

**Wellbeing of Older People Study (WOPS),
Somkhele, South Africa
in collaboration with the WHO
Study on Global Ageing and Health (SAGE)**

WOPS ID	Respondent's DSID	Respondent's BSID
Interviewer code	Respondent's Name Surname, First name(s)	BS Owner
Date of Interview Y Y Y Y / M M / D D	Household Head	Location/Isigodi:
Start time of interview H H : M I N S	Date of Birth Y Y Y Y / M M / D D	Age Sex: Male ☐ Female ☐

Section 1: Respondent and household characteristics

101	What is your relationship to the head of this household?				
102	What is your current marital status?	☐ ☐ ☐ ☐			
103	What is your highest level of education attained? <i>(Tick only one)</i>	Grade ☐ ☐ ☐ ☐ or No formal education Diploma Less than 1 year Bachelors degree Adult education only Honours/Masters+ Certificate Don't know			
104	Are you currently in employment?	Yes No			
105	What is the <u>main source</u> of drinking water for members of this household? <i>(Tick only one)</i>	Piped - inside house Rainwater Other, specify _____	Piped - public tap/kiosk Protected spring	Borehole Flowing river/stream	Well (non-borehole) Dam/Stagnant water
106	What <u>type of toilet</u> facilities do members of your household <u>mainly</u> use? <i>(Tick only one)</i>	Flush toilet ☐ VIP ☐ Ordinary Latrine ☐ Bucket/Chemical toilet ☐ No facilities (bush) ☐ Neighbour's latrine ☐ Other, specify _____			
107	What <u>type of fuel</u> does your household <u>mainly</u> use for cooking? <i>(Tick all mentioned)</i>	Electricity from generator ☐ Gas (LPG) ☐ Electricity from solar energy ☐ Wood ☐ Electricity from grid ☐ Coal / charcoal ☐ Kerosene/paraffin ☐			
108	Is your house connected to an electricity grid?	Yes No			
109	Does anyone in your household have any of the following in good working condition....? <i>(Tick all mentioned)</i>	Bicycle ☐ Gas cooker ☐ Radio ☐ Fridge/freezer ☐ Mobile/cellular telephone ☐ TV ☐ Video recorder/DVD player ☐ Sofa/sofa set ☐			
110	Does your household have any of the following domestic animals/fowl? <i>(Tick all mentioned)</i>	Cows ☐ Goats ☐ Pigs ☐ Chickens/ducks ☐ Rabbits ☐ Other, specify _____			
111	[Please tell me] which of these sources is your <u>main</u> source of household income, by that I mean from which source does most of the money used in this household come from? <i>(Tick only one)</i>	Earnings from selling or trading Wages, salary from job No source of income		Income from rental property Government grants Other, specify _____	
112	Compared to 3 years ago would you say your financial situation is better or worse?	Better		About the same Much worse	

Section 2: Health State Description

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

201	In general, how would you <u>rate your health today</u> ?	Very Good ☐	Good ☐	Moderate ☐	Bad ☐	Very Bad ☐
202	Overall, in the last 30 days/month, how much difficulty did you have with <u>work or household activities</u> ?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme/cannot do ☐
203	How was your health during the last two weeks? <i>If 'Very Good' or 'Good' skip to Q205</i>	Very Good ☐	Good ☐	Moderate ☐	Bad ☐	Very Bad ☐
204	What signs of illness did you experience in the <u>last two weeks</u> ? <i>Tick all that respondent mentions then read the others and tick all that apply</i>	Diarrhoea ☐	Itchy skin ☐	Herpes zoster ☐	Night sweats ☐	
		Vomiting ☐	Incontinence ☐	Feeling very weak ☐	Not able to sleep ☐	
		Confused ☐	Painful wounds ☐	Pain in the body ☐	Cough, chest pain ☐	
		Fever ☐	Could not eat because of nausea ☐	Could not eat because of pain when swallowing ☐		
		Others Specify _____				

Interviewer to read: 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/ month, 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 an average, in the past one month, while doing the activity in the way that you usually do it. By difficulty, I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. Please answer this question taking into account any assistance you have available (answer this question the difficulty you might have when you do it without assistance).

Mobility

	Overall in the last 30 days/month ... <i>Read and show scale to respondent</i>	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do	6. N/A
205	 how much difficulty did you have with <u>moving around</u> ?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
206	... how much difficulty did you have in <u>vigorous activities</u> (digging in the garden, lifting heavy objects such as a bag of potatoes)? (Vigorous activities require hard physical effort and cause large increases in breathing or heart rate)	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐

Self Care

207	 how much difficulty did you have with <u>self-care</u> , such as bathing/washing or dressing yourself?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
208	 how much difficulty did you have in <u>taking care of and maintaining your general appearance</u> (for example grooming, looking neat and tidy)	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
209	how much difficulty did you have in <u>staying by yourself</u> for a few days (3 to 7 days)?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Pain and discomfort

210	 how much of <u>bodily aches or pains</u> did you have?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
211	 how much <u>bodily discomfort</u> did you have?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
<i>If Q210 AND Q211 are 'NONE' skip to Q213</i>						
212	how much difficulty did you have in your daily life because of your <u>aches pain or discomfort</u> ?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Cognition

	Read responses	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do
213	 how much difficulty did you have with <u>concentrating</u> or <u>remembering</u> things?(e.g. cooking, bathing).	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
214	how much difficulty did you have in <u>learning a new task</u> (for example, learning how to get to a new place)?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Interpersonal activities

215	 how much difficulty did you have with <u>personal relationships or participation in the community?</u> (eg attending ceremonies, meetings)	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
216	how much difficulty did you have in <u>dealing with conflicts and tensions</u> with others (e.g. family/community matters)?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
217	 how much difficulty did you have with <u>making new friendships</u> or <u>maintaining current friendships</u> ?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
218	how much difficulty did you have with <u>dealing with strangers</u> ?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Sleep and energy

219	 how much of <u>a problem</u> did you have with sleeping, such as <u>falling asleep</u> , <u>waking up frequently during the night</u> or <u>waking up too early</u> in the morning or <u>sleeping too much</u> ?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
220	how much of <u>a problem</u> did you have due to not <u>feeling rested and refreshed</u> during the day?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Affect

221	... how much of a problem did you have with <u>feeling sad, low or unhappy</u> ?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
222	how much of a problem did you have with <u>worry or anxiety</u> (having the experience receiving bad news and having fast heart beating)	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Vision

(If respondent normally wears glasses or contact lenses, should ask the following Qs as “Since starting to wear glasses/contact lenses....”.)

