KENYATTA UNIVERSITY   UNIVERSITY OF SOUTHAMPTON

HEALTH AND WELLBEING OF OLDER PERSONS IN KENYA
INDIVIDUALQUESTIONNAIRE

NAME OF COUNTY: KIAMBU COUNTY

IDENTIFICATION (1)

SUB-COUNTY (NAME) ……………………………………………………………………………………………………….

WARD (NAME) ……………………………………………………………………………………………………….

NASSEP CLUSTER NUMBER ………………………………………………………………………….

HOUSEHOLD NUMBER . . . .

LINE NUMBER OF HOUSEHOLD HEAD

INTERVEIW DATE

    DAY

    MONTH

    YEAR

INTERVIEWER NUMBER   INT. NO.

PROXY RESPONDENT USED IN THE HOUSEHOLD

    (YES=1; NO=2)

LANGUAGE OF QUESTIONNAIRE*		LANGUAGE OF INTERVIEW*		NATIVE LANGUAGE OF RESPONDENT*		TRANSLATOR USED (YES = 1, NO = 2)	

LANGUAGE OF
QUESTIONNAIRE* _____

*LANGUAGE CODES	01 BORANA	05 KIKUYU	09 MAASAI	13 SOMALI	96 OTHER
	02 EMBU	06 KISII	10 MERU	14 SWAHILI	
	03 KALENJIN	07 LUHYA	11 MIJIKENDA	15 TURKANA	
	04 KAMBA	08 LUO	12 POKOT	16 ENGLISH	

