

# **WORLD HEALTH SURVEY**



## **GUIDE TO ADMINISTRATION AND QUESTION BY QUESTION SPECIFICATIONS**

**World Health Organization 2002**

## **SECTION I**

### ***HOW TO ADMINISTER THE QUESTIONNAIRE***

#### **1. OBJECTIVES**

The questionnaire for the World Health Survey has been developed by WHO to compile comprehensive baseline information on the health of populations. The instrument is intended to be used in different cultures and settings, and has already been translated into several local languages. The questionnaire comes in a modular and modules can be administered separately.

The questionnaire consists of 3 parts:

- A) HOUSEHOLD QUESTIONNAIRE
- B) INDIVIDUAL QUESTIONNAIRE
- C) APPENDICES (KISH Tables, Vignettes, Cards)

The modules are the following:

#### **A) HOUSEHOLD QUESTIONNAIRE**

- 0000 - Coversheet
- 0100 - Sampling
- 0200 - Geocoding
- 0300 - Recontact Information
- 0350 - Contact Record
- 0400 - Household Roster
- 0450 - KISH Tables
- 0500 - Household Questionnaire
- 0550 - Household Consent Form
- 0560 - Malaria / Bed-nets
- 0570 - Household Care
- 0600 - Health Insurance
- 0650 - Community Health Insurance Programs
- 0700 - Permanent Income
- 0800 - Expenditures
- 0900 - Health Occupation

#### **B) INDIVIDUAL QUESTIONNAIRE**

- Individual Consent Form
- 1000 - Socio Demographic Characteristics

2000 - Health State Descriptions  
3000 - Health State Valuations  
4000 - Risk Factors  
5000 - Mortality  
6000 - Coverage  
7000 - Health System Responsiveness  
8000 - Health Goals and Social Capital  
9000 - Interviewer Observations

## **C) APPENDICES (KISH Tables, Vignettes, Cards)**

Household Questionnaire : Q450 : Kish Tables

Individual Questionnaire : 2000 : Vignettes  
Individual Questionnaire : 3000 : Cards  
Individual Questionnaire : 4000 : Cards  
Individual Questionnaire : 6000 : Medicine List  
Individual Questionnaire : 7000 : Vignettes  
Individual Questionnaire : 8000 : Cards  
Individual Questionnaire : 8000: Vignettes  
Individual Questionnaire: Response Scales

This manual is to be used as a training tool for interviewers when administering the questionnaire.

## **2. RESPONDENTS**

The questionnaire is to be administered to adults aged 18 or older from different educational and cultural backgrounds. The respondent does not need to be literate. However, depending on the respondent's age, maturity and cognition, as well as the place where he comes from, some questions or concepts may be more difficult to understand than others. Cards (i.e. written prompts) will be provided to respondents as a memory aid.

## **3. DURATION OF INTERVIEWS**

The interview is expected to last on average 90 minutes but may take longer depending on the comprehension and literacy level of the respondent. Respondents who have problems with language, are less educated, are very talkative or have many difficulties because of their health condition may take longer to answer questions.

## **4. CONDUCTING THE INTERVIEW IN PRIVATE**

The respondent should be interviewed in private and ideally no other member of the household should be present. If total privacy is not possible, the respondent may have to be

interviewed outside the house. However, in cases where the respondent wants someone to be there during this interview, exceptions to the rule could be considered.

## 5. SURVEY QUESTIONS

Different types of questions and response categories are used throughout the questionnaire.

### a. Types of questions

- *Close-ended questions*: respondents must choose among the options already provided to them.

Q2002. Overall in the last 30 days, how much difficulty did you have with moving around?

None	Mild	Moderate	Severe	Extreme/ Cannot do
1	2	3	4	5

- *Open-ended questions*: respondents must give the answer in their own words.

Q7300. What was the name of the last health care provider you [your child] used in the last 12 months ? [Interviewer: try get the name of the clinic or health centre, rather than the doctor, if the respondent used a clinic or health centre. If the respondent was visited at home, write “home visit”].

\_\_\_\_\_

### b. Types of response choices

- *Categorical choices*: respondents must choose the category that best applies to them.

Q1008. What is your current marital status?

Never Married	Currently Married	Separated	Divorced	Widowed	Cohabiting
1	2	3	4	5	6

- *Ordinal choices*: respondents must rate or order choices.

Q1003. If you don't know/don't want to tell me your age could you tell me the age range if I read the different options to you? (**choose what is most appropriate**)

18-19	20-29	30-39	40-49	50-59	60-69	70+
1	2	3	4	5	6	7

- *Numerical choices:* respondents must provide numbers, such as age, height or weight

Q1010. How many years of school, including higher education, have you completed?

Number of years\_\_\_\_\_

## 6. RECORDING TIME

Time is recorded several times during the interview. The time variable is stated as “Time Begin” to mark the beginning of the interview and “Time End” to mark the end. Time should be recorded following international conventions.

00 = MIDNIGHT	12.00 = 12PM
01.00 = 1AM	13.00 = 1PM
02.00 = 2AM	14.00 = 2PM
03.00 = 3AM	15.00 = 3PM
04.00 = 4AM	16.00 = 4PM
05.00 = 5AM	17.00 = 5PM
06.00 = 6AM	18.00 = 6PM
07.00 = 7AM	19.00 = 7PM
08.00 = 8AM	20.00 = 8PM
09.00 = 9AM	21.00 = 9PM
10.00 = 10AM	22.00 = 10PM
11.00 = 11AM	23.00 = 11PM

Time should be recorded using 4 digits: **09:00**

## SECTION III

# GENERAL INTERVIEWING GUIDELINES

---

## A. GENERAL OVERVIEW

---

### 1. STANDARDIZATION

Standardization means that every interviewer must conduct the interview the same way with each respondent. This is done to minimize differences in responses that might occur if formatting conventions or interviewing techniques changed with every respondent. A respondent might answer very differently if he was to be interviewed with other people in the room or if the interviewer was unpleasant or patronizing. Likewise, a rushed interview or the interviewer's lack of interest may greatly affect responses. Research has shown that the interviewer can have an effect on the data collection because of four factors: socioeconomic background, unconventional administration of the questionnaire, wording and intonation, and reaction to respondent's difficulties in understanding the questionnaire. Except for the interviewer's background, the other three factors can be addressed in training.

### 2. ROLE OF INTERVIEWER

The interviewer is responsible for asking questions, answering the respondent's queries, recording answers and editing the completed questionnaire. He must check that the respondent has understood the questions by using interviewing techniques, such as neutral probes, clarification and appropriate feedback, and determine whether the answer given is appropriate. Listening to what the respondent is communicating, both verbally and non-verbally, will ensure that the information is correct. The interviewer must set the pace of the interview and keep the respondent focused and interested. The atmosphere should be comfortable and pleasant at all times.

Before going to the field, the interviewer must know the questionnaire and how it is to be administered. A thorough preparation as well as extensive practice will guarantee that this is achieved.

### 3. ROLE OF RESPONDENT

The role of the respondent is to cooperate with the interviewer and follow his instructions. He must listen to questions attentively without interrupting, take his time before answering, and try to give an accurate and complete response as much as possible. The respondent should ask for clarifications whenever a question seems unclear to him and ask the interviewer to repeat or rephrase it. Trying to answer an unclear question is likely to lead to an incorrect response.

#### **4. ROLE OF SUPERVISOR**

The role of the supervisor is to monitor the progress and quality of the data collection, and ensure that interviewers are performing work. This includes handling the logistics of the survey, coordinating with other staff, recruiting and training additional interviewers, and supervision. Supervision must be given to interviewers before, during, and after the interview. Supervisors must not only check that contact procedures are followed correctly but that interviews are conducted appropriately. They should be present for 10 interviews and ensure that standardized interviewing techniques are observed when asking questions, clarifying, probing and giving feedback in a non-directive manner. After the interview has been conducted, they must also check that data is coded and entered correctly. Supervisors must give feedback and debrief on a regular basis, in order to update the organization responsible for the study on the progress of the survey and any problems that have arisen.

---

## B. QUESTIONNAIRE CONVENTIONS

---

### Objectives

- Identify and use interviewer instructions correctly throughout the questionnaire
- Recognize typographical conventions and what they mean
- Learn how to use visual aids

## 1. INTERVIEWER INSTRUCTIONS

- Anything written in standard print is to be read to the respondent.

**Example:**

Overall in the last 30 days, how much difficulty did you have with moving around?

- Anything written in *italics* and in **bold** (uppercase or lowercase) is an interviewer instruction and should not be read aloud

**Example:**

*These questions are to be asked of all women of reproductive age (between the ages of 18-49 years).* **Read and show card to RESPONDENT.**

## 2. SKIPS WITHIN QUESTIONS

- Skip instructions are shown in bold and usually in the far right column. Skipped questions must be left blank.

**Example:**

Q1002	How old are you? (Years)		<b>888. DK</b>	<b>If age known: Go to Q1004</b>
-------	-----------------------------	--	----------------	----------------------------------



### 3. UNDERLINED TYPE

- Words, which are underlined within questions, are key words or phrases that need to be emphasized when read to the respondent.

**Example:**

What is your current marital status?

### 4. VERBATIM ENTRIES

- *A line following the question indicates where the response must be recorded. Responses should never be changed but recorded exactly as stated.*

**Example:**

Q1004: Your weight in Kilos? \_\_\_\_\_

- In some question an option with “other” must be specified:

**Example:**

Q6563: *If Yes:* Where did the child first receive care?

1. Hospital
2. Outpatient facility (including health centre, health post, clinic)
3. Pharmacy
4. Private physician
5. Traditional healer
6. Other: Specify \_\_\_\_\_

### 5. PARENTHESIS

- Items in parentheses ( ) contain examples to illustrate a point and are to be read to the respondent. Alternative examples that are culturally appropriate may be substituted.

**Example:**

In the last 30 days, how much difficulty 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, etc.)?

### 6. BRACKETS

- Items in brackets [ ] contain:
  - a. instructions to translators. English-speaking interviewers may also use these

guidelines, whenever needed, to clarify a question and/or make it relevant to the respondent's culture.

**Example:**

How much difficulty did you have in vigorous activities, such as running 3 km [or equivalent] or cycling?

- b. instructions to interviewers. Depending on the information that the respondent has provided in previous questions, the interviewer will choose the most appropriate option.

**Example:**

Was this period [of sadness/loss of interest/low energy] most of the day, nearly every day?

## **7. VISUAL AIDS**

- The function of visual aids is to help respondents remember important information while answering questions and rate different items.

Visual aids include cue cards, sets of vignettes and cards, and response options.

Enough time must be allowed for respondents to examine the cards and think about their responses.

Interviewer instructions are given throughout the questionnaire so the interviewer knows when to produce the visual aids and how to use them. Practice is recommended beforehand in order to facilitate the flow of the interview.

---

## C. INTERVIEWER INSTRUCTIONS

---

### Objectives

- **Learn how to introduce yourself well**
- **Learn how to use interviewing techniques in a standardized way**

## 1. INTRODUCTION TO THE INTERVIEW

The interviewer must clearly communicate the objectives of the survey to the respondent. Knowing what is expected of him will contribute to the accuracy in responses. He should establish a good rapport by introducing himself and the survey well.

Two things can be done:

- **Make a good impression**
  1. You are a professional interviewer from a legitimate and reputable organization.
  2. The questionnaire is for gathering data for important, worthwhile research.
  3. The respondent's participation is vital to the success of the research.
  4. The responses given will be confidential and will only be used for research purposes. Respondents will have to sign an informed consent form, which explains about the survey and what will be expected of them.

The interviewer can use the following introduction or decide which one works best.

### **Example of introduction:**

“Hello my name is...and I work for.... The reason I am contacting you is because we are conducting a survey on health in your country and I would like to ask you a few questions. Let me assure you that whatever information you tell us will not be disclosed to anyone and will only be used for research purposes”.

- **Make a good interview start**
  1. You should be pleasant and assertive, and make the respondent feel at ease.
  2. You should know the questionnaire thoroughly and be well prepared to answer any questions.
  3. You should speak slowly and clearly to set the tone for the interview.
  4. You should adapt your introduction to the respondent, as different respondents require different amounts of information.
  5. You should be motivated and interested in the interview.

## 2. ASKING QUESTIONS

When asking the questions, the interviewer should point out that there are no right or wrong answers and that the interview is not a test. It is important to ask questions according to certain rules to avoid biased answers and ensure comparability of data.

All options must be read aloud to the respondent except for DK, Refuse, NA and other.

- Read the questions as they are written in the text. Do not change the wording.
- Do not change the order of the questions.
- Read the questions slowly and clearly, emphasizing key words underlined.
- Read the questions in a pleasant voice that conveys interest and professionalism.
- Maintain good eye contact and adopt body language that is culturally appropriate.
- Read the entire question to the respondent and make sure he has heard it completely.
- Do not skip questions even if the respondent has given the answer earlier.
- Verify information given by respondent earlier, acknowledging the information he has already provided.

Assumptions should never be made about the respondents' answers because of their health condition or lifestyle. The interviewer may be tempted to skip certain questions because of assumptions or make comments such as "I know this probably doesn't apply to you, but..." This practice may prevent getting accurate and unbiased information or learn to what extent answers to earlier questions actually do predict answers to later ones.

The interview should not be rushed and respondent must be allowed enough time to understand and answer a question. If he feels pressured to give a quick reply, he may answer anything that crosses his mind or say that he "doesn't know". In addition, trying to have a rushed interview will slow things down, as questions will need to be repeated a second time.

## 3. CLARIFICATION

*Clarification is needed when the respondent:*

- Is unable to answer the question asked.
- Does not seem to understand the question and gives an inappropriate reply.
- Does not seem to have heard the question.
- Is taking time to answer the question and hesitates.
- Asks about a specific part of the question to be repeated. It is acceptable for the interviewer to repeat only that part.
- Asks for one option to be repeated. The interviewer should read all options again but may omit one option if it has clearly been eliminated by the respondent.
- Asks for one term to be clarified. The interviewer should refer to the definitions provided in the manual when they exist. Otherwise the respondent should answer the question according to whatever the questions means to him.

## 4. PROBING

*Probing is needed when the respondent:*

- Seems to understand the question but gives a response that is not appropriate.
- Does not seem to understand what is asked.
- Misinterprets the question.
- Cannot make up his/her mind.
- Digresses from the topic or gives irrelevant information.
- Needs to expand on what he has said or clarify his/her response.
- Gives incomplete information or his/her answer is unclear.
- Says that s/he doesn't know the answer.

*Probing techniques:*

- Simply repeat the question. The respondent may come up with the right answer if s/he hears the question a second time.
- Pause. This gives the respondent time to collect his/her thoughts and expand on his/her answer if s/he has more to say. The interviewer must be sensitive enough to know when to use a pause and for how long. Usually a pause together with an expectant look or a nod will encourage communication.
- Repeat the respondent's reply. This is often a very effective way of having the respondent reflect of the answer s/he has just given. The interviewer can repeat the question as s/he is recording it.
- Use neutral introductions to avoid biasing responses. Do not ask leading questions or suggest answers such as "I guess you mean...", as they may influence the respondent. Instead say: "overall, generally speaking..." The interviewer should never give the impression that s/he approves or disapproves what the respondent says, or that his/her answer is right or wrong. If the respondent asks for his/her opinion, the interviewer should say that s/he is interested in what the respondent has to say and that s/he needs to keep the interview going. (See Table 1)

### **Common probing situations**

- Don't know (DK)

When the respondent says "I don't know" to a question, the general rule is to repeat the question. If the respondent still does not know, the interviewer should probe once before recording (DK). An effort at recall should be encouraged with a probe such as:

*Could you give me your best estimate?  
Which would be closer?*

If there is no DK option, DK should be recorded in the left margin.

If after probing the answer is still “don’t know”, it may mean that the respondent:

- Does not understand the question but is afraid of saying it
- Is taking time to think and wants to gain time
- Does not want to answer because of personal reasons
- Does not know or has no opinion
  
- Not applicable (NA)

Occasionally, the interviewer may ask a question that the respondent feels does not apply to him/her. The interviewer should ask him/her why the question does not apply to him/her and write down NA if it is clear that the question is irrelevant. If this option is not available, it should be recorded in the left margin.

In order for probing to be successful, the interviewer must be able to see why the respondent’s response is inadequate and does not answer what is asked. To avoid hurting the respondent’s feelings when s/he has been unclear, the interviewer should mention that perhaps s/he has misunderstood him/her.

## **5. FEEDBACK**

It is important that the interviewer tells the respondent when s/he is doing well, that is between 30 and 50% of the time. It is also a way of maintaining control over the interview. This will keep the motivation going and encourage good performance. Acceptable performance includes the following:

- Listening to the whole question without interrupting
- Giving appropriate and complete answers to the questions
- Answering in a way that meets the objectives of the questions
- Avoiding digression

*Feedback is needed when the respondent:*

- Needs to focus and get his/her attention back on the question.
- Is digressing from the topic.
- Is making inappropriate or personal enquiries.
- Is performing well: listens attentively and answers appropriately.

*Feedback techniques:*

- Vary the type of feedback by using different phrases.
- Pause briefly after feedback.
- Give verbal as well as non-verbal, such as a smile or a nod.
- Use short feedback sentences for short responses and longer feedback sentences for longer responses.
- Note down some of the things the respondent says. This will motivate the respondent if s/he feels that what s/he is saying is important.

Feedback must always be neutral and the interviewer should acknowledge the respondent's performance by using the following feedback sentences:

**Short feedback:** to acknowledge responses to close-ended questions

*Thank you/Thanks*  
*I see*  
*All right*

**Long feedback:** to reinforce respondent motivation and attention on long series of questions, open-ended questions, or questions that are difficult for the respondent.

*That is certainly useful/helpful information*  
*It is useful to get your ideas on this*  
*I see, that's helpful to know*  
*That can be difficult to remember/answer*

**Task-related phrases:** to acknowledge that what the respondent has said is important and worth recording.

*Let me get that down*  
*Let me make sure I have got that right (repeat answer)*  
*Let me go over what you have just told me*

In addition to listening to what the respondent is saying it is useful to pay attention to the gestures and tone of voice, as they can often give a better indication of what the respondent is trying to say if his verbal answer is confusing or inarticulate. Anger or frustration may not come through verbally but may be communicated non-verbally.

### **Situations requiring feedback**

- Respondent makes inappropriate enquiries and asks for advice or information, or wants to know about the interviewer's personal experiences.

Suggested phrases:

*In this interview, we are really interested in learning about your experiences.*  
*When we finish, let us talk about that.*  
*We will come to that later.*

- Respondent digresses from the questions by giving lengthy responses or unnecessary information.

*I have many more questions to ask so we should really move on.*  
*If you would like to talk more about that, perhaps we can do it at the end of the interview.*

- Respondent gives inappropriate responses or feels like conversing. Silence can be quite effective in this case.

Table 1 - STANDARD INTERVIEWING TECHNIQUES

Clarification	Probes	Neutral prefaces	Feedback
Overall ...	Can you be more specific?	Overall ...	I see ...
Generally speaking ...	What is your best estimate?	Well, in general ...	I get your point
Whatever ... means to you	What do you mean by that?	Generally speaking ...	That is useful information
Whatever you think is ...	In what sense are you saying that?	In the country as a whole	It is important to know what your opinion on this is
Let me repeat the question again	What do you think?	Let me repeat the question ...	Thank you for your clarification on this
Let me repeat the different options again	Which would be closer to your condition?	Yes, but ...	I understand what you are saying
The definition for ... is	Would you say that you strongly agree or disagree?	Of course, it is difficult to know	Your comments are very helpful
	Can you tell me more about that?	There are no right or wrong answers ...	Let me make a note of what you have just said
	Can you think of any other examples?	We are just interested in your opinion ...	Let me make sure I understand correctly
	How is that? In what way?	We all hope that ...	
	Anything else?		
	Can you explain?		

## 6. RECORDING INFORMATION

### Rules for recording information

The questions must not only be asked correctly but also recorded correctly, in order to have unbiased and reliable data. The respondent's answers must all be noted down. It is important to record not only what the respondent said, but also how s/he said it, to be able to recreate the atmosphere of the interview and get an idea of the respondent's personality. A number of things can be done to achieve this:



### **a. Write down the responses during the interview**

Responses must be transcribed while the respondent is talking, as the interviewer might not remember exactly what was originally said at a later stage.

### **b. Report what is said, the way it is said (verbatim reporting)**

- Responses must be recorded word-for-word without trying to correct the grammar, phrases or expressions to preserve the flavour of individuality of each interview.
- Responses must not be summarized or paraphrased as data may be misreported or missed out. The length of the response, the words, examples and expressions used by the respondent, all provide valuable information.
- Anything that is related to the question should be noted even if the answer is long. Qualifications such as “if” and “but” should be especially recorded, as well as expressions showing intensity of feelings e.g. “very”, “a little”.
- Justifications such as explanations to a closed-ended question should not be recorded.
- Digressions should not be recorded, but only answers that are relevant to the survey.
- Hesitations, mumbling or feedback should not be recorded.
- Comments or explanations must be recorded in brackets in the questionnaire next to the corresponding question.
- Keep the respondent’s interest. If the interviewer is too absorbed recording the answers the respondent may get bored. It is useful to say the respondent’s response aloud as the interviewer writes it down. This will allow the respondent to modify his reply or expand on it once s/he hears it.

### **Tips for taking notes**

- It is important to find a comfortable place for writing. The interviewer should sit in front of the respondent or in a place where what he writes cannot be seen.
- As soon as the respondent starts talking, the interviewer should start writing in order to reduce the waiting time for the next question.

### **Techniques for recording information**

- Use a pencil for writing. It will be easier to erase any information from the questionnaire or rewrite words or sentences. The interviewer should not erase any notes made, as they can be useful. Red ink is not to be used as it is for editor’s corrections.
- The information must be legible. An illegible handwriting may not be of much use if only the interviewer can read it.
- Check that all the questions have been asked. If a question has been skipped by mistake, it can be corrected. If the respondent decides to change his/her mind on one of the options, the new answer must then be recorded.

- Each interview must be identified and the following information must be noted on each questionnaire: interviewer's name, research centre number, household ID, rotation code, interview number, and date of interview.

### **How to record information**

#### **a. Closed-ended questions**

When a question requires that one option be circled, the interviewer must neatly circle the option, not the number. The number is for coding purposes. If an incorrect answer is circled because the respondent has changed his mind or because the interviewer has made a mistake, the answer should be crossed out with a (/) over it, and the correct option circled.

#### **b. Open-ended questions**

These questions should be filled in capital letters.

#### **c. Fill-in questions**

If entering number, answer should be in the appropriate box on the right-hand side or under the option.

#### **d. Marginal notes**

When the respondent gives an option, as well as additional descriptions such as "if", "except" or "but", such qualifications should be recorded the left margin since they may give important information to the researchers.

#### **e. Uncertainty about the respondent's answer**

If the interviewer is uncertain about a respondent's answer, the question should be repeated and the answer recorded exactly (i.e. paraphrasing a response when in doubt is not permitted). If the interviewer understands the response but is not sure about the coding, s/he should record enough information in the left margin for the coder to decide what it should be. S/he should also use a question mark (?) in the left margin to indicate the uncertainty to the editor.

If a question does not apply to a respondent and "NA" is not an option in the questionnaire, "NA" will then be recorded on the left margin and entered in the data entry program. Most questions will have "NA" in the program. The same thing will be done for the response "DK". If after probing, the respondent is unable to give an answer, "DK" should be recorded and later entered in the program.

## **f. Missing data**

If any question is accidentally missed by the interviewer, the interviewer enters MISSED in the left margin of the form. This indicates to the coder that the question was not asked. During an interview, if an interviewer notices that s/he missed a question, s/he should go back and ask the question, making a note in the margin that the question was asked out of sequence. If the missing data is not discovered until after the interview, the researcher must recontact the respondent.

Refusals to answer questions should always be recorded. The interviewer should circle the “Refuse” option. Before accepting a refusal, the interviewer should explain the objective of the question to the respondent.

## **7. EDITING**

Before leaving the household, the interviewer should review the questionnaire to check that it is complete and that no questions have been omitted. Right after the interview, the interviewer should spend time checking the questionnaire and make sure that:

- All the questions have been answered.
- The information recorded is clear and legible for others to read.
- Comments are being indicated between slashes.
- Open-ended questions are written in full sentences and not in abbreviations.
- The Interviewer Observations and Report is completed.

The interviewer should also edit the coversheet and check that:

- There is no missing information such as rotation code, interviewer’s name, interview number, date, length of interview and length of editing.
- The address is correct on the sample label.
- Every attempt call to the household is recorded, as well as the recontact information.

The interviewer should submit the completed to the study supervisor promptly, so that any errors in administration can be noted and procedures corrected before other interviews are completed incorrectly.

# QUESTION BY QUESTION SPECIFICATIONS

This purpose of these question by question specifications is to provide background information as to what is intended by each question. Interviewers should use this information when respondents request clarification about specific questions and they do not know the answer. Interviewers and supervisors should refrain from offering their own interpretations.

In this section please note that the question is in bold as well as the interviewer's instructions. Skips to other questions are usually in *Italics*. This editing style is different to the one used in the questionnaire but has been adopted for practical reasons.

## **A) HOUSEHOLD QUESTIONNAIRE**

### **0000 - COVERSHEET**

---

#### **Identification Information**

**Q0001. Research Centre Number**

Number of Research Centre undertaking the survey.

**Q0002. Respondent ID**

Number that identifies the respondent.

**Q0003. Is this the initial or retest interview?**

Initial interview: first time respondent is interviewed

Retest interview: second time respondent is interviewed

The retest should be done by a different interviewer.

**Q0003a. If retest interview, indicate number of days between initial and retest**

The retest must be done within 1-7 days after the initial interviews have been conducted.

**Q0004. Rotation Code**

Record here the form that was used for the individual questionnaire: A, B, C or D.

**Q0005. Interviewer ID**

ID of person conducting the interview.

**Q0006. Name of interviewer**

Name of person conducting the interview.

**Q0007. Total Number of calls**

This is the number of contact calls that were attempted to contact the respondent. A maximum of 10 attempts should ideally be made. However, 3 or 4 calls may be more realistic in some countries. Each country will decide on the optimum number of calls and communicate this to WHO. Phone calls, which are not answered or messages left on answering machines, will not be counted as contact calls.