223	Have you ever had your <u>eyes</u> examined by a medical professional? If yes, when was the last time? <i>Interviewer: Enter years or months ago. Enter "00" if less than 1 year or 1 month ago.</i>	YES ☐	NEVER ☐	DON'T KNOW ☐
224	Do you use eyeglasses or contact lenses to <u>see far away</u> (for example across the street)?	YES ☐	No ☐	
225	Do you use eyeglasses or contact lenses to <u>see up close</u> (for example at arms length, like when you are reading)?	YES ☐	No ☐	

226	 how much difficulty did you have in seeing and recognizing an object or a person you know <u>across the road</u> (from a distance of about 20 metres)? <i>INTERVIEWER: Indicate a spot that is similar distance for each respondent.</i>	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
227	how much difficulty did you have in seeing and recognizing <u>an object at arm's length</u> (for example, sorting beans, groundnuts or rice)? <i>If Q226 & Q227 are 'None' skip to Q229</i>	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
228	how much difficulty do you have <u>fulfilling daily tasks</u> because of not seeing properly? (e.g. cooking, washing)	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐

Subjective wellbeing

Interviewer to read: Now, we would 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.

229	Do you have <u>enough energy</u> for everyday life? <i>Read and show scale to respondent</i>	Completely ☐	Mostly ☐	Moderate ☐	A little ☐	None at all ☐
		1. Very Satisfied	2. Satisfied	3. Neither satisfied nor dissatisfied	4. Dissatisfied	5. Very dissatisfied
230	How satisfied you are with your health?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
231	How satisfied you are with your self?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
232	How satisfied you are with your ability to perform your daily living activities?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
233	How satisfied you are with your personal relationships?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
234	How satisfied you are with the conditions of your living place?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
235	Taking all things together, how <u>satisfied</u> are you with your life as a whole these days?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐
236	How often have you felt that you were <u>unable to control the important things</u> in your life? Read responses	Never ☐	Almost never ☐	Sometimes ☐	Fairly often ☐	Very often ☐
237	How often have you found that you could <u>not cope</u> with all the things that you had to do? Read responses	Never ☐	Almost never ☐	Sometimes ☐	Fairly often ☐	Very often ☐
238	How would you rate your overall quality of life? Read responses	Very Good ☐	Good ☐	Moderate ☐	Bad ☐	Very Bad ☐

Functioning assessment

These next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the last 30 days and answer these questions thinking about how much difficulty you had doing the following activities.

INTERVIEWER: For each question, please tick only one response.

	In the last 30 days/month, how much difficulty did you have ... <i>Read responses</i>	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do	6. NAD
239	... in sitting for long periods?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
240	... in walking 100 metres?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
241	... in standing up from sitting down?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
242	... in standing for long periods?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
243	... with climbing one flight of stairs without resting?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
244	... with stooping, kneeling or crouching?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
245	...picking up things with your fingers (such as a coin from a table)?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
246	... in taking care of your household responsibilities?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
247	... 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. ☐	6. ☐
248	... concentrating on doing something for 10 minutes?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
249	... in walking a long distance such as a kilometre?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
250	... in bathing/washing your whole body?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
251	... in getting dressed?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
252	... in your day to day work?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
253	... with carrying things?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
254	... with moving around inside your home (such as walking across a room)?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐

		1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do	6. NAD
255	... with eating (including cutting up your food)?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
256	... with getting up from lying down?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
257	... with getting to and using the toilet?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
258	... with getting where you want to go, using private or public transport if needed?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
259	... getting out of your home?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
260	In the last 30 days/month, how much have you been emotionally affected by your health condition(s)?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
261	Overall, how much did these difficulties interfere with your life?	1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐
262	Besides any vision (eyeglasses, contact lenses) or hearing aids, do you use any other devices (such as a cane, walker, or other) for any difficulties you experience?						Yes ☐ No ☐

Depression

Interviewer to read: Now I would like to ask you questions about your feelings of sadness or depression