SUPERVISOR

_____
    NAME   NUMBER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		SECTION 1. RESPONDENT'S BACKGROUND	
101	In what year were you born?	YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF 99 YEARS OR OLDER, RECORD '99'	AGE IN COMPLETED YEARS ☐☐	
108	What is the name of the county where you were born?	NAME _____ COUNTY CODE ☐☐	
109	For how long did you live in the place where you were born? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS .... ☐☐ SINCE BIRTH 95	
110	Was the place you lived in a city, in a town or in a rural area?	CITY .... 1 TOWN .... 2 RURAL AREA 3	
103	For how long did you live continously in this place? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS .... ☐☐ SINCE BIRTH 95	
104	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY .... 1 TOWN .... 2 RURAL AREA .... 3 NEVER MOVED FROM ELSEWHERE 4	
105	What is the name of the county where you lived just before moving here?	NAME _____ COUNTY CODE ☐☐	
106	For how long have you live in this place _____? IF LESS THAN ONE YEAR, RECORD '00' YEARS.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What is the main reason why you **left** _____ (NAME OF BIRTH PLACE)?	MOVED WITH FAMILY .... 1 TO JOIN FAMILY .... 2 GOT MARRIED .... 3 TO ATTEND SCHOOL/EDUCATION .... 4 TO LOOK FOR WORK .... 5 TO TAKE UP A JOB .... 6 LAND SHORTAGE .... 7 BOUGHT LAND .... 8 POOR HOUSING/AMENITIES .... 9 POOR INFRASTRUCTURE (ROADS,TEL) .. 10 POOR HEALTH SERVICES .... 11 ENVIRONMENTAL(DROUGHT/FLOODS) ... 12 HIGH COST OF LIVING .... 13 CIVIL CONFLICT .... 14 INSECURITY ....15 FOR A CHANGE .... 16 INDEPENDENCE .... 17 OTHER _____ 96	
111	What is the main reason why you **left** _____ (NAME OF PLACE)?	MOVED WITH FAMILY .... 1 TO JOIN FAMILY .... 2 GOT MARRIED .... 3 TO ATTEND SCHOOL/EDUCATION .... 4 TO LOOK FOR WORK .... 5 TO TAKE UP A JOB .... 6 LAND SHORTAGE .... 7 BOUGHT LAND .... 8 POOR HOUSING/AMENITIES .... 9 POOR INFRASTRUCTURE (ROADS,TEL) .. 10 POOR HEALTH SERVICES .... 11 ENVIRONMENTAL(DROUGHT/FLOODS) ... 12 HIGH COST OF LIVING .... 13 CIVIL CONFLICT .... 14 INSECURITY ....15 FOR A CHANGE .... 16 INDEPENDENCE .... 17 OTHER _____ 96	
112	What is your religion?	ROMAN CATHOLIC .... 1 PROTESTANT/OTHER CHRISTIAN ... 2 MUSLIM .... 3 TRADITIONAL .... 4 NO RELIGION .... 5 OTHER _____ 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What is your ethnic group/tribe?	BORANA ……………………………… 01 EMBU ……………………………… 02 KALENJIN …………………………… 03 KAMBA ……………………………… 04 KIKUYU ……………………………… 05 KISII ………………………………… 06 LUHYA ……………………………… 07 LUO ………………………………… 08 MAASAI ……………………………… 09 MERU ……………………………… 10 MIJIKENDA ………………………… 11 POKOT ……………………………… 12 SOMALI ……………………………… 13 SWAHILI ……………………………… 14 TURKANA …………………………… 15 OTHER _____ 96	
114	Have you ever attended school?	YES ………………………………… 1 NO ………………………………… 2	→ 117
115	What is the highest level of school you attended: primary, secondary, or higher?	LOWER PRIMARY ………………… 1 UPPER PRIMARY ………………… 2 POST-PRIMARY/VOCATIONAL ……… 3 SECONDARY/ 'A' LEVEL …………… 4 COLLEGE (MIDDLE LEVEL) ………… 5 UNIVERSITY ……………………… 6 OTHER _____ 96	
116	What is the highest education qualification acquired at that level?	NONE ……………………………… 1 CPE/KCPE ………………………… 2 KAPE ………………………………… 3 KJSE ………………………………… 4 EACE/KCE/KCSE ………………… 5 KACE/EAACE ……………………… 6 CERTIFICATE ……………………… 7 DIPLOMA …………………………… 8 DEGREE …………………………… 9 POST-GRADUATE ………………… 10 OTHER _____ 96	
117	CHECK 114: NO ☐ YES ☐		→ 121
118	Did you attend adult education classes?	YES ………………………………… 1 NO ………………………………… 2	
119	Can you read and understand the bible, a letter or newspaper written in any language easily, with difficulty, or not at all?	EASILY ……………………………… 1 WITH DIFFICULTY ………………… 2 NOT AT ALL ……………………… 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	CHECK 119: CODE '1' OR '2' CIRCLED ↓　　　CODE '3' CIRCLED		→ 122
121	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
122	Do you usually listen to the radio?	YES .... 1 NO 2	→ 124
123	How often do you listen to the radio, would you say daily, twice a week, three times a week, monthly or rarely?	DAILY .... 1 ONCE A WEEK .... 2 ONCE A MONTH .... 3 RARELY 4	
124	Do you watch television?	YES .... 1 NO 2	→ 126
125	How often do you watch television, would you say daily, twice a week, three times a week, monthly or rarely?	DAILY .... 1 ONCE A WEEK .... 2 ONCE A MONTH .... 3 RARELY 4	
126	Do you have an account with any financial institution?	YES .... 1 NO 2	→ 128
127	Is the account with any of the following institutions...[READ OUT LIST]? a) Commercial Bank? b) SACCO? c) Micro-finance institution (MFI)? d) Table Banking? e) Any other? (SPECIFY)	YES　　NO a) Commercial Bank .... 1　　2 b) SACCO .... 1　　2 c) MFI .... 1　　2 d) TABLE BANKING .... 1　　2 E) OTHER .... 1　　2	
128	Do you have a mobile money account?	YES .... 1 NO 2	
129	Do you own a mobile telephone?	YES .... 1 NO 2	
130	Have you ever used the internet?	YES .... 1 NO 2	
131	Have you ever used FACEBOOK?	YES .... 1 NO 2	
132	Have you ever used WHATSAPP?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
133	IF YES IN EITHER QUESTION **130, 131 OR 132**, ASK 133 ELSE SKIP TO SECTION 2 Did you use the internet/Facebook/WhatsApp for….[READ OUT LIST]? a) Communicating with friends/family? b) Accessing government services such as NTSA, KRA, E-citizen, registrar of births/deaths etc. c) Accessing news? d) Entertainment/gaming? e) Gambling/betting? f) Any other? (SPECIFY) _____ _____	YES NO YES NO A) COMMUNICATION .... 1 2 B) ACCESSING SERVICES ... 1 2 C) NEWS .... 1 2 D) ENTERTAINMENT/GAMING 1 2 E) GAMBLING/BETTING ...... 1 2 F) OTHER 1 2	

SECTION 2. MARITAL STATUS AND HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Are you currently married or living together with a man/woman as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A MAN/WOMAN ... 2 NO, NOT IN UNION 3	→ 203
202	How long have you been married or living together with current husband/wife/partner? RECORD 00 IF LESS THAN 1 YEAR	YEARS . . . . [ ][ ] DON'T KNOW/CANNOT REMEMBER 98	→ 206
203	Have you ever been married or lived together with a man/woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN/WOMAN ...... 2 NO 3	→ 301
204	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	
205	How long have you been widowed/divorced/separated?	YEARS . . . . [ ][ ] DON'T KNOW/CANNOT REMEMBER 98	→ 208
206	Is your (husband/wife/partner) living with you now or is he or she staying elsewhere?	LIVING WITH HIM/HER .... 1 STAYING ELSEWHERE 2	
207	RECORD THE HUSBAND'S OR WIFE OR PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. .... [ ][ ]	
208	**MEN:** Do/Did you have other wives or do/did you live with another woman as if married? **WOMEN:** Does/Did your husband/partner have other wives or does/did he live with other women as if married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 211

