SECTION A. INTERVIEW AND
SOCIODEMOGRAPHIC INFORMATION

Interviewer record:

A_1 Date of interview: ___________________________

A_2 Interviewer ID: ___________________________

A_3 Country: ___________________________

A_4 Place of interview: ___________________________

A_5 Language of interview: ___________________________

A_6 Respondent number: ___________________________

A_7 Respondent’s sex: 1. Male 2. Female

A_8 Proxy Respondent: 1. Yes 2. No

If “No” to A_8, skip to A_10.

A_9 Relationship of proxy to respondent: ___________________________

Interviewer read: I will begin with some background questions.

A_10 How old are you now?

___ Number of years

777. Refused

999. Don’t know

A_11 How many years in all did you spend studying in school? Include any kind of school.

___ Number of years

777. Refused

999. Don’t know

A_12 What is the highest level of schooling or post-schooling that you have completed?
Interviewer: Record country-specific level of education.

___ Level of education

777. Refused

999. Don’t know

A_13 What is your current marital status?

Interviewer: Mark only one.

1. Never married
2. Currently married
3. Separated
4. Divorced
5. Widowed
6. Cohabiting
7. Refused
8. Don’t know

A_14 Which describes your main activity?

Interviewer: Mark only one.

01. Paid work
02. Self-employed, such as own your business or farming
03. Non-paid work, such as volunteer or charity
04. Student / attending school
05. Keeping house / homemaker
06. Unemployed and looking for work
07. Unemployed and not looking for work
08. Retired
09. Other (please specify:)
77. Refused
99. Don’t know

A_15 Using this card, please tell me which letter describes your household’s total income. If you don’t know the exact figure, please give an estimate. Use the part of the card that you know best: weekly, monthly or annual income.

Interviewer: Show Card A to respondent. Record the appropriate response category.
## A_15 INCOME DECILES CARD

### YOUR HOUSEHOLD INCOME

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<tr>
<th>Decile</th>
<th>Weekly Equivalent</th>
<th>Monthly Equivalent</th>
<th>Annual Equivalent</th>
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<tr>
<td>J</td>
<td>Weekly equivalent</td>
<td>Monthly equivalent</td>
<td>Income corresponding to that held by 10% of households with lowest income (0-10%)</td>
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<td>R</td>
<td>Weekly equivalent</td>
<td>Monthly equivalent</td>
<td>Income corresponding to that held by next 10% of households (11-20%)</td>
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<td>C</td>
<td>Weekly equivalent</td>
<td>Monthly equivalent</td>
<td>Income corresponding to that held by next 10% of households (21-30%)</td>
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<td>M</td>
<td>Weekly equivalent</td>
<td>Monthly equivalent</td>
<td>Income corresponding to that held by next 10% of households (31-40%)</td>
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<td>F</td>
<td>Weekly equivalent</td>
<td>Monthly equivalent</td>
<td>Income corresponding to that held by 10% of households (41-50%)</td>
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<td>S</td>
<td>Weekly equivalent</td>
<td>Monthly equivalent</td>
<td>Income corresponding to that held by 10% of households (51-60%)</td>
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<td>K</td>
<td>Weekly equivalent</td>
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<td>Income corresponding to that held by 10% of households (61-70%)</td>
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<td>Weekly equivalent</td>
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<td>Income corresponding to that held by 10% of households (71-80%)</td>
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<td>Weekly equivalent</td>
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<td>Income corresponding to that held by 10% of households (81-90%)</td>
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<td>H</td>
<td>Weekly equivalent</td>
<td>Monthly equivalent</td>
<td>Income corresponding to that held by 10% of households (91-100%)</td>
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SECTION B. VISION

VIS_SS  Do you have difficulty seeing, even when wearing glasses?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

If "Cannot do at all / Unable to do" to VIS_SS, skip to VIS_5.

VIS_1  Do you wear glasses to see far away?
1. Yes
2. No
7. Refused
9. Don’t know

If “Yes” to VIS_1, include [glasses clause] in VIS_2.

VIS_2  Do you have difficulty clearly seeing someone’s face across a room [even when wearing these glasses]?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

VIS_3  Do you wear glasses for reading or to see up close?
1. Yes
2. No
7. Refused
9. Don’t know

If “Yes” to VIS_3, include [glasses clause] in VIS_4.

