



WORLD HEALTH SURVEY

2002

B – Individual Questionnaire

Rotation - B

World Health Organization, Evidence and Information for Policy

WORLD HEALTH SURVEY

INDIVIDUAL QUESTIONNAIRE

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WORLD HEALTH SURVEY

0990. Individual Consent Form

Dear Participant,

You have been randomly selected to be part of this survey and we would, therefore, like to interview you. This survey is conducted by the World Health Organization and will be carried out by professional interviewers from (name of institution). This survey is currently taking place in several countries around the world.

The information you provide will only be used to understand the main things that affect peoples' health in different countries and how people view their own health and access to health services.

The interview will take approximately 60 minutes. I will ask you questions about:

- some personal details,
- your health including activities that you generally carry out,
- any health problems you have experienced and treatment you may have received,
- the health care centres you use and how well these have responded to your needs.

The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name, address, and other personal information will be removed from the questionnaire, and only a code will be used to connect your name and your answers without identifying you. The Survey Team may contact you again only if it is necessary to complete the information on the survey.

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this survey you may ask me or contact (name of institution and contact details) or (Principal Investigator at site).

Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

Q0990. Who was the Individual Consent Form read by?

1. Read by Respondent [] 2. Read by Interviewer []

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

1. Agreed and Signed [] 2. Agreed but Not Signed [] 7. Refused []

Respondent: _____

Interviewer: _____

Date: ____ / ____ / ____

1000. Respondent's Socio Demographic Characteristics

Time Begin: __ __ : __ __

I would like to start by asking you some background questions before asking you questions on your health. This information is confidential and will only be used for research purposes.

| | | | | | | | |
|--------------|--|---|-----------------------------|---------------------|--------------------|-------------------|----------------------|
| Q1000 | What is your mother tongue? | | | | | | |
| Q1001 | Record sex as observed | 1. Female | | | 2. Male | | |
| Q1002 | <u>How old are you?</u> (Years) | | | | 888. DK | | |
| Q1003 | If you don't know/don't want to tell me your age could you tell me the <u>age range</u> if I read the different options to you (choose what is most appropriate) ? (READ THE OPTIONS TO THE RESPONDENT) | 1. 18-19 | | | | | |
| | | 2. 20-29 | | | | | |
| | | 3. 30-39 | | | | | |
| | | 4. 40-49 | | | | | |
| | | 5. 50-59 | | | | | |
| | | 6. 60-69 | | | | | |
| | | 7. 70+ | | | | | |
| Q1004 | Your <u>weight</u> in Kilos? | | | | | | |
| Q1005 | Your <u>weight</u> in Pounds? | | | | | | |
| Q1006 | Your <u>height</u> in Centimeters | | | | | | |
| Q1007 | Your <u>height</u> in Feet / Inches | | | | | | |
| Q1008 | What is your current <u>marital status</u> ? | 1. Never Married | 2. Currently Married | 3. Separated | 4. Divorced | 5. Widowed | 6. Cohabiting |
| Q1009 | What is the <u>highest level of education</u> that you have completed? | 1. No formal schooling | | | | | |
| | | 2. Less than primary school | | | | | |
| | | 3. Primary school completed | | | | | |
| | | 4. Secondary school completed | | | | | |
| | | 5. High school (or equivalent) completed | | | | | |
| | | 6. College / pre-university / University completed | | | | | |
| | | 7. Post graduate degree completed | | | | | |
| Q1010 | How many <u>years of school</u> , including higher education have you completed? | | | | | | |

If age is known:
Go to Q1004

If weight is in
kilos:
Go to Q1006

If height is in
centimeters:
Go to Q1008

| | | |
|--------------|--|--|
| Q1011 | What is your <i>[ethnic group / racial group / cultural subgroup / others]</i> background? <i>Each country to substitute appropriate phrases or terms and list the relevant response options.</i> | |
|--------------|--|--|

Now, I would like to ask you a few questions about your work status.

| | | | | | | | |
|--------------|--|---|----------------------------|------------------|-------------|------------------------|-------------------------------------|
| Q1012 | What is your <u>current job</u> ? | 1. Government employee | 2. Non-government employee | 3. Self-employed | 4. Employer | 5. Not working for pay | If not working for pay: Go to Q1014 |
| Q1013 | During the <u>last 12 months</u> , what has been your <u>main occupation</u> ? | 1. Legislator, Senior Official, or Manager 2. Professional (engineer, doctor, teacher, clergy, etc.) 3. Technician or Associate Professional (inspector, finance dealer, etc.) 4. Clerk (secretary, cashier, etc.) 5. Service or sales worker (cook, travel guide, shop salesperson, etc.) 6. Agricultural or fishery worker (vegetable grower, livestock producer, etc.) 7. Craft or trades worker (carpenter, painter, jewelry worker, butcher, etc.) 8. Plant/machine operator or assembler (equipment assembler, sewing-machine operator, driver, etc.) 9. Elementary worker (street food vendor, shoe cleaner, etc.) 10. Armed forces (government military) | | | | | Go to Section 2000 |
| Q1014 | What is the <u>main reason</u> you are <u>not working for pay</u> ? | 1. Homemaker / caring for family 2. Looked but can't find a job 3. Doing unpaid work / voluntary activities 4. Studies / training 5. Retired / too old to work 6. Ill health 7. Other | | | | | |

Time End: ____: ____

2000. Health State Descriptions

Time Begin: __ __ : __ __

Overall Health

The first questions are about your overall health, including both your physical and your mental health.

| | | | | | | |
|--------------|--|---------------------|----------------|--------------------|------------------|---------------------------------|
| Q2000 | In general, how would you <u>rate your health today</u> ? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very Bad |
| Q2001 | Overall in the last 30 days, how much difficulty did you have with <u>work or household activities</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

Now I would like to review different functions of your body. When answering these questions, I would like you to think about the last 30 days, taking both good and bad days into account. When I ask about difficulty, I would like you to consider how much difficulty you have had, on an average, in the past 30 days, while doing the activity in the way that you usually do it. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. Please answer this question taking into account any assistance you have available. **(Read and show scale to respondent).**

Mobility

| | | | | | | |
|--------------|--|----------------|----------------|--------------------|------------------|---------------------------------|
| Q2010 | Overall in the last 30 days, how much difficulty did you have with <u>moving around</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2011 | In the last 30 days, how much difficulty did you have in <u>vigorous activities</u> , such as running 3 km (or equivalent) or cycling? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

Self Care

| | | | | | | |
|--------------|--|----------------|----------------|--------------------|------------------|---------------------------------|
| Q2020 | Overall in the last 30 days, how much difficulty did you have with <u>self-care</u> , such as washing or dressing yourself? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2021 | In the last 30 days, how much difficulty did you have in <u>taking care of and maintaining your general appearance</u> (e.g. grooming, looking neat and tidy etc.) | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

Pain and Discomfort

| | | | | | | |
|--------------|---|----------------|----------------|--------------------|------------------|-------------------|
| Q2030 | Overall in the last 30 days, how much of <u>bodily aches or pains</u> did you have? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |
| Q2031 | In the last 30 days, how much <u>bodily discomfort</u> did you have? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |

Cognition

| | | | | | | |
|--------------|---|----------------|----------------|--------------------|------------------|---------------------------------|
| Q2050 | Overall in the last 30 days, how much difficulty did you have with <u>concentrating or remembering things</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
|--------------|---|----------------|----------------|--------------------|------------------|---------------------------------|

| | | | | | | |
|--------------|---|----------------|----------------|--------------------|------------------|---------------------------------|
| Q2051 | In the last 30 days, how much difficulty did you have in <u>learning a new task</u> (for example, learning how to get to a new place, learning a new game, learning a new recipe etc.)? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
|--------------|---|----------------|----------------|--------------------|------------------|---------------------------------|

Interpersonal Activities

| | | | | | | |
|--------------|---|----------------|----------------|--------------------|------------------|---------------------------------|
| Q2060 | Overall in the last 30 days, how much difficulty did you have with <u>personal relationship or participation in the community</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2061 | In the last 30 days, how much difficulty did you have in <u>dealing with conflicts and tensions</u> with others? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

Vision

| | | | | | | |
|--------------|--|----------------|----------------|--------------------|------------------|---------------------------------|
| Q2070 | Do you wear <u>glasses or contact lenses</u> ? (If Respondent says YES to this question, preface the next 2 questions with "Please answer the following questions taking into account your glasses or contact lenses".) | 1. Yes | | | 5. No | |
| Q2071 | In the last 30 days, how much difficulty did you have in seeing and recognizing <u>a person you know across the road</u> (i.e. from a distance of about 20 meters)? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2072 | In the last 30 days, how much difficulty did you have in seeing and recognizing <u>an object at arm's length or in reading</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

Sleep and Energy

| | | | | | | |
|--------------|--|----------------|----------------|--------------------|------------------|-------------------|
| Q2080 | Overall in the last 30 days, how much of a problem did you have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or waking up too early in the morning? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |
| Q2081 | In the last 30 days, how much of a problem did you have due to not <u>feeling rested and refreshed</u> during the day (e.g. feeling tired, not having energy)? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |

Affect

| | | | | | | |
|--------------|---|----------------|----------------|--------------------|------------------|-------------------|
| Q2090 | Overall in the last 30 days, how much of a problem did you have with <u>feeling sad, low or depressed</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |
| Q2091 | Overall in the last 30 days, how much of a problem did you have with <u>worry or anxiety</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |

VIGNETTES FOR HEALTH STATE DESCRIPTIONS

| | | |
|-------|----------------------------|--|
| Q2100 | RECORD SET (A, B, C, D): B | |
|-------|----------------------------|--|

I will now read to you some descriptions of persons with varying levels of difficulties in different areas of health. I would like to know how you view each of these descriptions and rate how much of a problem or difficulty the person described has in that area of health in the same way that you described your health to me. While giving the rating, think of the person as someone who is of your age and background.

(Show and read rating scale to respondent; use in vignettes country specific female/male first names to match sex of the respondent.)

| Vignette 1 | | | | | | |
|------------|------------|---------|---------|-------------|-----------|--------------------------|
| Q2101 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2102 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Vignette 2 | | | | | | |
| Q2103 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2104 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Vignette 3 | | | | | | |
| Q2105 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2106 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Vignette 4 | | | | | | |
| Q2107 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q2108 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

| | | | | | | |
|--------------------|------------|---------|---------|-------------|-----------|-------------------------|
| Vignette 5 | | | | | | |
| Q2109 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Q2110 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Vignette 6 | | | | | | |
| Q2111 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Q2112 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Vignette 7 | | | | | | |
| Q2113 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Q2114 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Vignette 8 | | | | | | |
| Q2115 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Q2116 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Vignette 9 | | | | | | |
| Q2117 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Q2118 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Vignette 10 | | | | | | |
| Q2119 | Question 1 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |
| Q2120 | Question 2 | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5.Extreme/ Cannot do |

Time End: __ __ : __ __

3000. Health State Valuations (Set A)

Time Begin: __ __ : __ __

| | | |
|--------|-------------|---|
| Q3000A | RECORD SET: | A |
|--------|-------------|---|

A. Descriptions

The questions I am going to ask you now are about different states of health. I will present several different states, and I want you to try to imagine what it would be like to live in those states.

If you look at these cards you will see that each card describes one health state. Let me begin by reading each card out loud (READ EACH CARD AND HAND IT TO RESPONDENT). Now, for each state, I am going to ask you to describe what you imagine that state would be like in terms of different aspects of health.