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	**MEN:** In total, how many wives or live-in partners do/did you have? **WOMEN:** Including yourself, in total, how many wives or live-in partners does/did your husband/partner have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ☐☐ DON'T KNOW 98	
210	**(IF FEMALE)** Are/were you the first, second, third… wife? Or not sure?	RANK .... ☐☐ DON'T KNOW/UNSURE 98	
211	Have you been married or lived with a man/woman only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	→ 213
212	Including your current or most recent marriage, how many times have you been married?	TOTAL NUMBER OF MARRIAGES ☐☐	
213	How old were you when you first got married?	AGE .... ☐☐	

SECTION 3. CHILDREN AND FAMILY HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask about all children you have had during your life. Have you had children of your own in your lifetime?	YES .... 1 NO 2	→ 314
302	Do you have any children of your own living with you?	YES .... 1 NO 2	→ 304
303	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME .... ☐☐ b) DAUGHTERS AT HOME ..... ☐☐	
304	Do you have any children of your own who do not live with you?	YES .... 1 NO 2	→ 306
305	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE .... ☐☐ b) DAUGHTERS ELSEWHERE ☐☐	
306	Do you have any children of your own who are deceased?	YES .... 1 NO 2	→ 309
307	a) How many sons have died? b) And how many daughters have died? IF NONE, RECORD '00'.	a) SONS DEAD .... ☐☐ b) DAUGHTERS DEAD .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	Is your first born child still alive?	YES .... 1 NO 2	
309	How old is (would have been) your first born child?	AGE IN COMPLETED YEARS …	
310	SUM ANSWERS TO 303, 305, AND 307, AND ENTER TOTAL.	TOTAL CHILDREN	
311	CHECK 310: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? YES NO ☐ PROBE AND CORRECT 303, 305 & 307 AS NECESSARY.		
312	In total, how many grandchildren do you have?	TOTAL NUMBER OF GRANDCHILDREN	
313	In total, how many grandchildren live with you?	TOTAL NUMBER OF GRANDCHILDREN LIVING WITH RESPONDENT	
314	Is your father still alive?	YES .... 1 NO .... 2 DON'T KNOW 8	
315	Is your mother still alive?	YES .... 1 NO .... 2 DON'T KNOW 8	
316	a) How many surviving brothers do you have? b) And how many surviving sisters do you have? IF NONE, RECORD '00'.	a) SURVIVING BROTHERS ...... b) SURVIVING SISTERS	
317	a) How many of your brothers are deceased? b) And how many of your sisters are deceased? IF NONE, RECORD '00'.	a) DECEASED BROTHERS .... b) DECEASED SISTERS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 4. WORK STATUS AND HISTORY; BENEFITS		
401	Aside from domestic work, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 405
402	As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 405
403	Although you did not work in the last seven days, do you have any job or business from which you were absent for any reason?	YES . . . . 1 NO 2	→ 405
404	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 413
405	What is your occupation? That is, what kind of work do you **mainly do**? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST TWO WORDS (e.g.. PRIMARY SCHOOL TEACHER, GENERAL SHOPKEEPER, VEGETABLE VENDOR, UNIVERSITY LECTURER, COMPUTER PROGRAMMER ETC)	_____ _____ ☐ ☐ _____	
406	CHECK 405: WORKS IN ☐ DOES NOT WORK ☐ AGRICULTURE ↓ IN AGRICULTURE		→ 408
407	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND . . . . 4 COMMUNAL/COMMUNITY LAND . . . . . 5 OTHER _____ 6	
408	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
409	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
410	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . CASH AND KIND . . . . IN KIND ONLY . . . . NOT PAID	1 2 3 4	
411	CHECK 408: WORKS FOR ☐ SOMEONE ELSE ↓　　SELF-EMPLOYED ☐			→ 413
412	Who is your main employer for the job?	NATIONAL GOVERNMENT CIVIL SERVICE MINISTRIES . . . . JUDICIARY . . . . PARLIAMENT . . . . COMMISSIONS . . . . STATE OWNED ENTERPRISE/ 　INSTITUTION . . . . TEACHERS SERVICE COMMISSION 　(TSC) . . . . COUNTY GOVERNMENT . . . . PRIVATE SECTOR ENTERPRISE . . . . INTERNATIONAL ORGANISATIONS/ 　NGO . . . . LOCAL NGO/CBO . . . . FAITH BASED ORGANISATION . . . . INFORMAL SECTOR 'JUA KALI' . . . . SMALL SCALE AGRICULTURE . . . . PASTORALIST ACTIVITIES . . . . INDIVIDUAL/PRIVATE HOUSEHOLD . . . SCHOOL BOARDS . . . . LARGE SCALE AGRICULTURE . . . . OTHER _____	 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 96	
413	Which one of these, would you say best describes your current situation? **READ OUT** OPTIONS AND CODE ONE ONLY.	RETIRED . . . . EMPLOYED . . . . LOOKING FOR WORK . . . . LAID OFF . . . . UNEMPLOYED . . . . OTHER _____	1 2 3 4 5 6	
414	Which one of these, would you say best describes your situation before you turned 50 years? 　**READ OUT** OPTIONS AND CODE ONE ONLY.	RETIRED . . . . EMPLOYED . . . . SELF-EMPLOYED . . . . UNEMPLOYED . . . . OTHER (SPY) _____	1 2 3 4 6	 → 417 → 416

