING (WOMEN ONLY)

FEMALE -> P4078 MALE -> GO TO NEXT SECTION

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

P4078	When was the last time [NAME] had a <u>pelvic examination</u> , if ever? (By pelvic examination, I mean when a doctor or nurse examined her vagina and uterus?) <i>INTERVIEWER: enter "00" if less than 1 year ago.</i>	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> Years ago </div> 98 NEVER HAD EXAM→	P4080
P4079	The last time [NAME] had the pelvic examination, did she 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 her vagina, take a sample and send it to a laboratory?)	1 YES 2 NO	
P4080	When was the last time she had a mammography, if ever? (That is, an x-ray of her breasts taken to detect breast cancer at an early stage.) <i>INTERVIEWER: enter "00" if less than 1 year ago.</i>	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> Years ago </div> 98 NEVER HAD EXAM	

Time End :

Section 5. Health Care Utilisation

Time Begin :

I would now like to know about [NAME] recent experiences with obtaining health care from health care workers, hospitals, clinics and the health care system. I want to know if [NAME] needed health care recently, and if so, why s/he needed health care and what type of health care provider s/he received care from.

P5001	<p>When was the last time that [NAME] needed health care? <input type="text"/> <input type="text"/> YEARS AGO <input type="text"/> <input type="text"/> MONTHS AGO</p> <p><i>INTERVIEWER: this can be inpatient or outpatient care.</i></p> <p>0000 NEVER OR MORE THAN 3 YEARS AGO → 8888 DON'T KNOW..... →</p>	END P5005																				
P5002	<p>The last time s/he needed health care, did s/he get health care? 1 Yes → 2 No</p>	P5004																				
<p>P5002a. What was the main reason s/he needed care, even if s/he did not get care?</p> <p><i>INTERVIEWER: RESPONDENT CAN SELECT ONLY ONE MAIN REASON FOR VISIT. USE SHOWCARD.</i></p>																						
<table border="0"> <tr> <td>1 Communicable disease (infections, malaria, tuberculosis, HIV)</td> <td>11 Problems with [NAME's] heart including unexplained pain in chest</td> </tr> <tr> <td>2 Maternal and perinatal conditions (pregnancy)</td> <td>12 Problems with [NAME's] mouth, teeth or swallowing</td> </tr> <tr> <td>3 Nutritional deficiencies</td> <td>13 Problems with [NAME's] breathing</td> </tr> <tr> <td>4 Acute conditions (diarrhea, fever, flu, headaches, cough, other)</td> <td>14 High blood pressure / hypertension</td> </tr> <tr> <td>5 Injury (not work related, see 8 below)</td> <td>15 Stroke/sudden paralysis of one side of body</td> </tr> <tr> <td>6 Surgery</td> <td>16 Generalized pain (stomach, muscle or other nonspecific pain)</td> </tr> <tr> <td>7 Sleep problems</td> <td>17 Depression or anxiety</td> </tr> <tr> <td>8 Occupation / work related condition/injury</td> <td>18 Cancer</td> </tr> <tr> <td>9 Chronic pain in [NAME's] joints/arthritis (joints, back, neck)</td> <td>87 Other, specify:</td> </tr> <tr> <td>10 Diabetes or related complications</td> <td>88 Don't know</td> </tr> </table>		1 Communicable disease (infections, malaria, tuberculosis, HIV)	11 Problems with [NAME's] heart including unexplained pain in chest	2 Maternal and perinatal conditions (pregnancy)	12 Problems with [NAME's] mouth, teeth or swallowing	3 Nutritional deficiencies	13 Problems with [NAME's] breathing	4 Acute conditions (diarrhea, fever, flu, headaches, cough, other)	14 High blood pressure / hypertension	5 Injury (not work related, see 8 below)	15 Stroke/sudden paralysis of one side of body	6 Surgery	16 Generalized pain (stomach, muscle or other nonspecific pain)	7 Sleep problems	17 Depression or anxiety	8 Occupation / work related condition/injury	18 Cancer	9 Chronic pain in [NAME's] joints/arthritis (joints, back, neck)	87 Other, specify:	10 Diabetes or related complications	88 Don't know	
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P5003	<p>Which reason(s) best explain why s/he did not get health care?</p> <p><i>Interviewer: Circle all that the respondent mentions</i></p>	<div style="display: flex; justify-content: space-between;"> <div> <p>1 COULD NOT AFFORD THE COST OF THE VISIT</p> <p>2 NO TRANSPORT AVAILABLE</p> <p>3 COULD NOT AFFORD THE COST OF TRANSPORT</p> <p>4 YOU WERE PREVIOUSLY BADLY TREATED</p> <p>5 COULD NOT TAKE TIME OFF WORK OR HAD OTHER COMMITMENTS</p> <p>6 THE HEALTH CARE PROVIDER'S DRUGS OR EQUIPMENT ARE INADEQUATE</p> <p>7 THE HEALTH CARE PROVIDER'S SKILLS ARE INADEQUATE</p> <p>8 YOU DID NOT KNOW WHERE TO GO</p> <p>9 YOU TRIED BUT WERE DENIED HEALTH CARE</p> <p>10 YOU THOUGHT YOU WERE NOT SICK ENOUGH</p> <p>87 OTHER, SPECIFY:</p> <p>88 DON'T KNOW</p> </div> <div style="font-size: 3em; line-height: 1; padding-top: 10px;">}</div> <div style="vertical-align: middle; padding-left: 10px;">End</div> </div>
P5004	<p>Where did s/he go most often when s/he felt sick or needed to consult someone about his/her health?</p> <p><i>Interviewer: Only one answer allowed</i></p>	<p>1 PRIVATE DOCTOR'S OFFICE</p> <p>2 PRIVATE CLINIC OR HEALTH CARE FACILITY</p> <p>3 PRIVATE HOSPITAL</p> <p>4 PUBLIC CLINIC OR HEALTH CARE FACILITY</p> <p>5 PUBLIC HOSPITAL</p> <p>6 CHARITY OR CHURCH RUN CLINIC</p> <p>7 CHARITY OR CHURCH RUN HOSPITAL</p> <p>8 TRADITIONAL HEALER [USE LOCAL TERM]</p> <p>9 PHARMACY OR DISPENSARY</p> <p>87 OTHER, SPECIFY:</p> <p>88 DON'T KNOW</p>