READ TO RESPONDENT: Please try to imagine what it would be like to live in the following health state: Below the knee amputation in one leg, with no prosthesis but with basic crutches available.

| | | | | | | |
|-------|---|---------|---------|-------------|-----------|--------------------------|
| Q3000 | Overall, how much difficulty would a person in this state have with <u>self-care</u> , such as washing or dressing himself / herself? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q3001 | Overall, how much difficulty would a person in this state have with <u>moving around</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q3002 | Overall, how much of <u>bodily aches and pains</u> would a person in this state have? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |

READ TO RESPONDENT: Now please try to imagine what it would be like to live in the following health state: Alcohol dependence, marked by excessive drinking that cannot be controlled.

| | | | | | | |
|-------|--|---------|---------|-------------|-----------|--------------------------|
| Q3003 | Overall, how much difficulty would a person in this state have with <u>self-care</u> , such as washing or dressing himself / herself? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q3004 | Overall, how much difficulty would a person in this state have with <u>concentrating or remembering things</u> ? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q3005 | Overall, how much of a problem would a person in this state have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or <u>waking up too early</u> in the morning? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |

Please try to imagine what it would be like to live in the following health state: having limited long-distance vision - able to read and recognize objects at arm's length but not to distinguish faces across a room (i.e., at distance of 5 meters); no glasses available.

| | | | | | | |
|-------|--|---------|---------|-------------|-----------|--------------------------|
| Q3006 | How much difficulty would a person in this state have with <u>vigorous activities</u> , such as running 3 km (or equivalent) or cycling? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
|-------|--|---------|---------|-------------|-----------|--------------------------|

| | | | | | | |
|--------------|--|----------------|----------------|--------------------|------------------|---------------------------------|
| Q3007 | Overall, how much difficulty would a person in this state have with <u>personal relationships or participation in the community?</u> | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q3008 | How much difficulty would a person in this state have with <u>seeing and recognizing a person he or she knows across the road</u> (i.e. from a distance of about 20 meters)? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

READ TO RESPONDENT: Now please try to imagine what it would be like to live in the following health state: Chronic lower back pain, with stiffness in the morning, problems sitting or bending and to a lesser degree walking; difficulties in all physical activities.

| | | | | | | |
|--------------|---|----------------|----------------|--------------------|------------------|---------------------------------|
| Q3009 | Overall, how much difficulty would a person in this state have with <u>self-care</u> , such as washing or dressing himself / herself? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q3010 | Overall, how much of <u>bodily aches and pains</u> would a person in this state have? | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |
| Q3011 | Overall how much difficulty would a person in this state have with <u>moving around?</u> | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

Now please try to imagine the following health state: total blindness in both eyes, acquired as an adult.

| | | | | | | |
|--------------|--|----------------|----------------|--------------------|------------------|---------------------------------|
| Q3012 | Overall, how much difficulty would a person in this state have with <u>feeling sad, low or depressed?</u> | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme |
| Q3013 | Overall, how much difficulty would a person in this state have with <u>moving around?</u> | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |
| Q3014 | Overall, how much difficulty would a person in this state have with <u>personal relationships or participation in the community?</u> | 1. None | 2. Mild | 3. Moderate | 4. Severe | 5. Extreme/ Cannot do |

B. Ordinal Ranking Exercise

Now that you have described the states on these cards, what I would like you to do is to compare each card to the others and rank them according to how healthy you think somebody in each state would be overall, considering all of the different parts of health. For each state, please try to imagine what it would be like to live in that state for the rest of your life

I will read through the cards again, and as I read them, please think carefully about which state you think is the best and which state you think is the worst. (READ EACH CARD TO RESPONDENT AND HAND HIM/HER THE CARD.)

Now, of all of these states, please pick the one that you think would be the most healthy out of all of them. (LET RESPONDENT PICK). We will put this card at the top. And which state would you consider to be the least healthy? (LET RESPONDENT PICK). We will put this card at the bottom. Now, I would like for you to place the rest of the cards in order from the best to the worst health.

WRITE THE CODE FROM EACH CARD NEXT TO THE RANK, STARTING WITH RANK 1 AS THE BEST (TOP CARD), TO RANK FIVE AS THE WORST (BOTTOM CARD).

| | | |
|--------------|----------------|-------|
| Q3020 | Rank 1 (BEST) | _____ |
| Q3021 | Rank 2 | _____ |
| Q3022 | Rank 3 | _____ |
| Q3023 | Rank 4 | _____ |
| Q3024 | Rank 5 (WORST) | _____ |

Time End: __ __ : __ __

HEALTH STATE CODES

| | |
|-----|------------------------------|
| AMP | Below the knee amputation |
| ALC | Alcohol dependence |
| VIS | Limited long-distance vision |
| BAK | Chronic lower back pain |
| BLI | Total blindness in both eyes |

4000. RISK FACTORS

Time Begin: __ __ : __ __

Tobacco

(Show Tobacco list to respondent ----see Appendix A4.1)

| | | | | | |
|--------------|--|-----------------|------------------------------|--------------------------|-------------------------|
| Q4000 | Do you <u>currently smoke</u> any tobacco products such as cigarettes, cigars, or pipes? | 1. Daily | 2. Yes, but not daily | 5. No, not at all | If 2 or No: Go to Q4010 |
| Q4001 | For <u>how many years</u> are you <u>smoking daily</u> ? | | | | |

On average, how many of the following products do you smoke each day?

| | | |
|--------------|-------------------------|--|
| Q4002 | Manufactured cigarettes | |
| Q4003 | Hand-rolled cigarette | |
| Q4004 | Pipefuls of tobacco | |
| Q4005 | Other: | |

Alcohol

(Show Alcohol card to respondent ----see Appendix A4.2)

| | | | | |
|--------------|--|---------------|-----------------|-----------------------|
| Q4010 | Have you ever consumed a drink that contains alcohol (such as beer, wine, etc.)? | 1. Yes | 5. Never | If Never: Go to Q4020 |
|--------------|--|---------------|-----------------|-----------------------|

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

| | | |
|--------------|-----------|--|
| Q4011 | Monday | |
| Q4012 | Tuesday | |
| Q4013 | Wednesday | |
| Q4014 | Thursday | |
| Q4015 | Friday | |
| Q4016 | Saturday | |
| Q4017 | Sunday | |

Nutrition

Now I am going to ask you about the fruit and vegetables you usually eat. **(Show Nutrition card to respondent ---- see Appendix A4.3)**

| | | |
|--------------|--|-------|
| Q4020 | How many servings of fruit do you eat on a typical day? | _____ |
| Q4021 | How many servings of vegetables do you eat on a typical day? | _____ |

Physical Activity

Now 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 places to place, and in your spare time for recreation, exercise or sport.

| | | | |
|--------------|---|-------|--------------------|
| Q4030 | Vigorous Activity 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 only about 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? (Show Physical Activity card to respondent ---- see Appendix A4.4) | _____ | If No: Go to Q4033 |
|--------------|---|-------|--------------------|

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

| | | | |
|--------------|--|-------|--------------------|
| Q4031 | Hours per day | _____ | If No: Go to Q4036 |
| Q4032 | Minutes per day | _____ | |
| Q4033 | Moderate Activity 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? (Show Physical Activity card to respondent ---- see Appendix A4.4) | _____ | |

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

| | | |
|--------------|-----------------|-------|
| Q4034 | Hours per day | _____ |
| Q4035 | Minutes per day | _____ |

| | | | |
|--------------|--|----------------|--------------------|
| Q4036 | Walking 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? | _____ _____ | If No: Go to Q4040 |
|--------------|--|----------------|--------------------|

How much time did you usually spend **walking** on one of those days?

| | | |
|--------------|-----------------|-------|
| Q4037 | Hours per day | _____ |
| Q4038 | Minutes per day | _____ |

Environmental Risk Factors / Water and Sanitation

| | | | | | | |
|--------------|---|---|----------------------------|-------------------|-----------------------------|-----------------------------|
| Q4040 | What type of <u>floor</u> does your dwelling / house have? | 1. Hard floor (tile, cement, brick, wood) | 2. Earth floor | | | |
| Q4041 | What type of <u>wall</u> does your dwelling / house have? | 1. Cement, brick, stone or wood 2. Mud brick 3. Thatch and other 4. Plastic sheet 5. Metal sheet 6. Other | | | | |
| Q4042 | What is the <u>main source of drinking water</u> for members of this household? (Show card to respondent ---- see Appendix A4.5) | 1. Piped water through house connection or yard 2. Public standpipe 3. Protected tube well or bore hole 4. Protected dug well or protected spring 5. Unprotected dug well or spring 6. Rainwater (into tank or cistern) 7. Water taken directly from pond-water or stream 8. Tanker-truck, vendor | | If 1: Go to Q4045 | | |
| Q4043 | How long does it take to get there, get water and come back? | 1. Less than 5 minutes | 2. Between 5 to 30 minutes | | 3. Between 30 to 60 minutes | 4. Between 60 to 90 minutes |
| Q4044 | Are there <u>at least 20 litres of water per person</u> (about one bucket) available per day (for drinking, cooking, personal hygiene etc.) in the household? | 1. Yes | | 5. No | | |

| | | | | |
|--------------|--|--|-------|------------------------|
| Q4045 | What type of <u>toilet facilities</u> does your household use? (Show card to respondent ---- see Appendix A4.6) | 1. Flush to piped sewage system | | |
| | | 2. Flush to septic tank | | |
| | | 3. Pour flush latrine | | |
| | | 4. Covered dry latrine (with privacy) | | |
| | | 5. Uncovered dry latrine (without privacy) | | |
| | | 6. Bucket latrine (where fresh excreta are manually removed) | | |
| | | 7. No facilities (open defecation) | | |
| | | 8. Other | | |
| Q4046 | How far is the facility from your dwelling/house | 1. Within property / yard, used by single household | | |
| | | 2. Within property / yard, used by multiple household | | |
| | | 3. Outside property / yard, private | | |
| | | 4. Outside property / yard, shared | | |
| Q4047 | What type of <u>fuel</u> does your household <u>mainly</u> use for <u>cooking</u> ? | 1. Gas | | If 1 or 2: Go to Q4050 |
| | | 2. Electricity | | |
| | | 3. Kerosene | | |
| | | 4. Coal | | |
| | | 5. Charcoal | | |
| | | 6. Wood | | |
| | | 7. Agriculture/crop | | |
| | | 8. Animal dung | | |
| | | 9. Shrubs/grass | | |
| | | 10. Other | | |
| Q4048 | What type of <u>cooking stove</u> is used in your house? (Show card to respondent ---- see Appendix A4.7) | 1. Open fire or stove without chimney or hood | | |
| | | 2. Open fire or stove with chimney or hood | | |
| | | 3. Closed stove with chimney | | |
| | | 4. Other | | |
| Q4049 | Where is cooking usually done? | 1. In a room used for living or sleeping | | |
| | | 2. In a separate room used as kitchen | | |
| | | 3. In a separate building used as kitchen | | |
| | | 4. Outdoors | | |
| Q4050 | Do you heat your house when it is cold? | 1. Yes | 5. No | If No: Go to Q5000 |

| | | | |
|--------------|--|---|-----------------------|
| Q4051 | What type of <u>fuel</u> does your household mainly use for <u>heating</u> ? | 1. Gas | If 1 or 2: Go to 5000 |
| | | 2. Electricity | |
| | | 3. Kerosene | |
| | | 4. Coal | |
| | | 5. Charcoal | |
| | | 6. Wood | |
| | | 7. Agriculture/crop | |
| | | 8. Animal dung | |
| | | 9. Shrubs/grass | |
| | | 10. Other | |
| Q4052 | What type of <u>heating stove</u> is used in your house? (Show card to respondent ---- see Appendix A4.7) | 1. Open fire or stove without chimney or hood | |
| | | 2. Open fire or stove with chimney or hood | |
| | | 3. Closed stove with chimney | |
| | | 4. Other | |

Time End: __ __ : __ __

5000. Mortality

Time Begin: __ __ : __ __

Section A - Birth History (Women only)

These questions are to be asked of all women respondents of reproductive (18-49) yrs age.