263	Have you ever been diagnosed with depression? <i>If 'NO' SKIP to Q266</i>	Yes ☐	No ☐
264	During <u>the last 2 weeks</u> have you been taking any <u>medications or other treatment</u> for it? (Other treatment can include attending therapy or counselling sessions.)	Yes ☐	No ☐
265	During <u>the last 12 months</u> have you been taking any <u>medications or other treatment</u> for it?	Yes ☐	No ☐
266	During the last 12 months, have you had a period <u>lasting several days</u> when you felt <u>sad, empty or depressed</u> ?	Yes ☐	No ☐
267	During the last 12 months, have you had a period lasting several days when you <u>lost interest</u> in most things you usually enjoy such as personal relationships, work or hobbies/recreation?	Yes ☐	No ☐
268	During the last 12 months, have you had a period lasting several days when you have been feeling your <u>energy decreased</u> or that you <u>are tired all the time</u> ?	Yes ☐	No ☐
INTERVIEWER: IF ANY ONE OF Q266, Q267 OR Q268 IS "YES", CONTINUE TO Q269. IF ALL 3 ARE "NO", GO TO Q301			
269	Was this period [of sadness/loss of interest/low energy] for <u>more than 2 weeks</u> ?	Yes ☐	No ☐
270	Was this period [of sadness/loss of interest/low energy] <u>most of the day, nearly every day</u> ?	Yes ☐	No ☐
271	During this period, did you <u>lose your appetite</u> ?	Yes ☐	No ☐
272	Did you notice any <u>slowing down in your thinking</u> ?	Yes ☐	No ☐
273	Did you notice any problems <u>falling asleep</u> ?	Yes ☐	No ☐
274	Did you notice any problems <u>waking up too early</u> ?	Yes ☐	No ☐
275	During this period, did you have any <u>difficulties concentrating</u> ; for example, listening to others, working, watching TV, listening to the radio?	Yes ☐	No ☐
276	Did you notice any <u>slowing down in your moving around</u> ?	Yes ☐	No ☐
277	During this period, did you feel <u>anxious</u> and <u>worried</u> most days?	Yes ☐	No ☐
278	During this period, were you so <u>restless or jittery</u> nearly every day that you paced up and down and couldn't sit still?	Yes ☐	No ☐
279	During this period, did you feel <u>negative</u> about yourself or like you had <u>lost confidence</u> ?	Yes ☐	No ☐
280	Did you frequently feel <u>hopeless</u> - that there was no way to improve things?	Yes ☐	No ☐
281	During this period, did your <u>interest in sex</u> decrease?	Yes ☐	No ☐
282	Did you <u>think of death</u> , or <u>wish you were dead</u> ?	Yes ☐	No ☐
283	During this period, did you ever <u>try to end your life</u> ?	Yes ☐	No ☐

Section 3: Chronic conditions and health service coverage

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

		HEART DISEASE Angina/angina pectoris	ARTHRITIS	STROKE	HYPER- TENSION	CHRONIC LUNG DISEASE	ASTHMA	DIABETES	CANCER
301	Have you ever been diagnosed with/told you have?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
302	How long ago was the diagnosis?	0-6 months ☐ 7-12 months ☐ >12 months ☐	0-6 months ☐ 7-12 months ☐ >12 months ☐	0-6 months ☐ 7-12 months ☐ >12 months ☐	0-6 months ☐ 7-12 months ☐ >12 months ☐	0-6 months ☐ 7-12 months ☐ >12 months ☐	0-6 months ☐ 7-12 months ☐ >12 months ☐	0-6 months ☐ 7-12 months ☐ >12 months ☐	0-6 months ☐ 7-12 months ☐ >12 months ☐
303	Have you been taking medications or other treatment for..... during the last 2 weeks?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
304	 during the last 12 months?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Interviewer: Now I would like to ask you about some health symptoms you may have experienced, and the treatment or medical care received

Heart Disease/Angina

305	During the last 12 months have you experienced discomfort, pain, or heaviness in chest, arm, or breastbone when walk uphill or in a hurry?	Yes ☐ No ☐
306	During the last 12 months/year have you experienced any pain or discomfort in your chest when you walk at ordinary pace on level ground?	Yes ☐ No ☐ If Q305 & 306 are 'NO' Q313
307	What do you do if you get the pain or discomfort when walking? (Tick only one)	Stop/slow down ☐ Carry on walking ☐ Take pain relief medicine then carry on ☐
308	If you stand still, what happens to the pain or discomfort?	Relieved ☐ Not relieved ☐
309	Have you experienced these symptoms in the last 2 weeks?	Yes ☐ No ☐
310	Have you been seeing a doctor or other health worker for these symptoms?	Yes ☐ No ☐
311	During the last 12 months/year have you seen a traditional healer for these symptoms?	Yes ☐ No ☐
312	Are you currently taking any herbal or traditional remedy for your symptoms?	Yes ☐ No ☐

Arthritis

313	During the last 12 months/year have you experienced pain, aching, stiffness or swelling in or around joints (arms, hands, feet) not related to injury & lasted for more than a month?	Yes ☐ No ☐
314	During the last 12 months/year have you experienced any stiffness in the joint in the morning after getting up from bed or after a long rest?	Yes ☐ No ☐ If Q313 & 314 are 'NO' Q322
315	How long does this stiffness last?	30 mins or less ☐ More than 30 mins ☐
316	Does this stiffness go away after exercise or movement in the joint?	Yes ☐ No ☐
317	Have you experienced these symptoms in the last 2 weeks?	Yes ☐ No ☐
318	Have you experienced back pain during the last month? On how many days if yes?	Yes ☐ Days _____ No ☐
319	Have you been seeing a doctor or other health worker for these symptoms?	Yes ☐ No ☐
320	During the last 12 months/year have you seen a traditional healer for these symptoms?	Yes ☐ No ☐
321	Are you currently taking any herbal or traditional remedy for your symptoms?	Yes ☐ No ☐

Stroke

322	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?	Yes ☐ No ☐
323	Have you ever had, for more than 24 hours, sudden onset of loss of feeling in one side of your body, without anything having happened to you immediately before?	Yes ☐ No ☐

Hypertension

324	During the last 12 months have you seen a traditional healer for raised blood pressure (hypertension)?	Yes ☐ No ☐ If 'NO' Q327
325	Are you currently taking any herbal or traditional remedy for your raised blood pressure (hypertension)?	Yes ☐ No ☐
326	Do you currently eat any special food for your raised blood pressure (hypertension)? Name the food, if yes	Yes ☐ FOOD _____ No ☐

Chronic Lung Disease

327	During the last 12 months/year have you experienced any shortness of breath while at rest or while awake?	Yes ☐ No ☐
328	During the last 12 months/year have you experienced any coughing or wheezing for 10 minutes or more at a time?	Yes ☐ No ☐
329	During the last 12 months/year have you experienced any coughing up sputum or phlegm for most days of the month for at least 3 months?	Yes ☐ No ☐ If 327 to 329 are 'NO' 333
330	These symptoms that you say you experienced, have you experienced them in the last 2 weeks?	Yes ☐ No ☐
331	Have you been taking any medications or other treatment for your symptoms during the last 2 weeks?	Yes ☐ No ☐
332	Have you been taking any medications or other treatment for your symptoms during the last 12 months?	Yes ☐ No ☐
333	In the last 12 months/year have you had a tuberculosis (TB) test?	Yes ☐ No ☐
334	Have you had blood in your phlegm or have you coughed blood?	Yes ☐ No ☐