**Q0008. Date of final results**

Date when interview took place.

**Q0009. Final result code**

The result code corresponds to the result of the contact calls, whether or not the respondent accepted to do the interview and the reasons for non-interviews. No substitutions will be done if the respondent cannot do the interview. Another respondent will be drawn from the

sample. Interviewers should fill in the Call Records Forms provided in the questionnaire specifying the reasons for non-interviews, as well as other contact information.

Date when the final result code was given after having made all the contact calls.

One of the following codes should be used to document the final result:

#### RESULT CODES FOR CONTACT CALLS

##### **a. Initial Contact**

- 01. Answering machine or answering service
- 02. Unable to contact (busy signal, dead tone, number has changed)
- 03. Respondent contacted – initial refusal
- 04. Respondent contacted – uncertain about interview
- 05. Resistance/refusal by household member

##### **b. Final contact**

###### **• Completed interview**

- 06. Completed Interview (interview is accepted and conducted)
- 07. Partial Interview (interview is partially completed and person will not be contacted anymore) because of illness or other reasons.

###### **• Non-interview**

- 08. Final Refusal by respondent
- 09. Final Refusal by household member
- 10. Unable to locate respondent
- 11. No interview because respondent is not eligible: less than 18, mentally unfit or too ill.
- 12. Language barrier
- 13. House is vacant or household occupants are elsewhere (e.g. seasonal vacancy, other residence)
- 14. Unsafe or dangerous area or no access to respondent
- 15. Deceased respondent
- 16. Respondent in institution: jail, hospital and not accessible

#### **Q0010. Date of editing**

Date when supervisor edited the data.

#### **Q0011. Data entry**

Dates when data was entered the first and second time.

## **0100. Sampling Information**

### **Q0100. Primary Sampling Unit (PSU) Number**

List PSUs and codes.

For example if the PSU is 'county' and the respondent's household is in 'Riordan' county, you write 'Riordan' for question 0101.

### **Q0101. Secondary Sampling Unit (SSU) Name**

Name of the secondary sampling unit level that the respondent belongs to.

### **Q0102. Tertiary Sampling Unit (TSU) Name**

Name of the tertiary sampling unit level that the respondent belongs to.

### **Q0103. Quaternary Sampling Unit (QSU) Name**

Name of the quaternary sampling unit level that the respondent belongs to.

### **Q0104. Setting**

The setting may be:

1. Urban
2. Peri-urban / Semi-urban
3. Rural
4. Other

Specify:

*The countries must define these categories and provide the definitions to WHO to allow for comparison of data between countries. The category 'Other' is for countries who wish to use more specific divisions of setting than the four provided. Those countries using additional categories than the four provided must provide WHO with a list and definitions of categories used.*

## **0200 - Geocoding Information**

The Geocoding information is recorded for the cluster that the respondent belongs to, in the smallest sampling unit above the household level.

### **Q0200. Latitude**

Specify North or South of the equator

Specify position in degrees complete to five decimal points

### **Q0201. Longitude**

Specify East or West of the Greenwich meridian (Greenwich, England)

Specify position in degrees complete to five decimal points

### **Q0202. Waypoint**

The waypoint is the point on the ground where a Latitude/Longitude/Altitude measurement (specified in questions Q0200 and Q0201) was taken.

The waypoint may be:

1. The center of gravity of the cluster
- or
2. In front of the household
- or
3. Nearby location (park, parking lot, etc.)

### **0300. Recontact Information**

### **0350. Contact Record**

### **0400. Household roster**

#### **Q0400 – Q0406. Males**

#### **Q0407 – Q0413. Females**

In the household rosters (columns A to I in coversheet and appendix), for items C (Age), D (Education) and E (Marital Status), the options provided in the questionnaire should be used.

All the males in the household should be entered first, starting with the oldest male, to the second oldest, to the third, until all males are listed. All the females should then be entered, from the oldest to the youngest female.

Column C (Age): Code here age in years completed; If the child is less than 1 year old, code “0”.

A member of the household can either be someone who usually stays in the household, sleeps and shares meals, who has that address as primary place of residence, or who spends more than 6 months a year living there. The definition of household member would also apply to someone currently in an institution due to a health condition, prior to being institutionalized.

*Depending on the household structure of each country, as defined in the sampling frame used in each country, each site will have to decide on the most appropriate definition. This information should also be provided to WHO.*



## **0500. Household Questionnaire**

### ***TO BE ASKED OF ALL HOUSEHOLDS***

**Q0500. Who is the person who provides the main economic support for the household?**

**Record Line Number from Household Roster**

The term "person who provides the main economic support" usually will mean the highest labour earnings, but also could be an individual who earns profits from a business, interest on assets, or receives a pension or other kind of public or private benefit.

If the person provides the main economic support for the household, but doesn't spend more than 6 months a year living there, s/he should not be listed in the household roster and should not be, therefore, listed under this question.

**Q0501. Note for Interviewer: Determine who is the 'Household Informant'**

**Record their Line Number from the Household Roster**

The interviewer will have to determine the person in the household most knowledgeable about the household's health status, employment, financial condition, expenditures and health insurance. Several persons in the household may have to be spoken to in order to determine this. The person identified here may be different from the person coded on Q0500.

If multiple people provide information on the household questionnaire, the person providing most of the information will be coded here.

**Q0550. Who was the Household Informant Consent Form read by?**

**Q0551. Was the Household Informed Consent Form Agreed to and Signed / but Not Signed or Refused?**

The interviewer must ask the respondent to read a Household Informed Consent Form before the interview or read it for him/her. S/he must make sure that the respondent understands what his/her participation involves before signing. The interviewer alone may sign the form if the respondent agrees to the interview but does not wish to sign or in cases where the respondent may be unable to sign e.g. if respondent is illiterate or has a severe vision impairment.

## **0560. Malaria Prevention: Use of bed-nets**

### **TO BE ASKED IN MALARIA ENDEMIC AREAS ONLY**

**Q0560. Do you have a mosquito bed-net in the house?**

The purpose of this question is to assess how many persons are being correctly covered by prevention interventions. An answer of “yes” is appropriate only if the person slept under the bed net the night before the interview, and not if s/he says s/he usually sleeps under one but for some reason did not the previous night.

*If No or DK: Go to Q0570*

**Q0561. Were the bed-net s treated with insecticide, a product that kills insects?**

In order for the use of bed nets to be effective in preventing mosquito bites and the transmission of malaria, they should be treated with insecticide, a product that kills mosquitoes.

*If No or DK: Go to Q0563*

**Q0562. *If Yes*: When was the last time the bed-net was (re-)treated with this product?**

Since insecticide is effective only for a certain period of time, it is important to know when the bed net was treated with this product last time. The interviewer should record in the appropriate box the time interval in days, weeks, months or years as reported by the respondent.

**Q0563. Can you please tell me how many children aged under 5 years live in this household?**

Enter the number of children. If NO child under age 5 in household, enter “0”. Correct number of children in household and update roster if necessary.

*If No children under age 5 in household: Go to Q0565*

**Q0564. How many of these children slept under a mosquito (bed) net last night?**

The purpose of this question is to assess how many young children, a group highly vulnerable to malaria, are being correctly covered by prevention interventions. Record only the number of children aged under five years who slept under a bed net the night before the interview. Do not count children whom the respondent says usually sleep under one, but for some reason did not the previous night.

**Q0565. Can you please tell me how many women who live in this household are currently pregnant?**

Enter the number of women.

*If NO women are currently pregnant, enter “0” and Go to Q0567.*

**Q0566. How many of the pregnant women in this household slept under a mosquito bed-net last night?**

The purpose of this question is to assess how many pregnant women, a group of persons highly vulnerable to malaria, are being correctly covered by prevention interventions. An answer of “yes” is appropriate only if the women slept under the bed net the night before the interview, and not if she says she usually sleeps under one but for some reason did not the previous night.

**Q0567. How many other persons who live in this household slept under a mosquito bed-net last night? (That is, all the other household members except for young children or pregnant women).**

Enter the number of other person. Don't include the children aged under 5 years and pregnant women.

## **0570. Household Care**

**Q0570. Is there anyone in your house who is in an institution (hospital, after care home, home for the aged, hospice etc.) due to their health condition?**

*Note to interviewer:* If that person is picked randomly as the respondent they will be interviewed in the institution (if the condition is chronic and return to home in the near future is unlikely) or upon return to home (if the condition is acute and return to home is likely in the next 2 weeks). Additional pages are attached. Please feel free to add other additional pages as necessary.

**Q0571. Is there anyone in your home, a child or adult) who needs care because of a long-term physical or mental illness or disability, or is getting old and weak?**

*Note to interviewer:* If that person is picked randomly as the respondent they will be interviewed in the institution (if condition is chronic and return home in the near future is unlikely) or upon return to home (if the condition is acute and return to home is likely in the next 2 weeks).

*If No: Go to Next Section*

**Q0572. How much care does this person need?**

1. Needs help / watching all the time (day and night)
2. Cannot be without help/ watching or be left alone at home for more than an hour.
3. Can be left on his/her own at home for several hours but requires accompaniment when leaving home.
4. Needs some help at home and sometimes needs to be accompanied when leaving home.

*If there is more than 1 person needing care in the household, the respondent should be told to focus on the person needing the most care when answering this question.*

**0600 Health Insurance**

The purpose of this section is to learn whether or not people are covered by health insurance plans, along with some characteristics of the insurance plans and their costs.

**Instructions for Survey Institution:**

The categories in column B should include the major types of mandatory health insurance in the country. *Mandatory health insurance* would include any system or organization that covers a person's health costs on the condition that the person is *formally registered or enrolled* in the program. Being "mandatory" means that there is some penalty if the person does not fulfil conditions of enrolment. Being "formally registered or enrolled" distinguishes public health services that have open door policies for any citizen from those that have explicit mechanisms for registering. The coverage of public health services that do not require explicit enrolment will be captured in other sections of the survey, while those with formal affiliation will be registered here. One of the first categories in column B should have the proper name for the major social security agency that provides health insurance in that country. For example, in Mexico, the name "Institute Mexicana de Seguridad Social" would be listed. The remaining categories should include the major categories of mandatory health insurance available in the country, but in no case exceed 9 categories. The last category should be "Other Mandatory Insurance".

The categories in column C should include the major categories of health insurance that people obtain voluntarily. In countries that are using the Community Health Insurance Module, the categories in column C should include a category for community health insurance. For example, in Senegal, the category "*Mutuelle*" would be listed as an option under this question to refer to the range of voluntary associations that commonly go by this name. The last category should be "Other Voluntary Insurance".

*The categories to be used for column B and C in each country must be provided to WHO.*

**Column B. Is this person covered by any mandatory health insurance plans?**

When this question is asked for the first person in the household, the Interviewer should read the entire list of options (i.e. all the categories of mandatory health insurance listed

at the bottom of the page). For other household members, the Interviewer should only repeat the list if the Respondent needs to be reminded of the categories.

If the individual is covered by more than one mandatory insurance plan, ask them to identify the insurance they consider to be primary. By primary insurance, we mean the insurance the individual is most likely to rely on if they get a serious illness or injury. If the individual is unsure of the category, but is covered by insurance, then they should enter the category “Other Mandatory Insurance”.

**Column C. Is this person covered by any voluntary health insurance plans?**

When this question is asked for the first person in the household, the Interviewer should read the entire list of options (i.e. all the categories of voluntary health insurance listed at the bottom of the page). For other household members, the Interviewer should only repeat the list if the Respondent needs to be reminded of the categories.

If the individual is covered by more than one voluntary insurance plan, ask them to identify the voluntary insurance they consider to be primary. By primary insurance, we mean the insurance the individual is most likely to rely on if they get a serious illness or injury. If the individual is unsure of the category, but is covered by insurance, then they should enter the category “Other Voluntary Insurance”.

**Column D. How much does your household pay for this person’s voluntary health insurance each year?**

This question seeks to learn how much the individual or household have to pay for any and all voluntary insurance coverage for this person. If the individual is covered by more than one voluntary insurance plan, the total of all insurance premiums should be entered.

If the household has family coverage, or insurance coverage that includes dependants, the total amount paid by the principle insured person should be entered here.

## **0650. Community Health Insurance Programs [CHIP]**

***TO BE ASKED IN THE COUNTRIES OF THE AFRICAN REGION***  
***Other countries may choose to use this module if CHIPs exist in their countries. The last 2 questions (Q0680 and Q0681) on risk pooling may be asked in any case.***

### Instructions for Survey Institution:

The words in brackets should be replaced by the common terms in your country. [CHIP] should be replaced by the general term for voluntary prepaid non-profit insurance schemes in your country. Some examples include "*mutuelle*" or "Community Health Plan". The term [contribution] should be replaced by the most common form of payment for these voluntary prepaid non-profit insurance schemes. Some examples include "premiums", "dues", or "contributions". [the country] should be replaced with the name of your country.

**Q0650. You indicated that someone in your household has health insurance with a [CHIP]. What is the name of the [CHIP]?**

Record the name of the [CHIP].

**Q0652. What was the main reason for joining[that CHIP]?**

This question is open-ended. Record the answer given by the Respondent.

**Q0660. Did your household member join the [CHIP]...**

1. Individually
2. As a family
3. As members of a cooperative or credit program
4. Other:  
Specify: e.g. clan, occupational group, etc.

If different household members joined in different ways, select the category that applies to *most* of the household members. If still uncertain, select "Other" and specify the situation.

## **0700. Permanent Income Indicators**

We are interested in whether or not the household (or a member of the household) possesses the item in question. In questions requiring a yes/no answer, such as whether or not the household possesses a television, it does not matter how many televisions the household may have. Likewise, the condition of the television (whether it is working or not, no differentiation between colour and black/white, record any TV) as well as its value are not of interest. For bicycle record any bicycle, for adult or child. For clock record any clock in the household, except for a watch.

As the number of rooms record all rooms in the house, including all bathrooms, garage, anything that is a separate room.

Difficulties may arise if a household possesses a certain item that they say is borrowed, does not belong to them, or is shared with other people outside the household. In such cases, explain to the respondent that the key is whether or not the household has access to the asset in question on a regular basis. For example, one member of a household may drive a taxi for work, which he or she does not own. Since the household can use this taxi for transportation and other personal needs, the correct response as to whether or not the household possesses a car would be "Yes". You should provide such explanation to the respondent only if he or she asks you. Otherwise, simply mark their response and move on to the next question. It is NOT necessary for the respondent to show you a particular object in order to confirm that they possess it.

## **0800. Expenditures**

The main purposes of this section is to find out how much people spend on health care services, and how large a share of total household spending goes to the purchase of health care services.

### **Instructions to Survey Institution:**

**Q0801** should substitute the country's most common staple for "[rice]"

**Q0805** should substitute the country's most prominent social health insurance institution by name.

The interviewer should not force consistency between the totals reported in one question and the sum of answers in the following ones.

All amounts should be recorded in local currency. If the value was paid in-kind, then the local currency value of the in-kind payment should be included.

**Q0800. In the last 4 weeks, how much did your household spend in total?**

Total spending should include the value of all goods and services consumed or used by the household. This would include things produced by the household for its own consumption (e.g. eggs from backyard chickens). It would exclude things purchased for use in a home business.

**In the last 4 weeks, how much did your household spend on:**

**Q0801. Food, including such things as [rice], meat, fruits, vegetables, and cooking oils. Include the value of any food that was produced and consumed by the household, and exclude alcohol, tobacco and restaurant meals**

Food expenditures include all food prepared and consumed by the household, along with food purchased and consumed outside the household (e.g. snacks, bag lunches). However, should exclude meals at sit-down restaurants, and expenditures on alcohol and tobacco. These excluded items should be included in **Q0806** ("All other goods and services").

**Q0803. Education fees and supplies**

Education expenditures include school fees, uniforms, writing materials, books, etc.

*For expenditures that may have been incurred on an annual, bi-annual or bi-monthly basis, etc., such as school fees, electricity and water bills, insurance premiums, but have not actually occurred in the past month, average monthly costs should be apportioned to the appropriate category.*

**Q0815. In the last 12 months, how many times did members of your household go to a hospital and stay overnight?**

The answer should represent the total number of events for which any member of the household went to a hospital and stayed overnight. If household members had stayed overnight in hospitals for a natural birth, treatment of trauma from a traffic accident, and an appendectomy, the answer would be "3" regardless of whether these three events happened to the same person or different persons in the household.

**Q0816. In the last 12 months, how much did the household pay for all costs associated with overnight stays in a hospital? Please exclude any expenses in the last 4 weeks that you have already told me about, and exclude any reimbursement from insurance.**

This question should include the total expenses associated with all of the hospital stays referred to in **Q0804**. Therefore it excludes hospital expenses from the most recent 4 week period which was asked in **Q0807**.



**Q0819. Payment or reimbursement by health insurance.** The amount reported here should only include costs that were (1) *billed to the individual or family* and (2) subsequently paid or reimbursed by a health insurance organization. The value of services that the insurance organization provides in-kind or pays directly to providers without billing the individual or family should not be included.

If the respondent only answers with a total amount, record under “other”.

**FILTER 0900: Would you please tell me if there are any members of the household who have ever worked or been trained in a Health-Related field?**

The link between health care resources and population health is not well understood. Data on resource profiles and investments in health systems are inadequate in many countries, despite the importance of such data for policy decisions. It is important for countries to understand their health systems workforce, especially the different elements of planning, production, recruitment and retention of health personnel. While each country's situation is unique, some general issues appear to be priorities for all. These issues include workforce demographics and planning, staffing distribution, remuneration of health workers and skill mix.

The purpose of this module is to help countries to identify appropriate human resource interventions, by making it possible to see how the current health workforce is distributed within and between public and private sectors, areas of specialization and level of care. The questionnaire is to be addressed to all adults in the household who have ever been trained in a health-related field or engaged in the health workforce, including both health professionals and non-professionals. Health professionals can be classified based on the primary intent of their professional education and training. They include doctors, nurses, midwives, psychologists, pharmacists, dentists, and others. At the same time, the health care system engages a large number of workers who are not health professionals, such as individuals performing managerial, technical or administrative tasks in health services. These are all individuals working in the promotion, protection or improvement of people's health.

This question is asked to the household informant, and serves to identify whether any members of the household have ever worked or been trained in a health-related field. If the respondent is unsure, the interviewer should prompt by giving examples of health workers: “This could be someone who has received a medical degree, or who worked in a hospital or health clinic (either caring for patients or doing anything else), or who dispenses medicines to people suffering from a health problem”. The name and household roster identification number should be marked for each adult household member who has ever worked or been trained in a health-related field, and the related short questionnaire asked directly to each individual.

*IF RESPONDENT ANSWERED YES TO Q0900 ask the following questions on health occupation.*

Please add additional pages if necessary for each person.

**Q0900-Q0901: Identification of health workers in the household.**

It is important to write the name and household roster line number of all persons interviewed in this section, as this is used to identify each person listed in the schedule. Please enter the household roster member by using the numbers as they appear in the questionnaire; i.e. from number Q0400 to Q0413.

The schedule collects important demographic information about all members of the household (such as age and sex), which is used in the statistical interpretation of responses.

**Q0902: To be completed by each adult member of the household who has ever worked or been trained in a Health-Related field.**

**Q0903. How would you best describe your main occupation or occupational training?**

We are interested in the option that best reflects the respondent's main occupation and training. This refers to the principal position that the respondent held during the last regular work year. Record the occupation that best corresponds to the respondent's actual work, rather than the title of the position. For example, if the respondent has a job title of "Director of staff", but works in clinical nursing, then write "nurse". If the respondent held more than one type of position, consider the position during which the respondent spent the greater amount of time. For example, if the respondent worked as a dental assistant most of the time, but was also employed as an office clerk for a few hours a week, mark "dental assistant" as the main occupation. There is no minimum salary or number of hours that a respondent must work in order to qualify for having an occupation.

If the respondent has a health background but is not working in a health-related field, then record his/her area of the occupational training.

If the respondent has no health background but is working in the health-related field, then record "other occupation".

**Q0904. Have you worked during the last 12 months?**

If the respondent reports not having worked in the last 12 months (such as having been unemployed or in school for an extended period), then record "not worked" and *Go to Q0916*.

**Q0905. How would you best describe the place where you usually worked over the last 12 months?**

This refers to the principal location where the respondent worked during the last regular work year. If the respondent worked at more than one location, consider the location

where the respondent spent the greater amount of time. If the respondent worked at a health facility, determine whether the place is in the public sector (run by the government) or in the private sector (including those operated by non-governmental organizations or religious associations). Under “other health services” record district health administration, Ministry of Health officers, WHO officers, etc.. If the respondent did not work at a health services areas/facilities, record “non-health services area”.

**Q0906. How many hours a week do you usually work at this location, excluding unpaid mealtimes and on-call hours?**

This question asks about the length of the regular working week at the respondent’s main work location. If the respondent is unsure what is meant by “on-call hours”, provide an explanation such as: “These are hours such as during nights and weekends, when you must be available for duty but do not have to be physically present on the hospital ward or in a clinic or laboratory, except when patient needs require it.”

**Q0907.-Q0908.**

**Select and rank the two main type of work that you usually perform at this location.**

1. Direct patient care (health diagnosis, surveillance, procedures, interventions, etc.)
2. Administration / supervision / care coordination
3. Teaching / health education / research
4. Laboratory / diagnostic procedures
5. Dispensing (medications / health products)
6. Other health-related activities (such as attending in ward, assisting medical practitioners, etc.
7. Consultation with agencies / professionals
8. Other non-health activities (such as driving car, maintaining equipment, etc.)

**Q0907. First main type of work**

**Q0908. Second main type of work**

**Q0909. How would you describe the method by which you are usually paid at this location?**

The purpose of this question is to learn about the different ways in which health workers earn their income. The interviewer should best record the way the respondent says he/she is usually paid. The idea is to capture the way the respondent’s pay was determined most of the time (during the last 12 months). It is likely that most persons not working in direct patient care will usually be paid by means of a salary. If the respondent is unsure, prompt by reading the response options. The categories “fee-for-

service” and “capitation” refer to ways health care providers may receive payment for patient consultations or services. If the respondent receives a consultation fee per patient (capitation), probe whether the payment is fixed per patient or involves a combination of payment for patient consultations as well as for the services offered.

**Q0910. In addition to your main job location, have you regularly worked at another location over the last 12 months?**

This question asks about work at places other than the principal location during the last year. If the respondent only worked at one location, record “No” and *Go to Q0917*.

**IF ALSO WORKED AT AN OTHER LOCATION:**

**Q0911. How would you best describe this other place where you worked?**

This question is asked only to respondents who worked at more than one location in the past year. If the respondent worked at more than two locations, consider the location where the respondent spent the second most amount of time. If this second location was a health facility, determine whether the place is in the public or private sector.

**Q0912. How many hours a week do you usually work at this other location excluding unpaid mealtimes and on-call hours?**

This question is asked only to respondents who worked at more than one location in the past year. Record the number of hours worked during a regular week at the second location alone.

**Q0913. – Q0914.**

**Select and rank the two main type of work that you usually perform at this location?**

1. Direct patient care (health diagnosis, surveillance, procedures, interventions, etc.)
2. Administration / supervision / care coordination
3. Teaching / health education / research
4. Laboratory / diagnostic procedures
5. Dispensing (medications / health products)
6. Other health-related activities (such as attending in ward, assisting medical practitioners, etc.)
7. Consultation with agencies / professionals
8. Other non-health activities (such as driving car, maintaining equipment, etc.)

**Q0913. First main type of work (second job location)**

**Q0914. Second main type of work (second job location)**

This question is asked only to respondents who worked at more than one location in the past year. Record all activities mentioned. If “not worked for pay”, *Go to 0415*.

**Q0915. How would you describe the method by which you are usually paid at this other location?**

This question is asked only to respondents who worked at more than one location in the past year. Record the way the respondent says he/she normally receives monetary payment at the second location alone.

*Go to Q0917*

**Q0918. What was the highest level of schooling you completed?**

This question refers to the highest level of education the respondent has successfully attained in a health-related programme (such as medicine, nursing, biology or other). It includes technical or vocational training beyond primary school. Excluded are short courses (such as phlebotomy) or religious education. The level of education could have been completed at school or elsewhere (such as through private tutoring or some other form of schooling that requires taking exams in order to complete the programme). If the respondent has not completed a formal programme, record “No formal schooling” and *Go to Q0921*.

**Q0919. In what year did you reach this level?**

This question is asked only to respondents who have completed a formal health-related educational degree. If the respondent cannot recall the year of graduation from the programme, probe “how long ago did you reach this level?” and try to estimate the year.

**Q0920. In what country did you reach this level?**

This question is asked only to respondents who have completed a formal health-related educational degree. If the respondent was schooled in a foreign country, specify which country under “Other country”.

**Q0921. In the past 12 months, have you been on any professional training or continuing education programmes?**

*IF YES: For how many days (in the past 12 months)?*  
*If NONE, record “0”.*

This refers to any kind of training, research or continuing education activities that the respondent has been on during the last year. If “yes”, ask for how many days such activities were attended. The answer does not need to ascertain the exact amount of time (for example, if the respondent says he/she took a course that lasted “about three weeks”, record "21" days and go to the next question). If the respondent says “no” (i.e. person has not been on any training programmes in the last years), then record “0” days.

**Q0922.-Q0924. Thinking over the past year, can you tell me what have been your average earnings? *(Please, tell me the amount per week, per month or per one year, whichever is easiest for you).***

By average earnings, we mean the amount of money (only monetary income, not payments in kind), whether in the form of salary or other, that the respondent has earned in the last regular work year. Record the amount per week, per month or per year as said by the respondent. The options “refuse” and “don’t know” have been coded separately to distinguish them from any amount given.

## **B) INDIVIDUAL QUESTIONNAIRE**

### **0990. Individual Consent Form**

---

**Q0990. Who was the Individual Consent Form read by?**

**Q0991. Was the Individual Consent Form Agreed to and Signed / but Not Signed or Refused?**

The interviewer must ask the respondent to read an Individual Consent Form before the interview or read it for him/her. S/he must make sure that the respondent understands what his/her participation involves before signing. The interviewer alone may sign the form if the respondent agrees to the interview but does not wish to sign or in cases where the respondent may be unable to sign e.g. if respondent is illiterate or has a severe vision impairment.