INPATIENT HOSPITAL CARE

The next 2 questions are about any overnight stay [NAME] had in a hospital or other health care facility in the last 3 years.

P5005	<p>In the last 3 years, has [NAME] ever stayed <u>overnight</u> in a hospital or long-term care facility?</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>1 Yes, a hospital</p> <p>2 Yes, long term care facility</p> <p>3 Both (hospital and long term care facility)</p> <p>4 No →</p> </div> <div style="vertical-align: bottom; padding-left: 10px;">P5026</div> </div>
P5006	<p>When was her/his <u>last</u> overnight stay in a hospital or long-term care facility?</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> YEARS AGO </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTHS AGO </div> </div> <p>88 Don't Know</p> <p><i>IF MORE THAN 3 YEARS AGO →</i></p> <div style="text-align: right; padding-top: 10px;">P5026</div>

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

P5007	<p><u>Over the last 12 months</u>, how many different times was she/he a patient in a hospital/long-term care facility for at least one night?</p>	<div style="display: flex; align-items: center; gap: 10px;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> TIMES </div> <p>88 <i>Don't Know</i></p>
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I want to know more about why [NAME] needed an overnight stay in a health care facility. I want to know more about her/his most recent overnight stay, including why s/he needed the overnight stay. Now I would like you to come back to thinking about [NAME's] last overnight hospital stay only.

P5008	<p>What type of hospital or facility was it? Remember I am asking now about her/his last (most recent) overnight stay. <i>INTERVIEWER: one answer only</i></p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 PUBLIC HOSPITAL</div> <div>2 PRIVATE HOSPITAL</div> <div>3 CHARITY OR CHURCH-RUN HOSPITAL</div> <div>4 OLD PERSON'S HOME OR LONG-TERM CARE FACILITY</div> <div>87 OTHER, SPECIFY:</div> </div>	
<p>P5008a. Which reason best describes why s/he was last hospitalized? <i>Circle one.</i></p>			
	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 Communicable disease (infections, malaria, tuberculosis, HIV)</div> <div>2 Maternal and perinatal conditions (pregnancy)</div> <div>3 Nutritional deficiencies</div> <div>4 Acute conditions (diarrhea, fever, flu, headaches, cough, other)</div> <div>5 Injury (<i>not work related, see 8 below</i>)</div> <div>6 Surgery</div> <div>7 Sleep problems</div> <div>8 Occupation / work related condition/injury</div> <div>9 Chronic pain in [NAME's] joints/arthritis (joints, back, neck)</div> <div>10 Diabetes or related complications</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>11 Problems with [NAME's] heart including unexplained pain in chest</div> <div>12 Problems with [NAME's] mouth, teeth or swallowing</div> <div>13 Problems with [NAME's] breathing</div> <div>14 High blood pressure / hypertension</div> <div>15 Stroke/sudden paralysis of one side of body</div> <div>16 Generalized pain (stomach, muscle or other nonspecific pain)</div> <div>17 Depression or anxiety</div> <div>18 Cancer</div> <div>87 Other, specify:</div> </div>	