CHECK SEX: Female CONTINUE.....Male GO TO SECTION 5100

CHECK AGE: Aged between 18 – 49 GO TO 5000.....Aged 50 or over GO TO SECTION 5100

| | | | | | | | | | | | | | | | | | |
|--------------|---|-------------------|----|-------------------|----|-------------------|----|-------------------|----|--------------------|----|-------------------|----|-------------------|----|-------------------|----|
| Q5000 | Now, I would like to ask you about all the <u>births</u> you have had <u>during</u> your life. Have you ever given birth? | 1. Yes | | | | 5. No | | | | If No: Go to Q5100 | | | | | | | |
| | | a. Child 1 | | b. Child 2 | | c. Child 3 | | d. Child 4 | | e. Child 5 | | f. Child 6 | | g. Child 7 | | h. Child 8 | |
| Q5001 | Name | | | | | | | | | | | | | | | | |
| Q5002 | Month / Year of <u>Birth</u> (eg. Feb –02) AFTER RECORDING THE INFORMATION ABOUT ALL BIRTHS, UNDERLINE THE LAST BIRTH AND THE NAME OF THE CHILD | | | | | | | | | | | | | | | | |
| Q5003 | Sex | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M |
| | | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Q5004 | Whether <u>alive</u> | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5005 | a) Current <u>age</u> in Years : <i>Use Years for children older than 5 years and adults</i> | YY: | | YY: | | YY: | | YY: | | YY: | | YY: | | YY: | | YY: | |
| | b) Current <u>age</u> in Months : <i>Use Months for children between 2 months and 5 years of age</i> | MM: | | MM: | | MM: | | MM: | | MM: | | MM: | | MM: | | MM: | |
| | c) Current <u>age</u> in Days : <i>Use Days for infants below 2 months of age</i> | DD: | | DD: | | DD: | | DD: | | DD: | | DD: | | DD: | | DD: | |

| | | a. Child 1 | | b. Child 2 | | c. Child 3 | | d. Child 4 | | e. Child 5 | | f. Child 6 | | g. Child 7 | | h. Child 8 | |
|--------------|---|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|
| Q5006 | Is the child currently <u>living with you</u> ? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5007 | Month / Year of <u>death</u> | | | | | | | | | | | | | | | | |
| Q5008 | a) <u>Age at death</u> in: Days | DD: | | DD: | | DD: | | DD: | | DD: | | DD: | | DD: | | DD: | |
| | <i>Use Days for infants below 2 months of age</i> | | | | | | | | | | | | | | | | |
| | b) <u>Age at death</u> in: Months | MM: | | MM: | | MM: | | MM: | | MM: | | MM: | | MM: | | MM: | |
| | <i>Use Months for children between 2 months and 5 years of age</i> | | | | | | | | | | | | | | | | |
| Q5009 | c) <u>Age at death</u> in: Years | YY: | | YY: | | YY: | | YY: | | YY: | | YY: | | YY: | | YY: | |
| | <i>Use Years for children older than 5 years and adults</i> | | | | | | | | | | | | | | | | |
| Q5010 | Did s/he have fever? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5011 | Was the fever continuous (1) or on and off (5)? | | | | | | | | | | | | | | | | |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5012 | Was the fever associated with chills/shivering? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5013 | Did s/he have convulsions or fits? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5014 | Was the child unconscious for more than a day during the illness that led to death? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5015 | Did s/he have a stiff neck? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5015 | Did s/he have a cough? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |

| | | a. Child 1 | | b. Child 2 | | c. Child 3 | | d. Child 4 | | e. Child 5 | | f. Child 6 | | g. Child 7 | | h. Child 8 | |
|--------------|--|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| Q5016 | If yes, was it (1) dry, (2) productive, (3) with blood, (4) or unknown ? | | | | | | | | | | | | | | | | |
| Q5017 | Did s/he have fast breathing? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5018 | Did s/he have in drawing of the chest while breathing? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5019 | Did s/he have diarrhea? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5020 | Was there visible blood in the stools? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |

Complete columns for all children.

Section B: Assessment of Adult Mortality

B 1 : Sibling Survivorship To be asked of primary respondent. See explanatory notes in training manual.

| | | |
|--------------|---|--|
| Q5100 | Please write line number from Household roster, using numbers between 0400 and 0413. Line number | |
| Q5101 | How many children did your mother give birth to, including you ? No. of births to natural mother: | |
| Q5102 | How many births did your mother have before you were born? No. of preceding births: | |
| Q5103 | How many births did your mother have after you were born? No. of succeeding births: | |

Interviewer: *Include all siblings* (e. g. step siblings, born to the same mother). Check sum of Q5102 and Q5103 and ensure equality with (Q5101 minus 1).

INTERVIEWER: IN THE FOLLOWING QUESTION MARK RESPONDENT BY PUTTING IN Q5107 THE VALUE OF ZERO

Now I would like you to list for me details of all your siblings form oldest to youngest (including yourself)

Complete columns for all siblings.

| | If 2 or more births, continue here, <u>starting with eldest child</u> | a. Sibling 1 | | b. Sibling 2 | | c. Sibling 3 | | d. Sibling 4 | | e. Sibling 5 | | f. Sibling 6 | | g. Sibling 7 | | h. Sibling 8 | |
|--------------|--|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|
| Q5104 | Name | | | | | | | | | | | | | | | | |
| Q5105 | Sex | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M |
| | | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Q5106 | Month/ Year of <u>birth</u> , e.g. Feb-02 | | | | | | | | | | | | | | | | |
| Q5107 | What is the <u>age difference</u> (in years) between you and [NAME]? | | | | | | | | | | | | | | | | |
| Q5108 | Is [NAME] still <u>alive</u> ? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 |
| Q5109 | How often are you in contact with [NAME] in person, by phone, mail or other means of communication? 1. Weekly 2. Monthly 3. Yearly 4. Every 2-3 years 5. Every 3 years or more | | | | | | | | | | | | | | | | |
| Q5110 | If YES to 5108, <u>how old</u> is [NAME]? | | | | | | | | | | | | | | | | |
| Q5111 | If NO to 5108, <u>how old</u> was [NAME] when died? | | | | | | | | | | | | | | | | |
| Q5112 | <u>How many</u> years ago did [NAME] die? | | | | | | | | | | | | | | | | |
| Q5113 | Is [NAME] currently living / did [NAME] before s/he died live in? 1. Private dwelling / house 2. Military establishment 3. Hospital 4. Nursing home 5. Other institution 8. DK | | | | | | | | | | | | | | | | |

Verbal Autopsy

For each sibling death recorded in Section B-1, answer the following questions.

Complete columns for all siblings.

| | | a. Sibling 1 | | b. Sibling 2 | | c. Sibling 3 | | d. Sibling 4 | | e. Sibling 5 | | f. Sibling 6 | | g. Sibling 7 | | h. Sibling 8 | | |
|--------------|--|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------------|
| Q5200 | If deceased, a woman aged 15-49, was she <u>pregnant when she died</u> ? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | |
| Q5201 | If deceased, a woman aged 15-49 did she <u>die during childbirth</u> ? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | |
| Q5202 | If deceased, a woman aged 15-49 did she <u>die within 2 months</u> after the end of pregnancy or childbirth? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | |
| Q5203 | Was the death <u>associated with injury</u> ? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | If No, Go to Q5207 |
| | | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | 1 | 5 | |
| Q5204 | Was it due to 1. Accident 2. Suicide 3. Murder 4. War 5. Natural disaster | | | | | | | | | | | | | | | | | |

| a. Sibling 1 | b. Sibling 2 | c. Sibling 3 | d. Sibling 4 | e. Sibling 5 | f. Sibling 6 | g. Sibling 7 | h. Sibling 8 |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Q5205 Provide details of events that <u>led to the injury</u>. What was the mechanism or <u>cause of injury</u> ? 1. Motor vehicle 2. Pedestrian-vehicle crash 3. Motorcycle 4. Pedal cycle 5. Fall 6. Gunshot, firearm related 7. Landmine / bomblast 8. Stab / cut / pierce 9. Fire / burn 10. Poisoning 11. Near drowning / drowning / submersion 12. Other mechanism / cause of injury | | | | | | | | | |
| Q5206 <u>Where</u> did the <u>injury occur</u>? 1. Home 2. School 3. Street/highway 4. Parking lot 5. Trade and service areas (shop, bank, etc.) 6. Farm 7. River/lake/stream/ocean 8. Industrial/construction area 9. Other public building 10. Other Specify others | | | | | | | | | |

| a. Sibling 1 | b. Sibling 2 | c. Sibling 3 | d. Sibling 4 | e. Sibling 5 | f. Sibling 6 | g. Sibling 7 | h. Sibling 8 |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|

| | | | | | | | | | | | | | | | | | |
|--------------|---|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|
| Q5207 | Did the deceased report / experience <u>chest pain lasting less than 24 hrs</u> in the month preceding the death? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5208 | Did the deceased experience <u>paralysis</u> of any part of the body in the month preceding death? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5209 | If yes, was the <u>paralysis</u> accompanied or followed by <u>sudden loss of consciousness</u> ? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5210 | Did the deceased have a <u>cough</u> that lasted more than 3 weeks? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5211 | If yes, was there <u>blood in the sputum</u> ? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5212 | Did (s)he receive any <u>medical treatment</u> for <u>tuberculosis</u> ? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5213 | Did the deceased have <u>diarrhoea</u> that lasted more than a month ? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5214 | Was there any <u>rapid loss of weight</u> ? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |
| Q5215 | Were there any <u>white patches</u> in the mouth ? | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 | Yes 1 | No 5 |

Time End: __ __ : __ __

6000. Coverage

Time Begin: __ __ : __ __

READ TO RESPONDENTS: Now I would like to read to you questions about some health problems or health care needs that you and the young children in this house may have experienced, and the treatment or medical care that you may have received.

CHRONIC CONDITIONS - DIAGNOSIS AND TREATMENT (*Questions to be asked to all respondents*)

| | | | | |
|--------------|---|--------|-------|-------|
| Q6000 | Have you ever been diagnosed with <u>arthritis</u> (a disease of the joints)? | 1. Yes | 5. No | 8. DK |
| Q6001 | Have you ever been treated for it? | 1. Yes | 5. No | 8. DK |
| Q6002 | Have you been taking any <u>medications</u> or other <u>treatment</u> for it during the <u>last 2 weeks</u> ? | 1. Yes | 5. No | 8. DK |

During the last 12 months, have you experienced any of the following:

| | | | | |
|--------------|--|-----------------------------|-------------------------|--------------------|
| Q6003 | <u>Pain, aching, stiffness or swelling</u> in or around the <u>joint</u> (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month ? | 1. Yes | 5. No | |
| Q6004 | Stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement ? | 1. Yes | 5. No | If No: Go to Q6007 |
| Q6005 | How long does this stiffness last? <i>READ CHOICES AND MARK AS APPROPRIATE</i> | 1. About 30 minutes or less | 2. More than 30 minutes | |
| Q6006 | Does this stiffness go away after exercise or movement in the joint? | 1. Yes | 5. No | |

| | | | | |
|--------------|--|------------|-------|--------------------|
| Q6007 | Have you experienced <u>back pain</u> (including disc problems) during the <u>last 30 days</u> ? | 1. Yes | 5. No | If No: Go to Q6009 |
| Q6008 | How many days did you have this back pain during the <u>last 30 days</u> ? | Days _____ | | |

| | | | | |
|--------------|--|--------|-------|-------|
| Q6009 | Have you ever been diagnosed with <u>angina</u> or <u>angina pectoris</u> (a heart disease)? | 1. Yes | 5. No | 8. DK |
| Q6010 | Have you ever been treated for it? | 1. Yes | 5. No | 8. DK |

| | | | | |
|--------------|--|--------|-------|-------|
| Q6011 | Have you been taking any <u>medications or other treatment</u> for it during the last 2 weeks? | 1. Yes | 5. No | 8. DK |
|--------------|--|--------|-------|-------|