### **1000. Respondent's Socio Demographic Characteristics**

---

This section compares information on different items and gives an indication of income and socioeconomic status.

**Q1000. What is your mother tongue?**

Record respondent's mother tongue. The mother tongue is the language one has learned first, provided it is a language that one can express oneself fully in, and/or voluntarily identifies with. If the respondent knows more than one such language record all named languages.

**Q1001. Record sex as observed**

Circle option Female or Male.

**Q1002. How old are you? (Years)**

Record respondent's age in years and *Go to Q1004.*

*If respondent doesn't know or doesn't want to tell his/her age, Go to the question Q1003.*

**Q1003. If you don't know/don't want to tell me your age could you tell me the age range if I read the different options to you (choose what is most appropriate)?**

**(READ THE OPTIONS TO THE RESPONDENT)**

**Q1004. What is your weight in Kilos?**

**Q1005. What is your weight in Pounds?**

**Q1006. What is your height in Centimeters?**

**Q1007. What is your height in Feet/Inches?**

For Q1004 – Q1007 use either the metric or the alternative system.

**Q1008. What is your current marital status?**

Ask this question without reading the options to the respondent. If the response does not match any of the options e.g. “single”, read the options to the respondent and ask him/her to choose the option that best reflects his/her current marital status. For example, if the respondent is currently married (but was divorced in the past), the option “currently married” should be recorded.

**Q1009. What is the highest level of education that you have completed?**

This refers to the highest level of education successfully completed. If a person attended 3 months of the first year of secondary school but did not complete the year, the option “primary school” will be recorded. If a person only attended a few years of primary school or never went to school, the option “less than primary school” will be recorded. The level of education can either be completed at school or at home. This may be the case of someone who, due to illness or other circumstances, does not attend school but has private tutoring or some other form of schooling that requires taking exams in order to complete primary or secondary education.

*If countries use educational categories other than those specified here, they must provide WHO with a mapping of those to the categories as stated in the questionnaire. The same categories must be used for Column D of the household roster and Q 0918.*

**Q1010. How many years of school, including higher education, have you completed?**

The term “school” refers to any kind of formal school and excludes short courses (typing, sewing) or religious education such as Bible school or Koranic school. It includes technical or vocational training beyond primary school. If a person dropped out of school or university, partial years should not be counted. If someone has been in school both full



and part-time, record the number of years at full-time education. Repeated grades should be counted as two years.

**Q1011. What is your [ethnic group/ racial group/ cultural subgroup/ others] background?**

*Each country will have to find terms/phrases that are culturally appropriate. Each country will provide to WHO the list of categories they intend to use for this question. The choice will be based on what best defines differences in health and health related outcomes in the country, e.g. race, religious, ethnicity, etc.*

**Q1012.-Q1014: Work Status**

The main purpose of this section is to register the person's relationship to the labour market. In so doing, it will help answer questions such as whether or not health status contributes to unemployment, or whether people in different kinds of occupations enjoy different levels of health.

**Q1012. What is your current job?**

“Current Job” means any activity of more than one hour that the person engaged in for pay during the last two weeks. If the person is engaged in more than one kind of "job" during the last two weeks (e.g. sold home-made food on the street part of the time and worked in a factory sewing shirts at other times), then the individual should be asked to indicate the activity from which they derived the most income.

All people who receive pay from the government should be listed as government employees. All others who receive pay from an employer should be listed as non-government employees. List as “Self-Employed” anyone who earns an income from activities that do not involve hiring people from outside the household. “Employer” refers to anyone who earns their income in activities that include hiring and paying anyone from outside the household. More specifically:

- *Govt Employee:*  
An individual who is hired by a government office or agency and paid a salary or wage. This includes employees of federal, state, or municipal governments and their agencies, parastatal enterprises, and semi-autonomous institutions such as social security institutions that are owned by the government or institutions like religious schools if the staff are paid by the government.
- *Non-Govt Employee:*  
An individual who is hired to work and is paid a salary or wages. This includes any employees not working for the government.
- *Self-Employed:*  
An individual who produces goods for sale or earns an income through provision of services to different people or firms. The individual works alone or with

intermittent assistance from others, but does not employ anyone for a paid wage or salary on a regular basis.

- *Employer:*  
An individual who earns an income through business activities, whether production of goods or provision of services, and employs anyone on a regular basis who is paid a salary or wages.

*If Not working for pay: Go to Q1014*

**Q1013. During the last 12 months, what has been your main occupation?**

The Interviewer should ask this question open-endedly: “What is your main occupation?”. The interviewer then selects the category that they think best applies, and confirms it with the respondent.

By “main occupation”, we mean the occupation that the person spent the most time doing over the last 12 months. The following definitions should be used.

- *Legislator, Senior Official, or Manager:*  
Examples of occupations in this category include legislators; senior government officials; chiefs or heads of villages; senior officials of political parties or workers unions; and directors, chief executives or department managers who manage enterprises, organizations or departments that are large enough to require three or more managers.
- *Professional, Technician, or Associate Professional:*  
Examples of occupations in this category include occupations in the physical mathematical and engineering sciences, architects, engineers, health professionals, teachers, lawyers, social scientists, writers or performing artists, ship and aircraft controllers and technicians, financial agents, trade brokers, accountants and bookkeepers.
- *Clerical:*  
Examples of occupations in this category include secretaries, keyboard operators, stock clerks scribes, office assistants, cashiers, and receptionists.
- *Personal Services, Marketing, or Sales:*  
Examples of occupations in this category include travel attendants, restaurant workers, personal care workers, barbers, undertakers, astrologers, fire-fighters, police officers, models, salespersons.
- *Agricultural or Fisheries Worker:*  
Examples of occupations in this category include gardeners and crop growers, livestock, dairy, and poultry producers, forestry workers and loggers, hunters, and fishery workers.
- *Craft, Construction, or Trades:*  
Examples of occupations in this category include miners, shot firers, stone cutters, and carvers; construction workers, metal moulders, welders, sheet-metal workers, blacksmiths, tool-makers, electrical and electronic equipment mechanics and fitters, potters, glass-makers, handicraft workers in wood, textile, leather and related materials, printing, food processing, textile and garment workers.

- *Plant and Machine Operators or Assemblers:*  
Examples of occupations in this category include processing-plant operators, power production operators, assembly-line operators, machine operators, assemblers, and motor-vehicle drivers.
- *Armed Forces:*  
Examples of occupations in this category include anyone who is employed as a member of military service of the country.

If respondent has answered this question, *Go to next section 2000.*

**Q1014. What is the main reason why you are not working for pay?**

This question should only be asked for people who are not working for pay.

The interviewer should ask the question open-endedly, then select the category that they think best applies, and confirm it with the respondent. If the respondent provides more than one answer, ask them to specify which is the most important reason. The following definitions are provided to guide the selection of answers:

- *Homemaker/Caring for Family:*  
This applies to individuals whose primary activities are household tasks -- such as cleaning, preparing food, and caring for children or other relatives -- and who do not receive pay for these activities.
- *Looked but can't find a job:*  
This applies to individuals who want to work for pay, are actively looking for work, and are not currently employed.
- *Unpaid Work/voluntary activities:*  
This applies to individuals whose primary activity is working for a volunteer organization, a family business, a family farm or other similar activity without pay.
- *Studies / training:*  
This applies to individuals whose primary activity is to pursue educational programs, whether in a secondary school, college, university, or other institutions that teaches continuing adult education classes, or vocational training courses.
- *Retired / too old to work:*  
An individual who is no longer working due to age.
- *Student:*  
An individual whose primary activity is engaging in studies at elementary, secondary, university or technical schools.
- *Unemployed:*  
An individual who could work but does not currently have a job or business.
- *Ill health:*
- *Other:*

## **2000 - HEALTH State Descriptions**

---

When answering these questions, the respondent will be asked to think of the last 30 days as opposed to a longer or shorter time frame. A period of 4 weeks is easier to recall and is an optimum period for comparison. Studies have shown that beyond 4 weeks there is a very steep fall in recall.

The notion of difficulty is emphasized and the respondent is asked to describe his condition rather than say how he feels about it. By “difficulty” we mean increased effort, discomfort or pain, slowness or changes in the way a person carries out an activity.

The question on overall health includes both physical and mental health.

### **OVERALL HEALTH**

#### **Q2000. In general, how would you rate your health today?**

The respondent should answer according to how he/she considers his/her health to be and give his/her best estimate. Both physical and mental health must be taken into consideration.

#### **Q2001. Overall in the last 30 days, how much difficulty did you have with work or household activities?**

These are questions about difficulty in day to day activities because of the person’s physical and emotional health. These activities include household, work and school activities. By “difficulty” we mean the way activities are usually performed.

### **MOBILITY**

#### **Q2010. Overall in the last 30 days how much difficulty did you have with moving around?**

This question refers to moving around using assistive devices or personal help that is usually in place. It includes moving around both inside the house, from room to room and within rooms, and outside the house. If the respondent lives in a house with multiple floors, this question also includes getting from one floor to another as needed.

The intent of this question is to give an idea of a person’s mobility. Someone who has problems moving inside the house is likely to have problems outside the house.

#### **Q2011. In the last 30 days, how much difficulty did you have in vigorous activities, such as running 3km (or equivalent) or cycling?**

Vigorous activities may include heavy lifting, carrying, fast cycling, aerobics or working in the fields. Physical activity may be recreational or occupational. Culturally appropriate examples may be substituted by sites.

## **SELF-CARE**

**Q2020. Overall in the last 30 days, how much difficulty did you have with self-care, such as washing or dressing yourself?**

If a person uses assistive devices when washing for example, these should be taken into account when answering the question.

This question refers to washing one's entire body as it is customary for the culture. If a respondent reports that he/she has not washed his/her body in the past 30 days, interviewers should ask whether this is due to a health condition. If it is, this question should be coded "5" for extreme/cannot do. If it is not due to a health condition but to an environmental condition, such as lack of water, the option NA (not applicable) should be recorded in the questionnaire and entered in the data entry program.

This question includes all aspects of dressing the upper and lower body. Activities such as getting clothing from storage areas (i.e. closet, dressers) and securing buttons, tying knots, etc., should also be considered when making the rating.

**Q2021. In the last 30 days, how much difficulty did you have in taking care of and maintaining your general appearance (e.g. grooming, looking neat and tidy etc.)**

This question may capture people who may have no difficulty with the basics of washing and dressing, but who may have difficulty taking care of some other aspects of their appearance, such as combing hair or putting on makeup.

## **PAIN AND DISCOMFORT**

**Q2030. Overall in the last 30 days, how much of bodily aches or pains did you have?**

This refers to any form of pain or discomfort in the body that interferes with a person's usual activities, either for a short or long period of time. By pain we mean "physical" pain.

**Q2031. In the last 30 days, how much bodily discomfort did you have?**

## **COGNITION**

**Q2050. Overall in the last 30 days, how much difficulty did you have with concentrating or remembering things?**

This question refers to concentrating while doing work tasks, reading, writing, drawing, listening to others, playing a musical instrument, assembling a piece of equipment or engaging in any other activity. The respondent should think of concentrating in usual circumstances not when preoccupied by a problem situation or in an unusually distracting environment.

Remembering things refers to what a person would usually remember on a daily basis, such as running errands, doing the shopping, paying the bills or having appointments.

**Q2051. In the last 30 days, how much difficulty 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 etc.)?**

The intention of this question is to understand the difficulties in new learning. Though one is not consciously aware perhaps, one learns new things almost everyday such as new names, routes, skills, etc. Culturally appropriate examples may be substituted by sites.

## **INTERPERSONAL ACTIVITIES**

**Q2060. Overall in the last 30 days, how much difficulty did you have with personal relationship or participation in the community?**

Personal relationships include partners, relatives or friends. Participation in the community includes any form of social involvement such as going to town meetings, taking part in leisure or sporting activities in the town, neighbourhood or community. The relevant issue being asked in this question is whether the individual is facilitated to participate in these activities or whether there are barriers to doing so.

**Q2061. In the last 30 days, how much difficulty did you have in dealing with conflicts and tensions with others?**

This question gives an idea of how well a person relates to others and is able to deal with conflict situations, such as strong disagreements or arguments.

## **VISION**

The idea behind these questions is not to establish a diagnosis, but to understand overall difficulties with seeing.

**Q2070. Do you wear glasses or contact lenses?**

The purpose of this question is to know the use of an assistive device such as spectacles or contact lenses since for the following 2 questions the respondent would be asked to take this into account when reporting on the level of difficulty with vision.

**Q2071. In the last 30 days, how much difficulty did you have in Seeing and recognizing a person you know across the road (i.e. from a distance of about 20 meters)?**

The person should answer this question taking into account any assistive device (glasses or contact lenses) he/she may be using. "Seeing and recognizing a person" under normal

circumstances. One would not be expected to recognize a person on a foggy or stormy day for example.

**Q2072. In the last 30 days, how much difficulty did you have in seeing and recognizing an object at arm's length or in reading?**

The person should answer this question taking into account any assistive device (glasses or contact lenses) he/she may be using. The respondent should think of his/her vision under normal circumstances e.g. in normal light.

## **SLEEP AND ENERGY**

**Q2080. Overall in the last 30 days, how much of a problem did you have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?**

Problem with sleeping includes inability to fall asleep, interrupted sleep or waking up earlier than a person would usually wake up.

**Q2081. In the last 30 days, how much of a problem did you have due to not feeling rested and refreshed during the day?**

By problem, we mean a reduced level of energy and vitality and how it affected daily life, e.g. inability to complete tasks or days missed off work for example as the person lacked the energy he/she usually has to carry on activities.

## **AFFECT**

**Q2090. Overall in the last 30 days, how much of a problem did you have with feeling sad, low or depressed?**

For this question, each site will have to find a culturally equivalent term for sadness or depression that makes sense and is understood by the respondent. By problem, we mean how these states have interfered with a person's life, such as not been able to do certain activities because of feeling distressed.

Distress, sadness or worry must be understood as occurring more often than normal. Everybody worries but it becomes a problem when a person worries more than usual with things that she would normally not worry about. Sadness is often characterised by feeling tearful, tired and hopeless and loss of interest.

**Q2091. Overall in the last 30 days, how much of a problem did you have with worry or anxiety?**

The intent of this question is to capture other negative emotional states such as feeling distressed, on edge, keyed up and tense. The person is unable to relax and tends to think disproportionately about relatively small matters.

### **Q2101-Q2120: VIGNETTES**

Each respondent will answer 10 vignettes from one set. The set used should be clearly recorded in the questionnaire.

In all vignettes use the country specific female/male first names to match the sex of the respondent.



## SECTION 3000. Health State Valuations

---

This section consists of two components. The second component in particular requires a more interactive approach than the straight question-and-answer format, so interviewers must be very comfortable with the materials and format of the section.

### **Components of health state valuation section**

Q3000-3014: Descriptions

Q3020-3024: Ordinal Ranking Exercise

### **Materials**

The materials for the health state valuation section consist of a set of 5 health state cards. All cards should be printed on large index cards using a readable font of size 16 pt or larger and should be laminated, as they must be reused in many interviews.

### **Descriptions**

Before beginning the two valuation tasks, respondents will describe a set of 5 health states by answering three different questions selected from the pool of health questions. The questions are the same as those used to describe their own health. Two different versions of the questionnaire use different sets of health states, with one common state across the two sets, giving a total of 9 different health states in the study.

### **Q3000.-Q3014.**

These questions ask respondents to imagine each health state and describe what they think it would be like in terms of three selected questions on relevant domains of health. For details on the domain questions used in this section, please refer to the question by question specification for the health section (questions Q2010 to Q2091).

### **Q3020.-Q3024. Ordinal Ranking Exercise**

The first step will be to present the set of index cards to the respondent, one at a time, by reading them aloud and handing each one to them. The conditions on these cards will be the conditions that the respondents have just described.

Interviewers should use the suggested script in the questionnaire as a starting point but must be prepared to respond to different levels of comprehension among the respondents.

While some deviation from the exact wording of the script is possible, it is critical that the procedure is followed in broad outline. In particular, it is important to standardize the *content*, if not the exact words, of the main instructions for the exercise, so that the following steps are followed in each interview:

- The respondents should be asked to imagine what it would be like to live in each health state *for the rest of their lives*.
- Each card should be read aloud slowly, and then handed to the respondent

- The respondent should be asked to select the best health state and then place that index card at the top of what will become a column of cards.
- The respondent should then select the worst health state and place that card at the bottom.
- The remaining cards should fill in the column accordingly from the best at the top to the worst at the bottom.

If respondents find the task difficult or confusing, it is important for the interviewer to be prepared to offer prompts that will aid in comprehension. For example, after the best and worst cards are placed, the respondent might have difficulty placing the rest of the cards.

The interviewer can assist by saying: “You have picked out the best and worst cards. Now consider the rest of the cards that you are holding. Which one would you consider the best out of these three remaining cards?” Or, “Is there one of the cards that you are holding that would be almost as good as [the state selected as the best]?” The interviewer can keep the exercise moving by prompting each selection if the respondent seems reluctant: “Now, which would be the next best?” It is important to be encouraging but not impatient.

If the respondents ask whether they may give two or more states the same rank, they should be prompted to think carefully about whether there were some differences between the states that might make one just a little better than another. For example, the interviewer might prompt: “Can you think of any reason why you would consider somebody in (STATE A) as healthier than somebody in (STATE B), or the other way around, if you had to choose between the two?” If the respondent thinks carefully about this choice but still wishes to rank two or more states the same, they may do so. On the response sheet, this should be indicated by circling the two (or more) rows where states are tied.

After the respondent has ranked the cards, the interviewer should record the ranks from best to worst. Ranks should be recorded by filling in the 3 letter health state code, in capital block letters, next to the appropriate rank:

Q3020.	RANK 1 <u>V</u> <u>L</u> <u>S</u> (BEST)
Q3021.	RANK 2 <u>B</u> <u>A</u> <u>K</u>

...etc.

## 4000 - RISK FACTORS

---

### **TOBACCO**

Smoking is the main way tobacco is used world wide and the manufactured, filter-tipped cigarette is becoming increasingly dominant as the major tobacco product. Other forms of smoked tobacco are potentially as dangerous, although the adverse consequences of some of them are more limited because the smoke is not usually inhaled. In certain cultures tobacco is chewed, sucked or inhaled with significant adverse effects on the local tissues. However, information on these is not being collected in the WHS.

These questions ask about current smoking or use of any tobacco products, as well as with duration and quantity of daily smoking. These questions are based on the WHO definition (*“Guidelines for controlling and monitoring the tobacco epidemic”*). There is provision for collection of information on other forms of smoking, apart from cigarettes, such as cigars and pipes.

Appendix D/1 “Tobacco list” will be reviewed and updated by each survey country to cover all possibilities for smoking and / or using any tobacco products in the country.

**Q4000. Do you currently smoke any tobacco products such as cigarettes, cigars, or pipes?**

Think of any tobacco products the respondent is smoking and / or using currently. Each country will update Appendix D/1 adding the tobacco products specific for the country. If the answer is “Yes but not daily”(2) or “No, not at all” (5), *Go to next section, question Q4010.*

**Q4001. For how many years are you been smoking daily?**

This question is for daily smokers / users of tobacco products only.  
We ask respondents the number of years they have been smoking or using any tobacco products daily up to now.

**Q4002-Q4005. On average, how many of the following tobacco products do you smoke each day?**

Use Appendix A4.1 and specify the number of each tobacco product respondent is smoking and / or using each day.

## **ALCOHOL**

Alcohol consumption has a U-shaped relationship with ischaemic heart disease and is as well a strong risk factor for hepatic cirrhosis and many other types of injury. It has also been consistently and positively associated with cancers, such as breast cancer. The consumption of alcohol is episodic and asking individuals about their average (daily) consumption is, therefore, problematic. For a given level of average daily consumption, the pattern of drinking itself strongly influences the risk of non-communicable diseases, with bouts of heavy drinking being closely related to at least injury and to haemorrhagic stroke. Therefore, for ease of recall and relevance, surveys of drinking should attempt to capture both amount and pattern.

However, patterns of drinking vary considerably depending on the cultural setting. While some communities abstain from alcohol entirely or may use alcohol on very rare and specific occasions, such as the birth of a baby, others usually consume it at different times of day and days of the week. Some factors may affect drinking patterns, such as the payment of salaries or wages on a weekly, fortnightly or monthly basis, or simply the end of the working week. Drinking may also be traditionally associated with particular religious or other holidays, and may also vary in a more general way with the season of the year.

The definition of a “standard drink” needs to be modified to reflect local patterns of alcohol consumption. This includes types and strengths of products, common measures, and local terms used for both. If domestic manufacture of beer, wine or spirit is common, information on the usual ethanol content of such products will be required to determine the volume of absolute alcohol that is a “standard drink”.

There are questions concerned with frequency and quantity.

Appendix A4.2 “Alcohol card” will be reviewed and updated by each survey country. Each country will have to determine what a standard drink is in their own country and produce a version of this “Alcohol card” in accordance with alcohol usage.

**Q4010. Have you ever consumed a drink that contains alcohol (such as beer, wine, etc.)?**

Think of any drinks that contains alcohol at any time in life. Use Appendix A4.2. If the answer is “Never”(5), *Go to next section, Q4020.*

**Q4011-Q4017. During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?**

Think of the past week, only. A “standard drink” is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits. Depending on the country, these amounts will vary between 8 and 13 grams of ethanol.

## **NUTRITION**

Information about population dietary habits and how these are changing underpins rational planning and improvement on nutrition-related health policies and programmes. The measurement of a single or selected aspects of food habits is more straightforward than measuring whole diets in comprehensive nutrition surveys. In the absence of information on overall food intake, short dietary questions can be used to assess more limited aspects of food intake and can provide both qualitative and quantitative information on intake over varying periods of time.

There are 2 questions concerned with intake of fruit and vegetables, using the 24-hour dietary recall data as the “gold standard”.

Appendix A4.3 “Nutrition card” will be reviewed and updated by each survey country. Each country will have to determine the best examples of fruit and vegetables to be considered as the most typical for the country.

### **Q4020. How many servings of fruit do you eat on a typical day?**

Think of any fruit using the “Nutrition card”. By “typical day” we mean on a typical day when a person is eating fruit and not the average over the period of enquiry.

### **Q4021. How many servings of vegetables do you eat on a typical day?**

Think of any vegetables using the “Nutrition card”. By “typical day” we mean on a typical day when a person is eating vegetables and not the average over the period of enquiry.

## **PHYSICAL ACTIVITY**

Regular physical activity has an independent and significant protective effect against ischaemic heart disease and stroke. It is also important for weight control and can protect against osteoporosis by helping maintain bone mass and reducing the risk of fractures related to falls in the elderly. There are additional benefits from regular activity related to preservation of balance and co-ordination that may also reduce the incidence of falls. Emerging evidence indicates that physical activity reduces the risk of breast and colon cancer and is important in preserving residual function once peripheral arterial disease and chronic airways disease have developed. Physical activity also increases sensitivity to insulin and raises levels of HDL cholesterol and can reduce the incidence of type 2 diabetes mellitus. In addition, recreational physical activity helps counteract minor anxiety and depression.

Questions were selected from the International Physical Activity Questionnaires (IPAQ) Short Version (August 2002). The schedule assesses the frequency of activity (days) and duration (minutes and/or hours) over the preceding seven days spent in vigorous-intensity and moderate-intensity activities, and walking. An item about walking is asked separate from other moderate-intensity activities because it is an important and common behaviour in many cultures. Vigorous-intensity and moderate-intensity activities are defined by reference to their effect on breathing and heart rate. These should be more robust indicators of the intensity of activity than whether a given activity causes perspiration, since this also depends on the amount of clothing worn and environmental conditions.

IPAQ assesses physical activity undertaken at work, around the home and garden, to get to and from places (transport) and for recreation, exercise or sport. It is unlike many other surveys that only focus on one or two of these domains.

All the questions specify that individual periods of physical activity must last for at least ten minutes. This reflects current scientific evidence that the physiological changes associated with health benefits from physical activity require a minimum duration. Activity undertaken for less than 10 minutes may be insufficient to produce health benefits therefore it should not be assessed.

The examples of different physical activities given in each question are very important and will strongly influence the respondents. Provision is made for culturally relevant examples to be substituted for the kinds of activities identified as representing a particular intensity. Appendix D/4 “Physical activities list” should be reviewed and updated by each survey country. Each country will have to determine the best examples of different kinds of physical activities to be considered as the most typical for the country. Examples of the intensity of over 600 categories of activities can be found in the ‘Compendium of physical activities: an update of activity codes and MET intensities.’<sup>1</sup>

---

<sup>1</sup> Ainsworth AE. et al., *Medicine & Science in Sports & Exercise* 2000; 32(9 Suppl):S498-S504. METs is a term that represents the metabolic intensity of an activity. Moderate activities are 3-6 METs, vigorous activities are greater than 6 METs.

### **Opening Introduction:**

**I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.**

The introductory statement is very important. It tells the respondent what domains of activity should be included as they think about their answers. The domains are at work, house and yard work, to get from place to place (activity related to transportation) and activity done for recreation, exercise or sports. This opening statement should not be omitted.

Some cultures may think ‘physical activity’ refers to only ‘sports’, or ‘competitive things’, or ‘vigorous exercises like jogging’. This is not true. We are interested in many types of physical activity because they can benefit health. Therefore it is very important that a broad view of physical activity is created. The show cards will help the respondent because they will show pictures of different types of activities undertaken in different domains.

NOTE: We are not interested in ALL physical activity. Only activity that is vigorous-intensity and moderate-intensity activities or walking. Some activities may be “light intensity” and these do not benefit health. Many activities done at work, around the home and in the garden are ‘light intensity’ and these should not be included.