OUTPATIENT CARE AND CARE AT HOME

I have some additional questions about health care [NAME] received, but not health care which included an overnight hospital stay. So care s/he received at a hospital, health centre, clinic, private office or at home from a health care worker, but did not include an overnight stay.

P5026	<p><u>Over the last 12 months</u>, did [NAME] receive any health care NOT including an overnight stay in hospital or long-term care facility?</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 Yes</div> <div>2 No→</div> </div>	End
P5027	<p>In total, how many times did [NAME] receive health care or consultation in the <u>last 12 months</u>?</p>	<div style="display: flex; align-items: center; gap: 10px;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> Times </div>	

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I would like you to think about [NAME's] most recent visit - and to ask you questions specifically about her/his last or most recent visit.

P5028	<p>What was the last health care facility s/he visited in the <u>last 12 months</u> ?</p> <p><i>Interviewer:</i> <i>READ OUT RESPONSES, CIRCLE ONE OPTION ONLY</i></p>	<p>1 PRIVATE DOCTOR'S OFFICE</p> <p>2 PRIVATE CLINIC OR HEALTH CARE FACILITY</p> <p>3 PRIVATE HOSPITAL</p> <p>4 PUBLIC CLINIC OR HEALTH CARE FACILITY</p> <p>5 PUBLIC HOSPITAL</p> <p>6 CHARITY OR CHURCH RUN CLINIC</p> <p>7 CHARITY OR CHURCH RUN HOSPITAL</p> <p>8 HOME VISIT</p> <p>87 OTHER, SPECIFY:</p>
P5029	<p>Which was last (most recent) health care provider s/he visited?</p> <p><i>Interviewer: AFTER P5029 SUBSTITUTE THE TYPE OF HEALTH CARE PROVIDER SELECTED BY THE PATIENT WHEN YOU SEE [HEALTH CARE PROVIDER] IN PARENTHESES</i></p>	<p>1 Medical doctor (including gynecologist, psychiatrist, ophthalmologist, etc)</p> <p>2 Nurse/Midwife</p> <p>3 Dentist</p> <p>4 Physiotherapist or chiropractor</p> <p>5 Traditional medicine practitioner (<i>USE LOCAL NAME</i>)</p> <p>6 Pharmacist, druggist</p> <p>7 Home health care worker</p> <p>88 <i>Don't know</i></p>
	<p>P5029a. What was the sex of the [health care provider]?</p>	<p>1 MALE</p> <p>2 FEMALE</p>
	<p>P5029b. Was this <u>visit</u> to [health care provider] for a chronic (ongoing) condition, new condition or both?</p>	<p>1 Chronic</p> <p>2 New</p> <p>3 Both</p>
	<p>P5029c. Which reason best describes why [NAME] needed this visit?</p> <p><i>Circle one</i></p>	
	<p>1 Communicable disease (infections, malaria, tuberculosis, HIV)</p> <p>2 Maternal and perinatal conditions (pregnancy)</p> <p>3 Nutritional deficiencies</p> <p>4 Acute conditions (diarrhea, fever, flu, headaches, cough, other)</p> <p>5 Injury (<i>not work related, see 8 below</i>)</p> <p>6 Surgery</p> <p>7 Sleep problems</p> <p>8 Occupation / work related condition/injury</p> <p>9 Chronic pain in [NAME's] joints/arthritis (joints, back, neck)</p> <p>10 Diabetes or related complications</p>	<p>11 Problems with [NAME's] heart including unexplained pain in chest</p> <p>12 Problems with [NAME's] mouth, teeth or swallowing</p> <p>13 Problems with [NAME's] breathing</p> <p>14 High blood pressure / hypertension</p> <p>15 Stroke/sudden paralysis of one side of body</p> <p>16 Generalized pain (stomach, muscle or other nonspecific pain)</p> <p>17 Depression or anxiety</p> <p>18 Cancer</p> <p>87 Other, specify:</p>

This is the end of the interview. We thank you for your time and for helping us to better understand health care in your community.

Time End □□:□□