VIS_4  Do you have difficulty clearly seeing the picture on a coin [even when wearing these glasses]?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know
If “No difficulty” to VIS_SS and “No difficulty” to VIS_2 and “No difficulty” to VIS_4, skip to Section C Hearing.

VIS_5 How old were you when the difficulty seeing began?

_____ Age in years
777. Refused
999. Don’t know

VIS_6 How much does your difficulty seeing limit your ability to carry out daily activities?
1. Not at all
2. A little
3. A lot
4. Completely
7. Refused
9. Don’t know

P_VIS_6 Which of the following activities, if any, are you unable to do, or find it hard to do, because of your difficulty seeing?

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SECTION C. HEARING

HEAR_SS  Do you have difficulty hearing, even when using a hearing aid?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

If "Cannot do at all / Unable to do" to HEAR_SS, skip to HEAR_5.

HEAR_1  Do you use a hearing aid?
1. Yes
2. No
7. Refused
9. Don’t know

If “No” to HEAR_1, skip to HEAR_3 and omit [hearing aid clause] in HEAR_3 and HEAR_4.

If “Yes” to HEAR_1, continue with HEAR_2 and include [hearing aid clause] in HEAR_3 and HEAR_4.

HEAR_2  How often do you use your hearing aid(s)?
1. All of the time
2. Some of the time
3. Rarely
4. Never
7. Refused
9. Don’t know

HEAR_3  Do you have difficulty hearing what is said in a conversation with one other person in a quiet room [even when wearing your hearing aid(s)]?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know
If “Cannot do at all / Unable to do” to HEAR_3, skip to HEAR_5.

HEAR_4 Do you have difficulty hearing what is said in a conversation with one other person in a noisier room [even when wearing your hearing aid(s)]?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

Interviewer: Complete BC_1a, BC_1b and BC_1c by yourself and then continue with respondent question HEAR_4.

BC_1a Did the respondent need you to repeat any part of question HEAR_3?
1. Yes
2. No

BC_1b Did the respondent have any difficulty using the response options?
1. Yes
2. No

BC_1c Did the respondent ask for clarification or qualify their answer?
1. Yes
2. No

Interviewer: Complete BC_2a, BC_2b and BC_2c by yourself and then continue with respondent question HEAR_5.

BC_2a Did the respondent need you to repeat any part of question HEAR_4?
1. Yes
2. No

BC_2b Did the respondent have any difficulty using the response options?
1. Yes
2. No

BC_2c Did the respondent ask for clarification or qualify their answer?
1. Yes
2. No

If “No difficulty” to HEAR_SS and “No difficulty” to HEAR_3 and “No difficulty” to HEAR_4, skip to Section D Mobility.
HEAR_5  How old were you when the difficulty hearing began?

_____ Age in years

777. Refused
999. Don’t know

HEAR_6  How much does your difficulty hearing limit your ability to carry out daily activities?

1. Not at all
2. A little
3. A lot
4. Completely
7. Refused
9. Don’t know

P_HEAR_6  Which of the following activities, if any, are you unable to do, or find it hard to do, because of your difficulty hearing?

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</table>
SECTION D. MOBILITY

MOB_SS  Do you have difficulty walking or climbing steps?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

MOB_1  Do you have difficulty moving around inside your home?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

MOB_2  Do you use any equipment or receive help for getting around?
1. Yes
2. No
7. Refused
9. Don’t know

"If "Yes" to MOB_2, continue with MOB_3 and include [aid clause] in MOB_4, MOB_5 and MOB_6.".

If “No” to MOB_2, skip to MOB_4 and omit [aid clause] in MOB_4, MOB_5 and MOB_6.

MOB_3  Do you use any of the following?

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
<th>7. Refused</th>
<th>9 Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Cane or walking stick?</td>
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<td>B.</td>
<td>Walker or Zimmer frame?</td>
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<tr>
<td>C.</td>
<td>Crutches?</td>
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<td>D.</td>
<td>Wheelchair?</td>
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<td>E.</td>
<td>Artificial limb (leg/foot)?</td>
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<td>F.</td>
<td>Someone’s assistance?</td>
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<td>G.</td>
<td>Other (please specify):</td>
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</table>

If respondent only answers “Wheelchair” to MOB_3, skip to MOB_10.