During the last 12 months, have you experienced any of the following:

| | | | | |
|--------------|--|--------|-------|----------------------------------|
| Q6012 | Pain or discomfort in your <u>chest</u> when you walk uphill or hurry? | 1. Yes | 5. No | 9. Never walks uphill or hurries |
|--------------|--|--------|-------|----------------------------------|

| | | | | |
|--------------|---|--------|-------|------------------------------------|
| Q6013 | Pain or discomfort in your chest when you walk at an ordinary pace on level ground? | 1. Yes | 5. No | If Q6012 and Q6013 No: Go to Q6017 |
|--------------|---|--------|-------|------------------------------------|

| | | |
|--------------|---|--|
| Q6014 | What do you do if you get the pain or discomfort when you are walking? <i>READ CHOICES</i> | 1. Stop or slow down 2. Carry on after taking a pain relieving medicine that dissolves in your mouth 3. Carry on |
|--------------|---|--|

| | | | |
|--------------|--|-------------|-----------------|
| Q6015 | If you stand still, what happens to the pain or discomfort? <i>READ CHOICES</i> | 1. Relieved | 2. Not relieved |
|--------------|--|-------------|-----------------|

| | | | | | |
|--------------|--|--------------------------|----------------|-------------|----------|
| Q6016 | Will you show me where you usually experience the pain or discomfort? <i>RECORD ALL AREAS OF BODY MENTIONED OR SHOWED</i> | 1. Upper or middle chest | 2. Lower chest | 3. Left arm | 4. Other |
|--------------|--|--------------------------|----------------|-------------|----------|

| | | | | |
|--------------|--|--------|-------|-------|
| Q6017 | Have you ever been diagnosed with <u>asthma</u> (an allergic respiratory disease)? | 1. Yes | 5. No | 8. DK |
|--------------|--|--------|-------|-------|

| | | | | |
|--------------|------------------------------------|--------|-------|-------|
| Q6018 | Have you ever been treated for it? | 1. Yes | 5. No | 8. DK |
|--------------|------------------------------------|--------|-------|-------|

| | | | | |
|--------------|--|--------|-------|-------|
| Q6019 | Have you been taking any <u>medications or other treatment</u> for it during the last 2 weeks? | 1. Yes | 5. No | 8. DK |
|--------------|--|--------|-------|-------|

During the last 12 months, have you experienced any of the following:

| | | | |
|--------------|---|--------|-------|
| Q6020 | Attacks of <u>wheezing or whistling breathing</u> ? | 1. Yes | 5. No |
|--------------|---|--------|-------|

| | | | |
|--------------|---|--------|-------|
| Q6021 | Attack of wheezing that came on <u>after you stopped exercising or some other physical activity</u> ? | 1. Yes | 5. No |
|--------------|---|--------|-------|

| | | | |
|--------------|---|--------|-------|
| Q6022 | A feeling of <u>tightness in your chest</u> ? | 1. Yes | 5. No |
|--------------|---|--------|-------|

| | | | |
|--------------|--|--------|-------|
| Q6023 | Have you <u>woken up with a feeling of tightness in your chest</u> in the morning or any other time? | 1. Yes | 5. No |
|--------------|--|--------|-------|

| | | | |
|--------------|--|--------|-------|
| Q6024 | Have you had an <u>attack of shortness of breath</u> that came on <u>without obvious cause</u> when you were not exercising or doing some physical activity? | 1. Yes | 5. No |
|--------------|--|--------|-------|

| | | | | |
|--------------|---|--------|-------|-------|
| Q6025 | Have you ever been diagnosed with <u>depression</u> ? | 1. Yes | 5. No | 8. DK |
| Q6026 | Have you ever been treated for it? | 1. Yes | 5. No | 8. DK |
| Q6027 | Have you been taking any <u>medications</u> or <u>other treatment</u> for it during the <u>last 2 weeks</u> ? | 1. Yes | 5. No | 8. DK |

During the last 12 months, have you experienced any of the following:

| | | | | |
|--------------|--|--------|-------|-------|
| Q6028 | Have you had a period <u>lasting several days</u> when you felt <u>sad, empty or depressed</u> ? | 1. Yes | 5. No | 8. DK |
| Q6029 | Have you had a period lasting several days when you <u>lost interest</u> in most things you usually enjoy such as hobbies, personal relationships or work? | 1. Yes | 5. No | 8. DK |
| Q6030 | Have you had a period lasting several days when you have been feeling your <u>energy decreased</u> or that you are <u>tired all the time</u> ? | 1. Yes | 5. No | 8. DK |
| Q6031 | Was this period [of sadness/loss of interest/low energy] for <u>more than 2 weeks</u> ? | 1. Yes | 5. No | |
| Q6032 | Was this period [of sadness/loss of interest/low energy] <u>most of the day, nearly every day</u> ? | 1. Yes | 5. No | |
| Q6033 | During this period, did you <u>lose your appetite</u> ? | 1. Yes | 5. No | |
| Q6034 | During this period, did you notice any <u>slowing down in your thinking</u> ? | 1. Yes | 5. No | |

| | | | | |
|--------------|---|--------|-------|-------|
| Q6035 | Have you ever been diagnosed to have a mental health problem such as <u>schizophrenia</u> or <u>psychosis</u> ? | 1. Yes | 5. No | 8. DK |
| Q6036 | Have you ever been treated for it? | 1. Yes | 5. No | 8. DK |
| Q6037 | Have you been taking any <u>medications</u> or <u>other treatment</u> for it during the <u>last 2 weeks</u> ? | 1. Yes | 5. No | 8. DK |

During the last 12 months, have you experienced any of the following:

| | | | | |
|--------------|---|--------|-------|-------|
| Q6038 | A feeling something <u>strange and unexplainable</u> was <u>going on</u> that other people would find hard to believe? | 1. Yes | 5. No | 8. DK |
| Q6039 | A feeling that <u>people were too interested in you</u> or there was a <u>plot to harm you</u> ? | 1. Yes | 5. No | 8. DK |
| Q6040 | A feeling that your <u>thoughts were being directly interfered or controlled by another person</u> , or your <u>mind was being taken over by strange forces</u> ? | 1. Yes | 5. No | 8. DK |

| | | | | |
|--------------|--|--------|-------|-------|
| Q6041 | An experience of <u>seeing visions or hearing voices</u> that others could not see or hear when you were <u>not half asleep, dreaming or under the influence of alcohol or drugs</u> ? | 1. Yes | 5. No | 8. DK |
| Q6042 | Have you ever been diagnosed with <u>diabetes</u> (high blood sugar)? | 1. Yes | 5. No | 8. DK |
| Q6043 | Have you ever been treated for it? | 1. Yes | 5. No | 8. DK |
| Q6044 | Have you been taking <u>insulin or other blood sugar lowering medications</u> in the <u>last 2 weeks</u> ? | 1. Yes | 5. No | 8. DK |
| Q6045 | Are you following a special <u>diet, exercise regime or weight control program for diabetes</u> ? | 1. Yes | 5. No | 8. DK |

TUBERCULOSIS DIAGNOSIS AND TREATMENT (*Questions to be asked to all respondents*)

During the last 12 months, have you experienced any of the following:

| | | | |
|--------------|---|--------|-------|
| Q6100 | <u>Cough</u> that lasted for <u>3 weeks or longer</u> ? | 1. Yes | 5. No |
| Q6101 | Have you had <u>blood</u> in your phlegm or have you <u>coughed blood</u> ? | 1. Yes | 5. No |
| Q6102 | In the <u>last 12 months</u> , have you had a <u>tuberculosis (TB) test</u> ? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to a laboratory for analysis) or made an x-ray of your chest? | 1. Yes | 5. No |

INVENTORY OF MEDICINES AND DRUGS (*Questions to be asked to all respondents*)

We are interested in knowing about the availability and use of certain medicines and drugs. Remember that whatever information you give me is confidential and will only be used for research purposes.

| | | | | |
|--------------|--|--------|----------------------|---|
| Q6200 | Do you keep any <u>medicines or drugs</u> in the house? | 1. Yes | 5. No | If No: Go to Q6300 |
| Q6201 | May I see what medicines you personally have been using in the <u>last 2 weeks</u> ? | 1. Yes | 5. No, not using any | 7. Refuse If No or Refuse: Go to Q6300 |

Interviewer: IDENTIFY THE MEDICINE(S) 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.

| Q6202 | Condition | a) Medicine 1 Select class from Medicine list (Appendices) | b) Prescribed by medical professional? (Yes / No) | | c) Medicine 2 Select class from Medicine list (Appendices) | d) Prescribed by medical professional? (Yes / No) | | e) Medicine 3 Select class from Medicine list (Appendices) | f) Prescribed by medical professional? (Yes / No) | |
|-------|-------------------------------|--|---|------|--|---|------|--|---|------|
| | | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 1. Arthritis | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 2. Angina | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 3. Asthma | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 4. Depression | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 5. Psychosis or schizophrenia | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 6. Tuberculosis (TB) | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 7. HIV/AIDS | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 8. Diabetes | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |
| | 9. Other | | Yes 1 | No 5 | | Yes 1 | No 5 | | Yes 1 | No 5 |

CERVICAL CANCER AND BREAST CANCER SCREENING (*Women only*)

Questions to be asked to FEMALE respondents aged 18-69 only.

CHECK SEX : Female ->CONTINUEMale -> GO TO SECTION 6500

CHECK AGE : Aged between 18 - 69 ->GO TO 6300Aged 70 or over -> GO TO SECTION 6500

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

| | | | | | | | |
|-------|---|----------------------------|------------------|--------------------------|-------------------|-------|--|
| Q6300 | When was the <u>last time</u> you had a <u>pelvic examination</u> , if ever? (By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?) | 1. Within the last 3 years | 2. 4-5 years ago | 3. More than 5 years ago | 5. NEVER HAD EXAM | 8. DK | If More than 3 years ago or Never: Go to Q6302 |
| Q6301 | The last time you had the pelvic examination, did you have a <u>PAP smear test</u> ? (By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?) | 1. Yes | | 5. No | | 8. DK | |

CHECK WOMAN'S AGE : Between 40-69 -> GO TO 6302..... Aged 39 or under -> GO TO 6400

| | | | | | | |
|--------------|---|----------------------------|------------------|--------------------------|-------------------|-------|
| Q6302 | When was the last time you had a <u>mammography</u> , if ever? (That is, an x-ray of your breasts taken to detect breast cancer at an early stage.) | 1. Within the last 3 years | 2. 4-5 years ago | 3. More than 5 years ago | 5. NEVER HAD EXAM | 8. DK |
|--------------|---|----------------------------|------------------|--------------------------|-------------------|-------|

MATERNAL HEALTH CARE (*Women only*)

Questions to be asked to women of reproductive age (18-49 years) with a live birth in last 5 years only.

CHECK WOMAN'S AGE : Between 18-49 -> CONTINUE Aged 50 or over -> GO TO SECTION 6500

CHECK QUESTIONS Q5001 AND Q5002 FOR THE DATE OF THE WOMAN'S LAST LIVE BIRTH :

Last birth within the last 5 years (since January 1998) -> CONTINUE.....Last birth was more than 5 years ago: GO TO SECTION 6500

NAME OF THE YOUNGEST CHILD BORN IN THE LAST 5 YEARS: _____ DATE OF BIRTH: _____

Interviewer: USE THIS NAME FOR THE FOLLOWING QUESTIONS.

| | | | | | |
|--------------|---|---|-------|--------|--------------------------|
| Q6400 | When you were pregnant with [NAME], did you see a health care professional to have your pregnancy checked? | 1. Yes | 5. No | 8. DK | If No or DK: Go to Q6410 |
| Q6401 | How many <u>times</u> during your pregnancy with [NAME] did you see a health care professional? RECORD THE NUMBER OF TIMES HEALTH CARE PROFESSIONAL WAS SEEN. | | | 88. DK | |
| Q6402 | Who did you see <u>most</u> of the time ? | 1. Doctor (including specialists such as gynecologist, obstetrician, surgeon, etc.) 2. Nurse or midwife 3. Auxiliary nurse or midwife (including student nurses, nurses' aides, etc.) 4. Traditional birth attendant 5. Other 8. DK | | | |

During your pregnancy with [NAME], when you were visiting a health care provider, was any of the following done at least once:

| | | | | |
|--------------|---|--------|-------|-------|
| Q6403 | Was your <u>blood pressure</u> measured? | 1. Yes | 5. No | 8. DK |
| Q6404 | Did you give a <u>blood sample</u> (I mean, was blood taken from you for sending to a laboratory for analysis)? | 1. Yes | 5. No | 8. DK |

| | | | | |
|--------------|---|--------|-------|-------|
| Q6405 | Were you told about the signs of <u>pregnancy complications</u> and what you should do if they occur? | 1. Yes | 5. No | 8. DK |
|--------------|---|--------|-------|-------|

CHECK DATE OF LAST BIRTH (Questions 5001 and 5002) :