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

415	Who was your main employer?	NATIONAL GOVERNMENT
		CIVIL SERVICE MINISTRIES 1
		JUDICIARY ………………………….. 2
		PARLIAMENT …………………………. 3
		COMMISSIONS …………………………. 4
		STATE OWNED ENTERPRISE/
		   INSTITUTION ………………………… 5
		TEACHERS SERVICE COMMISSION
		   (TSC) …………………………….… 6
		
		COUNTY GOVERNMENT ……………… 7
		
		PRIVATE SECTOR ENTERPRISE ……. 8
		INTERNATIONAL ORGANISATIONS/
		   NGO ………………………………… 9
		LOCAL NGO/CBO ………………………. 10
		FAITH BASED ORGANISATION ……… 11
		INFORMAL SECTOR 'JUA KALI' ……… 12
		SMALL SCALE AGRICULTURE ……… 13
		PASTORALIST ACTIVITIES ………….. 14
		INDIVIDUAL/PRIVATE HOUSEHOLD ... 15
		SCHOOL BOARDS …………………… 16
		LARGE SCALE AGRICULTURE ……… 17
		OTHER_____ 96	

416	What was the main reason for leaving your employer/job? OR what is the main reason for not working?	REACHED RETIREMENT AGE ……… 1
		JOB WAS TOO TIRING/STRESSFUL ... 2
		ILL HEALTH/DISABILITY OF A
		   RELATIVE/FRIEND ………………… 3
		COMPANY WENT UNDER/CLOSED
		   DOWN ……………………………….. 4
		MADE REDUNDANT/DISMISSED/
		   HAD NO CHOICE …………………… 5
		TOOK VOLUNTARY REDUNDANCY ... 6
		TO SPEND MORE TIME WITH
		   PARTNER/FAMILY …………………. 7
		OWN ILL HEALTH ………………………. 8
		INCAPACITATED ……………………….. 9
		FED UP WITH JOB AND WANTED
		   A CHANGE …………………………… 10
		MOVED TO A DIFFERENT AREA …… 11
		CANNOT FIND WORK ………………… 12
		TOO OLD TO WORK …………………. 13
		OTHER_____ 96	

417	Did you or did any of your employers contribute or provide the following a) NSSF? b) NHIF? c) Paid leave? d) Medical benefits? e) Retirement benefits?	YES NO a) NSSF ……………….. 1 2 b) NHIF ………………….. 1 2 c) PAID LEAVE ………….. 1 2 d) MEDICAL BENEFITS ……. 1 2 e) RETIREMENT BENEFIT:… 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
418	What do you consider to be your **main source** of livelihood currently?	OWN WORK ……………………………… 1 SPOUSE'S WORK …………………………… 2 OWN SAVINGS/INVESTMENTS ……. 3 PENSIONS/RETIREMENT BENEFIT … 4 SUPPORT FROM CHILDREN ………. 5 SUPPORT FROM OTHER RELATIVES… 6 DONATIONS/WELFARE …………….. 7 OTHER _____ 96	
419	Do you currently receive any of the following cash transfer, social assistance or benefits? a) Cash Transfer for Orphans and Vulnerable children (CT-OVC)? b) Older Persons Cash Transfer c) Inua Jamii 70+ Scheme (70+)? d) Persons With Severe Disability Cash Transfer (PWSD-CT)? e) Food Aid for Persons in Arid and f) Health Subsidy Voucher? g) Food/Cash for Work? h) Hunger Safety Net Programme? ij) Contributory Pension? j) County-based Cash Transfer? k) Other?_____	YES NO a) CT-OVC ………………………… 1 2 b) OPCT ……………………... 1 2 c) INUA JAMII 70+ …………... 1 2 d) PWSD-CT ……………… 1 2 e) FOOD FOR ASAL ………. 1 2 f) HEALTH SUBSIDY VOUCHER 1 2 g) FOOD/CASH FOR WORK 1 2 h) HUNGER SAFETY NET 1 2 ij) CONTRIBUTORY PENSION 1 2 j) COUNTY-BASED TRANSFER 1 2 k) OTHER ………………………… 1 2	