MOB_4  Do you have difficulty walking 100 meters on level ground, that would be about the length of one football field or one city block [without the use of your aid]?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

If “Cannot do at all / Unable to do” at MOB_4, skip to MOB_6.

MOB_5  Do you have difficulty walking half a km on level ground, that would be the length of five football fields or five city blocks [without the use of your aid]?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

MOB_6  Do you have difficulty walking up or down 12 steps [without the use of your aid]?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

P_MOB_6  How much difficulty would you have walking up or down those steps without using a handrail [without the use of your aid]?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

If “Some difficulty”, “A lot of difficulty” or “Cannot do at all” to any of MOB_SS, MOB_1, MOB_4, MOB_5, MOB_6 and “No” to MOB_2 skip to MOB_10.

If “No difficulty” to MOB_SS, MOB_1, MOB_4, MOB_5, MOB_6 and “No” to MOB_2 then skip to Section E Communication. Otherwise, continue with MOB_7

MOB_7  Do you have difficulty walking 100 meters on level ground, that would be about the length of one football field or one city block, when using your aid?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

If “Cannot do at all / Unable to do” to MOB_7, skip to MOB_9.

MOB_8  Do you have difficulty walking half a km on level ground, that would be the length of five football fields or five city blocks, when using your aid?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

MOB_9  Do you have difficulty walking up or down 12 steps, even when using your aid?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

If “No difficulty” to MOB_SS and MOB_1 and MOB_4 and MOB_5 and MOB_6 and MOB_7 and MOB_8 and MOB_9, skip to Section E Communication.

MOB_10 How old were you when the difficulty walking or climbing began?
_____ Age in years
777. Refused
999. Don’t know

MOB_11 How much does your difficulty walking or climbing limit your ability to carry out daily activities?
1. Not at all
2. A little
3. A lot
4. Completely
7. Refused
9. Don’t know

P_MOB_11 Which of the following activities, if any, are you unable to do, or find it hard to do, because of your difficulty walking or climbing stairs?
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<td>A. Working to support you or your family?</td>
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SECTION E. COMMUNICATION

COM_SS Using your usual language, do you have difficulty communicating, for example understanding or being understood?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

COM_1 Do people have difficulty understanding you when you speak?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

If “No difficulty” or “Don’t know” to COM_SS and COM_1 then skip to next section

P_COM_1 Is this difficulty:

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
<th>7. Refused</th>
<th>9 Don’t Know</th>
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<tbody>
<tr>
<td>A.</td>
<td>Because you sometimes feel shy or have trouble expressing yourself?</td>
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<td>B.</td>
<td>Because of a physical problem with your mouth or tongue?</td>
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<td>C.</td>
<td>Because you need to understand other languages or different ways of speaking?</td>
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<td>D.</td>
<td>Because you sometimes talk too fast?</td>
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<td>E.</td>
<td>Because you have trouble hearing?</td>
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If "No" to all P_COM_1, continue with P_COM_2. Otherwise, skip to COM_2.

P_COM_2 What is your difficulty related to?
   Interviewer: Record answer ____________________________________________

COM_2 Do you use sign language?
   1. Yes
   2. No
   7. Refused
   9. Don’t know
If “No difficulty” to COM_SS and “No difficulty” to COM_1, skip to Section F Cognition.

**COM_3**  How old were you when the difficulty communicating began?
- _____ Age in years
- 777, Refused
- 999, Don’t know

**COM_4**  How much does your difficulty communicating limit your ability to carry out daily activities?
- 1. Not at all
- 2. A little
- 3. A lot
- 4. Completely
- 7. Refused
- 9. Don’t know

**P_COM_4**  Which of the following activities, if any, are you unable to do, or find it hard to do, because of your difficulty communicating?

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**SECTION F. COGNITION (REMEMBERING)**

**COG_SS** Do you have difficulty remembering or concentrating?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

*If “No difficulty” to COG_SS, skip to Section G Upper Body.*

**COG_1** Do you have difficulty remembering, concentrating, or both?
1. Difficulty remembering only
2. Difficulty concentrating only
3. Difficulty with both remembering and concentrating
7. Refused
9. Don’t know

*If “Difficulty concentrating only” to COG_1, skip to COG_4.*

**COG_2** How often do you have difficulty remembering?
1. Sometimes
2. Often
3. All of the time
7. Refused
9. Don’t know