Asthma

335	During the last 12 months/year have you experienced any attacks of wheezing or whistling breathing?	Yes ☐ No ☐
336	During the last 12 months/year have you experienced any attacks of wheezing that came on after you stopped exercising or some physical activity?	Yes ☐ No ☐
337	During the last 12 months/year have you experienced any feeling of tightness in your chest?	Yes ☐ No ☐
338	Have you woken up with a feeling of tightness in your chest in the morning or any other time?	Yes ☐ No ☐
339	Have you experienced shortness of breath that came on without obvious cause when you were not exercising or doing some physical activity?	Yes ☐ No ☐
340	Go to Q344 if Q335, 336, 337, 338 & 339 are all 'NO' Have you experienced any of these symptoms you describe in the last 2 weeks?	Yes ☐ No ☐
341	Have you been seeing a doctor or other health worker for these symptoms?	Yes ☐ No ☐
342	During the last 12 months/year have you seen a traditional healer for these symptoms?	Yes ☐ No ☐
343	Are you currently taking any herbal or traditional remedy for your symptoms?	Yes ☐ No ☐

Diabetes

344	During the last 12 months/year have you been taking insulin or other blood sugar lowering medications?	Yes ☐ No ☐
345	During the last 2 weeks have you been taking insulin or other blood sugar lowering medications?	Yes ☐ No ☐
346	Have you been following a special diet, exercise regime or weight control program for diabetes during the last 2 weeks?	Yes ☐ No ☐

Cataract/Eye problems

347	In the last 5 years were you diagnosed with a cataract (cloudiness in the lens of the eye) in one or both of your eyes?	Yes ☐ No ☐ If 'NO' Q349
348	In the last 5 years have you had eye surgery to remove this cataract(s)?	Yes ☐ No ☐
349	In last 12 months have you experienced cloudy or blurry vision?	Yes ☐ No ☐
350	In last 12 months have you experienced vision problems with light, such as glare from bright lights or rings around lights?	Yes ☐ No ☐
351	Have you ever gone to the clinic because of eye problems?	Yes ☐ No ☐

Oral Health

352	Have you lost all your natural teeth?	Yes ☐ No ☐
353	During the last 12 months have you had any troubles with your mouth and/or teeth (this includes problems with swallowing)?	Yes ☐ No ☐ If 'NO' Q357
354	Have you received medication or treatment from a dentist during the last 12 months for mouth/teeth problems?	Yes ☐ No ☐
355	In last 12 months have you seen a traditional healer for your mouth/teeth problems (including problems with swallowing)?	Yes ☐ No ☐
356	Are you currently taking any herbal or traditional remedy for your problems with mouth or teeth?	Yes ☐ No ☐

Injuries

357	During the last 12 months did you have an injury?	Yes ☐ No ☐ If 'NO' Q400
358	How did the injury happen? Was it an accident?	It was an accident ☐ Someone else caused it deliberately (intentional) ☐ I did it to myself (self-inflicted) ☐
359	Did you receive medical treatment for the injury	Yes ☐ No ☐
360	Did you suffer a physical disability as a result of being injured?	Yes ☐ No ☐
361	In what way were you physically disabled? (Tick only one)	Unable to use hand/arm ☐ Difficulty using hand/arm ☐ Walk with a limp ☐ Loss of hearing ☐ Loss of vision ☐ Weakness/shortness of breath ☐ Inability to remember things ☐ Inability to chew ☐ OTHER _____
362	What caused the injury? (Tick all mentioned)	Fall ☐ Stabbed ☐ Gun shot ☐ Fire or burn ☐ Near-drowning ☐ Poisoning ☐ struck/hit by person/object ☐ Animal bite ☐ Electric shock ☐ OTHER, SPECIFY _____

Section 4: Health care utilization & risk factors and behaviours

400	During the last 4 weeks, did you suffer from one of the following diseases or symptoms: <i>Read the symptoms and record</i> <i>If no symptoms skip to 405</i>	Fever / malaria Yes ☐ No ☐ Gastro-intestinal problems (e.g. diarrhoea) Yes ☐ No ☐ Coughing/ respiratory problems Yes ☐ No ☐ Skin conditions such as (LOCAL NAMES) Yes ☐ No ☐ Trouble with mouth and/or teeth or swallowing Yes ☐ No ☐ Other Specify _____
401	For those symptoms, what did you do....? <i>Tick all that apply</i>	Used own herbal medicine ☐ Took medicine (self treatment) ☐ Visited a government health centre /public clinic ☐ Admitted to a government hospital ☐ Did nothing about the symptoms ☐ Saw a traditional healer/ herbalist ☐ Visited the Pharmacy/chemist/shop ☐ Visited a private or missionary health clinic ☐ Admitted to a private or missionary hospital ☐ Other Specify _____
402	Where did you go first? <i>Tick only one</i>	Traditional healer / herbalist /shrine ☐ Government health centre /public clinic ☐ Government hospital ☐ Others Specify _____ Pharmacy/chemist/shop ☐ Private or missionary health clinic ☐ Private or missionary hospital ☐
403	Did you have to pay for consultation and/or drugs?	Yes ☐ No ☐ <i>If 'NO' Q405</i>
404	Who paid for the consultation and/or drugs?	Son/daughter ☐ Spouse ☐ Self ☐ Other relative ☐ Insurance ☐ Was free ☐ Other Specify _____
405	During the last 12 months, how often have you visited a clinic or hospital?	Not at all ☐ Once or twice ☐ Three to six times ☐ More than six times ☐ Don't know ☐
406	When you visit the clinic or hospital how long, do you usually have to wait before it is your turn to be seen by a nurse or doctor?	Not long ☐ Quite long ☐ Very long ☐
407	When you visit the clinic or hospital, do the health professionals usually give you enough time to explain to them what your health problem is?	Always ☐ Sometimes ☐ Never ☐
408	When you visit the clinic or hospital, do the health professionals usually take the time to explain your health problem and treatment in a way that you understand?	Always ☐ Sometimes ☐ Never ☐
409	Overall, are you satisfied with the services?	Satisfied ☐ Indifferent ☐ Dissatisfied ☐
410	Do you ever go to traditional healers for treatment?	Yes ☐ Never goes to traditional healer ☐ <i>If 'Never....' skip to Q412</i>
411	What are the reason(s) that you go to the traditional healers for treatment? <i>Tick all that apply</i>	Closer distance ☐ Traditional healers are cheaper ☐ Traditional healers allow you to pay in goods ☐ Traditional healers will wait for your payment ☐ Traditional healers give better treatment ☐ Other Specify _____ ☐