If last birth was within the last 2 years (since January 2001)-> GO TO 6406.....If birth was more than 2 years ago -> GO TO 6410

| | | | | |
|--------------|--|--------|-------|--------------------|
| Q6406 | During your antenatal care visits for your pregnancy with [NAME], were you given any information or counseled about <u>HIV</u> , the virus that causes <u>AIDS</u> ? | 1. Yes | 5. No | |
| Q6407 | Was <u>HIV testing</u> offered to you at any time during your visits? (Please remember that whatever you say is confidential and will only be used for research purposes.) | 1. Yes | 5. No | If No: Go to Q6410 |
| Q6408 | I don't want you to tell me the results, but did you <u>agree to be tested</u> for HIV during any of your visits? | 1. Yes | 5. No | If No: Go to Q6410 |
| Q6409 | Did you <u>receive the results of the test</u> ? (I don't want to know the results.) | 1. Yes | 5. No | |

| | | |
|--------------|--|--|
| Q6410 | When you gave birth to [NAME], who <u>assisted</u> in the delivery? Anyone else? <i>Probe and record for all persons assisting.</i> | 1. Doctor (including specialists such as gynecologist, obstetrician, surgeon, etc.) 2. Nurse or midwife 3. Auxiliary nurse or midwife (including student nurses, nurses' aides, etc.) 4. Traditional birth attendant 5. Relative/friend with no medical training 6. Other 7. No one 8. DK |
| Q6411 | <u>Where</u> did you give birth to [NAME]? <i>If the delivery was in a hospital or other health facility, ask if it was government operated or private.</i> | 1. Hospital or maternity house 2. Other type of health facility 3. At home 4. Outside (such as field, transport, street, market, etc.) |
| Q6412 | Was it government operated or private? | 1. Government operated 2. Private (including for-profit and not-for-profit) 8. DK |

CHILD HEALTH: PREVENTIVE CARE (*Questions to be asked in households with children under 5 years only*)

CHECK HOUSEHOLD ROSTER: Household has children under 5 years -> CONTINUE..... No child under 5 years -> GO TO SECTION 6600

| | | | | | |
|--------------|--|------------------------------|---------------------------|----------------------|-------------------|
| Q6500 | Can you please tell me the <u>name</u> , the <u>sex</u> , and the <u>date of birth</u> of the youngest child living in this household? | Name of youngest child _____ | | | |
| Q6501 | Sex | 1. Male | | 2. Female | |
| Q6502 | Date of birth <i>Interviewer: USE NAME OF YOUNGEST CHILD IN HOUSEHOLD FOR THE FOLLOWING QUESTIONS.</i> | MM_____YY_____ | | | |
| Q6503 | What is your <u>relationship</u> with this child? | 1. Parent | 2. Grand Parent | 3. Brother or sister | 4. Other relative |
| Q6504 | Do you have a card where [NAME]'s <u>vaccinations</u> are written down? <i>If Yes:</i> May I see it? | 1. Yes, CARD SEEN | 2. Yes, BUT CARD NOT SEEN | 5. No CARD | 8. DK |

If child aged over 5 years (born December 1997 or earlier): Go to Q6600

If Card not seen, No Card or DK: Go to Q6513

Interviewer: FOR QUESTIONS 6505-6508, COPY VACCINATION DATES FOR EACH OF THE FOLLOWING VACCINES FROM THE CARD. IF THE CARD INDICATES A VACCINATION WAS GIVEN BUT THE DATE IS NOT RECORDED, CHECK THE BOX WITH "04/04/0004".

| | | | | | |
|--------------|---------|----|----|----|---------------------------------|
| Q6505 | DPT 1 | dd | mm | yy | Date not recorded 04/04/0004 |
| Q6506 | DPT 2 | dd | mm | yy | Date not recorded 04/04/0004 |
| Q6507 | DPT 3 | dd | mm | yy | Date not recorded 04/04/0004 |
| Q6508 | Measles | dd | mm | yy | Date not recorded 04/04/0004 |

| | | | | |
|--------------|---|--------|-------|-------|
| Q6509 | Has [NAME] received any <u>additional vaccinations</u> to prevent him/her from getting diseases that are <u>not recorded</u> on this card? | 1. Yes | 5. No | 8. DK |
| Q6510 | Has [NAME] received additional vaccinations to prevent him/her from getting <u>diphtheria</u> , <u>tetanus</u> or <u>whooping cough</u> (injection in the thigh or buttocks)? | 1. Yes | 5. No | 8. DK |

If No or DK: Go to Q6517

| | | | | |
|--------------|---|--------|--------|-------|
| Q6511 | <i>If Yes:</i> How many times? | _____ | 88. DK | |
| Q6512 | Has [NAME] received an additional vaccination that is not recorded on this card to prevent him/her from getting <u>measles</u> ? | 1. Yes | 5. No | 8. DK |
| Go to Q6517 | | | | |
| Q6513 | Did [NAME] ever receive <u>any vaccinations</u> to prevent him/her from getting diseases? | 1. Yes | 5. No | 8. DK |
| Q6514 | Please tell me if [NAME] has received any of the following vaccinations: <u>DPT vaccination</u> , that is, an injection in the thigh or buttocks to prevent diphtheria, whooping cough and tetanus? | 1. Yes | 5. No | 8. DK |
| Q6515 | <i>If Yes:</i> How many times? | _____ | 88. DK | |
| Q6516 | An injection to prevent <u>measles</u> ? | 1. Yes | 5. No | 8. DK |
| Q6517 | In the <u>last 12 months</u> , did [NAME] ever receive a <u>vitamin A</u> capsule or supplement like this? <i>Show capsule/dispenser</i> | 1. Yes | 5. No | 8. DK |
| Q6518 | <i>If Yes:</i> How many times did [NAME] received it? | _____ | 88. DK | |

CHILD HEALTH: Curative Care (*Questions to be asked in households with children under 5 years only*)

| | | | | | | | | |
|--------------|--|----------------------------|----------------------------------|-------------------------|---------------------------|-------------------|-------|-----------------------------|
| Q6550 | When was the <u>last time</u> [NAME OF YOUNGEST CHILD] was <u>sick</u> with fever, diarrhea, or any other illness? | 1. Within the last 2 weeks | 2. 2 weeks-less than 1 month ago | 3. 1 month-3 months ago | 4. More than 3 months ago | 5. Never was sick | 8. DK | If Never or DK: Go to Q6600 |
|--------------|--|----------------------------|----------------------------------|-------------------------|---------------------------|-------------------|-------|-----------------------------|

During [NAME]'s last episode of illness, what symptoms did [NAME] have?

PROBE FOR EACH OF THE FOLLOWING SYMPTOMS. RECORD ALL SYMPTOMS MENTIONED.

| | | | | |
|--------------|--|--------|-------|-------|
| Q6551 | Fever (hot body) | 1. Yes | 5. No | 8. DK |
| Q6552 | Cough | 1. Yes | 5. No | 8. DK |
| Q6553 | Difficult or fast breathing | 1. Yes | 5. No | 8. DK |
| Q6554 | Diarrhea | 1. Yes | 5. No | 8. DK |
| Q6555 | Blood in the stools | 1. Yes | 5. No | 8. DK |
| Q6556 | Vomiting everything (I mean persistent vomiting several times) | 1. Yes | 5. No | 8. DK |
| Q6557 | Unable to eat / drink | 1. Yes | 5. No | 8. DK |

| | | | | | | |
|--------------|---|---|-----------------------------|-------|--------------------------|--|
| Q6558 | Convulsions | 1. Yes | 5. No | 8. DK | | |
| Q6559 | Other symptom | 1. Yes : Specify _____ | | | | |
| | | 5. No | | | | |
| Q6560 | During [NAME's] last illness, was [NAME] given <u>more than usual</u> to drink, about the <u>same amount</u> , or <u>less than usual</u> to drink, including breast milk? | 1. More than usual to drink | | | | |
| | | 2. About the same to drink | | | | |
| | | 3. Less than usual to drink | | | | |
| | | 4. Nothing to drink | | | | |
| | | 8. DK | | | | |
| Q6561 | During [NAME's] last illness, was [NAME] given <u>more than usual</u> to eat, about the <u>same amount</u> , less than usual, or <u>nothing</u> to eat? | 1. More than usual to eat | | | | |
| | | 2. About the same to eat | | | | |
| | | 3. Less than usual to eat | | | | |
| | | 4. Stopped food | | | | |
| | | 5. Never gave food (exclusively breastfed) | | | | |
| | | 8. DK | | | | |
| Q6562 | During [NAME's] last illness, did [NAME] receive any <u>care or treatment</u> for the illness? | 1. Yes | 5. No | 8. DK | If No or DK: Go to Q6600 | |
| Q6563 | <i>If Yes: Where did the child first receive care?</i> <i>If care received from hospital or outpatient facility, ask whether government operated or private.</i> | 1. Hospital | | | | |
| | | 2. Outpatient facility (including health centre, health post, clinic) | | | | |
| | | 3. Pharmacy | | | | |
| | | 4. Private physician | | | | |
| | | 5. Traditional healer | | | | |
| | | 6. Other : Specify _____ | | | | |
| Q6564 | Was it government operated or private? | 1. Government operated | 2. Private | 8. DK | | |
| Q6565 | How <u>soon</u> after the illness was noticed did [NAME] first receive care? | 1. The same day (within 24 hours) | 2. More than 24 hours later | 8. DK | | |

Interviewer: THE FOLLOWING 5 QUESTIONS SHOULD BE ASKED ONLY IN MALARIA ENDEMIC AREAS.

Check if symptom of FEVER is recorded in Q6551.

If fever experienced during child's last illness -> CONTINUE..... If no fever: GO TO Q6568.

| | | | | | |
|--------------|---|--|------------|-------|---------------------------|
| Q6566 | During [NAME]'s last episode of fever, did [NAME] receive any treatment for malaria? | 1. Yes | 5. No | 8. DK | If No or DK : Go to Q6568 |
| Q6567 | <i>If Yes:</i> What was taken? RECORD ALL TREATMENTS MENTIONED | 1. Antimalarial medicine (prescribed by a medical professional) 2. Home remedy/herbal medicine 3. Remedy/medicine from traditional or faith healer 4. Other | | | |
| Q6568 | In the <u>last 12 months</u> , did [NAME] have an episode of <u>malaria</u> ? | 1. Yes | 5. No | 8. DK | If No or DK : Go to Q6600 |
| Q6569 | During [NAME's] last episode of malaria, did [NAME] receive any treatment or take any <u>medications</u> for malaria? | 1. Yes | 5. No care | 8. DK | If No or DK : Go to Q6600 |
| Q6570 | <i>If Yes:</i> What was taken? RECORD ALL TREATMENTS MENTIONED | 1. Antimalarial medicine (prescribed by a medical professional) 2. Home remedy/herbal medicine 3. Remedy/medicine from traditional or faith healer 4. Other | | | |

REPRODUCTIVE AND SEXUAL HEALTH CARE (*Questions to be asked to respondents aged 18 to 49 only*)

CHECK RESPONDENT'S AGE: Aged between 18 and 49 -> GO TO 6600.....Aged 50 or over -> GO TO SECTION 6700

| | | | |
|--------------|--|--------|-------|
| Q6600 | Interviewer: CHECK IF OTHER PERSON(S) PRESENT DURING SECTION ON SEXUAL HEALTH | 1. Yes | 5. No |
|--------------|--|--------|-------|

I would like to talk with you about another subject - your sexual life and sexual partners. I know it may be difficult to remember exactly, but I would like you to answer the questions to the best of your knowledge, as this information is very important for the survey. I would like to assure you that this information is all completely private and anonymous and cannot be linked to you or any partner in any way.