### **Vigorous Activity:**

**Q4030. Now, think about all the *vigorous* activities which take *hard physical effort* that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think about only those physical activities that you did for at least 10 minutes at a time.**

**During the last 7 days, on how many days did you do vigorous physical activities?**

The respondent should think of activities undertaken in the past 7 days – that is the 7 days preceding the interview. Culturally relevant examples of vigorous activity undertaken in the different domains (e.g., heavy yard work, sports, work) should be substituted to illustrate the range of activities that can be considered. Examples should represent different kinds of physical activities considered most typical for a country **and** that represents an intensity of at least greater than 6 METs [see Appendix A4.4 and Compendium of physical activities: an update of activity codes and MET intensities. Ainsworth AE. et al., *Medicine & Science in Sports & Exercise* 2000; 32(9 Suppl):S498-S504. Each country will update Appendix D/4 adding the examples of vigorous physical activities specific for the country.

Respondents may be unclear as to what is meant by “vigorous”. Repeat the following definition if required “***vigorous* activities take *hard physical effort*, make you breathe much harder than normal, examples include [use culturally relevant examples and show card]**”

Response range is 0-7 days per week. If the answer is “Zero”, record “0” and Go to Q4033.

**Q4031-Q4032. How much time did you usually spend doing vigorous physical activities on one of those days?**

The respondent should think of one of those days in which they did vigorous activity during the past 7 days and give an estimate of the total time they spent doing vigorous activities on that day. The respondent should think of only activities undertaken for at least 10 minutes duration. The maximum hours in a day is 24 and the maximum minutes in a day is 1440. The interviewer should check for any implausible responses. If the respondent says each day was very different, ask them to estimate the **usual** or average time spent doing vigorous activities on a day.

**The actual response provided by the respondent should be recorded. For example, “120 minutes” is recorded in the minutes response space. “Two hours” should be recorded as “2” in the hours column. A response of “one and a half hours” should be recorded as either “1” in hour column and “30” in minutes column.**

**Moderate Activity:**

**Q4033. Now think about activities which take *moderate physical effort* that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.**

**During the last 7 days, on how many days did you do moderate physical activities?**

The respondent should think of activities undertaken in the past 7 days – that is the 7 days preceding the interview. Culturally relevant examples of moderate-intensity activities undertaken in the different domains (e.g., heavy yard work, sports, work) should be substituted. Examples should represent different kinds of physical activities considered most typical for a country **and** that represents an intensity of between 3 – 6 METs [see Appendix D/4 and Compendium of physical activities: an update of activity codes and MET intensities. Ainsworth AE. et al., *Medicine & Science in Sports & Exercise* 2000; 32(9 Suppl):S498-S504. Each country will update Appendix A4.4 adding the examples of vigorous physical activities specific for the country.

Response range is 0-7 days per week. If the answer is “Zero”, enter “0” and go to Q4036.

**Q4034-Q4035. How much time did you usually spend doing moderate physical activities on one of those days?**

The respondent should think of one of those days in which they did moderate activity during the past 7 days and give an estimate of the total time they spent doing moderate activities on that day. The respondent should think of only activities undertaken for at least 10 minutes duration. The maximum hours in a day is 24 and the maximum minutes



in a day is 1440. The interviewer should check for any implausible responses. If the respondent says each day was very different, ask them to estimate the **usual** or average time spent doing vigorous activities on a day.

The actual response provided by the respondent should be recorded. For example, “120 minutes” is recorded in the minutes response space. “Two hours” should be recorded as “2” in the hours column. A response of “one and a half hours” should be recorded as either “1” in hour column and “30” in minutes column.

### **Walking:**

**Q4036. Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.**

**During the last 7 days, on how many days did you walk for at least 10 minutes at a time?**

The respondent should think of how much walking he/she did in the past 7 days – that is the 7 days preceding the interview. Walking undertaken at work and at home, walking to travel from place to place, and any other walking done for recreation should be included.

Response range is 0-7 days per week. If the answer is “Zero”, enter “0” and go to *Q4040*.

**Q4037-Q4038. How much time did you usually spend walking on one of those days?**

The respondent should think of one of those days in which they walked during the past 7 days and give an estimate of the total time they spent walking on that day. Walking must have lasted for at least 10 minutes duration. The maximum hours in a day is 24 and the maximum minutes in a day is 1440. The interviewer should check for any implausible responses. If the respondent says each day was very different, ask them to estimate the **usual** or average time spent walking on a day.

The actual response provided by the respondent should be recorded. For example, “120 minutes” is recorded in the minutes response space. “Two hours” should be recorded as “2” in the hours column. A response of “one and a half hours” should be recorded as either “1” in hour column and “30” in minutes column.

## **ENVIRONMENTAL RISK FACTORS**

These questions mostly focused on housing are meant to find out the conditions in which people live, cook their food, heat their house, and how they are related to their health. A person with asthma may suffer from such condition because he / she is living in a poorly ventilated dwelling where all household activities take place in the same room or he / she is allergic to animals inside the house.

Important are questions on water and sanitation including details on main sources of drinking and on toilet facilities. Access to water supply and sanitation is a fundamental need and a human right. It is vital for the dignity and health of all people.

Adequate quantities of safe water for consumption and its use to promote hygiene are complementary measures for protecting health. The quantity of water people use depends upon their ease of access to it. If water is available through a house or yard connection people will use large quantities for hygiene, but consumption drops significantly when water must be carried for more than a few minutes from a source to the household.

Sanitation facilities interrupt the transmission of much faecal-oral disease at its most important source by preventing human faecal contamination of water and soil. Epidemiological evidence suggests that sanitation is at least as effective in preventing disease as improved water supply. Often, however, it involves major behavioural changes and significant household cost. Sanitation is likely to be particularly effective in controlling worm infections. Adults often think of sanitation in adult terms, but the safe disposal of children's faeces is of critical importance. Children are the main victims of diarrhoea and other faecal-oral disease, and also the most likely source of infection.

The use of simple fuels such as wood, coal, agricultural and crop residues can cause serious effects on respiratory health. Traditional low-efficiency stoves produce heavy smoke with fine particles, carbon monoxide and carcinogenic compounds. Infants are at high risk of suffering from acute respiratory infections due to the immaturity of their respiratory organ systems and their high exposure when carried on their mother's back or placed near the stove. Women are at high risk of chronic respiratory disease as they spend a lot of time in the home, particularly during cooking. Cooking and heating both contribute to high levels of indoor air pollution. While cooking takes place throughout the year, most houses are only heated during the cold season or not at all. Indoor air pollution levels due to cooking are mostly determined by the type of fuel used, the type of stove used, and where cooking takes place. Similarly, indoor air pollution levels due to heating are most influenced by type of fuel and type of stove used.

### **Q4040. What type of floor does your dwelling / house have?**

Think about the different kinds of hard floor such as tile, cement, bricks or wood and about the earth floors.

### **Q4041. What type of wall does your dwelling / house have?**

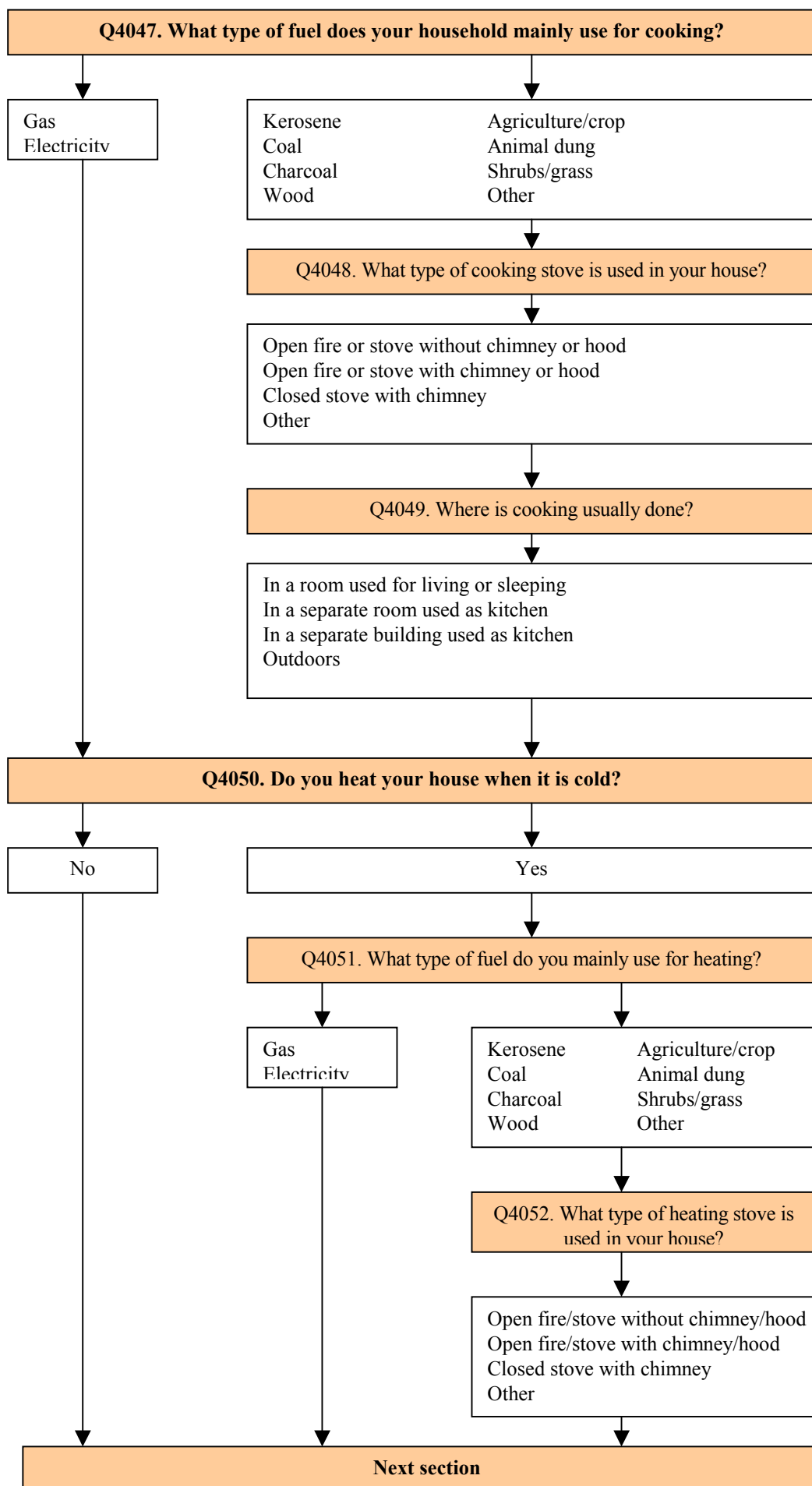
Think about the different kinds of walls and try to specify the material.

### **Q4042: What is the main source of drinking water for members of this household?**

*Show card to respondent --- see Appendix A4.5*

**Q4045: What type of toilet facilities does your household use?**

*Show card to respondent --- see Appendix A4.6*

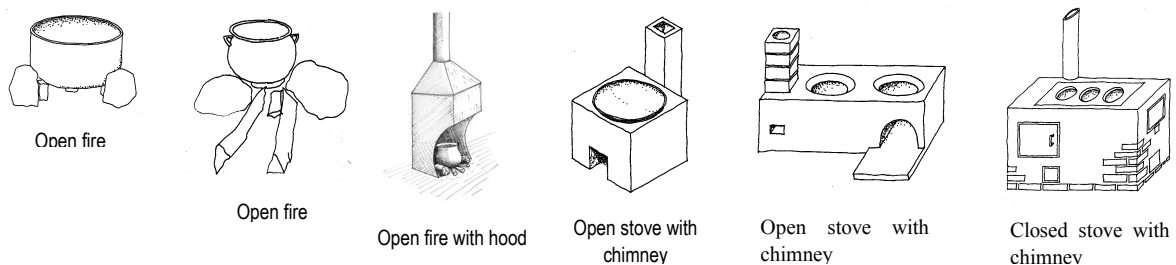


**Q4047. What type of fuel does your household mainly use for cooking?**

Think about the different kinds of fuel and specify. If a fuel not listed is used for cooking, record option “other”.

**Q4048. What type of cooking stove is used in your house?**

Think about different cooking stoves and specify. Examples of stove types on the plastic card can help the interviewee decide. However, please note that stove designs may vary locally. If an entirely different type of cooking stove is used, record option “Other”.



**Q4049. Where is cooking usually done?**

**Q4050. Do you heat your house when it is cold?**

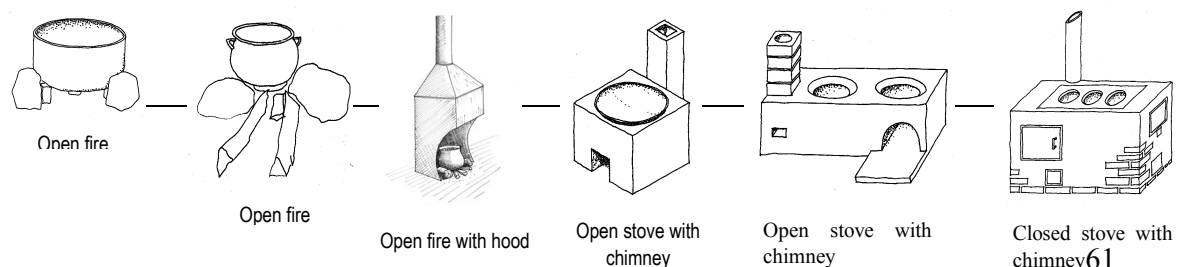
*If No: Go to Q5000*

**Q4051. What type of fuel does your household mainly use for heating?**

Think about the different kinds of fuel and specify. If a fuel not listed is used for heating, record option “Other”. If the respondent’s household has the central heating,, record under “Gas” or “Electricity” in the case the respondent knows the type of fuel and under “Other” in the case s/he doesn’t know the type of fuel.

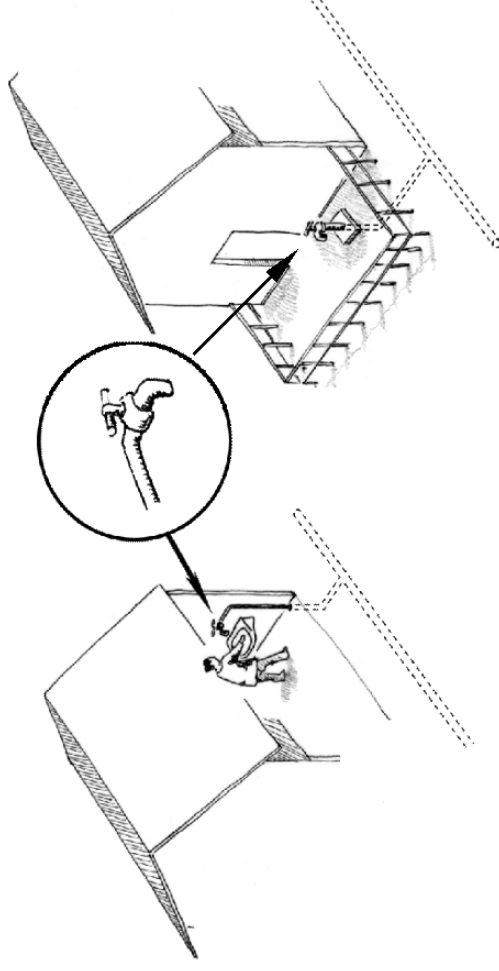
**Q4052. What type of heating stove is used in your house?**

Think about different heating stoves and specify. Examples of stove types on the plastic card can help the interviewee decide. However, please note that stove designs may vary locally. If an entirely different type of heating stove is used, record option “Other”.



**Q4042: What is the main source of drinking water for the members of this household?**

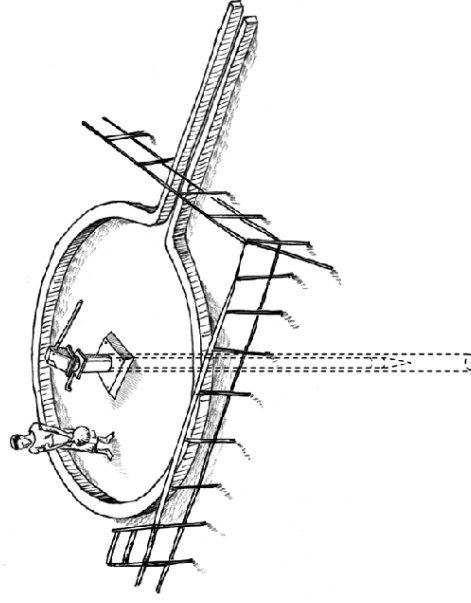
**1. Piped water through house connection or yard tap**



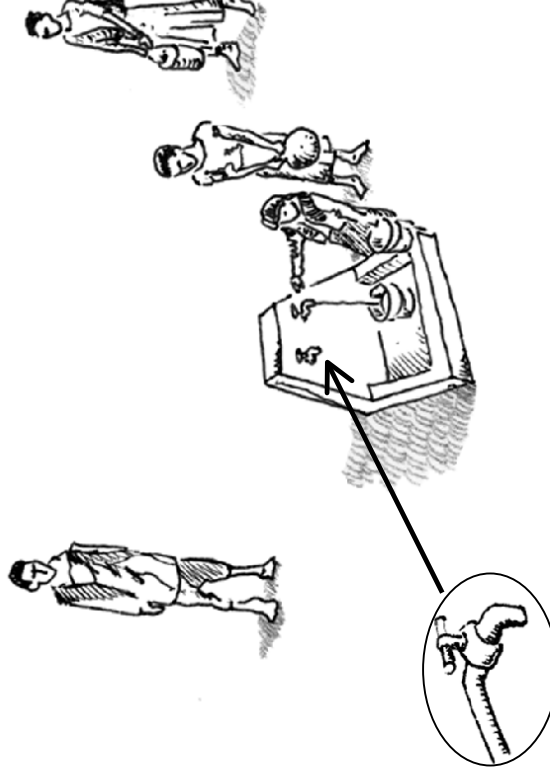
*Drinking water is supplied through a piped system. Each family has its own water tap either in the house or in the yard.*

**3. Protected tube well or borehole**

This facility may be private or may be shared by more than one household. It is equipped with infrastructures that are used to avoid

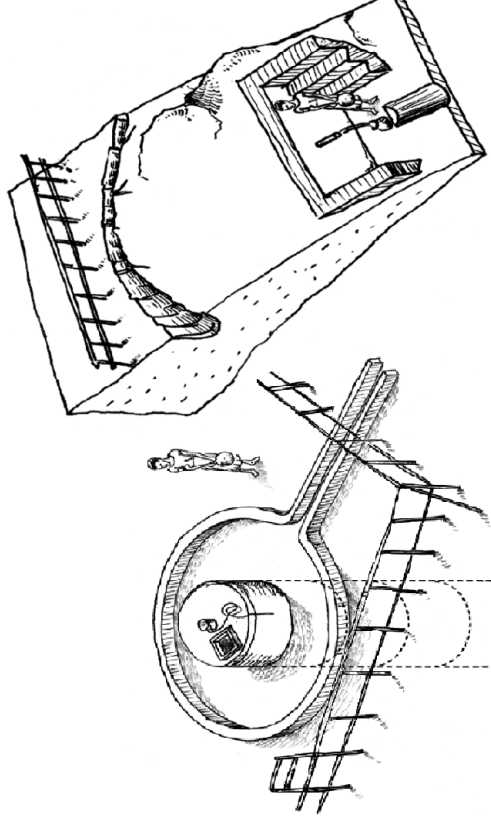


**2. Public standpipe**



*In this case there is no private tap. Water comes from a pipe distribution system and is obtained through a public standpipe which is shared by more than one household.*

**4. Protected dug well or protected spring**

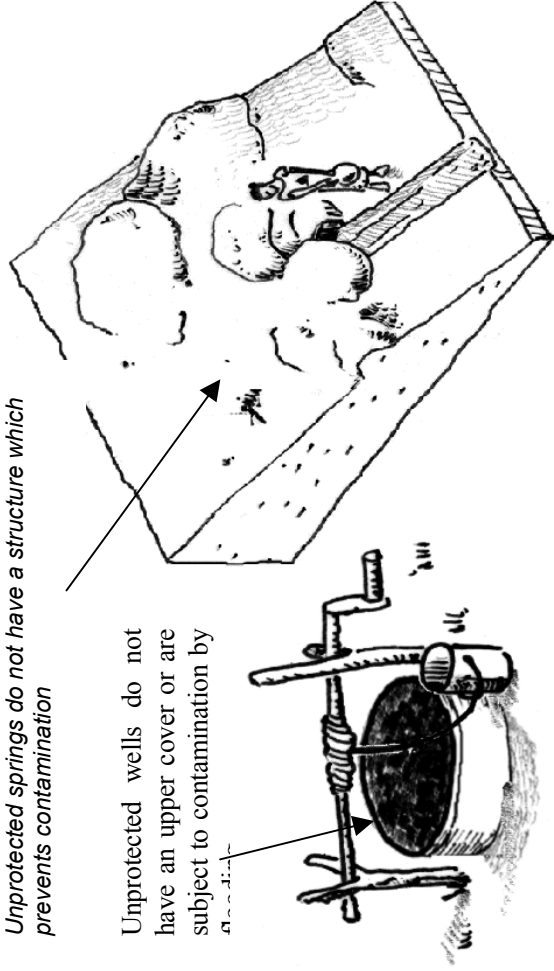


*Protected water points include equipment and infrastructures that are used to avoid the contamination of the water sources. May be private or shared by more than one household.*

**Q4042: What is the main source of drinking water for the members of this household (continued)?**

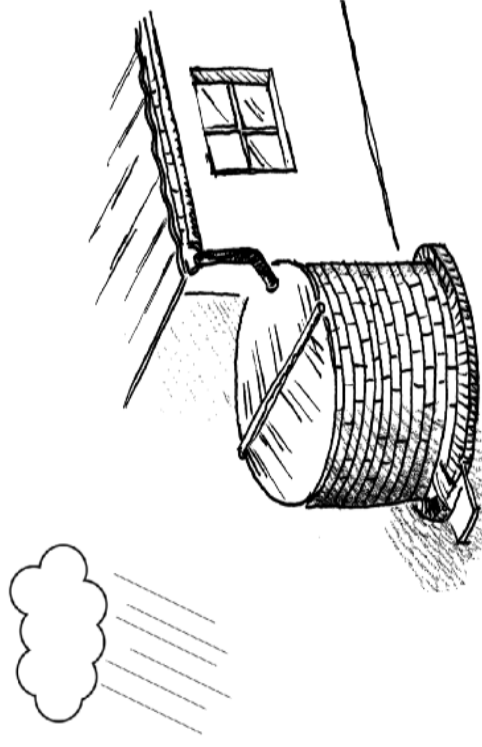
**5. Unprotected dug well or spring**

*Unprotected springs do not have a structure which prevents contamination*



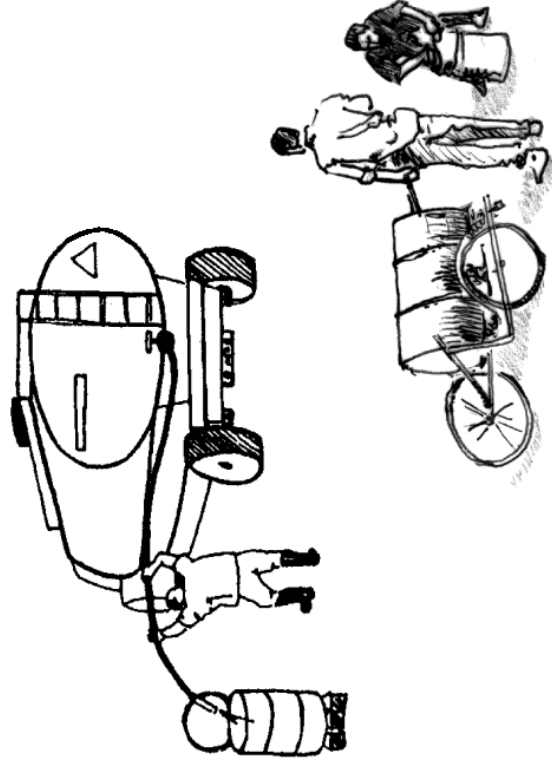
Unprotected wells do not have an upper cover or are subject to contamination by

**6. Rainwater (into protected tank or cistern)**



*The tank should be protected with an upper cover which prevents contamination. Otherwise it should be considered as "other" (8)*

**7. Tanker-truck – vendor**

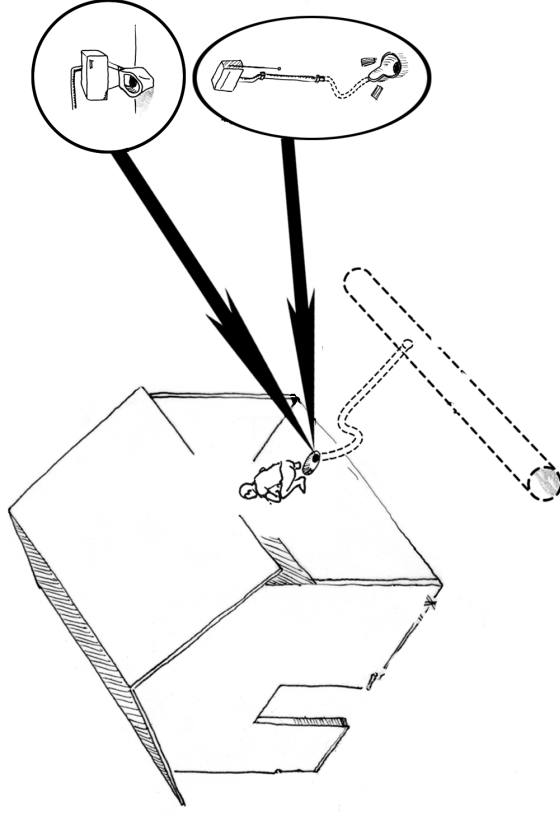


**8. Water taken directly from pond-water, stream, unprotected rain water**



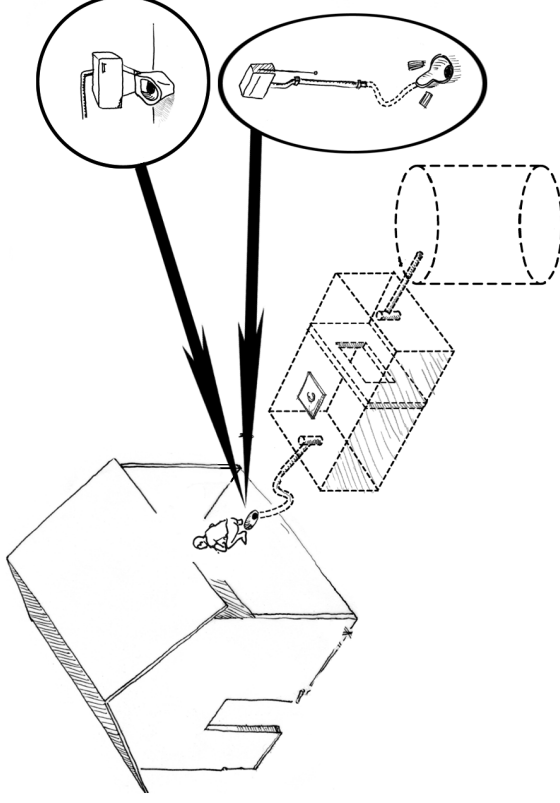
**Q4045: What type of toilet facilities does your household use?**

**1. Flush to piped sewage system**



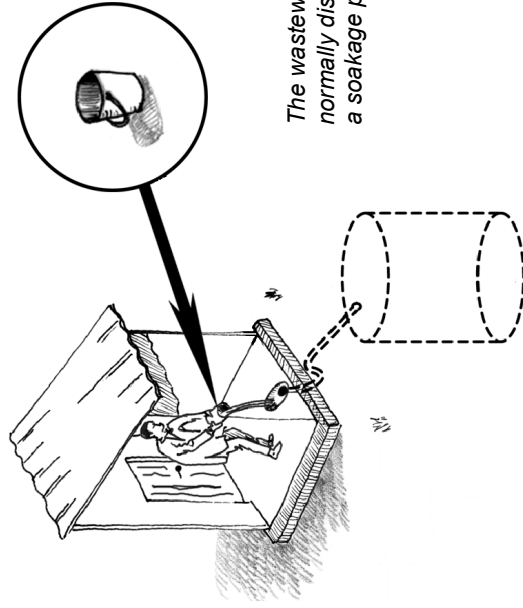
Discharge from WCs and other liquid wastes flow along a system of sewers to treatment works or directly into the sea or a river.