**COG_3** Do you have difficulty remembering a few things, a lot of things, or almost everything?
1. A few things
2. A lot of things
3. Almost everything
7. Refused
9. Don’t know

**P_COG_3** Please tell me which of the following statements, if any, describe your difficulty remembering:

*Interviewer: please tick all that apply.*

<table>
<thead>
<tr>
<th>Statement</th>
<th>1. Yes</th>
<th>2. No</th>
<th>7. Refused</th>
<th>9 Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I forget things because I am busy and have too much to remember.</td>
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<tr>
<td>B. My difficulty is getting worse.</td>
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<tr>
<td><strong>C.</strong></td>
<td>My difficulty has put me or my family in danger.</td>
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<td><strong>D.</strong></td>
<td>I only forget little or inconsequential things.</td>
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<td><strong>E.</strong></td>
<td>I must write down important things, such as my address or when to take medicine, so that I do not forget.</td>
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<tr>
<td><strong>F.</strong></td>
<td>My family members or friends are worried about my difficulty remembering.</td>
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<td><strong>G.</strong></td>
<td>My difficulty is normal for someone my age.</td>
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</tbody>
</table>

*If “Difficulty remembering only” to COG_1, skip to COG_6.*

**COG_4** How much difficulty do you have concentrating for ten minutes?

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don’t know

**Interviewer:** Complete BC_3a, BC_3b and BC_3c by yourself and then continue with respondent question COG_5.

**BC_3a** Did the respondent need you to repeat any part of question COG_4?

1. Yes
2. No

**BC_3b** Did the respondent have any difficulty using the response options?

1. Yes
2. No

**BC_3c** Did the respondent ask for clarification or qualify their answer?

1. Yes
2. No

*If “Somewhere in between a little and a lot” to COG_4, continue with COG_5. Otherwise, skip to COG_6.*

**COG_5** Would you say this is closer to a little, closer to a lot, or exactly in the middle?

1. Closer to a little
2. Closer to a lot
3. Exactly in the middle
7. Refused
9. Don’t know
COG_6  How old were you when the difficulty remembering or concentrating began?

    _____ Age in years
    777. Refused
    999. Don’t know

COG_7  How much does your difficulty remembering or concentrating limit your ability to carry out daily activities?

    1. Not at all
    2. A little
    3. A lot
    4. Completely
    7. Refused
    9. Don’t know

P_COG_7 Which of the following activities, if any, are you unable to do, or find it hard to do, because of your difficulty remembering or concentrating?

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<tr>
<td>A</td>
<td>Working to support you or your family?</td>
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<td>B</td>
<td>Working outside the home to earn an income?</td>
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<td>C</td>
<td>Going to school or achieving your education goals?</td>
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<td>D</td>
<td>Participating in leisure or social activities?</td>
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<td>E</td>
<td>Getting out with friends or family?</td>
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<td>F</td>
<td>Doing household chores such as cooking and cleaning?</td>
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<td>G</td>
<td>Using transportation to get to places you want to go?</td>
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<td>H</td>
<td>Participating in religious activities?</td>
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<td>I</td>
<td>Participating in community gatherings?</td>
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SECTION G. UPPER BODY

UB_SS Do you have difficulty with self care, such as washing all over or dressing?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

UB_1 Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

P_UB_1 Can you tell me how you arrived at your answer? Why did you answer
[Interviewer: fill in respondent’s answer to UB_1]?
Interviewer: Record answer ________________________________

UB_2 Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?
   1. No difficulty
   2. Some difficulty
   3. A lot of difficulty
   4. Cannot do at all / Unable to do
   7. Refused
   9. Don’t know

P_UB_2 In answering this last question, were you thinking about bending down to pick up an object from the floor, picking up an object from a table, or something else?
   1. From the floor
   2. From a table
   3. Something else (please specify):
      7. Refused
      9. Don’t know
If “No difficulty” to UB_SS and “No difficulty” to UB_1 and “No difficulty” to UB_2, skip to Section H Learning.

UB_3 How old were you when the difficulty lifting or using your hands and fingers began?
   _____ Age in years
   777. Refused
   999. Don’t know

UB_4 How much does your difficulty lifting or using your hands and fingers limit your ability to carry out daily activities?
   1. Not at all
   2. A little
   3. A lot
   4. Completely
   7. Refused
   9. Don’t know

P_UB_4 Which of the following activities, if any, are you unable to do, or find it hard to do, because of your difficulty lifting or using your hands and fingers?