SECTION 5. HEALTH STATE DISCRIPTION

I would like to ask you questions about your health and well-being. I know some of these questions may be sensitive or difficult to answer, but please try to provide an answer to the best of your knowledge. I will ask about your overall health, including both your physical and your mental health. Some of the questions may sound similar or repetitive, but I need to ask all of the questions so we have complete understanding of your health.

501

GENERAL HEALTH

In general, how would you rate your health today, would you say your health is...?

	Very Bad	Bad	Moderate	Good	Very Good
	1	2	3	4	5

Now I would like to review the different functions of your body. When answering these questions, I would like you to think about the last 30 days, taking both good and bad days into account.

When answering the next set of questions, when I ask about difficulty, I would like you to consider how much difficulty you have had, on average, in the last 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. I would like you to provide me your response whether you have No difficulty, Mild difficulty, Moderate difficulty, Severe difficulty or Extreme difficulty regarding the following functions of your body.

	Extreme difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty
502 Overall in the last 30 days, how much difficulty did you have with work or household activities?	1	2	3	4	5
503 **MOBILITY** Overall in the last 30 days, how much difficulty did you have with moving around?	1	2	3	4	5

NO.	QUESTIONS AND FILTERS	Extreme difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	SKIP
504	Overall in the last 30 days, how much difficulty did you have with <u>vigorous activities</u>?	1	2	3	4	5	
		Extreme difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	
505	**SELF-CARE** Overall in the last 30 days, how much difficulty did you have with <u>self-care</u>, such as bathing/washing or dressing yourself?	1	2	3	4	5	
506	In the last 30 days, how much difficulty did you have in <u>taking care of and maintaining your general appearance</u> (for example, grooming, looking neat and tidy)?	1	2	3	4	5	
507	In the last 30 days, how much difficulty did you have in <u>staying by yourself</u> for a few days (3 to 7 davs)?	1	2	3	4	5	
508	**PAIN AND DISCOMFORT** Overall in the last 30 days, how much of <u>bodily aches or pains</u> did you have?	1	2	3	4	5	
509	Overall in the last30 days, how much <u>bodily discomfort</u> did you have?	1	2	3	4	5	
	IF NO DIFFICULTY (5), IN 505 AND 509, SKIP TO 511						
510	Overall in the last 30 days, how much difficulty did you have in your daily life because of your aches, pain or discomfort?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
	COGNITION						
511	Over the last 30 days how difficulty did you have with <u>concentrating</u> on something (activity/conversation) or <u>remembering</u> things?	1	2	3	4	5	
		Extreme difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	
512	Overall 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)?	1	2	3	4	5	
	INTERPERSONAL RELATIONSHIPS						
513	Overall in the last 30 days, how difficult was <u>personal relationships or participation in the community</u>?	1	2	3	4	5	
514	Overall in the last 30 days, how difficult was <u>dealing with conflicts and tensions</u> with others?	1	2	3	4	5	
515	Overall in the last 30 days, how much difficultly did you have with <u>making new friendships or maintaining current friendships</u>?	1	2	3	4	5	
516	Overall in the last 30 days, how much difficultly did you have with <u>dealing with strangers</u> (i.e. people you do not know)?	1	2	3	4	5	
	SLEEP AND ENERGY						
517	Overall in the last 30 days how much of a problem did you have with <u>sleeping</u>, such as falling asleep when in bed, waking up frequently during the night or waking up too early in the morning?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS						SKIP
518	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?	1	2	3	4	5	
519	**AFFECT** Overall in the last 30 days how much of a problem did you have with <u>feeling sad, low or depressed</u>?	Extreme difficulty 1	Severe difficulty 2	Moderate Difficulty 3	Mild difficulty 4	No difficulty 5	
520	In the last 30 days, how much of a problem did you have with <u>worry or anxiety</u>?	1	2	3	4	5	