**2. Flush to septic tank**



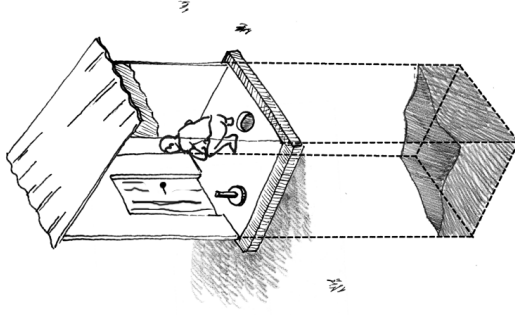
A septic tank is an underground watertight settling chamber into which raw sewage is delivered. The effluent is normally discharged into a soakage pit or soakage trench.

**3. Pour flush latrine**



The wastewater is normally discharged into a soakage pit

**4. Covered dry latrine (with privacy)**



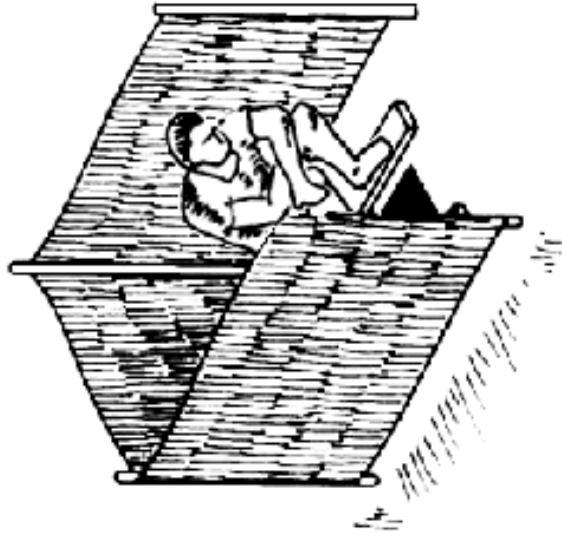
A covered dry latrine consists of a slab over a pit which may be 2 m or more in depth. A superstructure around the slab ensures privacy. Several types of dry latrines exist::

- it can be simple pit latrines;
- the pit can be ventilated by a pipe extending above the latrine roof (ventilated improved pit latrine);
- a second pit can also be dug and used alternately with the first one (double pit latrine).

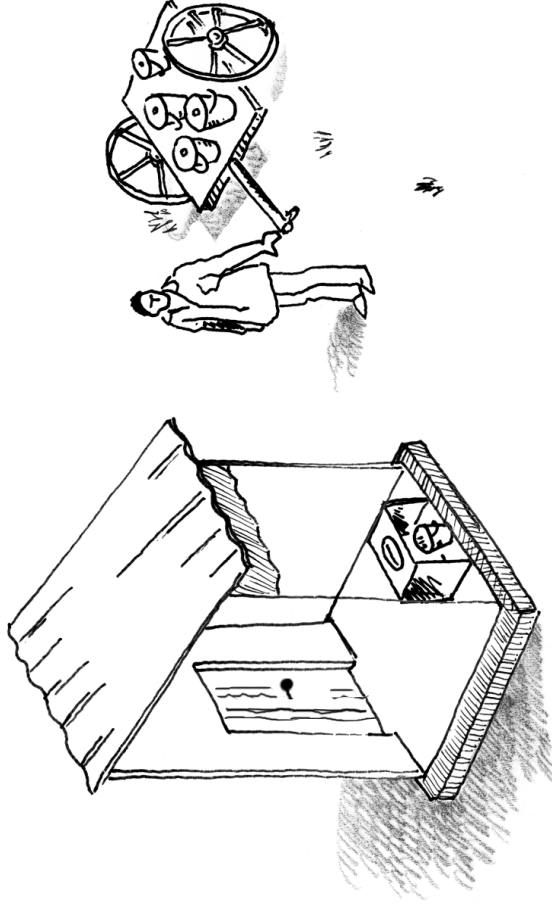


Q4045: What type of toilet facilities does your household use (continued)?

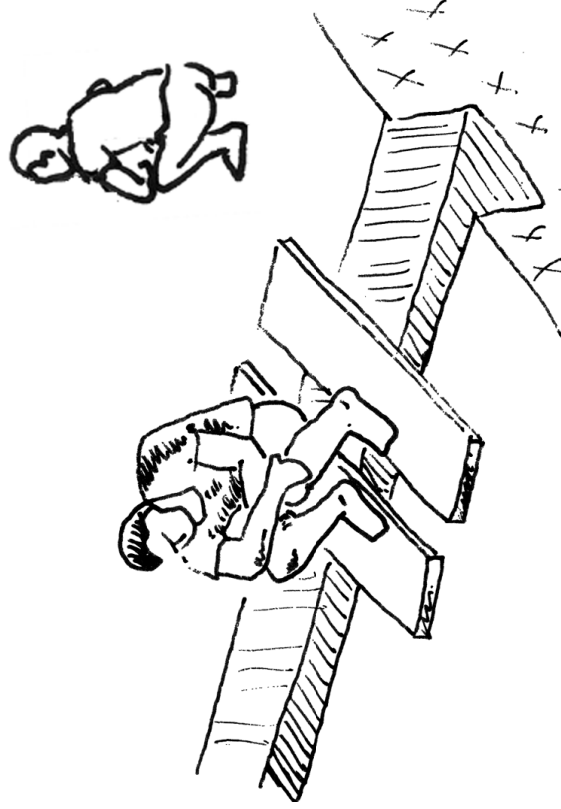
5. Uncovered dry latrine (without privacy)



6. Bucket latrine (where fresh excreta are manually removed)



7. No facilities (open defecation)



## **5000 - MORTALITY MODULE**

---

### **Section A: Birth History (Women only)**

It is important to remember the following points while administering this section :

1. Only women respondents aged 18-49 years are required to answer this section.
2. If no to Q5000, then move to Section B.
3. Enquire about all births including still births. Mention to the respondent the importance of chronological sequence of births, and to inform of all live births, including children who died at very early ages, children living elsewhere, and children living currently with her.
4. Some respondents may forget / avoid mentioning children who died at very young ages. Ask specifically about each birth, and in case of confusion between live and still birth , ask 'did the child cry, move spontaneously, or show any sign of life but survived only for a few hours'. Ask for history of feeding.
5. Check for chronological order of dates of birth. Use additional columns with add-on sheets if the number of children exceeds 8.
6. Check for plausibility in recorded current ages, and ages at death using given dates of birth.
7. In case of death, ask Q5009-Q5020, which include some simple questions to identify the cause of death.

### **Section B: Assessment of Adult Mortality**

#### **To be read to respondent:**

1. Survival history of siblings (i.e. brothers/sisters) is a useful method for collecting information on adult mortality. you about your siblings.

**Section B1** contains questions on details of all children that were born to the respondent's natural mother. This includes step siblings born to the same mother, but different fathers. The following are a few explanatory notes for some of the questions in this section.

#### **Q5104.-Q5113. Details of the Sibling**

It would be best to first ask the respondent to list the names of all his siblings, in chronological order, and to record the names accordingly in Q5104 for each child. The respondents details for the questions Q5105 and Q5106 should then be entered, from previously available information, and the respondent's details should be used to reference the various dates / ages of the other siblings that are then recorded.

**Q5106.** For each child, detailed enquiry is to be made to ascertain the most accurately available date of birth. Members of the household (other than the respondent) who may know better because of education / exposure etc may be enlisted to secure accurate information on dates of birth of siblings.

**Q5107.** In case the date of birth is unknown (DK response to Q5106), then the age difference between the child in question and the respondent is asked. For e.g. if the child in question is three years older than the respondent, then the answer to Q5107 should be +3, if three years younger, -3.

**Q5109.** This question aims to record the frequency of communication with the sibling. The response to this should be recorded for all siblings.

**Q5110.-Q5111.** Responses to be recorded carefully, and checked for plausibility, with reference to dates of birth / age differences with respondent.

**Q5112.** This question is used to cross-check the response to the previous question regarding the age at death.

For each death registered in Section B1, the corresponding column referencing the same child number has to be filled in Section B2. Use additional columns with add-on sheets if the number of sibs exceeds 8.

*The data entry programme will allow for entry of more than 8 children (Q5001-Q5020) or more than 8 sibs (Q5104-Q5113).*

## **Section B2: Verbal Autopsy**

**Use additional columns in add-on sheets if the number of sibs exceeds 8 (Q5200-Q5215).**

### **Q5200.-Q5206. Cause of Death**

#### **Q5200.-Q5202.**

These questions are directed towards obtaining information on **maternal mortality**. Check carefully first whether the deceased was a woman in the age group 15-49, and if so, make sure these questions are asked carefully, and the appropriate responses are recorded. In case of any doubt, ask other members of the household, who may know more, especially female members, as there is a general opinion that females are more aware of deaths associated with pregnancy / childbirth.

#### **Q5203.-Q5206.**

##### **Details of injury**

Deaths due to injury are remembered well over long periods of time, so it is very much possible to get accurate and detailed information on such causes of deaths. Read all the options in questions carefully, and make sure that all information is recorded completely. Disaster refers to major environmental catastrophes, such as earthquake, floods, cyclones, volcanic eruptions etc.

**Q5207.**

**Ischaemic heart disease** is more commonly a cause of death among middle aged and elderly individuals, who may be obese, or have a history of smoking, diabetes, or hypertension. An acute attack commonly manifests as a sudden onset of central chest pain / tightness (similar to indigestion), which is severe and often associated with sweating, breathlessness, fainting and/or collapse. The episode is sometimes precipitated by exercise / anxiety. Death is often sudden (a few hours) or sometimes within a month, after another similar episode. There may be history of similar episodes relieved by rest. If the initial response to the question is yes, ask the respondent to narrate details of events leading to death, and match the responses with this description. Probe if necessary, for missing details.

**Q5208.-Q5209.**

Another important and easily identifiable cause of death among adults is **cerebrovascular stroke**. It manifests as a sudden onset of paralysis of one half of the body and face, accompanied or followed by sudden loss of consciousness. On regaining consciousness, the affected individual has a residual weakness / paralysis , which may persist, or he may recover. Among those who do not recover, death occurs in roughly a third of affected individuals within a year, and in most within three years, sometimes associated with a recurrent episode. Terminal events may be related to bedridden state / respiratory illness.

**Q5210.-Q5215.**

These questions are asked to identify certain causes of death as Tuberculosis, Diarrhoea etc.

## **6000 - Health System Coverage**

---

The purpose of the section on health system coverage is to determine the number of individuals who are in need of certain health interventions and how many of these persons actually receive the appropriate intervention. The criteria for being considered in need of given health care interventions fall into four categories:

1. The whole population is in need, so questions would be asked to all respondents.
2. Only respondents of a certain age and sex are in need. Questions would be asked only of respondents who fall into the specific age/sex category.
3. Only respondents with a certain health condition or disease are in need. A series of questions would be asked of everyone to determine if they may have the condition or disease.
4. A combination of types 2 and 3, where only respondents of a certain age and sex and who have a certain condition or disease are in need.

It is important to closely follow the skip patterns in this section, as they have been designed to make sure the different categories of respondents in need are identified.

### **SECTION 6000: CHRONIC CONDITIONS - DIAGNOSIS AND TREATMENT**

These questions are to be asked to all respondents. The purpose is to obtain information on the prevalence, diagnosis and treatment of a certain number of chronic health and mental health conditions.

#### **Q6000. Have you ever been diagnosed with arthritis (a disease of the joints)?**

The point of this question is to identify individuals with a diagnosed case of arthritis. Arthritis is a chronic inflammatory disease which affects joints and impairs their functioning. Swelling, redness, heat and pain are the signs of inflammation. There are different forms of arthritis and when diagnosis is made by a doctor or other medical professional the type of arthritis may be specified. However, it is unnecessary here to ask the respondent to remember the exact type of arthritis that was diagnosed. Because of the chronic nature of the condition (that is, because it lasts a long time), the respondent is given an open time frame for recalling the diagnosis. Probe if the respondent is unsure whether they have ever been afflicted with the condition. If the respondent seems not to understand the term "arthritis" explain that this is a disease of joints (such as in the arms, hands, legs or feet).

#### **Q6001. Have you ever been treated for it (*referring to the disease asked about question Q6001*)?**

The purpose of this question is to find out if the respondent has been treated for disease referred to in the preceding question (arthritis). The information will help to identify which groups of persons are being underserved by the health care system. This question should be asked to all respondents, even if the response to the preceding question is negative. There could be situations when someone is treated without a definitive

diagnosis. As in the case of the question about the diagnosis (6000), the respondent is given an open time frame for recall. The respondent may have had a diagnosis in the past and may have been treated for it. If so, the respondent may not have symptoms of the disease anymore. This is important to know in order to better understand the responses to the symptomatic questions in this section related to each particular condition.

**Q6002. Have you been taking any medication or other treatment for it (*referring to the disease asked about in question Q6001*) during the last two weeks?**

The purpose of this question is to find out if the respondent is currently under treatment for arthritis. The question should be asked to all respondents, regardless of the answer to the preceding two questions about the diagnosis and past treatment. The question aims to separate those individuals who are under current treatment for a condition from those who are not being treated. Note that the time frame for this question is specified as treatment in the last 2 weeks. This time frame is considered best for getting information about the ongoing or regular character of treatment. An answer of “yes” is appropriate only if the respondent was taking medications for arthritis at any time during the last two weeks, and not if the person says he or she usually takes medications but for some reason did not during the given period.

**Q6003-Q6006. During the last 12 months, have you experienced any of the following....**

This introductory sentence sets time frame for the symptomatic questions related to arthritis. After setting the time frame, the interviewer must read out a series of symptoms and determine if the respondent had any of those symptoms in the last 12 months. The point of asking symptom-related questions is to screen those individuals who might have a specific health condition or disease. Because there could be a number of symptoms that characterise a given health condition, and because some symptoms may be common to different conditions, it is important that the interviewer probe for each symptom to see whether the respondent may have an active disease. It is also important that the time period for the symptoms (“in the last 12 months”) be clearly understood by the respondent and not confused with other time frames used in this section (such as “ever” and “the last 2 weeks”), otherwise the results may not be comparable and it will be difficult to properly assess how well the health system is responding to people’s needs. The following symptom questions focus on the most frequent form of arthritis, which is osteoarthritis. This condition is often referred to as “wear and tear” on the bones (most often felt in the knees, hands, hips and spine).

**Q6003. Pain, aching, stiffness or swelling in or around the joint, which were not related to an injury and lasted more than a month?**

Pain, aching (continuous dull pain), stiffness (rigidity, firmness, and inflexibility) and swelling in the joint are most common and frequent symptoms of arthritis. It is possible that the same symptoms, but of a transitory character, may be caused by an injury.

Therefore it is important to specify for the respondent that the question asks about the symptoms of a regular character (lasting for at least a month) and not related to an injury.

**Q6004. Stiffness in the joint in the morning after getting up from bed or after a long rest of the joint without movement?**

The point of this question is to determine if the respondent feels rigidity, firmness, and inflexibility in the joint after a long period of resting, which is very characteristic of osteoarthritis. If the respondent does not have stiffness skip the following two questions about the length of the stiffness and whether it is relieved with exercise and go to question 6007.

**Q6005. How long does this stiffness last?**

This question is only asked to respondents who answered yes to question 6004. The purpose is to differentiate stiffness caused by osteoarthritis from stiffness associated with other conditions. Stiffness associated with osteoarthritis usually disappears in about 30 minutes or less.

**Q6006. Does the stiffness go away after exercise or movement in the joint?**

This question is only asked to respondents who answered yes to question 6004. The purpose is to differentiate stiffness from osteoarthritis from other types of stiffness. The interviewer should make sure that the respondent does not interpret the word "exercise" strictly as an intense work-out or training. The meaning of exercise here is broader and includes any movement, such as usual tasks and daily activities that involve movement. If the respondents seems unsure, or replies that he/she does not exercise, the interviewer should clarify that this refers to any kind of everyday physical activity.

**Q6007. Have you experienced back pain (including disc problems) during the last 30 days?**

The intention of this question is to identify people who have back pain that could be related either to osteoarthritis or other problems such as trauma and disc displacement in the spine. This question should be asked to everyone.

**Q6008. How many days did you have this back pain during the last 30 days?**

This question is only asked to respondents who reported experiencing back pain during the last 30 days. The intention is to distinguish a back pain caused by a mild temporary problem, such as muscle strain, from a more serious problem related to the disease of spine and the spine joints. Record the number of days (to a maximum of 30 days) as mentioned. The answer does not need to ascertain the exact amount of time (for example, if the respondent says they had back pain for about two weeks, record "14" days).

**Q6009. Have you ever been diagnosed with angina or angina pectoris (a heart disease)?**

This question serves to identify individuals with a diagnosed case of angina (also called angina pectoris or ischaemic heart disease). Angina is a temporary pain in the chest that can radiate to other parts of the upper body, mainly to the left arm. Some persons with angina may experience increasingly severe episodes that can lead to a heart attack. Angina can be controlled by lifestyle changes, prescription drugs, or surgery. If the respondent does not understand the term “angina”, the interviewer may describe the condition as “heart-related chest pain”.

As with any chronic condition - one that lasts a long time - the respondent is given an open time frame for recalling the diagnosis.

**Q6010. Have you ever been treated for it (*referring to the disease asked about in question Q6009*)?**

The purpose of this question is to find out if the respondent has been treated for disease referred to in the preceding question (angina). This question should be asked of all respondents. In the case of the question about the diagnosis of the disease, the respondent is given an open time frame for recall. The respondent may have had a diagnosis in the past and may have been treated for it. If so, the respondent may not have symptoms of the disease anymore. This is important to know in order to better understand the responses to the symptomatic questions in this section about angina.

**Q6011. Have you been taking any medication or other treatment for it (*referring to the disease asked about in question Q6009*) during the last two weeks?**

The purpose of this question is to find out if the respondent is currently under treatment for angina. The question should be asked to all respondents, regardless of the answer to the preceding two questions about diagnosis and past treatment. The question aims to separate those individuals who are under current treatment for a condition from those who are not being treated. Note the time frame for this question (the last 2 weeks). An answer of “yes” is appropriate only if the respondent was taking medications for angina at any time during the last two weeks, and not if the person says he or she usually takes medications but for some reason did not during the given period.

**Q6012.-Q6016. During the last 12 months, have you experienced...**

For this set of questions, the interviewer must read out a series of symptoms and determine if the respondent had any of those symptoms in the last 12 months. The point of asking symptom-related questions is to screen those individuals who might have a specific health condition or disease. Because there could be a number of symptoms that characterise a given health condition, and because some symptoms may be common to different conditions, it is important that the interviewer probe for each symptom to see whether the respondent may have an active disease. It is also important that the time period for the symptoms (in the last 12 months) be clearly understood by the respondent



and not confused with other time frames used in this section (such as "ever" and "the last 2 weeks").

**Q6012. Pain or discomfort in your chest when you walk uphill or hurry?**

Chest pain is the most frequent symptom of angina. It usually occurs during an increased physical activity (such as walking uphill, stairs, carrying heavy things, etc) when body needs more active blood circulation. This pain is referred to as “exertional” pain. Many patients do not have pain if they are resting or performing very mild physical activity. Such pain may be described in a number of different ways, such as a squeezing pain, squeezing pressure, tightness, ache or heaviness in the chest. The interviewer should probe with local terms to make sure to capture all unpleasant sensations that the respondent may have. If the respondent responds he/she never hurries or walks uphill (because of poor mobility or any other reason), then record “Never walks uphill or hurries”.

**Q6013. Pain or discomfort in your chest when you walk at an ordinary pace on level ground?**

Some individuals who are suffering from angina pectoris may get chest pain not only during an increased physical activity but also at rest or a mild physical activity (such as walking at an ordinary pace on level ground, etc).

*If the respondent has neither exertional pain nor pain at rest or mild physical activity (questions Q6012 and Q6013), then questions Q6014, Q6015, and Q6016 should not be asked.*

**Q6014. What do you do if you get the pain or discomfort when you are walking?**

This question is only asked to respondents who answered yes to either question 6012 or 6013, that is reported experiencing chest pain in the last 12 months. The purpose is to distinguish the different types of chest pain. One of the characteristics of angina-related pain is that it decreases or disappears with lower levels of physical activity. Persons with angina tend to slow down or stop what they are doing to get rid of the pain. Another option is to take a small white tablet that dissolves in the mouth and does not need to be swallowed (called nitro-glycerine). It is also possible that persons with chest pain will simply carry on with what they were doing, taking no specific action. The interviewer should read the three response options to the respondent and record the action taken most often.

**Q6015. If you stand still, what happens to the pain or discomfort?**

This question is only asked to respondents who answered yes to either question Q6012 or Q6013, that is reported experiencing chest pain in the last 12 months. The point is to find out what happens to the pain when the respondent reduces or stops physical activity. There are two response options for this question: "relieved" or "not relieved". The

interviewer should read out the two response options to the respondent. If the respondent says that the pain usually increases, the interviewer should record "not relieved".

**Q6016. Will you show me where the pain or discomfort was?**

This question is only asked to respondents who answered yes to either question Q6012 or Q6013, that is reported experiencing chest pain in the last 12 months. The purpose is to determine the location of the pain and whether it is specific to angina. The interviewer should ask the respondent to show where the pain occurs on the body. Record "upper or middle chest" if the pain is shown in the area above or between the breasts for women, or equivalent area for men (sternum). Record "lower chest" if the pain is shown in the left area of the front chest below the breast/sternum. Other locations of pain may include the left arm, or any other area close to the chest indicated by the respondent. Record all areas that the respondent mentions or shows.

**Q6017. Have you ever been diagnosed with asthma (an allergic respiratory disease)?**

This question serves to identify individuals with a diagnosed case of asthma (sometimes called an allergic respiratory disease). Asthma is a condition that affects the airways (bronchi/bronchioles) – the small tubes that carry air in and out of the lungs. In asthma, the airways of the lungs become either narrowed or completely blocked, impeding normal breathing. This obstruction of the lungs is reversible, either spontaneously or with medication. Asthma can be very different from one person to another and from one episode (attack) to another. For some, asthma causes only mild symptoms once in a while. For others, every day can be a struggle to breathe. Some asthma attacks last only a few minutes while others go on for days. Severity also varies, with some asthma attacks being only mild while others can quickly become life threatening.

Because of the chronic (or long-term) nature of the condition, the respondent is given an open time frame for having received the diagnosis. Probe if the respondent is unsure whether they have ever been afflicted with the condition. Record as response "yes" if they recall ever having been told by a health care provider of having asthma, or of ever having had respiratory problems which they were later told by a qualified health care provider as being asthmatic attacks.

**Q6018. Have you ever been treated for it (*referring to the disease asked about in Q6017*)?**

The purpose of this question is to find out if the respondent has ever been treated for asthma.

*See the explanation for question Q6001.*

**Q6019. Have you been taking any medications or other treatment for it (referring to the disease asked about in Q6017), during the last two weeks?**

The purpose of this question is to find out if the respondent is currently under treatment for asthma. An answer of "yes" is appropriate only if the respondent was taking any prescription medications for asthma (including using an inhaler to promote opening of

airways) during the last two weeks, and not if the person says he or she usually takes medications but for some reason did not during the given period.  
*See the explanation for question Q6002.*

**Q6020.-Q6024. During the last 12 months, have you experienced the following....**

For this set of questions, the interviewer must read out a series of symptoms and determine if the respondent had any of those symptoms in the last 12 months. The point of asking symptom-related questions is to screen those individuals who might have a specific health condition or disease. Because there could be a number of symptoms that characterise a given health condition, and because some symptoms may be common to different conditions, it is important that the interviewer probe for each symptom to see whether the respondent may have an active disease. It is also important that the time period for the symptoms (in the last 12 months) be clearly understood by the respondent and not confused with other time frames used in this section (such as "ever" and "the last 2 weeks").

**Q6020. Attacks of wheezing or whistling breathing?**

Wheezing is the most common symptom of asthma. Wheezing can be described as winded breathing, especially with a whistling or rattling or hissing sound as the person breathes out. The episode can last a few minutes or several hours.