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SECTION H. LEARNING

LEARN_1  Do you have difficulty learning the rules for a new game?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

Interviewer: Only for respondents 17 years of age or over, continue with LEARN_2. Otherwise, skip to LEARN_3.

LEARN_2  Do you have difficulty understanding and following instructions for example, to use a new cell phone or to get to a new place?
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don’t know

P_LEARN_2 Can you tell me how you arrived at your answer? Why did you answer [Interviewer: fill in respondent’s answer to LEARN_2]?

Interviewer: Record answer __________________________________________

If “No difficulty” to LEARN_1(a) or LEARN_2, skip to Section I Affect.

LEARN_3  How old were you when the difficulty understanding and using information began?
_____ Age in years
777. Refused
999. Don’t know

LEARN_4  How much does your difficulty [learning / understanding and using information] limit your ability to carry out daily activities?
1. Not at all
2. A little
3. A lot
4. Completely
7. Refused
9. Don’t know

P_LEARN_4 Which of the following activities, if any, are you unable to do, or find it hard to do, because of your difficulty [learning / understanding and using information]?
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SECTION I. AFFECT (ANXIETY AND DEPRESSION)

ANX_1 How often do you feel worried, nervous or anxious?
1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. Refused
9. Don’t know

ANX_2 Do you take medication for these feelings?
1. Yes
2. No
7. Refused
9. Don’t know

If “never” to ANX_1 and “No” to ANX_2, skip to DEP_1.

ANX_3 Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?
1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don’t know

If “Somewhere in between a little and a lot” to ANX_3, continue with ANX_4. Otherwise, skip to P_ANX_4.

ANX_4 Would you say this was closer to a little, closer to a lot, or exactly in the middle?
1. Closer to a little
2. Closer to a lot
3. Exactly in the middle
7. Refused
9. Don’t know

P_ANX_4 Please tell me which of the following statements, if any, describe your feelings.

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<tbody>
<tr>
<td>A.</td>
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<td>My feelings are caused by the type and amount of work I do.</td>
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</tbody>
</table>
B. Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.
C. These are positive feelings that help me to accomplish goals and be productive.
D. The feelings sometimes interfere with my life, and I wish that I did not have them.
E. If I had more money or a better job, I would not have these feelings.
F. Everybody has these feelings; they are a part of life and are normal.
G. I have been told by a medical professional that I have anxiety.

ANX_5 How old were you when these feelings began?

____ Age in years
777. Refused
999. Don’t know

ANX_6 How much do these feelings limit your ability to carry out daily activities?

1. Not at all
2. A little
3. A lot
4. Completely
7. Refused
9. Don’t know

P_ANX_6 Which of the following activities, if any, are you unable to do, or find it hard to do, because of these feelings?

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<td>A. Working to support you or your family?</td>
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DEP_1 How often do you feel depressed?

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. Refused
9. Don’t know

DEP_2  Do you take medication for depression?
1. Yes
2. No
7. Refused
9. Don’t know

IF “Never” to DEP_1 and “No” to DEP_2, skip to Section J Pain.

DEP_3  Thinking about the last time you felt depressed, how depressed did you feel?
1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don’t know

If “Somewhere in between a little and a lot” to DEP_3, continue with DEP_4.
Otherwise, skip to P_DEP_4.

DEP_4  Would you say this was closer to a little, closer to a lot, or exactly in the middle?
1. Closer to a little
2. Closer to a lot
3. Exactly in the middle
7. Refused
9. Don’t know

P_DEP_4  Please tell me which of the following statements, if any, describe your feelings.

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<tbody>
<tr>
<td>A. My feelings are caused by the death of a loved one.</td>
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<td>B. Sometimes the feelings can be so intense that I cannot get out of bed.</td>
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<tr>
<td>C. The feelings sometimes interfere with my life, and I wish I did not have them.</td>
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<td>D. If I had more money or a better job, I would not have these feelings.</td>
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<td>E. Everybody has these feelings; they are part of life and normal.</td>
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</table>
F. I have been told by a medical professional that I have depression.