Health centre/clinic, hospital stays

412	Were you ever hospitalized in the last year? If so, how many times?	Yes ☐ If 'Yes', Number of admissions _____ No ☐ If 'NO' skip to Q450
413	What type of hospital was it the last time you were hospitalized?	Public hospital ☐ Private hospital ☐ Charity or church run hospital ☐ Old people's home or long term care facility ☐ Other Specify _____
414	Which reason best describes why you were last hospitalized?	Specify reason hospitalized _____ 1= communicable diseases, infections, malaria, infection TB, HIV; 2= nutritional deficiencies 3= acute conditions, (diarrhoea, flu, headaches, fever, cough and others); 4= injury; 5= surgery; 6= sleep problem; 7= occupational /work related condition/injury; 8= chronic pain in joints/arthritis (joints, back, neck); 9= diabetes or related complications; 10= problems with heart including unexplained pain in chest; 11= problems with mouth, teeth, swallowing; 12= problems with breathing; 13= high blood pressure, hypertension; 14= stroke/ sudden paralysis of one side of body; 15= generalized pain(stomach, muscle or other nonspecific pain); 16= depression, anxiety; 17= cancer; 87= other, specify
415	Who paid for this hospitalization?	Son/daughter ☐ Spouse ☐ Self ☐ Other relative ☐ Insurance ☐ Was free ☐ Other, Specify _____

Section 4.5: Risk factors and preventive health behaviours**Tobacco use**

450	Have you ever smoked tobacco or used smokeless tobacco?	Yes ☐ No ☐ If 'NO' skip to Q454
451	Do you currently use (smoke, sniff or chew) any tobacco products such as cigarettes, cigars, pipes, chewing tobacco or snuff?	Yes, daily ☐ Yes, but not daily ☐ No, not at all ☐ If 'Yes, not daily' OR 'No, not at all' SKIP TO Q454
452	For how long have you been smoking or using tobacco daily?	Number of years _____
453	On average, how many cigarettes or pipes do you smoke or use each day?	Number of cigarettes _____

Alcohol

454	Have you ever consumed a drink that contains alcohol (such as beer, spirits, wine, etc.?)	Yes ☐ No ☐ If 'NO' skip to Q458
455	Have you consumed alcohol in the <u>last 30 days/month</u> ?	Yes ☐ No ☐ If 'NO' skip to Q458
456	During the <u>past 7 days</u> , how many standard drinks of any alcoholic beverage did you have <u>each day</u> ?	Number of drinks _____
457	In the <u>last 12 months</u> ,/year how frequently [on how many days] on average have you had at least one alcoholic drink?	Less than once a month ☐ 1 to 7 days per month ☐ 1 to 4 days per week ☐ 5 or more days per week ☐

Nutrition

458	In the <u>last 12 months</u> , were you ever hungry, but didn't eat because you couldn't afford enough food?	Yes ☐ No ☐ If 'NO' skip to next section
459	In the <u>last 12 months</u> , how often did you eat less than you felt you should because there wasn't enough food?	Every week ☐ Every month ☐ Almost every month ☐ Some months, but not every month ☐ Only in 1 or 2 months ☐ Never ☐

Section 5: Anthropometric measurements

Interviewer to read: Now we would like to ask you to participate in a few tests to determine your health status. We would like to measure a few things, like your blood pressure, your weight and height etc. We will start with taking your blood pressure.

INTERVIEWER: Ask the respondent to release the arm and relax.

501	Time 1: Systolic Diastolic Pulse rate
	INTERVIEWER: Ask the respondent to release the arm and relax. Wait for one minute before time 2. Do not ask the respondent questions.
502	Time 2: Systolic Diastolic Pulse rate
	INTERVIEWER: Again, remind the respondent to relax and wait.
503	Time 3: Systolic Diastolic Pulse rate

504	Interviewer: Can respondent stand up? Yes ☐ No ☐
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Interviewer to read: 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

505	Measured height in centimetres	Height	Not able to measure ☐	refused ☐
Now we want to measure your weight – could you please keep your shoes off and step on the scale.				
506	Measured weight in kilograms	Weight	Not able to measure ☐	refused ☐

Section 6: Care giving

Interviewer read: Now we would like to talk about people who live with you here in your household (resident); we mean those who share meals and usually stay here for at least four months a year. Please include people who may presently be in an institution due to their health (for example, in hospital) for a short time. Lets start by talking about resident adults (18+ years) to whom you may have provided care.