**Q6021. An attack of wheezing that came on after you stopped exercising or some other physical activity?**

The purpose of this question is to distinguish wheezing attacks due to asthma from other breathing problems. Very often wheezing occurs after physical activity among persons with asthma. The wheezing may go away when the person rests.

**Q6022. Feeling of tightness in your chest?**

Tightness in the chest can be described as a sensation as if a person's lungs and other organs located in the chest were compressed, as if they could not fit in the chest. Feeling of tightness in the chest could precede an asthmatic attack.

**Q6023. Have you woken up with a feeling of tightness in your chest in the morning or at any other time?**

The purpose of this question is to distinguish feeling of tightness in the chest caused by asthma from other types of health problems. The episode can last a few minutes or several hours. This question asks for specific reference to the time and the situation when the symptom occurs. It is characteristic for asthma to cause the feeling of tightness in the chest upon waking up.

**Q6024. 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?**

The purpose of this question is to distinguish problems with shortness of breath caused by asthma from other health conditions. It is important that the interviewer focuses on whether the onset of shortness of breath occurred while the person was at rest, without any obvious trigger.

**Q6025. Have you ever been diagnosed with depression?**

This question serves to identify individuals with a diagnosed case of depression (mood disorder or anxiety). Although depression is common, it often goes undetected because it may be attributed to a person's physical, social or economic difficulties. If left untreated, it can lead to a poor quality of life and even suicide. Treatments for depression can include medication and counselling.

*(See explanation for question Q6000.)*

**Q6026. Have you ever been treated for it? (*referring to condition asked in Q6025*)**

The purpose of this question is to find out if the respondent has ever been treated for depression.

*See the explanation for question Q6001.*

**Q6027. Have you been taking any medications or other treatment for it in the last two weeks? (*referring to condition asked in Q6025*)**

The purpose of this question is to find out if the respondent is currently under treatment for depression. An answer of "yes" is appropriate only if the respondent was taking any medications for depression during the last two weeks, or received some other kind of treatment such as attending a psychological therapy or counselling session (often referred to as "therapy" or "psychotherapy") with a trained health professional during the last two weeks.

*See the explanation for question Q6002.*

**Q6028-6034. During last 12 months, have you experienced any of the following...**

For this set of questions, the interviewer must read out a series of symptoms and determine if the respondent had any of those symptoms in the last 12 months. The point of asking symptom-related questions is to screen those individuals who might have a specific health condition or disease. Because there could be a number of symptoms that characterise a given health condition, and because some symptoms may be common to different conditions, it is important that the interviewer probe for each symptom to see whether the respondent may have an active disease. It is also important that the time period for the symptoms (in the last 12 months) be clearly understood by the respondent and not confused with other time frames used in this section (such as "ever" and "the last 2 weeks").

**Q6028. Have you had a period lasting several days when you felt sad, empty or depressed?**

The emphasis is on a period that lasted several days (not just one or two days). The interviewer might need to prompt for a number of words that may be equivalent to the symptoms “sad, empty or depressed” – such as “blue”, “tearful”, “with no feelings inside”, “down in the dumps”, “low”, “rock bottom” or “gloomy”.

**Q6029. Have you had a period lasting several days when you lost interest in most things you usually enjoy such as hobbies, personal relationships or work?**

The emphasis is on a period that lasted several days (not just one or two days), where the person lost interest and had no pleasurable feelings in things usually enjoyed.

**Q6030. Have you had a period lasting several days when you have been feeling your energy decreased or that you are tired all the time?**

The emphasis is on a period that lasted several days (not just one or two days), where the person felt having had less energy than usual and experienced marked tiredness even after minimum effort.

If the answer to Q6028, Q6029, Q6030 is “no”, the interviewer may skip the following four questions and go to question 6035, with the understanding that Q6031-Q6034 will be not applicable or answer is the negative.

**Q6031. Was this period [of sadness/loss of interest/low energy] more than 2 weeks?**

The emphasis is on the period of having had the symptoms for 2 weeks or longer. The intent is to find out whether the period of low mood/energy was related to depression (still present after 2 weeks).

**Q6032. Was this period [of sadness/loss of interest/low energy] most of the day, nearly every day?**

The emphasis is on the symptoms of low mood/energy being present for most of the day (not just one or two hours), and occurring nearly every day (not just one or two days) over an extended period.

**Q6033. During this period, did you lose your appetite?**

This question is only asked to those respondents who responded “yes” to having either of the symptoms described in Q6029 or Q6030 (loss of interest/low energy). This question seeks to determine whether the respondent had the symptom of much smaller appetite than usual, accompanied by low mood/energy. In many cases loss of appetite is usually accompanied by weight loss.

**Q6034. During this period, did you notice any slowing down in your thinking?**

This question is only asked to those respondents who responded “yes” to having either of the symptoms described in Q6029 or Q6030 (loss of interest/low energy). By slowing down we mean thoughts that are coming much more slowly than usual. The person needs more time to think, make decisions, making up his/her mind and react to events..

**Q6035. Have you ever been diagnosed for a mental health problem such as schizophrenia or psychosis?**

The purpose of this question is to identify individuals with psychosis such as schizophrenia which is widely recognised as a serious mental problem. Appropriate words should be used in the local language to describe this mental condition that is associated with symptoms that change a person's behaviour, thinking or perceptions. Behavioural changes are usually noticed by other people, while changes in thinking and perceptions can be identified only by interviewing the individual with the condition. Schizophrenia is often a chronic disease. It may have long periods of remission between active episodes.

*See the explanation for question Q6000 with regard to general aspects of self report for all chronic conditions.*

**Q6036. Have you ever been treated for it ? (referring to the condition asked about in Q6033)**

*See the explanation for question Q6001*

**Q6037. Have you been taking any medications or other treatment for it during the last 2 weeks?**

*See the explanation for question Q6002*

**Q6038.-Q6041. During the last 12 months, have you experienced any of the following...**

For the following questions, the interviewer must read out a series of symptoms and determine if the respondent had any of those symptoms in the last 12 months. The point of asking symptom-related questions is to screen those individuals who might have a specific health condition or disease. Because there could be a number of symptoms that characterise a given health condition, and because some symptoms may be common to different conditions, it is important that the interviewer probe for each symptom to see whether the respondent may have an active disease. It is also important that the time

period for the symptoms (in the last 12 months) be clearly understood by the respondent and not confused with other time frames used in this section such as "ever" and "the last 2 weeks". Confusion of the time frame may render results incomparable.

**Q6038. A feeling that something strange and unexplainable was going on that other people would find hard to believe?**

Individuals with schizophrenia and related psychoses have experiences where the familiar environment appears changed, as if having a special significance for them, often in a threatening or puzzling way. The patient feels that these changes are difficult to describe or explain and may seek an explanation based on a misinterpretation of ordinary observations. The focus in this question should be placed on words "strange" and "unexplainable".

**Q6039. A feeling that people were too interested in you or there was a plot to harm you?**

Patients with schizophrenia and related psychoses incorrectly attribute special significance to people, objects or events and are convinced that this special significance refers to them. They may believe that they are being observed, followed or being harmed in some way.

**Q6040. A feeling that your thoughts are being directly interfered or controlled by another person, or your mind was being taken over by strange forces.**

Patients with schizophrenia sometimes are convinced that they have some thoughts in their mind which are not their own: that some special mechanisms are installed in their house (walls, floor, ceiling, TV, Radio, etc.), personal objects (glasses, hat, etc), or the body, that control their mind, read their thoughts. They may also feel that their thoughts are being extracted from their minds or somehow being made public. The purpose of the question is to find out if the respondent has any such unusual experiences.

**Q6041. An experience of seeing visions or hearing voices that others could not see or hear when you were not half asleep, dreaming or under the influence of alcohol or drugs?**

These kind of symptoms are called hallucinations. The patient sees non-existent objects, people, scenes and hears sounds, voices or music that are not there, as vividly and lucidly as normal people perceive the reality around them. No ordinary explanation seems possible for these experiences.

**Q6042. Have you ever been diagnosed with diabetes (or high blood sugar)?**

This question serves to identify individuals with a diagnosed case of diabetes or diabetes mellitus (sometimes called “high blood sugar”). Diabetes is a chronic (or long-term) condition whereby a person’s pancreas has problems producing insulin. Insulin is necessary to turn the sugars and starches that people eat into glucose (a simple sugar), to help regulate the body’s blood sugar levels. People with diabetes eventually develop a high blood sugar level, which can lead to blood vessel abnormalities that can cause damage to the kidneys, nerves and heart. While diabetes cannot be cured, it can be successfully treated. Weight control, regular exercise and reducing sugar intake are important factors in lowering blood sugar levels.

See question note **Q6000**.

**Q6043. Have you been treated for it? (*referring to the condition asked about in Q6042*)**

The purpose of this question is to find out if the respondent has ever been treated for diabetes.

See the question note **Q6001**.

**Q6044. Have you been taking insulin, or any other blood sugar lowering medications in the last 2 weeks?**

The purpose of this question is to find out if the respondent is currently under treatment for diabetes other than taking medications. Persons with diabetes can take doses of insulin to help control their blood sugar levels. An answer of “yes” is appropriate only if the respondent was taking insulin or any other medications for diabetes during the last two weeks, and not if the person says he or she usually takes medications but for some reason did not during the given period.

(See question note **Q6002**.)

**Q6045. Are you following a special diet, exercise regime or weight control program for diabetes?** The purpose of this question is to find out if the respondent is currently under treatment for diabetes other than taking medications. Appropriate treatment of diabetes is not limited to drug therapy. Other important measures include weight control, regular exercise, and following a special low-fat diet to reduce sugar intake. The interviewer should prompt whether the respondent has been following any of these measures as a form of treatment for diabetes, such as having been told to do so by a health care provider.



## **SECTION 6100: TUBERCULOSIS - DIAGNOSIS AND TREATMENT**

Tuberculosis is an infectious disease caused by bacteria and it usually affects the lungs, but all other body organs can also be involved (such as the lymph glands, kidneys or bones). Tuberculosis can be cured if treated properly. However if it is not treated, the disease may be fatal within 5 years.

This section aims to try to identify respondents that may have tuberculosis (TB) and whether respondents have had a TB test in the last 12 months.

### **Q6100.-Q6101. During the last 12 months, have you experienced any of the following...**

For this set of questions, the interviewer must read out a series of symptoms and determine if the respondent had any of those symptoms in the last 12 months. The point of asking symptom-related questions is to screen those individuals who might have tuberculosis (TB). Because there could be a number of symptoms that characterise a given health condition, and because some symptoms may be common to different conditions, it is important that the interviewer probe for each symptom to see whether the respondent may have an active disease.

#### **Q6100. Cough that lasted for 3 weeks or longer?**

Cough is a very common symptom which could be associated with many illnesses. However if the cough is persistent and lasts for more than 3 weeks without the signs of common cold, there is a chance that it might be caused by tuberculosis.

#### **Q6101. Have you had blood in your phlegm, or have you coughed blood?**

Coughing blood, or having blood in the sputum or phlegm, is a symptom that is very specific to tuberculosis. If the respondent is unsure of the meaning of phlegm, explain that this is the substance spit out from a deep cough (or use another term in local colloquial language).

#### **Q6102. In the last 12 months, have you had a tuberculosis (TB) test, I mean has a doctor examined your sputum or made an X-ray of your chest?**

Detection of TB is very important. Many cases are undetected which leads to the death of a person with TB. There are several methods of detecting TB. The most common are examination of the sputum (that is, when a health care provider takes a sample of the substance spit out from a deep cough and sends it to a laboratory for analysis) and X ray of the chest.

## **SECTION 6200: INVENTORY OF DRUGS AND MEDICINES**

The purpose of this section is to record the drugs and medicines the respondent is using.

### **Q6200. Do you keep any medicines or drugs in the house?**

This question serves as a way to introduce the section and to screen out respondents that do not usually keep medicines at home.

### **Q6201. May I see what drugs or medicines you personally have been using in the last two weeks?**

This question is only asked to respondents who reported keeping any medicines at home.

This question refers to any drugs or medicines, whether prescribed by a health professional or not, that the respondent is currently using for a health condition. The question also serves to screen out those who are not currently taking any drugs or medicines. The interviewer should be patient while the respondent looks for their medicines. It is especially important for the interviewer to maintain a good rapport with the respondent, as some respondents may be reluctant to show the contents of their household medicine cabinet.

### ***Q6202. Identify the medicines shown by the respondent in the medicine list and then record in the corresponding row in the following table. Please complete the table for a maximum of the 3 most used medicines for each condition.***

This question is only asked to respondents who reported keeping any medicines at home to the interviewer. Here the interviewer has to identify the name of the medicine and look it up in the list of medicines. In the list, the medicines are classified into 8 categories which correspond to certain diseases and health conditions. Use the responses to the questions Q6002, Q6011, Q6019, Q6027, Q6037, Q6044 questions to decide where to focus on the Inventory of medicines and drugs section. This section is intended to record the medication/s in response to the question “Are you taking any medication for (condition reported in the earlier section)?”.

If the respondent reports taking medications for “Asthma” and “Angina”, for instance, then use only Asthma and Angina Medicine and drug list to code the shown drugs. If it happens that the medicine the respondent shows is not on these two lists (Asthma and Angina), don’t code this medicine under “Other”.

For each category, there are several classes of medicines that could be used in the treatment process. The interviewer has to enter the two digit code of the medicine (as indicated in the list) in column "a". If the medicine shown does not correspond to one of the eight specified categories, record the code under “other”.

For each medicine recorded, the interviewer has to ask the respondent if the medicine was prescribed by a medical professional or not. The answer should be appropriately recorded in column "b".

The similar information has to be obtained for maximum of 3 medicines for each disease category. Information for the second and third medicines should be entered in columns "c", "d", "e", and "f" as appropriate. If the respondent presents four or more medicines for

a given health condition, the interviewer should record the information for only the three most often used medicines for the given condition.

Use Appendix A.6 to prepare the country specific Medicine and drug list.

## **SECTION 6300: CERVICAL CANCER AND BREAST CANCER SCREENING**

This section is asked to female respondents of a given age group to identify those who have had a screening for cervical cancer (PAP smear test) or for breast cancer (mammography). Cancer occurs when cells in a part of the body begin to grow out of control. Most cancers are named after the part of the body where the cancer first starts. Breast cancer begins in the breast tissue. Cervical cancer begins in the lining of the cervix, the lower part of the womb (uterus).

The cervical cancer screening questions are to be asked only of *women between the ages of 18 and 64*. (Is it 18 to 64 or 69, in survey says 69) The breast cancer screening questions are to be asked only of *women between the ages of 40 and 64*.

**Q6300. When was the last time you had a pelvic examination? (By pelvic examination, I mean when a doctor or nurse examined your vagina?)**

This question is only to be asked to women aged 18 to 69 years. The question has two purposes. First, it introduces the topic of cervical cancer screening with a more general aspect of reproductive health: when the respondent last had a pelvic examination. A woman can only have a PAP smear test within the context of a pelvic examination. Second, it filters out those respondents who either never had a pelvic examination, or only had it over 3 years ago. Only exams that took place within the past 3 years are of interest.

The interviewer should ask how long ago the respondent last had a pelvic examination. If the respondent had a pelvic examination but does not remember when exactly the examination took place, the interviewer should probe for the approximate elapsed time since the last examination. Determine if the last exam was WITHIN THE LAST 3 YEARS.

If the respondent had an exam in the last 3 years, proceed to question Q6301.

If the respondent did not have an exam in the last 3 years, *go to question Q6302*.

If the respondent is unsure what is meant by a pelvic exam, it is important to read a description to help her understand. Read the following (or similar) description: “A pelvic examination is when a doctor, nurse, or midwife examines the outside and inside of the vagina. It usually involves passing a speculum into the vagina. The speculum looks a little like a duck's bill and allows the doctor, nurse, or midwife to see inside. Usually the doctor, nurse, or midwife will feel inside the vagina.”

**Q6301. 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?)**

This question is only asked to women aged 18-69 who reported having had a pelvic examination in the last 3 years. The purpose is to identify those respondents who had a PAP smear test. If the respondent is unsure what is meant by PAP smear test, read the following description: “A PAP smear test is when a medical professional uses a swab or stick to wipe cells off from the cervix, the opening lining of the womb (uterus). These cells are then sent to a lab and evaluated to determine if the cells are abnormal. The test is used to screen for cervical cancer at an early stage, but can detect other gynaecologic problems as well.”

**Q6302. When was the last time you had a mammography, if ever? (This is an x-ray of your breasts to detect breast cancer at an early stage).**

This question is only to be asked to women aged 40 to 69 years. The purpose is to identify when was the last time the respondent had a mammography. Read the following description(s) if the respondent does not understand what is meant by mammography:

- ❖ “A mammography is a special x-ray of the breasts. It involves standing in front of a machine where each breast is placed between two plastic plates. The plates come together, pressing on the breast to make it as flat as possible. This procedure allows for lumps to be detected by the x-ray, to help detect breast cancer at an early stage.”

#### **SECTION 6400: MATERNAL HEALTH CARE**

This section pertains to the types of health care received by mothers and newborns. The questions are to be asked to *women of reproductive age (18 to 49 years)*. If the respondent is a man or a woman of age 50 or older, the interviewer has to skip section Q6400 and go to Q6500. Questions on antenatal and delivery care refer to children born in the five years before the survey.

**CHECK QUESTIONS 5002 AND 5003 FOR THE LAST LIVE BIRTH AND THE NAME OF THE YOUNGEST CHILD. IF THE LAST BIRTH WAS MORE THAN 5 YEARS AGO (THAT IS; BEFORE DECEMBER 1997), GO TO 6500.**

Women's birth history is obtained in child mortality section (5000). If the respondent is a woman of 18-49 of age, the interviewer has to check the date of the last life birth recorded in 5002 and the name (if child had a name) of the child, recorded in 5003, to whom the woman last gave birth. If the last life birth was more than 5 years ago section 6400 should be skipped and the interviewer has to go question 6500. If the child died too young and did not have name the respondent has to refer to her/him as "the baby". It is important that the interviewer make clear for the respondent that the maternal health care

questions are asked about the last live birth, even if the child died after births, and not about the youngest child alive at the time of the interview.

**Q6400. When you were pregnant with (NAME), did you see a health care professional to have your pregnancy checked?**

This question is only asked to women who had a live birth in the last five years. In order to detect problems associated with pregnancy and childbearing, all pregnant women should have routine antenatal check-ups. This question refers to any visits to a health care provider for antenatal care during a woman's pregnancy (specifically to have her pregnancy checked, not for other reasons).

**Q6401. How many times during your pregnancy with (NAME) did you see a health care professional?**

This question is only asked to women who received antenatal care for their last pregnancy in the last five years. The respondent may not remember exactly how many antenatal care visits she had. Precision here is not crucial, however the interviewer has to try to get the best possible approximation. If the respondent reports a range of numbers, for example 8-10 visits, the interviewer has to probe and ask her to choose one number. Sometimes the respondent may give a frequency of visits rather than the total number, for example "every month", "once in every three weeks", etc. In this situation, the interviewer has to estimate the number visits from the reported frequency.

**Q6402. Who did you see most of the time?**

This question is only asked to women who received antenatal care for their last pregnancy in the last five years. It is very important that a woman see a qualified health care professional during her pregnancy. The purpose of this question is to determine if the person who the woman saw most of the time during her pregnancy was medically qualified. If the respondent reports having seen more than one type of health care provider, probe for the type of provider most often seen. If the respondent is unsure, prompt by reading out the categories. (NOTE: Coding categories may need to be developed locally and revised based on the pretest, however the main categories must be maintained.)

**Q6403-6405. During your pregnancy, when you were visiting a health care provider was any of the following done at least once:**

**This set of questions is only asked to women who received antenatal care for their last pregnancy in the last five years.**

**Q6403. Was your blood pressure measured?**

**Q6404. Did you give blood sample?**

**Q6405. Were you told about the signs of pregnancy complications and what you should do if they occur?**

The purpose of these questions is to determine the minimal content of the antenatal care visits. For the safety of pregnancy and its outcome not only the number of visits matter, but the type of medical procedures that were performed during those visits. The procedures recommended in these questions are a bare minimum that has to be delivered to a pregnant woman. If the respondent is confused about the meaning of the "blood sample", the interviewer has to explain that this a procedure when a nurse or a doctor takes a small amount of blood from her to check if everything is alright. A response of "yes" is appropriate if the procedures were performed at any time during any antenatal care visit during the course of the woman's last pregnancy.

**Q6406. During your antenatal care visits for your pregnancy with (NAME), were you given any information or counselled about HIV, the virus that causes AIDS?**

This question is only asked to women who received antenatal care for their last pregnancy in the last two years. AIDS is an illness caused by the HIV virus, which weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted sexually or through contact with contaminated blood. It can also be transmitted from a mother to a child during pregnancy, during delivery or by breast feeding. Information on voluntary HIV counselling and testing helps to assess efforts to curb mother-to-child transmission of HIV and improve the health of mothers and babies. This question asks about counselling offered during antenatal care visits and tries to get an idea of how mother-to-child transmission is being addressed.

**Q6407. Was HIV testing offered to you at any time during your visit(s)?**

This question is only asked to women who received antenatal care for their last pregnancy in the last two years. This question asks specifically whether HIV testing was offered. In many societies there is a level of stigma around mothers who are HIV-positive, so it is important to read the question as written and stress the confidentiality of responses. Preface the question by saying, "I do not want to know the results of the test".

**Q6408. Did you agree to be tested for HIV during any of your visits?**

This question is only asked to women who were offered HIV testing during antenatal care in the last two years. This question asks whether the woman agreed to take an HIV test.

**Q6409. Did you receive the results of the test?**

This question is only asked to women who received HIV testing during antenatal care in the last two years. This question asks whether the woman received the results of the test. Do not ask what was the result of the test itself.

**Q6410. When you gave birth to (NAME), who assisted in the delivery? Anyone else?**

This question is only asked to women who have given birth in the last five years. This question identifies the person(s) who assisted the woman during delivery. Probe if she is not sure of the status of the person who attended the delivery (for example, she is not sure if the person was a midwife or a traditional birth attendant). If the woman first mentions that a relative or friend attended, probe for whether this person is a trained health worker. Record all persons she says attended her.

**Q6411. Where did you give birth to (NAME)?**

This question is only asked to women who have given birth in the last five years. A large number of maternal deaths and new born deaths occur because of untreated or inadequately treated complications arising during delivery. This question specifies whether the delivery took place in a health facility, and will help identify groups that are under served by the health care system.

**Q6412. Was it government operated or private?**

This question is only asked to women who gave birth in a hospital or other health facility in the last five years. If the woman gave birth in a health facility, determine whether the place is in the public sector (run by the government) or in the private sector (run either for-profit or not-for-profit, including those run by religious or charitable organizations).

**SECTION 6500: CHILD HEALTH CARE**

Questions in this section should be asked to any respondent in a household where there are young children. First, the interviewer has to check the number of children under age 5 in the household roster. The questions on child health (preventive and curative care) are asked if there is at least one child in the household of that age group.

It is important to make clear for the respondent the interviewer is asking the question not about the respondent's youngest child, but the youngest child in the household, where some other children might also be living.

**PART A. PREVENTIVE CARE**

**Q6500.-Q6501.-Q6502. Can you please tell me the name, the sex, and the date of birth of the youngest child living in this household.**

The purpose of these questions is to make sure that the interviewer gets the information about the youngest child in the household, whether related to the respondent or not, and determines the date of birth (month and year) and sex of the child. The interviewer should refer to this name for all questions in this section (Q6504.-Q6565., and in malaria endemic areas Q6566-Q6570.).

**Q6503. What is your relationship with this child?**

It is important to ask this question in order to better understand the respondent's responses. The interviewer has to record appropriately the respondent's relationship with the child.

**Q6504. Do you have a card where (NAME)'s vaccinations are written down?**

***If YES: May I see it?***

Information on the immunisations of children born in the last five years is collected to ascertain the level of coverage, and hence the level of protection against specific diseases. The data are also used to help determine groups that are underserved by the health care system or are not benefiting from immunisation programmes.

The World Health Organization recommends that all children receive three doses of DTP vaccine for the prevention of diphtheria, tetanus, and pertussis (whooping cough), as well as a vaccination against measles, before their first birthday. The vaccinations should be recorded on a health card given to the parents, which is the main source of information about childhood vaccination. If the respondent reports having a card for the child, probe ***“May I see it?”*** and encourage the respondent to look for the health cards of all eligible children. If the respondent shows the card for a particular child, record ***“YES, CARD SEEN”*** and proceed to the next question.

If the respondent says they once had a card for the child but don't any more, or the card is not kept at that residence, or it is otherwise inaccessible during the interview, write ***“CARD NOT SEEN”*** and proceed to question Q6505. If the respondent says they do not have a card for the child, record ***“NO CARD”*** and *Go to question Q6513 (please check this to be sure).*

**Q6505.-Q6506.-Q6507.-Q6508. RECORD VACCINATION DATES FOR EACH DOSE OF DTP AND MEASLES**

This question is asked only when the child's vaccination card was seen by the interviewer. It is critical to obtain written documentation of the child's immunisation history. The interviewer should be patient while the respondent looks for it. Some respondents may not be willing to take the time to search, in which case the interviewer



should strongly encourage the respondent to look for the health cards of all eligible children.

If the respondent shows the health card, the interviewer should take the information directly from the card. The dates of each dose of DTP and of measles vaccination should be recorded with the day first, then the month, and then the year. The interviewer should carefully check to see which way the dates are written on the card, and in what order the different vaccinations are listed, as these may differ than the order in the questionnaire.

**Q6509. Has (NAME) received any vaccinations to prevent him/her from getting disease that are not recorded on this card.**

This question is asked only when the child's vaccination card was seen by the interviewer. Sometimes a child will receive a vaccination but no record of it is made on the health card. After copying the card, the interviewer should ask whether the child received any vaccinations not recorded. If the child did so, the interviewer should write "YES" and probe for additional doses of DTP and measles.

