

WG-UNESCAP Field Test Question Set

July 2009

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**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*

9. *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

<b>YOUR <u>HOUSEHOLD</u> INCOME</b>				
	<b>Approximate WEEKLY</b>	<b>Approximate MONTHLY</b>	<b>Approximate ANNUAL</b>	
<b>J</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by 10% of households with lowest income (0-10%)	<b>J</b>
<b>R</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by next 10% of households (11-20%)	<b>R</b>
<b>C</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by next 10% of households (21-30%)	<b>C</b>
<b>M</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by next 10% of households (31-40%)	<b>M</b>
<b>F</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by 10% of households (41-50%)	<b>F</b>
<b>S</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by 10% of households (51-60%)	<b>S</b>
<b>K</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by 10% of households (61-70%)	<b>K</b>
<b>P</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by 10% of households (71-80%)	<b>P</b>
<b>D</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by 10% of households (81-90%)	<b>D</b>
<b>H</b>	Weekly equivalent	Monthly equivalent	Income corresponding to that held by 10% of households (91-100%)	<b>H</b>

## 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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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*

*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*

*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\_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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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?

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

*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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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:

		1. Yes	2. No	7. <i>Refused</i>	9 <i>Don't Know</i>
A.	Because you sometimes feel shy or have trouble expressing yourself?				
B.	Because of a physical problem with your mouth or tongue?				
C.	Because you need to understand other languages or different ways of speaking?				
D.	Because you sometimes talk too fast?				
E.	Because you have trouble hearing?				

*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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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.*

		1. Yes	2. No	7. <i>Refused</i>	9 <i>Don't Know</i>
A.	I forget things because I am busy and have too much to remember.				
B.	My difficulty is getting worse.				

C.	My difficulty has put me or my family in danger.				
D.	I only forget little or inconsequential things.				
E.	I must write down important things, such as my address or when to take medicine, so that I do not forget.				
F.	My family members or friends are worried about my difficulty remembering.				
G.	My difficulty is normal for someone my age.				

*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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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]?

		1. Yes	2. No	7. <i>Refu sed</i>	8. <i>Not applic able</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

**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.

		1. Yes	2. No	7. <i>Refu sed</i>	9. <i>Don't know</i>
A.	My feelings are caused by the type and amount of work I do.				

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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

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.

		1. Yes	2. No	7. <i>Refused</i>	9. <i>Don't know</i>
A.	My feelings are caused by the death of a loved one.				
B.	Sometimes the feelings can be so intense that I cannot get out of bed.				
C.	The feelings sometimes interfere with my life, and I wish I did not have them.				
D.	If I had more money or a better job, I would not have these feelings.				
E.	Everybody has these feelings; they are part of life and normal.				

F.	I have been told by a medical professional that I have depression.				
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DEP\_5 How old were you when the depression began?

\_\_\_\_\_ Age in years

777. *Refused*

999. *Don't know*

DEP\_6 How much does your depression 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\_DEP\_6 Which of the following activities, if any, are you unable to do, or find it hard to do, because of these feelings?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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.

		1. Yes	2. No	7. <i>Refused</i>	9. <i>Don't know</i>
A.	It is constantly present.				
B.	Sometimes I'm in a lot of pain and sometimes it's not so bad.				
C.	Sometimes it is unbearable and excruciating.				
D.	When I get my mind on other things, I am not aware of the pain.				
E.	Medication can take my pain away completely.				
F.	My pain is because of work.				
G.	My pain is because of exercise.				

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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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?

		1. Yes	2. No	7. <i>Refused</i>	9 <i>Don't Know</i>
A.	Too much work or exercise?				
B.	Not getting enough sleep?				
C.	A physical or health-related problem?				

D.	Something else? (please specify):				
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TIRED\_5 How old were you when the tiredness began?

\_\_\_\_\_ Age in years

777. *Refused*

999. *Don't know*

TIRED\_6 How much does your tiredness 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\_TIRED\_6 Which of the following activities, if any, are you unable to do, or find it hard to do, because of the tiredness?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Working to support you or your family?					
B.	Working outside the home to earn an income?					
C.	Going to school or achieving your education goals?					
D.	Participating in leisure or social activities?					
E.	Getting out with friends or family?					
F.	Doing household chores such as cooking and cleaning?					
G.	Using transportation to get to places you want to go?					
H.	Participating in religious activities?					
I.	Participating in community gatherings?					

## 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?

		1. Yes	2. No	7. <i>Refused</i>	8. <i>Not applicable</i>	9. <i>Don't know</i>
A.	Short term health condition (lasting, or likely to last, for less than 6 months)					
B.	Long term health condition (lasting, or likely to last, for 6 months or more)					
C.	Disability					
D.	Old or young age					
E.	Lack of fluency with local language where living now					
F.	Other (please specify):					

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.

		1. Yes	2. No	7. Refused	8. Not applicable	9 Don't Know
A.	Paralysis of one or more limbs					
B.	Amputation or loss of one or more limbs					
C.	Head injury/trauma					
D.	Encephalitis, meningitis, hydrocephalus, etc.					
E.	Cerebral palsy					
F.	Stroke					
G.	Epilepsy					
H.	Asthma or breathing problems					
I.	Diabetes					
J.	High blood pressure or heart problems					
K.	Arthritis					
L.	Tuberculosis					
M.	Psychiatric illness					
N.	Albinism					
O.	Other illness (please specify):					
P.	Other injury (please specify):					