| | | | | | | | |
|--------------|---|---|---------------------------------|-------------------|----------------------|--|--------------------------------------|
| Q6601 | Are you currently married or living with a man (woman)? | 1. Yes | | 5. No | | If Yes: Go to Q6603 | |
| Q6602 | Do you currently have: <i>READ CHOICES AND MARK AS APPROPRIATE</i> | 1. Regular sexual partner | 2. An occasional sexual partner | | 5. No sexual partner | If No sexual partner: Go to Q6605 | |
| Q6603 | Does your spouse (sexual partner) currently live with you in the same house? | 1. Yes | | 5. No | | If Yes: Go to Q6606 | |
| Q6604 | How long have you and your spouse (sexual partner) been living separately? | 1. Within the last month | 2. 1-2 months | 3. 3-5 months | 4. 6-12 months | 5. More than 1 year 6. Never lived together | Go to Q6606 |
| Q6605 | Have you ever had sex? | 1. Yes | | 5. No | | If No: Go to 6700 | |
| Q6606 | When was the <u>last time</u> you had <u>sexual intercourse</u> ? | 1. Within the last month | 2. 1-2 months ago | 3. 3-5 months ago | 4. 6-12 months ago | 5. More than 1 year ago | If More than 1 year ago: Go to Q6611 |
| Q6607 | What was the <u>relationship</u> with the person with whom you last had sex? | 1. Spouse/Cohabiting partner 2. Boyfriend/Girlfriend/Fiancé(e) 3. Other friend 4. Casual acquaintance 5. Relative 6. Commercial sex worker 7. Other | | | | | |
| Q6608 | The last time you had sexual intercourse, was a <u>condom</u> used? | 1. Yes | | 5. No | | 8. Don't remember | |
| Q6609 | Have you had sex with <u>another person</u> in the last 12 months? | 1. Yes | | 5. No | | If No: Go to Q6611 | |
| Q6610 | The <u>last time</u> you had sexual intercourse with this other person, was a <u>condom</u> used? | 1. Yes | | 5. No | | 8. Don't remember | |

CHECK IF RESPONDENT IS FEMALE AND GAVE BIRTH IN THE LAST TWO YEARS (Questions 5001 and 5002) :

Never gave birth, or more than 2 years ago-> Continue with 6611..... Gave birth in the last two years -> GO TO 6700

| | | | | |
|--------------|---|--------|-------|-------------------|
| Q6611 | I don't want to know the results, but in the <u>last 12 months</u> , have you been <u>tested</u> to see if you have <u>HIV</u> , the virus that causes <u>AIDS</u> ? (Please remember that whatever you say is confidential and will only be used for research purposes.) | 1. Yes | 5. No | If No: Go to 6700 |
| Q6612 | Have <u>you</u> been told the <u>results of the test</u> ? | 1. Yes | 5. No | |

VISION CARE (Questions to be asked only to respondents aged 60 or over)

CHECK RESPONDENT'S AGE: Aged 60 years or older -> GOTO 6700..... Aged 59 years or younger -> GOTO SECTION 6750

| | | | | | | | | | |
|-------|--|------------------------------|------------------|------------------|----------------|--------------------------|----------|-------|--|
| Q6700 | When was the last time you had your <u>eyes</u> examined by a medical professional? | 1. Within the last 12 months | 2. 1-2 years ago | 3. 3-4 years ago | 4. 5 years ago | 5. More than 5 years ago | 6. Never | 8. DK | If Never, DK or More than 5 years ago: Go to Q6703 |
| Q6701 | In the <u>last 5 years</u> , were you diagnosed with a <u>cataract</u> in one or both of your eyes (that is, an opacity in the lens of the eye)? | 1. Yes | | | 5. No | | 8. DK | | If No or DK: Go to Q6703 |
| Q6702 | In the last 5 years, have you had <u>eye surgery</u> to remove your cataract(s)? | 1. Yes | | | 5. No | | | | |

In the last 12 months, have you experienced any of the following:

| | | | | |
|--------------|---|--------|-------|-------|
| Q6703 | Cloudy or blurry vision? | 1. Yes | 5. No | 8. DK |
| Q6704 | Vision problems with light, such as glare from bright lights, or halos around lights? | 1. Yes | 5. No | 8. DK |

ORAL HEALTH CARE (Questions to be asked to all respondents)

Now I would like to ask you some questions about the condition of your mouth and teeth.

| | | | | |
|--------------|--|--------|-------|--------------------|
| Q6750 | During the <u>last 12 months</u> , did you have any <u>problems with your mouth and/or teeth</u> ? | 1. Yes | 5. No | If No: Go to Q6757 |
|--------------|--|--------|-------|--------------------|

| | | | | |
|--------------|---|--------|-------|--------------------|
| Q6751 | During the last 12 months, did you receive any <u>medical care or treatment</u> from a dentist or other oral health specialist for this problem with your mouth and/or teeth? | 1. Yes | 5. No | If No: Go to Q6757 |
|--------------|---|--------|-------|--------------------|

What types of care or treatment did you receive for this problem with your mouth and / or teeth?

Probe for all types of care or treatment. Record in questions 6752-6756 all types mentioned.

| | | | |
|--------------|---|------------------------|-------|
| Q6752 | Medication | 1. Yes | 5. No |
| Q6753 | Dental work / oral surgery | 1. Yes | 5. No |
| Q6754 | Dentures or bridges | 1. Yes | 5. No |
| Q6755 | Information or counseling on dental care / oral hygiene | 1. Yes | 5. No |
| Q6756 | Other oral treatment | 1. Yes : Specify _____ | 5. No |
| Q6757 | Have you <u>lost all</u> of your natural teeth? | 1. Yes | 5. No |

CARE FOR ROAD TRAFFIC AND OTHER INJURIES (*Questions to be asked to all respondents*)

| | | | | | | | | |
|-------|---|----------------------------|-------------------|--|----------------------|-----------------------|----------|--------------------|
| Q6800 | In the <u>past 12 months</u> , have you been involved in a <u>road traffic accident</u> where you suffered from bodily injury? <i>PROBE: 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.</i> | 1. Yes | | | 5. No | | | If No: Go to Q6806 |
| Q6801 | When (in the last 12 months) did the accident happen? | 1. Within the last 30 days | 2. 1-2 months ago | 3. 3-5 months ago | 4. 6-12 months ago | 8. DK | | |
| Q6802 | Did you receive any <u>medical care or treatment</u> for your injuries? | 1. Yes | | | 5. No | | | If No: Go to Q6806 |
| Q6803 | Where did you <u>first</u> receive care? READ CHOICES <i>If care received from ambulance, hospital or outpatient facility, ask if it was government operated or private.</i> | 1. On-site, ambulance | 2. Hospital | 3. Outpatient facility | 4. Private physician | 5. Traditional healer | 6. Other | |
| Q6804 | Was it government operated or private? | 1. Government operated | | 2. Private (including for-profit and not-for-profit) | | 8. DK | | |

| | | | | |
|--------------|--|----------------------|--|-----------------------------|
| Q6805 | How <u>soon</u> after the traffic accident occurred did you <u>first</u> receive care? <i>PROBE: Did someone later tell you how long after the accident occurred you received care?</i> | 1. In 1 hour or less | 2. In over 1 hour, but within 24 hours | 3. More than 24 hours later |
|--------------|--|----------------------|--|-----------------------------|

| | | | | | | | | |
|-------|--|----------------------------|-------------------|--|----------------------|-----------------------------|----------|---------------------------|
| Q6806 | In the <u>past 12 months</u> , have you suffered <u>bodily injury</u> that limited your everyday activities, due to a fall, burn, poisoning, submersion in water, or by a firearm, sharp weapon or an act of violence from another person? | 1. Yes | | | 5. No | | | If No: Go to next section |
| Q6807 | <u>When</u> (in the last 12 months) did the incident happen? | 1. Within the last 30 days | 2. 1-2 months ago | 3. 3-5 months ago | 4. 6-12 months ago | 8. DK | | |
| Q6808 | Did you receive any <u>medical care or treatment</u> for your injuries? | 1. Yes | | | 5. No | | | If No: Go to next section |
| Q6809 | Where did you <u>first</u> receive care? READ CHOICES <i>If care received from ambulance, hospital or outpatient facility, ask if it was government operated or private.</i> | 1. On-site, ambulance | 2. Hospital | 3. Outpatient facility | 4. Private physician | 5. Traditional healer | 6. Other | |
| Q6810 | Was it government operated or private? | 1. Government operated | | 2. Private (including for-profit and not-for-profit) | | 8. DK | | |
| Q6811 | How <u>soon</u> after this injury occurred did you <u>first</u> receive care? | 1. In 1 hour or less | | 2. In over 1 hour, but within 24 hours | | 3. More than 24 hours later | | |

Time End: __ __ : __ __

7000. Health System Responsiveness

Time Begin: __ __ : __ __

Needing Health Care And General Evaluation Of Health Systems

| | | | |
|--------------|--|--|-------------------|
| Q7000 | When was the <u>last</u> time that either you as an adult, or a child of yours aged 12 years or less, needed health care? [Interviewer: stop reading further as soon as the respondent has selected one.] | 1. In the last 30 days | If 7: Go to Q7020 |
| | | 2. Between 1 month and less than 1 year ago | |
| | | 3. Between 1 year and less than 2 years ago | |
| | | 4. Between 2 years and less than 3 years ago | |
| | | 5. Between 3 years and less than 5 years ago | |
| | | 6. More than 5 years ago | |
| | | 7. Never needed | |

| | | | |
|--------------|--|-------------|---------------|
| Q7001 | Was the <u>last</u> need for health care for yourself or for your child? | 1. Yourself | 2. Your child |
|--------------|--|-------------|---------------|

[Interviewer: Use "you" or "your child" according to the response]

| | | |
|--------------|---|--|
| 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? <i>Interviewer: RECORD NUMBER</i> | |
|--------------|---|--|

| | | |
|--------------|--|--|
| Q7003 | Which reason <u>best</u> describes why you [your child] last needed health care? [Interviewer - the respondent may select ONLY one] | 1. High fever, severe diarrhea, or cough |
| | | 2. Immunization |
| | | 3. Antenatal consultation |
| | | 4. Family planning |
| | | 5. Childbirth |
| | | 6. Dental care |
| | | 7. Arthritis |
| | | 8. Asthma |
| | | 9. Heart disease |
| | | 10. Bodily injury |
| | | 11. Minor surgery |
| | | 12. Other |

| | | | | |
|--------------|---|--------|-------|---------------------|
| Q7004 | The last time you [your child] needed health care, did you get health care? | 1. Yes | 5. No | If Yes: Go to Q7016 |
|--------------|---|--------|-------|---------------------|

Which reasons best explain why you [your child] did not get health care?

| | | | |
|--------------|--|--------|-------|
| Q7005 | Could not afford the cost of the visit | 1. Yes | 5. No |
| Q7006 | No transport | 1. Yes | 5. No |

| | | | | | | | | | |
|--------------|---|---|--|---------------------|-------|--------------------------------------|-----------------------------|--------------------------|----------------------|
| Q7007 | Could not afford the cost of transport | 1. Yes | | | 5. No | | | | |
| Q7008 | The health care provider's drugs or equipment are inadequate | 1. Yes | | | 5. No | | | | |
| Q7009 | The health care provider's skills are inadequate | 1. Yes | | | 5. No | | | | |
| Q7010 | You were previously badly treated | 1. Yes | | | 5. No | | | | |
| Q7011 | Could not take time off work or had other commitments | 1. Yes | | | 5. No | | | | |
| Q7012 | You did not know where to go | 1. Yes | | | 5. No | | | | |
| Q7013 | You thought you were not sick enough | 1. Yes | | | 5. No | | | | |
| Q7014 | You tried but were denied health care | 1. Yes | | | 5. No | | | | |
| Q7015 | Other | 1. Yes | | | 5. No | | Go to Q7020 | | |
| Q7016 | When you last needed health care, where did you get care? | 1. At a health care provider, excluding an overnight stay in hospital 2. At a hospital where you stayed overnight 3. At home | | | | | | | |
| Q7017 | The last time you [your child] sought care for [refer to the CONDITIONS listed in Q 7003] 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 2. Most 3. Some 4. Very few 5. None of them | | | | | If All of them, Go to Q7020 | | |
| Q7019 | Which reason best explains why you [your child] did not get <u>all the medicines</u> 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 <u>involves you in deciding what services it provides and where it provides them?</u> | 1. Very good | | 2. Good | | 3. Moderate | | 4. Bad | 5. Very bad |
| Q7021 | In general would you say you are <u>very</u> satisfied, <u>fairly</u> satisfied, <u>neither</u> satisfied nor <u>dissatisfied</u> , <u>fairly</u> dissatisfied or <u>very</u> dissatisfied with the way health care runs in your country. | 1. Very satisfied | | 2. Fairly satisfied | | 3. Neither satisfied or dissatisfied | | 4. Fairly dissatisfied | 5. Very dissatisfied |

| | | | |
|--------------|---|---|--------------------|
| Q7022 | During the past year, did you <u>provide help</u> 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? | 1. Yes, for a person living in the same household | If No: Go to Q7028 |
| | | 2. Yes, for a person living in a separate household | |
| | | 5. No | |