**Q6510-Q6511. Has (NAME) received additional vaccinations to prevent him/her from getting diphtheria, tetanus or pertussis (whooping cough)? *IF YES: How many times?***

This question is asked only when the child's vaccination card was seen by the interviewer. Sometimes a child will receive a vaccination but no record of it is made on the health card. If the respondent reports that the child did receive additional vaccinations (6509), the interviewer should probe for additional doses of DTP. If the respondent is not sure what is this vaccine, specify that this is an injection given in the thigh or buttocks.

**Q6512. Has (NAME) received any vaccinations that are not recorded on this card to prevent him/her from measles?**

This question is asked only when the child's vaccination card was seen by the interviewer. Sometimes a child will receive a vaccination but no record of it is made on the health card. After copying the card, the interviewer should ask whether the child received a vaccination for measles that is not recorded. If the child did so, the interviewer should write "YES". After this question the interviewer has to go to question 6517.

**Q6513. Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?**

This question is asked only when the child's vaccination card was not seen by the interviewer. The respondent is asked if the child has ever received any vaccinations. If the answer is no or DK, skip to question 6517.

**Q6514. Please tell me if (NAME) has received any of the following vaccinations: A) DTP vaccination?**

**Q6515. *If YES: How many times?***

This question is asked only when the child's vaccination card was not seen by the interviewer. This question specifies which vaccines we are interested in knowing if the child has had. With regard to the DTP vaccine, if the respondent says "YES" (that is, that the child has received this vaccine), probe to find out the total number of doses.

**Q6516. An injection to prevent measles?**

This question is asked only when the child's vaccination card was not seen by the interviewer. If such injection was received, record "yes".

**This question is asked only when the child's vaccination card was not seen by the interviewer.**

If an injection was received record "yes".

**Q6517. In the last 12 months did (NAME) receive a vitamin A capsule or supplement (like this)?**

**Q6518: *If YES: How many times did [NAME] received it?***

These question (Q6517-Q6518) is to be asked only in countries where supplementation programmes exist. Vitamin A deficiency is the leading cause of preventable childhood blindness, as well as a major contributing factor to the severity of several other causes of childhood morbidity and mortality. Deficiency in this crucial micronutrient can be avoided by giving children supplements of vitamin A capsule, usually every six months. This two questions ask respondents whether the child has ever received vitamin A supplementation in the last 12 months, and if so how many dose. If there is confusion, the interviewer should show the respondent a sample of vitamin A capsule.

**PART B. CURATIVE CARE**

**Q6550. When was the last time [NAME] was sick with fever, diarrhoea, or any other illness?**

The point of this question is to identify the child's last period of illness. Three principal causes of death in children under five are diarrhoea, pneumonia and malaria. The questions about these and other childhood illnesses aim to determine how children with these problems are treated, and the extent of their contact with the health care system. The time from the child's last incidence of illness should be recorded in the appropriate box. If the interviewer is not clear about time he/she should probe according to options given in the questionnaire.

**Q6551-6559. During [NAME]'s last episode of illness, what symptoms did [NAME] have?**

This set of questions is only asked if the youngest child in the household under age 5 was reported to have ever been ill, and refers to the last period of illness. The purpose is to identify whether any of the following symptoms were experienced: fever, cough, difficult or fast breathing, diarrhoea, blood in the stools, vomiting everything, inability to eat or drink, or convulsions. These are symptoms of the majority of diseases that affect young children. Some of these are danger signs indicating that the child is severely ill and should receive qualified medical care immediately.

It is important that the interview probe for each of the symptoms and record all symptoms mentioned in the corresponding boxes. For the symptom of “fever”, prompt with other local terms such as “hot body”. Difficult or fast breathing may also be referred to as “shortness of breath”. If the respondent is unsure what is meant by diarrhoea, explain “more than three runny stools per day”. For “vomiting everything”, the interviewer should probe for persistent vomiting. If the respondent mentions any other symptoms that the child had, write down exactly what was said.

**Q6560. During [NAME]'s last illness, was [NAME] given more than usual to drink, about the same amount, or less than usual to drink, including breastmilk?**

This question is only asked if the youngest child in the household under age 5 was reported to have ever been ill, and refers to the last period of illness.

The purpose is to assess home care practises of caregivers for sick children. Young children who are sick should be given increased fluids to prevent dehydration as well as to facilitate filtration of toxic substances from the blood. While increased fluid intake is considered especially important against diarrhoeal diseases, it is good practice in the case of any of the symptoms recorded in the previous question. The interviewer should be sure to read the entire question before accepting a response.

**Q6561. During [NAME]'s last illness, was [NAME] given more than usual to eat, about the same amount, less than usual, or nothing to eat?**

This question is only asked if the youngest child in the household under age 5 was reported to have ever been ill, and refers to the last period of illness.

The purpose is to assess home care practises of caregivers for sick children. Young children should not be given less food when presenting the symptoms recorded in questions Q6551 to Q6558. The interviewer should be sure to read the entire question before accepting a response. If the respondent says that the child is being exclusively breast fed (has not yet been weaned and does not eat any solid food), the interviewer should mark the response as "never gave food".

**Q6562-6564. During [NAME]'s last illness, did [NAME] receive any care or treatment for the illness?**

***If YES: Where did the child receive care?***

**Was it government operated or private?**

This set of questions is only asked if the youngest child in the household under age 5 was reported to have ever been ill, and refers to the last period of illness.

The interviewer should record the sources where the child first received care during the last period of illness, regardless of whether the source was from a health facility or not. If the source was a facility, probe whether it belonged to the public sector (run by the government including military) or private sector (including those run by non-governmental organizations or religious institutions). If the respondent is unsure of where the child received care, probe without implying that the child should have been taken elsewhere.

**Q6565. How soon after the illness was noticed did [NAME] first receive care?**

This question is asked only for children who received care during the last period of illness. The point is to determine whether the child got immediate care or not. This is especially important among children presenting certain danger signs (some of the symptoms listed in question Q6551-Q6558), for whom care should be received within 24 hours.

**Q6566-6567 During [NAME]'s last episode of fever, did [NAME] receive any treatment for malaria?**

**If yes, what was taken?**

This set of questions is asked in malaria endemic areas, and only if the child is reported to have suffered from the most common symptom of malaria, fever (question Q6551). A response of "Antimalarial medication" as treatment received is only appropriate if the child was prescribed such by a physician or other qualified health worker. If the respondent first simply answers that the child was given treatment but without specifying the type (such as simply "pill or syrup"), the interviewer should probe whether it was an antibiotic, antimalarial or other type.

**Q6568. In the last 12 months did [NAME] have an episode of malaria?**

This question should be asked only in malaria endemic areas if the child did not have fever during the last reported episode of illness. The purpose is to identify young children a case of malaria in the past 12 months.

**Q6569-70. During (NAME's) last episode of malaria, did (NAME) receive any treatment or take any medications for malaria?**

**If yes, what was taken?**

**This question is asked only for children who had an episode of malaria in the last 12 months.**

A response of "Antimalarial medication" as treatment received is only appropriate if the child was prescribed such by a physician or other qualified health worker. If the respondent first simply answers that the child was given treatment but without specifying the type (such as simply "pill or syrup"), the interviewer should probe whether it was an antibiotic, antimalarial or other type.

## **SECTION 6600: REPRODUCTIVE AND SEXUAL HEALTH CARE**

These questions are to be asked to *men and women of reproductive age (18 to 49 years)*. The section deals with a subject that may be considered a personal matter by some respondents, so the interviewer must not show any embarrassment or discomfort in talking about it. In many cases people might have trouble talking about these issues, even with family members, so it is important that the interview be conducted privately. Record if there is any other person present in the room, or within listening distance, as this section of the interview begins.

### **Q6600. CHECK if other person(s) present during section on sexual health**

This is important for the interpretation and better understanding of responses to the questions. Presence of another person may make the respondent uncomfortable to answer the interviewer's questions.

### **Q6601. Are you currently married or living with a man (woman)?**

The purpose of this question is to determine whether the respondent is in a union (marital or informal) or not. The question also sets a mood for asking subsequent more intimate questions. If the question is yes skip to question Q6603.

### **Q6602. Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner?**

The question is asked only to those respondents who answer "no" to question Q6601, that is who do not have spouse or who are not living with a man (woman). The purpose is to understand whether the respondent has a regular sexual partner or not. If the answer is no to this question, skip to question Q6605.

### **Q6603. Does your spouse (sexual partner) currently live with you in the same house?**

This question is asked only to respondents who are currently in union or who have a sexual partner. The purpose is to determine whether they are in a cohabiting relationship. This information is of importance in understanding the health risks associated with. If the answer is yes then skip to question Q6606.

### **Q6604. How long have you and your spouse (sexual partner) been living separately?**

This question is asked if the respondent says that he/she currently does not live with the spouse (sexual partner). This information is of importance in understanding the health risks associated with non-regular sexual activity.

After answering this question, skip to question Q6606.

**Q6605. Have you ever had sex?**

This question is asked if the respondent is not married and does not have a sexual partner (the answers to questions Q6601 and Q6602 are "No").

The question asks for important information about respondents' sexual behaviour. Note that by sexual intercourse we mean penetrative sexual intercourse in the vagina, anus or mouth. The interviewer must be tactful and provide more details if necessary, but ask the question exactly as it is worded.

**Q6606. When was the last time you had sexual intercourse?**

This question is asked if the respondent reports having a sexual partner or ever having had sexual intercourse. Record the time as appropriate.

Determine if the last time the respondent had sexual intercourse was WITHIN THE LAST 12 MONTHS. If the last sexual encounter was within the last 12 months, proceed to question Q6607. If the last encounter was more than 12 months ago, *Go to question Q6611*.

**Q6607. What was the relationship with the person with whom you last had sex?**

This question is only asked to respondents of reproductive age who had sex in the last 12 months. This question asks about the respondent's relationship with the last sexual partner. The interviewer should first ask what is the relationship with the partner and allow the respondent to define in his/her own words. If the respondent is unsure, prompt by reading out the categories.

**Q6608. The last time you had sexual intercourse, was a condom used?**

This question is only asked to respondents of reproductive age who had sex with the last 12 months. If used correctly, condoms can reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. This question asks about condom use the last time the respondent had sex. Using a condom can mean either the male or female condom. If the respondent is unsure, condoms can be described as a rubber sheath placed by men on their penis (or by women in their vagina) before sexual intercourse. Enter "yes" if a condom was used by either the respondent or by the partner.

**Q6609. Have you had sex with another person in the last 12 months?**

This question is only asked to respondents of reproductive age who had sex in the last 12 months. This question aims to ascertain whether the respondent had sex with more than one partner in the last year. It is especially important for the interviewer to maintain a good rapport with the respondent, as some respondents may be reluctant to discuss their sexual activities.

**Q6610. The last time you had sexual intercourse with this other person, was a condom used?**

This question is only asked to respondents of reproductive age who had sex with a non-regular partner in the last 12 months. This question asks about condom use the last time the respondent had sex with this partner. Using a condom can mean either the male or female condom. Enter "yes" if a condom was used by either the respondent or by the partner.

**Q6611. In the last 12 months, have you been tested to see if you have HIV, the virus that causes AIDS?**

This question is asked to all men of reproductive age, and to women of reproductive age who have not given birth in the last two years. AIDS is an illness caused by the HIV virus, which weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted sexually or through contact with contaminated blood. In conjunction with the questions in section Q6400 on HIV counselling and testing during antenatal care, this question asks about voluntary counselling and testing to get an idea of how well people are being reached by HIV/AIDS intervention programmes and how many people know their HIV status. The question asks whether the respondent went to have an HIV test in the last 12 months.

In many societies there is a level of stigma around people who are HIV-positive, so it is important to read this (and the next) question as written and stress the confidentiality of responses. Preface the questions by saying, "I do not want to know the results of the test".

Note that in many situations, people may assume that their blood has been tested for HIV at some time, for example when giving a blood donation, when applying for insurance, or when attending antenatal services. However this question refers to the "voluntary" element of testing, so an answer of "yes" is appropriate only if the person specifically requested a test.

If the answer is no to this question. Skip to question Q6700.

**Q6612. Have you been told the results of your test?**

This question is only asked to respondents who have been tested for HIV in the last 12 months. This question asks whether the respondent received the results of the test. Do not ask what was the result of the test itself.

**SECTION 6700: VISION CARE (CATARACTS)**

This section aims to identify persons with problems of cataracts in their eyes and whether they have had access to appropriate medical intervention. Cataracts are a disease in which the lenses of the eyes become cloudy and opaque, causing partial or total blindness. If the cataracts become too thick, the eye lenses can usually be removed with laser surgery and



replaced with clear, plastic lenses. This is a commonly performed surgery in many countries with little risk and good results.

The questions related to cataracts are to be asked only if the respondent is **60 years of age or older**. The first questions will determine if the respondent was diagnosed by a physician or other health professional in the last 5 years as having cataracts in one or both eyes, and if he/she had the cataract(s) removed. A series of vision-related questions are then asked to help identify respondents who may have a problem of cataracts but have not received a medical diagnosis, or who have not received effective intervention.

If the respondent is less than 60 years of age, skip these questions related to cataracts and *Go to the next section on oral health (question Q6750).*

**Q6700. When was the last time you had your eyes examined by a physician or other medical professional?**

This question serves two purposes. First, it introduces the topic of cataracts with the more general aspect of eye care, by allowing the respondent to remember the last time they had their eyes examined. Second, it filters out those respondents who either never had professional eye care, or last had it over 5 years ago.

Ask how long ago the respondent had an eye exam by a medical professional and record the time in the appropriate box as mentioned.

Determine if the exam was WITHIN THE LAST 5 YEARS. If the respondent never had an exam, or did not have one in the last 5 years, *Go to question Q6703*. If the respondent reports having had an exam within the last 5 years, *Go to question Q6701*.

**Q6701. In the last 5 years, were you diagnosed with a cataract in one or both of your eyes?**

This question is only asked to respondents who had a professional eye exam in the last 5 years. The purpose is to identify those respondents who were diagnosed in the last 5 years as having cataracts. Record “yes” if the respondent was diagnosed for cataracts in either one eye or both eyes within the last 5 years. If the respondent was not diagnosed for cataracts, *Go to question 6703*.

**Q6702. In the last 5 years, have you had eye surgery to remove your cataract (s)?**

This question is only asked to respondents who had a diagnosis of cataracts in one or both eyes. It is important that the time period for the medical intervention (the last 5 years) be clearly understood by the respondent, otherwise the results may not be comparable and it will be difficult to properly assess how well the health system is responding to people’s needs.

**Q6703. In the last 12 months, have you experienced any of the following... Cloudy or blurry vision?**

This set of questions serves as screening to help identify respondents who may have a current vision problem related to cataracts, and is asked to everyone aged 60 or over. An answer of “yes” should be recorded only for respondents who have experienced these vision difficulties in the last 12 months.

If the respondent does not understand what is meant by cloudy or blurry vision, read the following:

“Cloudy or blurry vision refers to when you cannot see clearly, as if there is a fog in front of your eyes, or as if you are trying to see through a waterfall, or the image has been smeared so you cannot see optimally.”

**Q6704. Vision problems with light, such as glare from bright lights, or halos around lights?**

If the respondent does not understand the meaning of this question, read the following:

“Problems with light could be when you find bright lights uncomfortably harsh to look at, or you see unusual circles around lights.”

**SECTION 6750: ORAL HEALTH CARE**

The purpose of this series of questions is to identify respondents who have had problems with their mouth and/or teeth during the last 12 months and determine whether they received appropriate treatment for the problem.

**Q6750. During the last 12 months, did you have any problems with your mouth and/or teeth?**

This question aims to identify those respondents who had any problems with their teeth and/or mouth in the last 12 months. Oral health problems can have negative affects on people's nutrition and general health. If the respondent indicates not having had any problems in the last 12 months, record “no” and *Go to question Q6757*.

**Q6751. During the last 12 months, did you receive medical care or treatment from a dentist or other oral health specialist for this problem with your mouth and/or teeth?**

This question is only asked to respondents who reporting having had an oral health problem in the last 12 months.

The purpose is to determine if respondents who had such problems received medical care or treatment for their problem. Only treatment or care from a dentist or other health professional is of interest. If the respondent did not receive any treatment, or only had self-treatment or care from a traditional or faith healer, record “no” and *Go to question Q6757*.

**Q6752.-Q6756. What type of care or treatment did you receive for this problem with your mouth and/or teeth?**

This set of questions is only asked to respondents who reported having had oral health problems and having received professional care in the last 12 months. The purpose is to determine what type(s) of treatment or care were received. Read the response options and record all the types of care mentioned. A response of “yes” to “medications” is appropriate if the respondent took any type of pill, syrup or other medicine prescribed by an oral health professional in the last 12 months to treat a problem of the mouth, teeth, tongue or gums. If the respondent is not sure what is meant by “dentures or bridges”, describe them as “full or partial implants for replacing missing teeth”. Descriptions of “dental work or oral surgery” could include “special cleaning of your teeth by a dentist or dental hygienist, filling of dental caries, tooth extraction, or any other surgery of the mouth”. If a type of treatment received falls under a different category not listed here, record “other” and write down what the respondent mentioned.

**Q6757. Have you lost all of your natural teeth?**

The question serves to identify people who are suffering from edentulism (who are missing all of their teeth), a particularly debilitating oral disease. If left untreated, edentulism can lead to the shrinking and loss of jawbone. Record a response of “yes” only if the respondent has lost all of their natural teeth, and not just some or most of them.

**SECTION 6800: CARE FOR ROAD TRAFFIC AND OTHER INJURIES**

This section aims to identify respondents who were involved in a road traffic accident in the last 12 months that caused bodily injury, or had another type of physical injury that limited their activities, and whether they received appropriate medical care for their injuries.

**Q6800. In the past 12 months, have you been involved in a road traffic accident where you suffered from bodily injury?**

This question aims to identify respondents who were involved in a road traffic accident resulting in bodily injury. It is important to emphasize that the respondent could have been involved in the accident in any capacity. If the respondent first answers “no”, probe by saying: “This could have been an accident in which you were involved either as the occupant of a motor vehicle, or when you were riding a motorcycle or bicycle, or walking.”

The bodily injury produced as a result of the accident could be any type of injury (even if it was not necessarily visible to the person at the time of the accident). Only accidents that occurred in the last 12 months should be recorded. If the respondent indicates not

having been involved in any road traffic accident in the past 12 months, record “NO” and *Go to Q6806*.

**Q6801. When (in the last 12 months) did the accident happen?**

This question is only asked to respondents who were injured in a road traffic accident in the last 12 months. Record the time since the last accident in the appropriate. The answer does not need to ascertain the exact amount of time (for example, if the respondent says they were last in an accident three and a half months ago, record "3-5months ago").

**Q6802. Did you receive medical care or treatment for your injuries?**

This question is only asked to respondents who were injured in a road traffic accident in the last 12 months. The point is to determine if the respondent received appropriate medical care or treatment for the injuries. If the respondent did not receive any care or treatment, record “NO” and *Go to Q6806*.

**Q6803. Where did you first receive care?**

**Q6804. Was it government operated or private (*if from ambulance, hospital or outpatient facility*)?**

This question is only asked to respondents who were injured in a road traffic accident in the last 12 months and received medical care or treatment for their injuries. The purpose is to identify the nature of the care received. The interviewer should emphasize where the respondent FIRST received care for their injuries. If the place of care was on-site (ambulance), hospital or other health facility, probe for whether the facility was in the public sector (run by the government) or private sector. If the respondent is not sure, prompt by reading the response options. If the first place where care was received falls under a different category not listed here, record “other”.

**Q6805. How soon after the traffic accident occurred did you first receive care?**

This question is only asked to respondents who were injured in a road traffic accident in the last 12 months and received medical care or treatment for their injuries. The purpose is to identify the timing of the care received. The interviewer should emphasize when the respondent FIRST received care for their injuries. If the respondent is unsure or does not remember, probe if someone else told them when they first received care. Prompt by reading the response options and record the appropriate answer.

**Q6806. In the past 12 months, have you suffered bodily injury that limited your everyday activities in any way? This could have been due to a fall, burn, poisoning, submersion in water, or by a firearm or sharp weapon, or an act of violence from another person?**

This question aims to identify individuals who had serious bodily injuries in the last 12 months of any cause except road traffic accidents. The idea is to determine whether the person experienced difficulty because of a physical injury in doing their day to day activities, such as household, work and school activities. Respondents should use their own definition of "limited in everyday activities" to answer this question. If the injury limited the respondent's everyday activities in any way, it would be considered as a serious injury requiring medical attention. The interviewer should probe for the type and cause of the injury and record "yes" if it occurred in any incident of intentional or unintentional cause, such as from a fall, fire, poisoning, drowning, or from an act of violence or war. If the answer is no, *Go to next section*

**Q6807. When (in the last 12 months) did the incident happen?**

This question is only asked to respondents who suffered serious bodily injuries in the last 12 months of any cause except road traffic accidents. Record the time since the injury in the appropriate box. The answer does not need to ascertain the exact length of time (for example, if the respondent says they were last injured three and a half months ago, record "3-5months ago").

**Q6808. Did you receive any medical care or treatment for your injuries?**

This question is only asked to respondents who suffered serious bodily injuries in the last 12 months of any cause except road traffic accidents. The point is to determine if the respondent received some kind of medical care or treatment for the injuries. If the respondent did not receive any care or treatment, record "no" and *Go to the next section* of the survey.

**Q6809. Where did you first receive care?**

**Q6810. Was it government operated or private (*if from ambulance, hospital or outpatient facility*)?**

This question is only asked to respondents who suffered serious bodily injuries in the last 12 months of any cause except road traffic accidents, and received medical care for their injuries. The purpose is to identify the nature of the care received. The interviewer should emphasize where the respondent FIRST received care for their injuries. If the place of care was on-site (ambulance), hospital or other health facility, probe for whether the facility was in the public sector (run by the government) or private sector. If the respondent is not sure, prompt by reading the response options. If the first place where care was received falls under a different category not listed here, record "other".

**Q6811. How soon after this injury did you first receive care?**

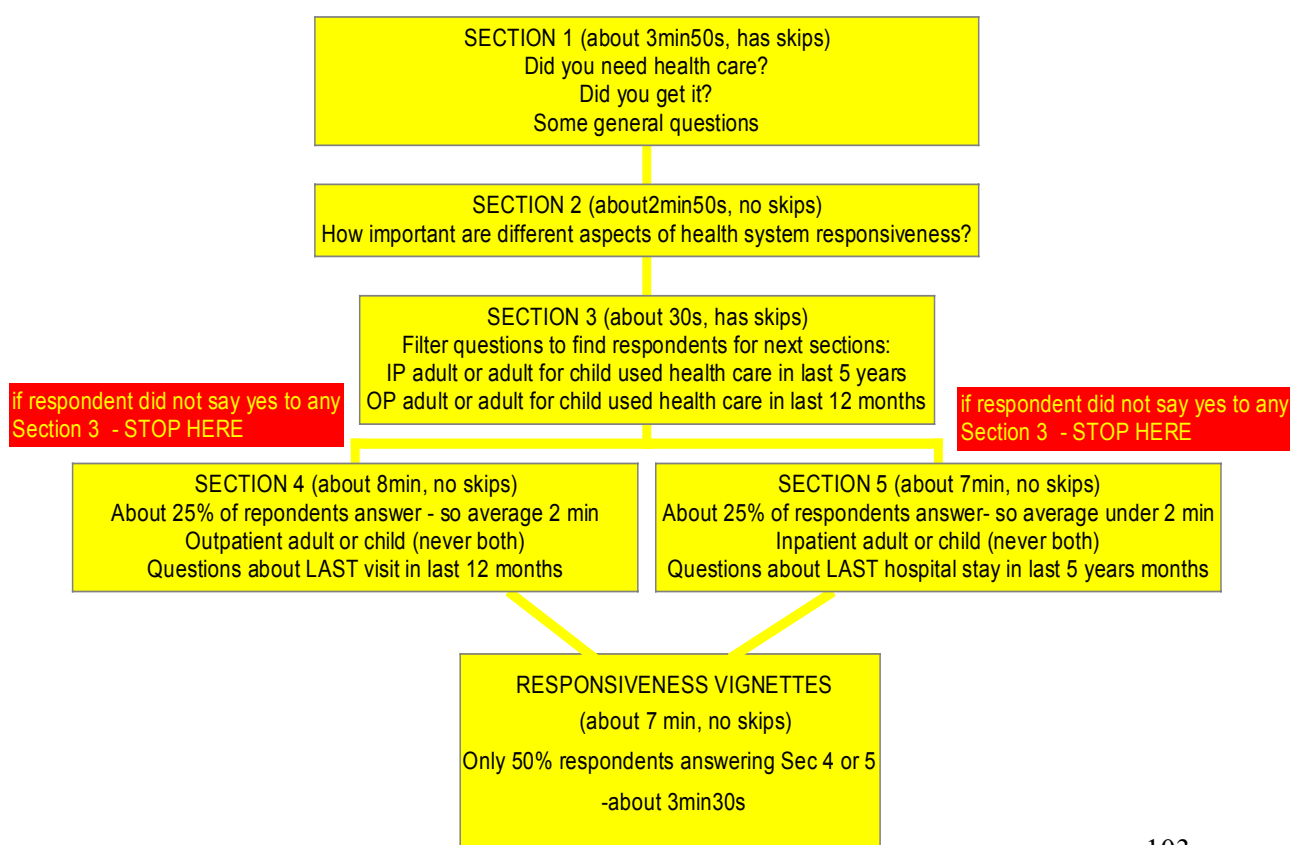
This question is only asked to respondents who suffered serious bodily injuries in the last 12 months of any cause except road traffic accidents, and received medical care or treatment for their injuries. The purpose is to identify the timing of the care received. The interviewer should emphasize when the respondent FIRST received care for their injuries. If the respondent is unsure or does not remember, probe if someone else told them when they first received care. Prompt by reading the response options and record the appropriate answer.