6.1: Physical, nursing care and financial assistance to resident adults and children

		Care giving to adults (18 years and above)	Care giving to children (less than 18 years)
601	Are you providing any physical or nursing care to any <i>adults/children</i> resident in your household? <i>Interviewer: First ask Q601 to Q613 for care giving to adults and then start again from Q601 to Q613 for care giving to children</i>	Yes ☐ No ☐ <i>If 'NO' skip to Q604</i> If Yes how many?	Yes ☐ No ☐ <i>If 'NO' skip to Q604</i> If Yes how many?
602	Do you provide any care/ assistance such as with....? Bathing (washing one's body) Eating (assistance with eating but not cooking) Dressing (putting on or taking off clothing) Toileting (getting to and using the toilet) Moving around (within or outside dwelling) Incontinence (help with hygiene problems) Preparing and giving medicines Taking care of wounds	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Had no medicines ☐ Yes ☐ No ☐ Had no wounds ☐	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Had no medicines ☐ Yes ☐ No ☐ Had no wounds ☐
603	Do you provide any physical assistance such as...? Buying food Agricultural work Fetching water Cooking Taking to clinic or traditional healer Other	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Specify _____	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Specify _____
604	Are there any <i>adults/children</i> often sick and need care and treatment?	Yes ☐ No ☐ <i>If 'NO' skip to Q611</i>	Yes ☐ No ☐ <i>If 'NO' skip to Q611</i>
605	Can you tell me for what the <i>adults/children</i> need care and treatment for? <i>If not 'HIV/AIDS RELATED' skip to Q607</i>	HIV/AIDS related ☐ Health related reason, ☐ Specify _____ Other reason, ☐ Specify _____ Don't Know ☐	HIV/AIDS related ☐ Health related reason, ☐ Specify _____ Other reason, ☐ Specify _____ Don't Know ☐
606	<i>Interviewer: Ask only If HIV/AIDS is mentioned in Q605</i> How many <i>adults/children</i> with HIV infection do you take care of? <i>If more than one adult or child needs care and treatment, ask the next questions about the adult or child in most need of care and treatment</i>		
607	Do you know the kind of treatment/medication (NAME) needs? <i>DO NOT PROBE: Tick only one.</i>	ARV treatment ☐ TB treatment ☐ Knows it is for AIDS, but not name ☐ Other, Specify _____	ARV treatment ☐ TB treatment ☐ Knows it is for AIDS, but not name ☐ Other, Specify _____

		Care giving to adults (18 years and above)	Care giving to children (less than 18 years)
608	Does (NAME) need to take daily medication/ treatment from the clinic?	Yes ☐ No ☐ <i>If 'NO' skip to → Q611</i>	Yes ☐ No ☐ <i>If 'NO' skip to → Q611</i>
609	Do you need to remind (NAME) to go for their medical appointments and/or to take their medicines/(ARV)? <i>(Interviewer: only mention ARV if ARV was mentioned in Q607)</i>	Yes ☐ No ☐	Yes ☐ No ☐
610	Do you accompany (NAME) going to the clinic/ hospital for follow up and /or ARV or TB treatment resupply? <i>(Interviewer: ask only if ARV or TB is mentioned in Q607)</i>	Yes ☐ No ☐	Yes ☐ No ☐
611	Do you provide (NAME) with financial assistance such as.....? Read and tick all that apply If all answers are <u>NO</u> skip TO Q613	Paying for medicines Yes ☐ No ☐ Paying doctor or clinic or hospital fees Yes ☐ No ☐ Paying for food Yes ☐ No ☐ Paying for clothing Yes ☐ No ☐ Paying for transportation Yes ☐ No ☐ Paying for school expenses (of sick person's children) Yes ☐ No ☐ Other SPECIFY _____	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Other SPECIFY _____
612	Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	Yes ☐ No ☐	Yes ☐ No ☐
613	Overall, how difficult would you say it is for you to provide care, physical assistance or financial assistance to <i>adults/children</i> ?	Very difficult ☐ A little difficult ☐ Not difficult ☐	Very difficult ☐ A little difficult ☐ Not difficult ☐

6.2 Care-giving to adults (18 and above) who have died in the last 24 months (2 years)

614	Has any adult resident member(s) of this household died in the last 24 months? <i>Interviewer: If 'NO' deaths skip to Q701</i>	Yes ☐ No ☐ Number of deaths if Yes
615	Of the resident adults who died in the last 24 months, how many were contributing an income/in cash or in kind to the household?	Number of adults contributing
616	Were any of the persons who died the main income earner for your household?	Yes ☐ No ☐ Don't know ☐
617	Did you provide care to any of the adults who died in the last 24 months? <i>Interviewer: if provided care to more than one adult member, ask the next questions about the most recent death.</i>	Yes ☐ No ☐ <i>If 'NO' go to Q701</i>
618	What is the NAME and SEX of the person who died?	Name: _____ Sex: Male ☐ Female ☐
619	How old was (NAME) when they died?	Age in years
620	What was your relationship to (NAME)?	Relationship type
621	For how long was s/he sick before he/she died? <i>If less than one month skip to Q625</i>	Number of months
622	Where was (NAME) living during the time s/he needed care?	Outside DSA ☐ Inside the DSA ☐
623	Did you stay/live with (NAME) during his/her sickness?	Yes ☐ No ☐ <i>If 'No' skip to Q625</i>
624	How long did you stay/live with (NAME) during the time s/he needed care?	Number of Months Number of Days

6.3 Assessment of satisfaction with care-givers role

Interviewer read: Now I am going to ask whether you <u>faced some problems related to your health and well-being</u> the time you provided care and support to adult resident members who died in this household in the last 24 months			
625	During the time that you provided care how much difficulty did you have with.....? <i>(Read responses and tick all that apply)</i>	Having enough energy to do extra work Taking care of your own ailments (if exist) Knowing the correct care to give for health problems Visiting family and relatives and friends Sharing feelings about care giving responsibility Knowing how to protect <u>yourself</u> from getting the illness/ disease Stigma or problems as a result of or associated with illness or death	Very much ☐ some ☐ None ☐ Very much ☐ some ☐ None ☐ Very much ☐ some ☐ None ☐ Very much ☐ some ☐ None ☐ Very much ☐ some ☐ None ☐ Very much ☐ some ☐ None ☐ Very much ☐ some ☐ None ☐
626	Did the care you gave to adult household members give you the following ...? <i>(Read and tick all that apply)</i>	A chance to keep busy and occupied A chance to do things that makes use of your abilities A chance to feel a sense of accomplishment despite the difficulties A chance to do something useful for your sick household member	Yes ☐ somewhat ☐ No ☐ Yes ☐ somewhat ☐ No ☐ Yes ☐ somewhat ☐ No ☐ Yes ☐ somewhat ☐ No ☐

Section 7: Receiving care

Interviewer to read: Now we will continue asking questions about the assistance and care you might have needed and received.