521	**VISION** When was the last time you had your eyes examined by a medical professional?	MONTH .... ☐☐ YEAR .... ☐☐☐☐ DON'T KNOW ....9996 CANNOT REMEMBER................................9997 NEVER 9998	
522	Do you use eyeglasses or contact lenses?	YES . . . . 1 NO 2	→ 525
523	Do you use the eyeglasses or contact lenses to see up close (for example at arms length, like when you are reading)?	YES . . . . 1 NO 2	
524	Do you use eyeglasses or contact lenses to see far (for example across the street)?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
		Extreme difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	
525	In the last 30 days, how much difficulty did you have in seeing and recognising a person or object you know <u>across the road</u> (from a distance of about 20 meters)?	1	2	3	4	5	
526	Overall in the last 30 days, how much difficulty did you have in seeing and recognising <u>an object at arm's length</u> (for example, reading)?	1	2	3	4	5	
527	Have you been told by a health care worker that you have glaucoma or suspected glaucoma/ diabetic eye disease/ muscular degeneration or cataracts (a cloudiness in the lens of the eve)?			YES . . . . 1 NO 2			
528	**HEARING** Do you wear a hearing aid?			YES . . . . 1 NO 2			
		Extreme difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	
529	Overall in the last 30 days how much difficulty did you have in hearing someone talking on the other side of the room in a normal voice (even with hearing aid on if you use one)?	1	2	3	4	5	
530	Overall in the last 30 days how much difficulty did you have in hearing someone talking next to you in a normal voice (even with hearing aid on if you use one)?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
531	**ORAL HEALTH** Have you lost all of your natural teeth?	YES . . . . 1 NO 2	→ 533
532	How many of your teeth do you have left?	⬜⬜ DON'T KNOW 98	
533	Do you have any difficulty in feeding or chewing food?	YES . . . . 1 NO 2	
534	During the last 12 months, have you had any problems with your mouth and/or teeth, including problems with swallowing?	YES . . . . 1 NO 2	
535	**ASSISTIVE DEVICES** Besides any vision (eyeglasses, contact lenses) or hearing aids, do you use any other assistive devices (such as a cane, walker, or other devices) to help you with any difficulties you may have?	YES . . . . 1 NO 2	→ 537
536	What other assistive devices do you use? Any other? (SPECIFY)	SPECIFY **A** _____ **B** _____ **C** _____	

FUNCTIONAL ASSESSMENT/DISABILITY

In the last 30 days, how much difficulty did you have …

NO.		Extreme Difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	Not applicable
537	… in sitting for long periods?	1	2	3	4	5	98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
538	… in walking 100 meters?	1	2	3	4	5	98	
539	… in standing up from sitting down?	1	2	3	4	5	98	
		Extreme Difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	Not applicable	
	In the last 30 days, how much difficulty did you have …							
540	… in standing for long periods?	1	2	3	4	5	98	
541	… with climbing one flight of stairs or steep slope without resting?	1	2	3	4	5	98	
542	… picking up things with your fingers (such as picking up a coin from a table)?	1	2	3	4	5	98	
543	… in taking care of your household responsibilities?	1	2	3	4	5	98	
544	… in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5	98	
545	… in extending your arms above shoulder level?	1	2	3	4	5	98	
546	… concentrating on doing something for 10 minutes?	1	2	3	4	5	98	
547	… in walking a long distance such as a kilometer?	1	2	3	4	5	98	

NO.	QUESTIONS AND FILTERS							SKIP
548	… in bathing/washing your whole body?	1	2	3	4	5	98	
549	… in getting dressed?	1	2	3	4	5	98	
550	… in your day to day work?	1	2	3	4	5	98	
		Extreme Difficulty	Severe difficulty	Moderate Difficulty	Mild difficulty	No difficulty	Not applicable	
551	… with carrying things?	1	2	3	4	5	98	
	In the last 30 days, how much difficulty did you have …							
552	… with moving around inside your home (such as walking across a room)?	1	2	3	4	5	98	
553	… with eating (including cutting up your food)?	1	2	3	4	5	98	
554	… with getting up from lying down?	1	2	3	4	5	98	
555	… with getting to and using the toilet?	1	2	3	4	5	98	
556	… with getting where you want to go, using private transport if needed?	1	2	3	4	5	98	
557	… with getting where you want to go, using public transport if needed?	1	2	3	4	5	98	
558	… getting out of your home?	1	2	3	4	5	98	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
559	In the last 30 days, how much have you been emotionally affected by your health condition(s)?	1 2 3 4 5 98		
560	Overall, how much did these difficulties interfere with your life?	1 2 3 4 5 98		