## 7000. Health System Responsiveness

### DESCRIPTION OF DIFFERENT SECTIONS

1. Needing health care and general evaluation of health systems: what was your last need, did you get health care, involvement, satisfaction, caring for family members, etc.
2. Importance: how important are different aspects of responsiveness to you
3. Seeing health care providers: finding out whether the respondent [or their child] stayed in hospital in the last 5 years? If not, did they [or their child] use a health care provider, excluding overnight stay in hospital in the last 12 months.
4. Outpatient care– reference to last visit: specific questions on the type of health care provider used followed by questions on different aspects of responsiveness
5. Inpatient hospital section - reference to last hospital stay: specific questions on the type of health care provider used followed by questions on different aspects of responsiveness
6. Vignettes

**FIGURE 7001: OVERVIEW OF RESPONSIVENESS MODULE**



## **RESPONSIVENESS QUESTIONS**

### **7000. Needing health care and general evaluation of health systems (Section 1)**

**[Interviewer: stop reading further as soon as the respondent has selected one. If an adult went for health care at the same time as for his/her children, focus on the adult's experience. If the adult accompanied more than one child, focus on the YOUNGEST child.]**

**Q7000. When was the last time that either you as an adult, or a child of yours aged 12 years or less, needed health care?**

- in the last 30 days**
- between 1 month and less than 1 year ago**
- between 1 year and less than 2 years ago**
- between 2 years and less than 3 years ago**
- between 3 years and less than 5 years ago**
- more than 5 years ago**
- Never needed – Skip to 7020**

For this question, it is important to get the last eligible person who needed health care. An eligible person is the respondent itself or one of his/her children aged 12 years or less.

**Q7001. Was the last need for health care for you or for your child?**

- Yourself**
- Your child**

**Q7002. Thinking of the last time you [your child] needed to see a health care provider who could treat your condition, how many were there around who you could chose from?**

**Interviewer: RECORD NUMBER**

The purpose of this question is to find out, from the respondent's point of view, the number of health care providers who could have treated the respondent's last condition ignoring any financial, legal/administrative or other barriers. The respondent subjectively defines who s/he would include as being 'around'.



**Q7003. Which reason best describes why you [your child] last needed health care?**

**High fever, severe diarrhoea, or cough**  
**Immunization**  
**Antenatal consultation**  
**Family planning**  
**Childbirth**  
**Dental care**  
**Arthritis**  
**Asthma**  
**Heart disease**  
**Bodily injury**  
**Minor surgery**  
**Other**

The respondent must choose only one category.

**Q7004. The last time you [your child] needed health care, did you get health care?**

**Yes - SKIP TO Q7016**  
**No**

**Q7005. - Q7015. Which reasons best explain why you [your child] did not get health care?**

**Q7005. Could not afford the cost of the visit**  
**Q7006. No transport**  
**Q7007. Could not afford the cost of transport**  
**Q7008. The health care provider's drugs or equipment are inadequate**  
**Q7009. The health care provider's skills are inadequate**  
**Q7010. You were previously badly treated**  
**Q7011. Could not take time off work or had other commitments**  
**Q7012. You did not know where to go**  
**Q7013. You thought you were not sick enough**  
**Q7014. You tried but were denied health care**  
**Q7015. Other**

The purpose of this question is to find out whether the respondent ever wanted to get health care but did not do so and why this was the case. The interviewer should read each of the items on the list and get the respondent to answer yes or no to each item. Then skip to question Q7020.

**Q7016. When you last needed health care, where did you get care?**

**At a health care provider, excluding an overnight stay in hospital**

**At a hospital where you stayed overnight**

**At home**

By health care provider, we mean any of the following types of professionals at a facility operated by the government, private sector, or religious or non-governmental groups:  
Medical doctor (including gynaecologist, psychiatrist and other specialists)

Nurse

Midwife

Dentist

Physiotherapist or chiropractor

Traditional medicine practitioner

Other

**Q7017. The last time you [your child] sought care for [refer to the CONDITIONS listed in Q7003] did the health care provider prescribe any medicine for you [your child]?**

**1. Yes**

**5. No**

**8. DK - If No or DK: Go to Q7020**

**Q7018. Of the medicines that were prescribed for you [your child], how many of them were you able to get?**

**1. All of them – Skip to Q7020**

**2. Most**

**3. Some**

**4. Very few**

**5. None of them**

**Q7019. Which reason best explains why you [your child] did not get all the medicines you were prescribed?**

**1. Could not afford**

**2. Could not find all medicines**

**3. Did not believe all the medications were needed**

**4. Started to feel better**

**5. Already had some of the medicines at home**

**6. Other**

**Q7020. How would you rate the way health care in your country involves you in deciding what services it provides and where it provides them?**

This question is aimed at finding out how easy it is for a citizen to get involved in making decisions that would affect the structure of the health system.

**Q7021. In general, would you say you are very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied or very dissatisfied with the way health care runs in your country.**

We are asking the respondent to give a report of their overall level of satisfaction with the state of health care in their country.

**Q7022. During the past year, did you provide help to a relative or friend (adult or child), because this person has a long-term physical or mental illness or disability or is getting old and weak?**

**Yes, for a person living in the same household**

**Yes, for a person living in a separate household**

**No**

The purpose of this question is to find out whether the respondent is involved in caring for family members, relatives or friends in an informal capacity (without pay) over some extended period of time. The person in question might be in the respondent's household or they might be in another household. The nature of the help that is provided to the person encompasses a broad range of activities (described more fully below). These activities may include bathing, feeding, household chores, assistance with transport, etc., to mention but a few activities (SEE BELOW).

**Q7023.-Q7027. Please tell me the kind of care you provided to this person(s)?**

*If the respondent is looking after more than 1 person, the respondent should be told to focus on the person needing the most care when answering this question.*

**Q7023. You helped with personal care, such as going to the toilet, washing, getting dressed, or eating**

**Q7024. You helped with medical care, like changing bandages and giving medicines**

**Q7025. You helped with household activities such as meal preparation, shopping, cleaning, laundry**

**Q7026. You watched over them since their behaviour can be upsetting or dangerous to themselves or others**

**Q7027. You helped them to get around outside the home**

These questions describe different areas of assistance that may be provided to persons with long-term conditions.

**Q7028.-Q7031. In your dealings with private health care organizations or the government, have you ever had any difficulties:**

**Q7028. Obtaining payment exemptions or the right to special rates for health care**

**Q7029. Completing or filling out applications for health insurance**

**Q7030. Finding out what benefits you are entitled to from your health insurance**

**Q7031. Getting reimbursements from health insurance organizations**

These questions are aimed at finding out how many administrative problems people face when using or trying to use the health system. Some of these problems might arise when coming into contact directly with health care providers (e.g. some hospitals assess your income before deciding to charge you a certain rate), or the problems might arise when a person has or tries to get insurance. The option of “not applicable” is included as the respondents might not have had some of the described experiences.

**7100-7107. Importance (Section 2)**

Each question has the same set of responses, from ‘Extremely important’ to ‘Not important’.

**Q7100. How important is "respectful treatment" to you? This means, being shown respect when greeted by and when talking to health care providers having physical examinations conducted in a way that respects your cultural norms.**

**Would you say it is:**

- Extremely important**
- Very important**
- Moderately important**
- A little important**
- Not important**

- Q7101. How important is "confidentiality of personal information" to you?**  
This means, having information about your health and other personal information kept confidential having conversations with health care providers without other people overhearing
- Q7102. How important is "choice of health care providers" to you?**  
This means, being able to choose your health care provider (place or person) being able to consult for a second opinion or with a specialist if so desired
- Q7103. How important is "convenient travel and short waiting times" to you?**  
This means, having short travel times and convenient access to health care facilities having short waiting times for consultations and hospital admissions
- Q7104. How important is "involvement in decision making" to you?**  
This means, being involved as much as you want in deciding about your health care freedom to discuss other treatment options or care regimes if you want
- Q7105. How important are "good quality surroundings" to you?**  
This means , having enough space, seating and fresh air in the waiting rooms, examination rooms and hospital wards having a clean facility (including clean toilets)
- Q7106. How important is "contact with outside world " to you?**  
This means, having family and friends visit you as much as you want when you are a patient in hospital being able to keep in contact with family, friends and to have information about what is happening outside the hospital
- Q7107. How important is "clarity of communication" to you?**  
This means, having the health care providers explain things in a way you can understand having enough time to ask questions if you don't understand something

### **Seeing Health Care Providers (Section 3)**

**[Interviewer: If an adult went for health care at the same time as for his/her children, focus on the adult's experience. ]**

The purpose of this section is to separate respondents into three main groups: (1) respondents who have personally been hospitalised or whose child of 12 years or under has been hospitalised in the previous 5 years; (2) respondents who have visited or been

visited or whose child of 12 years or under has visited or has been visited by a health care provider in the previous 12 months; and (3) respondents who have had neither types of experiences.

**Q7200. Over the last 5 years, was there ever a time you stayed overnight in a hospital or other type of long term care facility for your own health care?**

This question asks people about staying overnight for their own medical needs. If they stayed overnight when visiting someone in hospital or because a child of theirs was in hospital they should answer NO to this question.

**Q7201. Over the last 5 years, was there ever a time that one of your children aged 12 years or less stayed overnight in a hospital (for his/her own health care)?**

**[Interviewer: if the person has more than one child, ask for sex and age of the child that had the last visit. If several children were seen at the same time, focus on the YOUNGEST child.]**

If the respondent has not him/herself had a direct experience related to his/her health care, he/she can be asked questions about any children he/she accompanied to hospitals. The maximum age of these children at the time of accompanying him/her should be 12 years old or younger.

**Q7202. What is the sex of the child?**

**Q7203. What is the date of birth of the child?**

The month and the year of birth are sufficient for this question.

**Q7204. Over the last 12 months, did you receive any health care other than an overnight stay in a hospital?**

This question refers to any other type of medical or health care the respondent might have had in the last 12 months. The types of people they might have seen include Medical doctor (including gynaecologist, psychiatrist and other specialists), Nurse, Midwife, Dentist, Physiotherapist or chiropractor, Traditional medicine practitioner, to mention the most common types of health care providers.

**Q7205. Over the last 12 months was there ever a time you accompanied one of your children aged 12 years or less for health care (other than an overnight stay in a hospital)?**

**[Interviewer: if the person has more than one child, ask for sex and age of the child that had the last visit. If several children were seen at the same time, focus on the YOUNGEST child.]**

If the respondent has not him/herself had a direct experience related to his/her health care at an outpatient facility or at his/her home (e.g. a doctor visiting them at his/her home), he/she can be asked questions about any children he/she accompanied to health care providers. The maximum age of this child at the time of accompanying him/her should be not more than 12 years old.

**7206. See 7202.**

**7207. See 7203.**

#### **Outpatient Care and Care at Home (Section 4)**

**[Interviewer; Use " you" or "your child" according to responses to questions Q7200 to Q7205.]**

**[Interviewer: if person has more than one child you will use the experience of the child that had the most recent visit]**

Note that the interviewer should substitute the appropriate reference in the questions that follow. Either, the respondent used health care for their own health or the respondent accompanied a child. If the respondent had more than 1 child, they should focus on the last child's experience.

**Q7300. What was the name of the last health care provider you used in the last 12 months?**

For this question, the interviewer has to try to get the name of the clinic, or the office. If this is not possible, the interviewer should get the name of the health care provider. If the respondent was visited at home, then they should write "home visit".

**Q7301. Was the last place you visited in the last 12 months:**

**operated by the government  
privately operated  
NGO  
other**

Places operated by the government include all establishments operated by all levels of government (federal/ national, provincial/state, and local/district). The word “operated” refers to the fact that the place is run by an organization that the respondent identifies as

government, private, church etc. Note that only one category may be selected. If the respondent is undecided, ask them to select the group the provider fits in best. Similarly, if the health care provider visited the respondent at home, the respondent should think about who operates the home visit service.

**Q7302. Which was the last health care provider you visited?**

**Medical doctor (including gynaecologist, psychiatrist, ophthalmologist, etc.)**  
**Nurse**  
**Midwife**  
**Dentist**  
**Physiotherapist or chiropractor**  
**Traditional medicine practitioner**  
**Other**

Note that the interviewers should read all the categories of types of providers to the respondent. The category “traditional medicine practitioner” refers to the types of health professionals that are traditionally recognised in that particular society as providing health care or providing information about health care . For example, in South Africa, Sangoma’s are a branch of “traditional” healers that are used by some of the population. In the cases where a home visit is involved, identify the health care provider who visited the person at home.

---

**Interviewer; after Q7302, substitute the type of health care provider selected by the patient wherever you see [health care provider] in parentheses.**

---

**Q7303. What was the sex of [the health care provider]?**

**Q7304. In your opinion, was [the health care provider's] skill adequate for your treatment?**

By skill, we mean the competence of the health care provider (as a doctor, nurse, etc.), and his/her ability to treat the respondent problem.

**Q7305. In your opinion, was [the health care provider's] equipment adequate for your treatment?**

**Q7306. In your opinion, were [the health care provider's] drug supplies adequate for your treatment?**

**Q7307. Thinking about your last visit, how long did it take you to get there?**



**Q7308. Thinking about your last visit, how did you get there?**  
**[Interviewer; mark the one used for most of the travel distance.]**

**Private car or motorcycle**  
**Public transport**  
**Ambulance**  
**Bicycle**  
**Walked**  
**Other**

**Q7309. - Q7313. Thinking about your last visit, how much did you or your household pay for:**

<b>Q7309. [Health care provider's] fees</b>	<b>Don't Know</b>	
<b>Q7310. Medicines</b>	<b>Don't Know</b>	<b>Not applicable</b>
<b>Q7311. Tests</b>	<b>Don't Know</b>	<b>Not applicable</b>
<b>Q7312. Transport</b>	<b>Don't Know</b>	<b>Not applicable</b>
<b>Q7313. Other</b>	<b>Don't Know</b>	<b>Not applicable</b>

The amount paid should be entered for **each** category. If the payment was in kind, then the respondent should be asked to give their best estimate of the cash value of the in-kind payment. If there are other expenses than fees, drugs, tests or transport, then they should be entered as "Other". If the person only answers with a total amount, record under "other".

**Q7314. Did you or your household pay less than the normal health care fees because of a government discount or exemption?**

In some countries, poor people or old people get a special discount on the normal prices paid by everyone else.

**Q7315. For your [child's] last visit, how would you rate the travelling time to the health care provider?**

The respondent should take into account every aspect of the timing of the trip.

**Q7316. For your [child's] last visit, how would you rate the amount of time you waited before being attended to?**

The respondent should only be thinking of the time they waited once they had arrived at the health care facility.

**Q7317. For your [child's] last visit, how would you rate your experience of being greeted and talked to respectfully?**

**Q7318. For your [child's] last visit, how would you rate the way your privacy was respected during physical examinations and treatments?**

The purpose of this question is to see whether the respondent, during any physical examinations or when undressing, felt that they were receiving respectful treatment.

**Q7319. For you [child's] last visit, how would you rate the experience of how clearly health care providers explained things to you?**

The explanation of “things” refers to the diagnosis, the treatment, possible means of prevention and any other exchanges between the health care provider and the respondent.

**Q7320. For your [child's] last visit, how would you rate your experience of getting enough time to ask questions about your health problem or treatment?**

The respondent might have wanted to ask the health care provider questions. This question asks whether they were given sufficient time to ask questions.

**Q7321. For your [child's] last visit, how would you rate your experience of getting information about other types of treatments or tests?**

This question aims to find out if the respondent was able to obtain information so she/he might then consider different treatment options.

**Q7322. For your [child's] last visit, how would you rate your experience of being involved in making decisions about your health care or treatment?**

This question refers to the extent to which the respondent had an opportunity for discussing his or her health care condition with the health care provider.

**Q7323. For your [child's] last visit, how would you rate the way the health services ensured you could talk privately to health care providers?**

The point of this question is to find out whether the respondent was able to speak to the health care provider privately, out of the hearing of people who the respondent did not want to involve in the discussion.

**Q7324. For your [child's] last visit, how would you rate the way your personal information was kept confidential?**

There are several ways in which the respondent's medical history or reason for the visit might not have been kept confidential. One example is if the health care provider reported something to the respondent's employer.

**Q7325. For your [child's] last visit, how would you rate the freedom you had to choose your health care provider?**

This question is asking the respondent to describe the extent to which they were able to choose to choose their health care provider.

**Q7326. For your [child's] last visit, how would you rate the cleanliness of the rooms inside the facility, including toilets?**

**Q7327. For your [child's] last visit, how would you rate the amount of space in the waiting and examination rooms?**

**Q7328. - Q7334. In the last 12 months did you feel that you were treated worse by health care providers for any of the following reasons. Because of your:**

**Q7328. Sex**

**Q7329. Age**

**Q7330. Lack of money**

**Q7331. Social class**

**Q7332. Ethnic group or colour**

**Q7333. Type of illness**

**Q7334. Nationality**

Note that the recall for this question is 12 months. The whole list of reasons must be read to the respondent. The interviewer should mark either yes or no next to each reason listed.

### **Inpatient Hospital (Section 5)**

It is important to stress that the experience of interest could have taken place anytime in the last 5 years but if more than one overnight stay was experienced, the respondent should focus on the most recent overnight stay.

**Q7400. What was the name of the last hospital or long term care facility you [child] stayed in, in the last 5 years ?**

see Q7300

**Q7401. Was the hospital or long term care facility:**

**operated by the government**

**privately operated**

**NGO**

**other**

see Q7301

**Q7402. When was your [child's] last overnight stay?**

**In the last 4 weeks**

**In the last year**

**In the last 2 years**

**In the last 3 years**

**In the last 5 years**

**Q7403. Which of the following best describes the reason for your [child's] last overnight stay?**

**High fever, severe diarrhoea, or cough**

**Childbirth**

**Arthritis**

**Asthma**

**Heart disease**

**Bodily injury**

**Minor surgery**

**Other**

**Q7404. How long was your [child's] stay on this occasion?**

- 1-2 days**
- 3-5 days**
- 6-14 days**
- 15 days and more**

**Q7405. In your opinion, was the skill of the health care providers adequate for your [child's] treatment?**

see Q7304

**Q7406. In your opinion, was the hospital's equipment adequate for your [child's] treatment?**

see Q7305

**Q7407. In your opinion, were the hospital's drug supplies adequate for your [child's] treatment?**

see Q7306

**Q7408. Thinking about your last hospital stay, how long did it take you [child's] to get there?**

see Q7307

**Q7409. Thinking about your [child's] last hospital stay, how did you get there?**

- Private car or motorcycle**
- Public transport**
- Ambulance**
- Bicycle**
- Walked**
- Other**

see Q7308

**Q7410. For your [child's] last hospital stay, how long from the time you needed hospital care did you wait to be admitted to hospital?**

**[Interviewer: stop reading further as soon as the respondent has selected one]**

same day  
less than 1 week  
less than 1 month  
less than 3 months  
3 months and more

For this question, we want to know how long the respondent had to wait to be admitted to the hospital, once knowing that hospitalisation was needed.

**Q7411. - Q7415. Thinking about your [child's] last hospital stay, how much did you or your household pay for:**

see Q7309 – Q7313

<b>Q7411. Doctor's fees</b>	<b>Don't Know</b>	
<b>Q7412. Medicines</b>	<b>Don't Know</b>	<b>Not applicable</b>
<b>Q7413. Tests</b>	<b>Don't Know</b>	<b>Not applicable</b>
<b>Q7414. Transport</b>	<b>Don't Know</b>	<b>Not applicable</b>
<b>Q7415. Other</b>	<b>Don't Know</b>	<b>Not applicable</b>

**Q7416. Did you or your household pay less than the normal health care fees because of a government discount or exemption?**

see Q7314

**Q7417. Thinking about your [child's] last hospital stay, how many people slept in the same room as you?**

Only other patients, not relatives or friends staying with them for support.

**Q7418. For your [child's] last hospital stay, how would you rate the travelling time to the hospital?**

see Q7315

**Q7419. For your [child's] last hospital stay, how would you rate the amount of time you waited before being attended to?**

see Q7316

**Q7420. For your [child's] last hospital stay, how would you rate your experience of being greeted and talked to respectfully?**

see Q7317

**Q7421. For your [child's] last hospital stay, how would you rate the way your privacy was respected during physical examinations and treatments?**

see Q7318

**Q7422. For you [child's] last hospital stay, how would you rate the experience of how clearly health care providers explained things to you?**

see Q7319

**Q7423. For your [child's] last hospital stay, how would you rate your experience of getting enough time to ask questions about your health problem or treatment?**

see Q7320

**Q7424. For your [child's] last hospital stay, how would you rate your experience of getting information about other types of treatments or tests?**

see Q7321

**Q7425. For your [child's] last hospital stay, how would you rate your experience of being involved in making decisions about your health care or treatment?**

see Q7322

**Q7426. For your [child's] last hospital stay, how would you rate the way the health services ensured you could talk privately to health care providers?**

see Q7323

**Q7427. For your [child's] last hospital stay, how would you rate the way your personal information was kept confidential?**

see Q7324

**Q7428. For your [child's] last hospital stay, how would you rate the freedom you had to choose the health care providers that attend to you [your child]?**

see Q7325

**Q7429. For your [child's] last hospital stay, how would you rate the cleanliness of the rooms inside the facility, including toilets?**

see Q7326

**Q7430. For your [child's] last hospital stay, how would you rate the amount of space you had?**

see Q7327

**Q7431. For your [child's] last hospital stay, how would you rate the ease of having family and friends visit you?**

The question asks the respondent to answer based on his knowledge of whether the hospital made it uncomfortable or difficult in any other way for him/her (or his/her child) to have visitors.

**Q7432. For your [child's] last hospital stay, how would you rate your experience of staying in contact with the outside world when you were in hospital?**

This questions asks the respondent to think more generally about his/her (or his /her child's) ability to keep in contact with social activities outside of the hospital, e.g. work, news of the outside world (e.g. through newspapers), religious groups (if that is important to the respondent).

**Q7433. - Q7439. In the last 5 years did you feel that you were treated worse by the health care providers at the hospital for any of the following reasons. Because of your:**

This question is the same as the Outpatient Discrimination question (Q7328. – Q7334), except that the period of recall is 5 years instead of 12 months.



**Q7501-Q7520: VIGNETTES (4 versions: Set A, Set B, Set C, Set D)**

**I am now going to read you stories about people's experiences with health care services. I want you to think about these people's experiences as if they were your own. Once I have finished reading each story, I will ask you to rate what happened in the story as very good, good, moderate, bad or very bad.**

The vignettes or stories should be read slowly, one at a time, to the respondent. If the respondent asks the interviewer to reread any part of the vignette, the interviewer should reread the entire vignette to the respondent.

Use in vignettes country specific female/male first names to match the sex of the respondent with following exceptions:

Set A: Vignette 2: Q7503. - Q7504.

Set A: Vignette 6: Q7511. - Q7512.

Set C: Vignette 8: Q7511.

Set D: Vignette 9: Q7517. - Q7518.

Set D: Vignette 10: Q7519. - Q7520.

For these 5 vignettes retain the female / male name also if the respondent has different sex.

---

## **8000 - HEALTH GOALS AND SOCIAL CAPITAL**

---

### **Social Capital and Stress**

In the last month:

**Q8000. How often have you felt that you were unable to control the important things in your life?**

Important things in life may be related to job, family, health.

**Q8001. How often have you found that you could not cope with all the things that you had to do?**

Think of things you had to do in the work, school or house setting. Examples of not coping may be work piling up, leaving tasks unfinished, not being able to meet deadlines, being late for appointments or having to cancel them because of too many things to do.

**Q8002. How satisfied are you with your health?**

By satisfied we mean if you wish you had a better physical and/or mental health. Respondents may think of how their present health state affects their life. A person may have diabetes but have no problems with his/her condition and be, therefore, satisfied with his/her health.

### **Q8003. – Q8007. Health Systems Goals**

WHO has identified 3 main goals for health system: health (level and inequalities), responsiveness (level and inequalities) and fairness in financial contribution.

The World Health Survey programme will collect data on all of these goals. We are interested in how important the respondents think these goals are in their countries. In settings of limited resources, governments have to make choices about allocating resources to priorities. The importance placed on each goal can be thought of as an indication of how much priority should the government place on it.

The interviewer will read the introduction to the health goals to the respondents and will give them either Form A or Form B.

#### **FORM A:**

Respondents select one option.

#### **FORM B:**

Respondents may give the same number to 2 goals if they think they are of equal importance. However, it is preferable if they give different scores for the 5 goals from 1 to 5.

**Q8008. Lots of people find it difficult to get out and vote. Did you vote in the last state/national/presidential election?**

This question captures how democratic a society is, and if people are allowed to choose who will rule their country.

**Q8009. How much of the time do you think you can trust the NATIONAL government to do what is right ?**

Every person will have a definition of what is right. For some it may be passing an abortion law, while for others it will be passing an anti-abortion one. Respondents may think about how the government deals with violence, corruption, drugs, crime, as well how permissive it is and how much it defends the interest of the citizens.

**Q8010. How about your LOCAL government? How much of the time do you think you can trust the LOCAL government to do what is right?**

Every person will have a definition of what is right. For some it may be passing an abortion law, while for others it will be passing an anti-abortion one. Respondents may think about how the government deals with violence, corruption, drugs, crime, as well how permissive it is and how much it defends the interest of the citizens.

**Q8011. In general, how safe from crime and violence do you feel when you are alone at home?**

Crime and violence include someone breaking into one's house, being followed and watched, or receiving harassing phone calls.

**Q8012. How safe do you feel when walking down your street alone after dark?**

Walking down the street is a street which may be full of people or empty.

**Q8013. In the past year, have you or anyone in your household been the victim of a violent crime, such as assault or mugging?**

Violent crime includes physical attack, beating, pushing around, sexual assault, or mugging.

**Q8014. How much say do you have in getting the government to address issues that interest you?**

Respondents should think about how much of a difference what they have to say will make.

**Q8015. How free do you think you are to express yourself without fear of government reprisal?**

Government reprisal can include fines, torture, imprisonment, death or other ways of reprisal.

**VIGNETTES (2 versions: Set A, Set B)**

**Q8101-Q8105: Set A**

**Q8106-Q8111: Set B**

Use country specific female/male first names to match the sex of the respondent in vignettes.

## **9000 - INTERVIEWER OBSERVATIONS**

---

The purpose of this section is to get an idea of how the interview went and if there were any particular problems or instances that occurred during the interview.