FINANCIAL ASSISTANCE

701	Do you receive financial assistance for.....? <i>Read and record all that apply</i> <i>If all answers are 'NO' skip to Q705</i>	Paying for medicines Yes ☐ No ☐ Paying doctor or clinic or hospital fees Yes ☐ No ☐ Paying for food Yes ☐ No ☐ Paying for clothing Yes ☐ No ☐ Paying for transportation Yes ☐ No ☐ Paying school expenses (for offspring) Yes ☐ No ☐ Other SPECIFY _____
702	Who is/are the provider(s) of this financial assistance to you? <i>Record all answers given</i>	Spouse ☐ Son/daughter ☐ Grandson/daughter ☐ Sibling ☐ Other relative ☐ Community ☐ Neighbour/ Friend ☐ Government ☐ Church ☐ Insurance ☐ Other Specify _____
703	For how long have you been receiving this assistance?	Years Months
704	Overall, how difficult would you say it has/ had been to receive financial assistance?	Very difficult ☐ A little difficult ☐ Not difficult ☐
705	In the past, before you became ill, were you contributing to the household in cash or in kind or labour?	Yes ☐ No ☐ <i>If 'No' Skip to Q707</i>
706	Were you the main provider of cash or labour for the household?	Yes ☐ No ☐

GOVERNMENT GRANTS

707	Are you receiving any government grant meant for your use? <i>Tick only one. If 'No, none' Skip to Q709.</i>	Yes, Care Dependency ☐ Yes, Disability ☐ Yes, Old Age Pension ☐ No, none ☐ Other Specify _____
708	On what do you <u>mainly</u> use this grant you receive? <i>Tick only one</i>	Own upkeep ☐ Care and support another household ☐ Household expenses ☐ Given to adult member of household ☐ Other Specify _____
709	Are you receiving any government grant on behalf of some other member of your household? <i>Record all answers given</i>	Yes, Care Dependency ☐ Yes, Disability ☐ Yes, Old Age Pension ☐ Yes, Foster Care ☐ Yes, Child Support ☐ No, none ☐ Other Specify _____

PHYSICAL ASSISTANCE

710	Do you receive physical assistance such as.....? <i>Read and tick all that apply</i> <i>If all answers to Q710 are 'NO' skip to Q713</i>	Buying food Yes ☐ No ☐ Agricultural work Yes ☐ No ☐ Fetching water Yes ☐ No ☐ Cooking Yes ☐ No ☐ Going to clinic or traditional healer Yes ☐ No ☐ Other SPECIFY _____
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711	Who is/are the provider(s) of this assistance to you? TICK ALL THAT APPLY	Parent ☐ Spouse ☐ Son/daughter ☐ Grandson 16+ ☐ Grand daughter 16+ ☐ Grandson under 16 ☐ Granddaughter under 16 ☐ Community volunteer ☐ Neighbour ☐ Government ☐ Church ☐ Sibling ☐ Friend ☐ Other Specify _____
712	For how long have you been receiving this assistance?	Years Months

NURSING CARE AND SUPPORT

713	Do you know your HIV Status?	Yes ☐ No ☐																		
714	Do you need care, support and/or treatment?	Yes ☐ No ☐																		
715	Are you receiving any care, support and/or treatment?	Yes ☐ No ☐ If 'No' Skip to Q717																		
716	Could you tell us why you need care, support and/or treatment? Do <u>not</u> read the response categories. Tick only one. Complete next section as well if 'HIV/AIDS related' is mentioned	HIV/AIDS related ☐ TB related ☐ Health related reason, Specify _____ Other reason, Specify _____ Don't know ☐ Refused ☐																		
717	Do you receive care/assistance with...? Read and record all that apply	<table border="0"> <tr> <td>Bathing (washing one's body)</td> <td>Yes ☐</td> <td>No ☐</td> </tr> <tr> <td>Eating (assistance with eating but not cooking)</td> <td>Yes ☐</td> <td>No ☐</td> </tr> <tr> <td>Dressing (putting on or taking off clothing)</td> <td>Yes ☐</td> <td>No ☐</td> </tr> <tr> <td>Toileting (getting to and using the toilet)</td> <td>Yes ☐</td> <td>No ☐</td> </tr> <tr> <td>Moving around (within or outside dwelling)</td> <td>Yes ☐</td> <td>No ☐</td> </tr> <tr> <td>Hygiene problems (bowel and bladder control)</td> <td>Yes ☐</td> <td>No ☐</td> </tr> </table>	Bathing (washing one's body)	Yes ☐	No ☐	Eating (assistance with eating but not cooking)	Yes ☐	No ☐	Dressing (putting on or taking off clothing)	Yes ☐	No ☐	Toileting (getting to and using the toilet)	Yes ☐	No ☐	Moving around (within or outside dwelling)	Yes ☐	No ☐	Hygiene problems (bowel and bladder control)	Yes ☐	No ☐
Bathing (washing one's body)	Yes ☐	No ☐																		
Eating (assistance with eating but not cooking)	Yes ☐	No ☐																		
Dressing (putting on or taking off clothing)	Yes ☐	No ☐																		
Toileting (getting to and using the toilet)	Yes ☐	No ☐																		
Moving around (within or outside dwelling)	Yes ☐	No ☐																		
Hygiene problems (bowel and bladder control)	Yes ☐	No ☐																		
a.	Do you receive care/assistance with...?	Preparing and taking medicines Yes ☐ No ☐ Had no medicines ☐																		

718	Overall how satisfied are you with the care/assistance you have received?	Satisfied ☐ Indifferent ☐ Not satisfied ☐
719	Overall, how difficult would you say it has been for you to arrange this care/assistance?	Very difficult ☐ A little difficult ☐ Not difficult ☐
720	Is there anything else you would like to tell us about the care/assistance you have received?	Yes ☐ No ☐
a.	Record verbatim:	

Interviewer: If 'HIV/AIDS related' was mentioned in Q716 Go to Q801, otherwise thank the respondent and end interview.