THE NEXT SET OF QUESTIONS ARE NOT RELATED TO A HEALTH CONDITION

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
561	In the last 30 days, how much difficultly did you have with controlling urination and or defecation?	1 2 3 4 5		
562	(IF NO DIFFICUTLY IN 561, SKIP TO 565) Are you using any purchased adult pads or adult diapers to manage incontinence?		YES . . . . 1 NO 2	
563	Are you using any homemade adult pads or adult diapers to manage incontinence?		YES . . . . 1 NO 2	
564	Are you using a catheter to manage incontinence?		YES . . . . 1 NO 2	
565	Do you have a health problem or disability that limits the kind or amount of paid work you could or should do?		YES . . . . 1 NO 2	→ 567
566	What is the main health problem or disability that limits the kind or amount of paid work you could or should do?	RECORD THE MAIN OR MAJOR HEALTH PROBLEM OR CONDITION	_____ _____ _____ _____	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES				SKIP

QUALITY OF LIFE (QOL)

NO.	QUESTIONS AND FILTERS	Completely	Mostly	Moderate	A little	at all	SKIP
567	Do you have enough energy for everyday life, would you say... ?	1	2	3	4	5	
568	Do you have enough money to meet your needs, would you say… ?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very Satisfied	SKIP
569	How satisfied are you with your health, would you say you are... ?	1	2	3	4	5	
570	How satisfied are you with your ability to perform your daily living activities, would you say you are...?	1	2	3	4	5	
571	How satisfied are you with your personal relationships, would you say you are... ?	1	2	3	4	5	
572	How satisfied are you with the conditions of your living place, would you say you are… ?	1	2	3	4	5	
573	Taking all things together, how satisfied are you with your life as a whole these days, would you say you are… ?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
		Very bad	Bad	Moderate	Good	Very Good	
574	How would you rate your overall quality of life? Is it...?	1	2	3	4	5	
		Very Unhappy	Unhappy	Neither happy nor unhappy	Happy	Very happy	
575	Taking all things together, how would you say you are these days? Are you ...?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

FALLS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
576	In the last 12 months, have you fallen down for any reason?	YES . . . . 1 NO 2	→ 601
577	In the last 3 months, have you had a fall?	YES . . . . 1 NO 2	→ 581
578	How many times have you fallen down in the last 3 months?	☐☐	
579	What causes the falls? What else? RECORD ALL MENTIONED	ILLNESS . . . . A DIZZINESS . . . . B POOR VISION . . . . C POOR BALANCE . . . . D MUSCLE WEAKNESS . . . . E POOR LIGHTING . . . . F SLIPPERY SURFACE . . . . G OBSTACLES . . . . H OTHER (SPY) _____ I OTHER (SPY) _____ J	
580	In any of these falls or fall, did you injure yourself seriously enough to need medical treatment?	YES . . . . 1 NO 2	

CHRONIC CONDITIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	**DIABETES** Have you been told by a health care worker that you have diabetes (high blood sugar)?	YES . . . . 1 NO 2	→ 606
602	How long have you lived with diabetes (high blood sugar)? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS . . . . ☐☐ YEARS . . . . ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
603	Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks?	YES . . . . 1 NO 2	
604	Have you been taking insulin or other blood sugar lowering medications continuously in the last 12 months?	YES . . . . 1 NO 2	
605	Are you following a special diet, exercise regime or weight control program for diabetes during the last 2 weeks? (As recommended by health professional)?	YES . . . . 1 NO 2	
606	**HYPERTENSION** Have you been told by a health care worker that you have high blood pressure (hypertension)?	YES . . . . 1 NO 2	→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	How long have you lived with high blood pressure (hypertension)? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS .... ☐☐ YEARS .... ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
608	Have you been taking medications or other treatment for high blood pressure (hypertension) during the last 2 weeks?	YES .... 1 NO 2	
609	Have you been taking medications or other treatment for high blood pressure (hypertension) continuously during the last 12 months?	YES .... 1 NO 2	
610	**ARTHRITIS** Have you been told by a health care worker that you have arthritis (or by other names rheumatism or osteoarthritis)?	YES .... 1 NO 2	→ 618
611	How long have you lived with arthritis (or by other names rheumatism or osteoarthritis)? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS .... ☐☐ YEARS .... ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
612	Have you been taking medications or other treatment for arthritis during the last 2 weeks?	YES .... 1 NO 2	
613	Have you been taking medications or other treatment for arthritis continuously during the last 12 months?	YES .... 1 NO 2	
614	During the last 12 months have you experienced, pain, aching, stiffness or swelling in or around the joints (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month?)	YES .... 1 NO 2	
615	During the last 12 months have you experienced, stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?	YES .... 1 NO 2	
616	During the last 3 months have you experienced, stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?	YES .... 1 NO 2	
618	**CRONIC LUNG DISEASE** Have you been told by a health care worker that you have chronic lung disease (emphysema, bronchitis, COPD)?	NO 2	→ 626