Please tell me the kind of care you provided :

| | | | |
|--------------|---|--------|-------|
| Q7023 | You helped with personal care, such as going to the toilet, washing, getting dressed, or eating | 1. Yes | 5. No |
| Q7024 | You helped with medical care, like changing bandages and giving medicines | 1. Yes | 5. No |
| Q7025 | You helped with household activities, such as meal preparation, shopping, cleaning, laundry | 1. Yes | 5. No |
| Q7026 | You watched over them since their behaviour can be upsetting or dangerous to themselves or others | 1. Yes | 5. No |
| Q7027 | You helped them to get around outside the home | 1. Yes | 5. No |

In your dealings with private health care organizations or the government, have you ever had any difficulties:

| | | | | |
|--------------|--|--------|-------|-------------------|
| Q7028 | Obtaining payment <u>exemptions</u> or the right to <u>special rates</u> for health care | 1. Yes | 5. No | 9. Not applicable |
| Q7029 | <u>Completing or filling out applications for health insurance</u> | 1. Yes | 5. No | 9. Not applicable |
| Q7030 | Finding out what <u>benefits</u> you are entitled to from your health insurance | 1. Yes | 5. No | 9. Not applicable |
| Q7031 | <u>Getting reimbursements</u> from health insurance organizations | 1. Yes | 5. No | 9. Not applicable |

IMPORTANCE

| | | | | | | |
|--------------|--|-------------------------------|--------------------------|--------------------------------|------------------------------|-------------------------|
| Q7100 | <p>How important is "respectful treatment" to you. This means</p> <ul style="list-style-type: none"> • 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 <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |
| Q7101 | <p>How important is "confidentiality of personal information" to you. This means</p> <ul style="list-style-type: none"> • having information about your health and other personal information kept confidential • having conversations with health care providers without other people overhearing <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |
| Q7102 | <p>How important is "convenient travel and short waiting times" to you. This means</p> <ul style="list-style-type: none"> • having short travel times and convenient access to health care facilities • having short waiting times for consultations and hospital admissions <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |
| Q7103 | <p>How important is "choice of health care providers" to you. This means,</p> <ul style="list-style-type: none"> • 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 <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |
| Q7104 | <p>How important is "involvement in decision making" to you. This means</p> <ul style="list-style-type: none"> • 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 <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |

| | | | | | | |
|--------------|---|-------------------------------|--------------------------|--------------------------------|------------------------------|-------------------------|
| Q7105 | <p>How important are "good quality surroundings" to you? This means</p> <ul style="list-style-type: none"> •having enough space, seating and fresh air in the waiting rooms, examination rooms and hospital wards •having a clean facility (including clean toilets) <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |
| Q7106 | <p>How important is "contact with the outside world " to you? This means</p> <ul style="list-style-type: none"> •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 and friends and to have information about what is happening outside the hospital <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |
| Q7107 | <p>How important is "clarity of communication" to you. This means</p> <ul style="list-style-type: none"> • 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 <p>Would you say it is:</p> | 1. Extremely Important | 2. Very Important | 3. Moderately Important | 4. Slightly Important | 5. Not Important |

Seeing Health Care Providers

[Interviewer: If an adult went for health care at the same time as for his/her children, focus on the adult's experience]

| | | | | | |
|--------------|--|----------------------------|---|--------------|---------------------|
| Q7200 | Over the last <u>5 years</u> , was there ever a time you stayed <u>overnight</u> in a hospital or other type of long term care facility for your <u>own</u> health care? | 1. Yes - a hospital | 2. Yes - long term care facility | 5. No | If Yes, Go to Q7400 |
| Q7201 | Over the last <u>5 years</u> , was there ever a time that one of your children aged <u>12 years or less</u> stayed <u>overnight</u> 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.] | 1. Yes | 5. No | | If No, Go to Q7204 |
| Q7202 | What is the <u>sex</u> of the child? | 1. Female | 2. Male | | |
| Q7203 | What is the <u>date of birth</u> of the child? | MM_____ YY_____ | | | Go to Q7400 |
| Q7204 | Over the last 12 months, did you receive any health care <u>excluding</u> any overnight stay in hospital? | 1. Yes | 5. No | | If Yes, Go to Q7300 |
| 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 <u>excluding</u> any overnight stay in 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.] | 1. Yes | 5. No | | If No, Go to Q8000 |
| Q7206 | What is the <u>sex</u> of the child? | 1. Female | 2. Male | | |
| Q7207 | What is the <u>date of birth</u> of the child? | MM_____ YY_____ | | | |

Outpatient and Care at Home

[Interviewer : use "you" or "your child" according to responses in previous section "Seeing Health Care Providers".]

| | | | | | | | |
|--------------|---|--|-----------------------|--------------|------------|-----------|----------|
| 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"]. | | | | | | |
| Q7301 | Was the last <u>place</u> you [your child] visited <u>in the last 12 months</u> : | 1. Operated by the government | 2. Privately operated | 3. NGO | 4. Other | | |
| Q7302 | Which was the last health care provider you <u>visited</u> ? [Interviewer: After q7302 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses.] | 1. Medical doctor (including gynaecologist, psychiatrist, ophthalmologist, etc.) | | | | | |
| | | 2. Nurse | | | | | |
| | | 3. Midwife | | | | | |
| | | 4. Dentist | | | | | |
| | | 5. Physiotherapist or chiropractor | | | | | |
| | | 6. Traditional medicine practitioner | | | | | |
| | | 7. Other | | | | | |
| Q7303 | What was the sex of [the health care provider]? | 1. Female | | 2. Male | | | |
| Q7304 | In your opinion, was the [health care provider's] skill <u>adequate</u> for your [child's] treatment? | 1. Yes | | 5. No | | | |
| Q7305 | In your opinion, was [the health care provider's] equipment <u>adequate</u> for your [child's] treatment? | 1. Yes | | 5. No | | | |
| Q7306 | In your opinion, were [the health care provider's] drug supplies <u>adequate</u> for your [child's] treatment? | 1. Yes | | 5. No | | | |
| Q7307 | Thinking about your [child's] last visit, how <u>long</u> did it take you to get there? (minutes) | | | | | | |
| Q7308 | Thinking about your [child's] last visit, how did you get there?[Interviewer: mark the one used for most of the travel distance.] | 1. Private car or motorcycle | 2. Public transport | 3. Ambulance | 4. Bicycle | 5. Walked | 6. Other |

Thinking about your [child's] last visit, how much did you or your household pay for (local currency): [Interviewer: only write 0 if the service was free. If a person did not have tests or drugs, circle "Not applicable, not have"]

| | | | |
|--------------|-------------------------------|-------|-----------------------------|
| Q7309 | [Health care provider's] fees | 8. DK | |
| Q7310 | Medicines | 8. DK | 9. Not applicable, not have |

| | | | | | | | | |
|-------|--|--------|--------------|---------|-------------|--------|-----------------------------|--------------------------------------|
| Q7311 | Tests | | 8. DK | | | | 9. Not applicable, not have | |
| Q7312 | Transport | | 8. DK | | | | 9. Not applicable, not have | |
| Q7313 | Other | | 8. DK | | | | 9. Not applicable, not have | |
| Q7314 | Did you or your household <u>pay less</u> than the normal health care fees because of a government discount or exemption? | 1. Yes | 5. No | | | | 9. Not applicable, free | |
| Q7315 | <u>For your [child's] last visit</u> , how would you rate the <u>travelling time</u> to [the health care provider]? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | 9. Not applicable, home care |
| Q7316 | <u>For your [child's] last visit</u> , how would you rate the amount of time you <u>waited</u> before being attended to? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7317 | <u>For your [child's] last visit</u> , how would you rate your experience of being <u>greeted and talked to respectfully</u> ? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7318 | <u>For your [child's] last visit</u> , how would you rate the way your <u>privacy</u> was respected during physical examinations and treatments? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | 9. Not applicable, no exam/treatment |
| Q7319 | <u>For your [child's] last visit</u> , how would you rate the experience of how <u>clearly</u> health care providers <u>explained</u> things to you? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7320 | <u>For your [child's] last visit</u> , how would you rate your experience of getting <u>enough time to ask questions</u> about your health problem or treatment? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7321 | <u>For your [child's] last visit</u> , how would you rate your experience of getting <u>information</u> about <u>other types</u> of treatments or tests? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7322 | <u>For your [child's] last visit</u> , how would you rate your experience of being <u>involved</u> in making decisions about your health care or treatment? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7323 | <u>For your [child's] last visit</u> , how would you rate the way the health services ensured you could talk <u>privately</u> to health care providers? | | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |

| | | | | | | | |
|--------------|---|--------------|---------|-------------|--------|-------------|------------------------------|
| Q7324 | For your [child's] last visit, how would you rate the way your <u>personal information</u> was kept <u>confidential</u> ? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | 8. DK |
| Q7325 | For your [child's] last visit, how would you rate the freedom you had to <u>choose</u> your [health care provider]? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7326 | For your [child's] last visit, how would you rate the <u>cleanliness</u> of the rooms inside the facility, including toilets? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | 9. Not applicable, home care |
| Q7327 | For your [child's] last visit, how would you rate the amount of <u>space</u> in the waiting and examination rooms? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | 9. Not available, home care |

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 | 1. Yes | 5. No |
| Q7329 | Age | 1. Yes | 5. No |
| Q7330 | Lack of money | 1. Yes | 5. No |
| Q7331 | Social class | 1. Yes | 5. No |
| Q7332 | Ethnic group or colour | 1. Yes | 5. No |
| Q7333 | Type of illness | 1. Yes | 5. No |
| Q7334 | Nationality | 1. Yes | 5. No |

Inpatient Hospital

[Interviewer : use "you" or "your child" according to responses in previous section "Seeing Health Care Providers".]

| | | | | | | | |
|--------------|---|---|-----------------------|------------------------|------------------------|------------------------|----------|
| Q7400 | What was the name of the last hospital or long term care facility you [your child] stayed in, in the last 5 years? | | | | | | |
| Q7401 | Was the hospital (or long term care facility): | 1. Operated by the government | 2. Privately operated | 3. NGO | 4. Other | | |
| Q7402 | When was your [child's] <u>last overnight stay</u> ? [Interviewer: stop reading further as soon as the respondent has selected one] | 1. In the last 4 weeks | 2. In the last year | 3. In the last 2 years | 4. In the last 3 years | 5. In the last 5 years | |
| Q7403 | Which of the following best describes the reason for your [child's] <u>last overnight stay</u> ? | 1. High fever, sever diarrhea, or cough 2. Childbirth 3. Arthritis 4. Asthma 5. Heart disease 6. Bodily injury 7. Minor surgery 8. Other | | | | | |
| Q7404 | How long was your [child's] stay on this occasion? [Interviewer: stop reading further as soon as the respondent has selected one] | 1. 1-2 days | 2. 3-5 days | 3. 6-14 days | 4. 15 days and more | | |
| Q7405 | In your opinion, was the skill of the health care providers adequate for your [child's] treatment? | 1. Yes | | | 5. No | | |
| Q7406 | In your opinion, was the hospital's equipment adequate for your [child's] treatment? | 1. Yes | | | 5. No | | |
| Q7407 | In your opinion, were the hospital's drug supplies adequate for your [child's] treatment? | 1. Yes | | 5. No | | 8. NA | |
| Q7408 | Thinking about your [child's] last hospital stay, how <u>long</u> did it take you to get there (in minutes)? | | | | | | |
| Q7409 | Thinking about your [child's] last hospital stay, how did you get there? [Interviewer; mark the one used for most of the travel distance.] | 1. Private car or motorcycle | 2. Public transport | 3. Ambulance | 4. Bicycle | 5. Walked | 6. Other |

| | | | | | | |
|--------------|--|--------------------|----------------------------|-----------------------------|------------------------------|-----------------------------|
| 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] | 1. Same day | 2. Less than a week | 3. Less than 1 month | 4. Less than 3 months | 5. 3 months and more |
|--------------|--|--------------------|----------------------------|-----------------------------|------------------------------|-----------------------------|