<table>
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<tr>
<th>DEP_5</th>
<th>How old were you when the depression began?</th>
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<tr>
<td>____</td>
<td>Age in years</td>
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<tr>
<td>777.</td>
<td>Refused</td>
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<tr>
<td>999.</td>
<td>Don’t know</td>
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<tr>
<th>DEP_6</th>
<th>How much does your depression limit your ability to carry out daily activities?</th>
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<tr>
<td>1.</td>
<td>Not at all</td>
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<td>2.</td>
<td>A little</td>
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<td>3.</td>
<td>A lot</td>
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<td>4.</td>
<td>Completely</td>
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<td>7.</td>
<td>Refused</td>
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<td>9.</td>
<td>Don’t know</td>
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<tr>
<th>P_DEP_6</th>
<th>Which of the following activities, if any, are you unable to do, or find it hard to do, because of these feelings?</th>
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<tr>
<td>A.</td>
<td>Working to support you or your family?</td>
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SECTION J. PAIN

PAIN_1 Do you have frequent pain?
1. Yes
2. No
7. Refused
9. Don’t know

PAIN_2 In the past 3 months, how often did you have pain?
1. Never
2. Some days
3. Most days
4. Every day
7. Refused
9. Don’t know

If "No" to PAIN_1 and "Never" to PAIN_2, skip to Section K Fatigue.

PAIN_3 Thinking about the last time you had pain, how long did the pain last?
1. Some of the day
2. Most of the day
3. All of the day
7. Refused
9. Don’t know

PAIN_4 Thinking about the last time you had pain, how much pain did you have?
1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don’t know

If “Somewhere in between a little and a lot” to PAIN_4, continue with PAIN_5.
Otherwise, skip to P_PAIN_5.

PAIN_5 Would you say the amount of pain was closer to a little, closer to a lot, or exactly in the middle?
1. Closer to a little
2. Closer to a lot
3. Exactly in the middle
7. Refused
9. Don’t know

P_PAIN_5 Please tell me which of the following statements, if any, describe your pain.
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<td>A.</td>
<td>It is constantly present.</td>
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<td>B.</td>
<td>Sometimes I’m in a lot of pain and sometimes it’s not so bad.</td>
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<td>C.</td>
<td>Sometimes it is unbearable and excruciating.</td>
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<td>D.</td>
<td>When I get my mind on other things, I am not aware of the pain.</td>
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<td>E.</td>
<td>Medication can take my pain away completely.</td>
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<td>F.</td>
<td>My pain is because of work.</td>
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<td>G.</td>
<td>My pain is because of exercise.</td>
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</table>

PAIN_6  How old were you when the pain began?

_____ Age in years

777. Refused

999. Don’t know

PAIN_7  How much does your pain limit your ability to carry out daily activities?

1. Not at all
2. A little
3. A lot
4. Completely
7. Refused
9. Don’t know

P_PAIN_7  Which of the following activities, if any, are you unable to do, or find it hard to do, because of the pain?

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<tbody>
<tr>
<td>A.</td>
<td>Working to support you or your family?</td>
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<tr>
<td>B.</td>
<td>Working outside the home to earn an income?</td>
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<td>C.</td>
<td>Going to school or achieving your education goals?</td>
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<td>D.</td>
<td>Participating in leisure or social activities?</td>
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<td>E.</td>
<td>Getting out with friends or family?</td>
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<td>F.</td>
<td>Doing household chores such as cooking and cleaning?</td>
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<td>G.</td>
<td>Using transportation to get to places you want to go?</td>
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<td>H.</td>
<td>Participating in religious activities?</td>
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<td>I.</td>
<td>Participating in community gatherings?</td>
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</table>
SECTION K. FATIGUE

TIRED_1 In the past 3 months, how often did you feel very tired or exhausted?
1. Never
2. Some days
3. Most days
4. Every day
7. Refused
9. Don’t know

If “Never” to TIRED_1, skip to Section L: Needs for Assistance, Health Conditions and Impairments.

TIRED_2 Thinking about the last time you felt very tired or exhausted, how long did it last?
1. Some of the day
2. Most of the day
3. All of the day
7. Refused
9. Don’t know

TIRED_3 Thinking about the last time you felt this way, how would you describe the level of tiredness?
1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don’t know

If ”Somewhere in between a little and a lot” to TIRED_3, continue with TIRED_4. Otherwise, skip to P_TIRED_4.