Section 8: HIV Experiences

EXPERIENCES OF LIVING WITH HIV/AIDS (only for respondents who know they are HIV infected)

Interviewer read: Now I would like to continue asking questions for this study about your health but the questions we will ask are now related to HIV and ARV treatment. We are asking these questions to get a better understanding about how this HIV affects older people but also the experience older people have with the ARV treatment.

801	How long ago did you learn that you have HIV?	Years _____ Months _____																												
802	How was your health at the time you tested HIV positive?	Good ☐ Moderate ☐ Bad ☐ <i>IF 'Good' Skip to Q804</i>																												
803	For how long had you been sick before you learnt that you have HIV?	Years _____ Months _____																												
804	Since knowing that you have HIV, have you changed residence?	Yes ☐ No ☐ <i>IF 'NO' SKIP TO 806</i>																												
805	Did you move dwellings because of? Read and record all that apply	Needed care Yes ☐ No ☐ Fail to pay rent Yes ☐ No ☐ Stigma Yes ☐ No ☐ Feeling better Yes ☐ No ☐ Other (specify) _____																												
806	During the last 3 months how would you say your health was?	Good ☐ Moderate ☐ Bad ☐ <i>IF 'Good' Skip to Q808</i>																												
807	What signs of illness did you experience during the last 3 months? Read responses and tick all that apply	Diarrhoea ☐ Itchy skin ☐ Herpes zoster ☐ Night sweats ☐ Vomiting ☐ Incontinence ☐ Feeling very weak ☐ Not able to sleep ☐ Confused ☐ Painful wounds ☐ Pain in the body ☐ Cough, chest pain ☐ Fever ☐ Could not eat because of nausea ☐ Could not eat because of pain when swallowing ☐ Others Specify _____																												
808	Before taking ARVs did you need any personal / nursing care?	Yes ☐ No ☐ Not yet on ARVs ☐ <i>IF 'Not yet on ARVs' End interview</i>																												
809	How long ago did you start ARVs treatment?	Years _____ Months _____ Weeks _____																												
810	Do you experience any of these problems with taking the ARVs? Read and record all that apply	Has side effects ☐ Sometimes forgets ☐ Needs certain kinds of food ☐ Other specify _____																												
811	Did you experience any serious side effects after starting ARV such as..? Read and record all that apply <i>If did not experience <u>any</u> side effects, Skip to Q815</i>	<table border="0"> <tr> <td>Skin conditions</td> <td>Yes ☐ No ☐</td> <td>Yellow eyes</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td>Muscle weakness</td> <td>Yes ☐ No ☐</td> <td>Pain in the muscle</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td>Nausea/ vomiting</td> <td>Yes ☐ No ☐</td> <td>Diarrhoea</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td>Hallucinations</td> <td>Yes ☐ No ☐</td> <td>Bad dreams</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td>Self hate</td> <td>Yes ☐ No ☐</td> <td>Fears</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td>Sadness</td> <td>Yes ☐ No ☐</td> <td>Unreasonable/irritable</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td colspan="4">Other specify _____</td> </tr> </table>	Skin conditions	Yes ☐ No ☐	Yellow eyes	Yes ☐ No ☐	Muscle weakness	Yes ☐ No ☐	Pain in the muscle	Yes ☐ No ☐	Nausea/ vomiting	Yes ☐ No ☐	Diarrhoea	Yes ☐ No ☐	Hallucinations	Yes ☐ No ☐	Bad dreams	Yes ☐ No ☐	Self hate	Yes ☐ No ☐	Fears	Yes ☐ No ☐	Sadness	Yes ☐ No ☐	Unreasonable/irritable	Yes ☐ No ☐	Other specify _____			
Skin conditions	Yes ☐ No ☐	Yellow eyes	Yes ☐ No ☐																											
Muscle weakness	Yes ☐ No ☐	Pain in the muscle	Yes ☐ No ☐																											
Nausea/ vomiting	Yes ☐ No ☐	Diarrhoea	Yes ☐ No ☐																											
Hallucinations	Yes ☐ No ☐	Bad dreams	Yes ☐ No ☐																											
Self hate	Yes ☐ No ☐	Fears	Yes ☐ No ☐																											
Sadness	Yes ☐ No ☐	Unreasonable/irritable	Yes ☐ No ☐																											
Other specify _____																														
812	How many weeks did these side effects last?	Weeks _____																												
813	Are you still experiencing these side effects?	Yes ☐ No ☐																												
814	Have you changed ARVs because of side effects?	Yes ☐ No ☐																												
815	Has your health improved since taking ARVs?	Very much ☐ Same as before ☐ Is worse ☐																												
816	Does anyone living in the household ever remind you to take ARVs on time? Tick only one	Daily or almost daily ☐ Several times a week ☐ Only once in a while ☐ Rarely or never ☐ At first but not now ☐ Other Specify _____																												
817	Does anyone accompany you when you go for follow up visits?	Yes, always ☐ Yes, sometimes ☐ Only when feeling sick ☐ No ☐ <i>IF 'No' End interview</i>																												
818	Who usually accompanies you for follow up (and or resupply) visit?	Family member ☐ Friend ☐ Community volunteer ☐																												

End time of interview _____
Hours _____ Mins _____

End of interview. Thank the respondent.