Thinking about your last hospital stay, how much did you or your household pay for (local currency): [Interviewer: only write 0 if the service was free. If a person did not have tests or drugs, circle “Not applicable, not have”]

| | | | | | | |
|-------|--|--------------|---------|-------------|--------|-----------------|
| Q7411 | Doctor's fees | | -8. DK | | | |
| Q7412 | Medicines | | -8. DK | | | 9. NA, not have |
| Q7413 | Tests | | -8. DK | | | 9. NA, not have |
| Q7414 | Transport | | -8. DK | | | 9. NA, not have |
| Q7415 | Other | | -8. DK | | | 9. NA, not have |
| Q7416 | Did you or your household pay less than the normal health care fees because of a government discount or exemption? | 1. Yes | 5. No | | | 9. NA, free |
| Q7417 | Thinking about your [child's] <u>last hospital</u> stay, how many people slept in the same room as you [your child]? | | | | | |
| Q7418 | For your [child's] <u>last hospital</u> stay, how would you rate the travelling time to the hospital? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7419 | For your [child's] <u>last hospital</u> stay, how would you rate the amount of time you <u>waited</u> before being attended to? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7420 | For your [child's] <u>last hospital</u> stay, how would you rate your experience of being <u>greeted</u> and <u>talked to respectfully</u> ? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7421 | For your [child's] <u>last hospital</u> stay, how would you rate the way your [child's] <u>privacy</u> was respected during physical examinations and treatments? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7422 | For your [child's] <u>last hospital</u> stay, how would you rate the experience of how <u>clearly</u> health care providers explained things to you? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7423 | For your [child's] <u>last hospital</u> stay, how would you rate your experience of getting <u>enough</u> time to <u>ask questions</u> about your [child's] health problem or treatment? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7424 | For your [child's] <u>last hospital</u> stay, how would you rate your experience of getting <u>information</u> about <u>other types</u> of treatments or tests? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7425 | For your [child's] <u>last hospital</u> stay, how would you rate your experience of being <u>involved</u> in making <u>decisions</u> about your [child's] health care or treatment? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |

| | | | | | | | |
|-------|---|--------------|---------|-------------|--------|-------------|-------|
| Q7426 | For your [child's] last hospital stay, how would you rate the way the health services ensured you could talk <u>privately</u> to health care providers? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7427 | For your [child's] last hospital stay, how would you rate the way your [child's] <u>personal information</u> was kept <u>confidential</u> ? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | 8. DK |
| Q7428 | For your [child's] last hospital stay, how would you rate the freedom you had to <u>choose</u> the health care providers that attended to you [your child]? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7429 | For your [child's] last hospital stay, how would you rate the <u>cleanliness</u> of the rooms inside the facility, including toilets? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7430 | For your [child's] last hospital stay, how would you rate the amount of <u>space</u> you [your child] had? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7431 | For your [child's] last hospital stay, how would you rate the ease of having <u>family and friends visit you</u> [your child]? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |
| Q7432 | For your [child's] last hospital stay, how would you rate your [child's] experience of <u>staying in contact with the outside world</u> when you [your child] were in hospital? | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad | |

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:

| | | | |
|--------------|------------------------|--------|-------|
| Q7433 | Sex | 1. Yes | 5. No |
| Q7434 | Age | 1. Yes | 5. No |
| Q7435 | Lack of money | 1. Yes | 5. No |
| Q7436 | Social class | 1. Yes | 5. No |
| Q7437 | Ethnic group or colour | 1. Yes | 5. No |
| Q7438 | Type of illness | 1. Yes | 5. No |
| Q7439 | Nationality | 1. Yes | 5. No |

VIGNETTES FOR HEALTH SYSTEM RESPONSIVENESS

| | | |
|-------|--------------------------|---|
| Q7500 | RECORD SET (A, B, C, D): | B |
|-------|--------------------------|---|

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.

Use in vignettes country specific female/male first names to match sex of the respondent (with exceptions specified in the “Guide to Administration and Question by Question Specifications”).

| | | | | | | |
|-------------------|------------|--------------|---------|-------------|--------|-------------|
| Vignette 1 | | | | | | |
| Q7501 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7502 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 2 | | | | | | |
| Q7503 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7504 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 3 | | | | | | |
| Q7505 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7506 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 4 | | | | | | |
| Q7507 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7508 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 5 | | | | | | |
| Q7509 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7510 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |

| | | | | | | |
|--------------------|------------|--------------|---------|-------------|--------|-------------|
| Vignette 6 | | | | | | |
| Q7511 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7512 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 7 | | | | | | |
| Q7513 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7514 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 8 | | | | | | |
| Q7515 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7516 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 9 | | | | | | |
| Q7517 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7518 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Vignette 10 | | | | | | |
| Q7519 | Question 1 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |
| Q7520 | Question 2 | 1. Very good | 2. Good | 3. Moderate | 4. Bad | 5. Very bad |

Time End: __ __ : __ __

8000. Health Goals and Social Capital

Time Begin: __ __ : __ __

Social Capital and Stress

In the last month:

| | | | | | | |
|--------------|---|-----------------------------|------------------------|--|------------------------|--------------------------|
| Q8000 | How often have you felt that you were unable to <u>control the important things</u> in your life? | 1. Never | 2. Almost never | 3. Sometimes | 4. Fairly often | 5. Very often |
| Q8001 | How often have you found that you could <u>not cope with all the things</u> that you had to do? | 1. Never | 2. Almost never | 3. Sometimes | 4. Fairly often | 5. Very often |
| Q8002 | How <u>satisfied</u> are you with your <u>health</u> ? | 1. Very dissatisfied | 2. Dissatisfied | 3. Neither satisfied nor dissatisfied | 4. Satisfied | 5. Very satisfied |

Health Systems Goals

READ TO RESPONDENT: To answer the following question you need to understand what is meant by "Health System Goals". Five main goals have been identified:

1. Improving the health of the population (population lives longer and with less illness)
2. Minimizing inequalities in health between people (all people should have equal chances of being healthy)
3. Improving responsiveness of the health system (this involves things like how quickly people are attended to; how respectfully people are spoken to by medical staff; how clearly things are explained; how convenient it is to reach different health services; how clean they are; and how much freedom there is to choose to see the doctor one wants).
4. Minimizing inequalities/disparities in responsiveness (the health system is equally responsive to all people, no matter their wealth, social status, sex, age or religious or other beliefs)
5. Fairness in financial contribution (every household should pay a fair share towards the health system)

Now, I would like you to score these 5 goals in order of importance from the most important (1) to the least important (5) – Please, put the cards I will give to you in order of importance.

INTERVIEWER: GIVE RESPONDENTS CUE CARDS, WRITE THE CODE FROM EACH CARD NEXT TO THE RANK, STARTING WITH RANK 1 AS THE MOST IMPORTANT, TO RANK 5 AS THE LEAST IMPORTANT.

CODES FOR HEALTH SYSTEM GOALS

| | |
|------------|------------------------------------|
| HTH | Health |
| HIN | Health Inequalities |
| RES | Responsiveness |
| REI | Responsiveness Inequalities |
| FFC | Fairness in Financial Contribution |

| | | |
|--------------|--------------------------------------|--|
| Q8003 | RANK 1 (MOST important goal) | |
| Q8004 | RANK 2 | |
| Q8005 | RANK 3 | |
| Q8006 | RANK 4 | |
| Q8007 | RANK 5 (LEAST important goal) | |

| | | | | | |
|--------------|---|---------------------------|----------------------------|----------------------------|---|
| Q8008 | Lots of people find it difficult to get out and vote. <u>Did you vote in the last state/national/presidential election?</u> | 1. Yes | 5. No | 7. Refusal | 8. DK |
| Q8009 | How much of the time do you think you can trust the <u>NATIONAL</u> government to do what is <u>right</u> ? | 1. Always | 2. Most of the time | 3. Some of the time | 4. Hardly ever 5. Never |
| Q8010 | How about your <u>LOCAL</u> government? How much of the time do you think you can <u>trust</u> the <u>LOCAL</u> government to do what is <u>right</u> ? | 1. Always | 2. Most of the time | 3. Some of the time | 4. Hardly ever 5. Never |
| Q8011 | In general, <u>how safe</u> from crime and violence do <u>you feel when you are alone at home</u> ? | 1. Completely safe | 2. Very safe | 3. Moderately safe | 4. Slightly safe 5. Not safe at all |
| Q8012 | How <u>safe</u> do <u>you feel when walking down your street alone</u> after dark? | 1. Completely safe | 2. Very safe | 3. Moderately safe | 4. Slightly safe 5. Not safe at all |
| Q8013 | In the past year, have you or <u>anyone in your household been the victim of a violent crime</u> , such as assault or mugging? | 1. Yes | | 5. No | |
| Q8014 | <u>How much say</u> do you have in getting the government to address issues that interest you? | 1. Unlimited say | 2. A lot of say | 3. Some say | 4. Little say 5. No say at all |
| Q8015 | <u>How free</u> do you think you are to express yourself without fear of government reprisal? | 1. Completely free | 2. Very free | 3. Moderately free | 4. Slightly free 5. Not free at all |

VIGNETTE FOR HEALTH GOALS SET A

| | | |
|--------|-------------|---|
| Q 8100 | RECORD SET: | A |
|--------|-------------|---|

I am going to read you some brief descriptions of people and their situations. I would like you to listen to the descriptions and tell me how much say these people have in getting their government to address issues of importance to each person.

For each vignette ask:

How much say [does] [name of person] have in getting the government to address issues that interest [him/her]?

Please circle one option per vignette.

| | | | | | | |
|-------|------------|------------------|-----------------|-------------|---------------|------------------|
| Q8101 | Vignette 1 | 1. Unlimited say | 2. A lot of say | 3. Some say | 4. Little say | 5. No say at all |
| Q8102 | Vignette 2 | 1. Unlimited say | 2. A lot of say | 3. Some say | 4. Little say | 5. No say at all |
| Q8103 | Vignette 3 | 1. Unlimited say | 2. A lot of say | 3. Some say | 4. Little say | 5. No say at all |
| Q8104 | Vignette 4 | 1. Unlimited say | 2. A lot of say | 3. Some say | 4. Little say | 5. No say at all |
| Q8105 | Vignette 5 | 1. Unlimited say | 2. A lot of say | 3. Some say | 4. Little say | 5. No say at all |

9000. Interviewer Observations

To be filled in by the interviewer at the end of the interview

Did the respondent:

| | | | | | | |
|--------------|--|--------------|--------------|------------|---------|-------------|
| Q9000 | have a <u>hearing problem</u> ? | 1. Yes | 5. No | | | |
| Q9001 | have a <u>vision problem</u> ? | 1. Yes | 5. No | | | |
| Q9002 | use a <u>wheelchair</u> ? | 1. Yes | 5. No | | | |
| Q9003 | use <u>cane</u> / <u>crutches</u> / <u>walker</u> ? | 1. Yes | 5. No | | | |
| Q9004 | have any <u>difficulties walking</u> ? | 1. Yes | 5. No | | | |
| Q9005 | have <u>paralysis</u> in the arms, hands or legs? | 1. Yes | 5. No | | | |
| Q9006 | <u>cough</u> continually? | 1. Yes | 5. No | | | |
| Q9007 | have <u>shortness of breath</u> ? | 1. Yes | 5. No | | | |
| Q9008 | have a <u>mental problem</u> ? | 1. Yes | 5. No | | | |
| Q9009 | <u>other</u> health problem? | 1. Yes | 5. No | | | |
| Q9010 | have an <u>amputation</u> of a limb or part of a limb? | 1. Yes | 5. No | | | |
| Q9011 | The respondent cooperation was: | 1. Excellent | 2. Very good | 3. Good | 4. Fair | 5. Poor |
| Q9012 | <u>Accuracy</u> and <u>completeness</u> of respondent's answers: | 1. Very high | 2. High | 3. Average | 4. Low | 5. Very Low |
| Q9013 | Any <u>unusual circumstances</u> or happenings during the interview: | | | | | |
| Q9014 | Any <u>other comments</u> : | | | | | |