TIRED_4 Would you say it was closer to a little, closer to a lot, or exactly in the middle?
1. Closer to a little
2. Closer to a lot
3. Exactly in the middle
7. Refused
9. Don’t know

P_TIRED_4 Is your tiredness the result of any of the following?

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<tbody>
<tr>
<td>A. Too much work or exercise?</td>
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<tr>
<td>B. Not getting enough sleep?</td>
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<tr>
<td>C. A physical or health-related problem?</td>
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</table>
D. Something else? (please specify):

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<tr>
<th>TIERD_5</th>
<th>How old were you when the tiredness began?</th>
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<td></td>
<td>____ Age in years</td>
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<td></td>
<td>777. Refused</td>
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<td></td>
<td>999. Don’t know</td>
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</tbody>
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<table>
<thead>
<tr>
<th>TIERD_6</th>
<th>How much does your tiredness limit your ability to carry out daily activities?</th>
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<tbody>
<tr>
<td></td>
<td>1. Not at all</td>
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<td></td>
<td>2. A little</td>
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<td></td>
<td>3. A lot</td>
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<td></td>
<td>4. Completely</td>
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<td></td>
<td>7. Refused</td>
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<td></td>
<td>9. Don’t know</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>P_TIRED_6</th>
<th>Which of the following activities, if any, are you unable to do, or find it hard to do, because of the tiredness?</th>
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<tr>
<td></td>
<td>A. Working to support you or your family?</td>
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<td>D. Participating in leisure or social activities?</td>
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<td>E. Getting out with friends or family?</td>
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<td>F. Doing household chores such as cooking and cleaning?</td>
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<td>G. Using transportation to get to places you want to go?</td>
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<td>H. Participating in religious activities?</td>
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<td>A.</td>
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<td>B.</td>
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<td>C.</td>
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<td>D.</td>
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<td>E.</td>
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SECTION L. NEEDS FOR ASSISTANCE, HEALTH CONDITIONS AND IMPAIRMENTS

ASSIST1  Do you ever need someone to help you with, or be with you for, self care activities? For example: doing everyday activities such as eating, showering, dressing or toileting.

1. No
2. Yes, sometimes
3. Yes, always
7. Refused
9. Don’t know

ASSIST2  Do you ever need someone to help you with, or be with you for, body movement activities? For example: getting out of bed, moving around at home or at places away from home.

1. No
2. Yes, sometimes
3. Yes, always
7. Refused
9. Don’t know

ASSIST3  Do you ever need someone to help you with, or be with you for, communication activities? For example: understanding, or being understood by, others.

1. No
2. Yes, sometimes
3. Yes, always
7. Refused
9. Don’t know

If "No" to ASSIST_1 and ASSIST_2 and ASSIST_3, skip to COND_1.

ASSIST4  What are the reasons for the need for assistance or supervision shown in the previous three questions?

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<td>A.</td>
<td>Short term health condition (lasting, or likely to last, for less than 6 months)</td>
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<td>B.</td>
<td>Long term health condition (lasting, or likely to last, for 6 months or more)</td>
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<td>C.</td>
<td>Disability</td>
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<td>D.</td>
<td>Old or young age</td>
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<td>E.</td>
<td>Lack of fluency with local language where living now</td>
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<td>F.</td>
<td>Other (please specify):</td>
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**COND_1**

Are you now...

*Interviewer: Mark all that apply.*

A. Deaf or hard of hearing?
   1. Yes
   2. No
   7. Refused
   9. Don’t know

B. Blind or do you have low vision?
   1. Yes
   2. No
   7. Refused
   9. Don’t know

**COND_2**

Do you have any of the following?

*Interviewer: Mark all that apply.*

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<td>A. Paralysis of one or more limbs</td>
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<td>B. Amputation or loss of one or more limbs</td>
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<td>C. Head injury/trauma</td>
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<td>D. Encephalitis, meningitis, hydrocephalus, etc.</td>
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<td>E. Cerebral palsy</td>
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<td>F. Stroke</td>
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<td>G. Epilepsy</td>
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<td>H. Asthma or breathing problems</td>
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<td>I. Diabetes</td>
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<td>J. High blood pressure or heart problems</td>
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<td>K. Arthritis</td>
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<td>L. Tuberculosis</td>
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<td>M. Psychiatric illness</td>
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<td>N. Albinism</td>
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<td>O. Other illness (please specify):</td>
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<td>P. Other injury (please specify):</td>
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