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	How long have you lived with chronic lung disease (emphysema, bronchitis, COPD)? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS .... ☐☐ YEARS .... ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
620	Have you been taking medications or other treatment for chronic lung disease during the last 2 weeks?	YES .... 1 NO 2	
622	Have you been taking medications or other treatment for chronic lung disease continuously during the last 12 months?	YES .... 1 NO 2	
623	During the last 12 months, have you experienced any shortness of breath at rest? (while awake)	YES .... 1 NO 2	
624	During the last 12 months, have you experienced any coughing or wheezing for ten minutes or more at a time?	YES .... 1 NO 2	
625	During the last 12 months, have you experienced any coughing up sputum or phlegm for most days of the month for at least 3 months?	YES .... 1 NO 2	
626	Have you had blood in your phlegm or have you coughed blood?	YES .... 1 NO 2	
627	**ANGINA** Have you been told by a health care worker that you have angina or angina pectoris (a heart condition)?	YES .... 1 NO 2	→ 633
628	How long have you lived with angina or angina pectoris (a heart condition)? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS .... ☐☐ YEARS .... ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
629	Have you been taking medications or other treatment for angina during the last 2 weeks?	YES .... 1 NO 2	
630	Have you been taking medications or other treatment for angina continuously during the last 12 months?	YES .... 1 NO 2	
631	During the last 12 months, have you experienced any pain or discomfort in your chest when you walk uphill or hurry?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	hurry?		
632	During the last 12 months, have you experienced any pain or discomfort in your chest when you walk at an ordinary pace on level ground?	YES . . . . 1 NO 2	
633	**STROKE** Have you been told by a health care worker that you have had a stroke?	YES . . . . 1 NO 2	→ 637
634	How long have you lived with the stroke? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS . . . . ☐☐ YEARS . . . . ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
635	Have you been taking medications or other treatment for stroke during the last 2 weeks?	YES . . . . 1 NO 2	
636	Have you been taking medications or other treatment for stroke continuously during the last 12 months?	YES . . . . 1 NO 2	
637	**CANCER** Have you been told by a health care worker that you have cancer?	YES . . . . 1 NO 2	→ 642
638	What type of cancer have you been diagnosed with? [SPECIFY]	_____ _____	
639	How long have you lived with cancer? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS . . . . ☐☐ YEARS . . . . ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
640	Have you been taking medications or other treatment for cancer during the last 2 weeks?	YES . . . . 1 NO 2	
641	Have you been taking medications or other treatment for cancer continuously during the last 12 months?	YES . . . . 1 NO 2	
642	**ASTHMA** Have you been told by a health care worker that you have asthma?	YES . . . . 1 NO 2	→ 646
643	How long have you lived with asthma? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS . . . . ☐☐ YEARS . . . . ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
644	Have you been taking medications or other treatment for asthma during the last 2 weeks?	YES . . . . 1 NO 2	
645	Have you been taking medications or other treatment for asthma continuously during the last 12 months?	YES . . . . 1 NO 2	
646	**DEPRESSION** Have you been told by a health care worker that you have depression?	YES . . . . 1 NO 2	→ 657
647	How long have you lived with depression? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS . . . . [ ][ ] YEARS . . . . [ ][ ] DON'T KNOW/CANNOT REMEMBER 9998	
653	Have you been taking medications or other treatment for depression during the last 2 weeks?	YES . . . . 1 NO 2	
654	Have you been taking medications or other treatment for depression continuously during the last 12 months?	YES . . . . 1 NO 2	
655	During the last 12 months, have you had a period lasting several days when you felt sad, empty or depressed?	YES . . . . 1 NO 2	
656	During the last 12 months, have you had a period lasting several days when you lost interest in most things you usually enjoy such as personal relationships, work or hobbies/recreation?	YES . . . . 1 NO 2	
648	In the last 12 months, have you had a period lasting several days when you have been feeling your energy decrease or tired all the time?	YES . . . . 1 NO 2	
649	Was this period of sadness/loss of interest/low energy for more than 2 weeks?	YES . . . . 1 NO 2	
650	Was this period of sadness/loss of interest/low energy most of the day, nearly every day?	YES . . . . 1 NO 2	
651	During this period, did you lose your appetite?	YES . . . . 1 NO 2	
652	Did you notice any slowing down in your thinking?	YES . . . . 1 NO 2	
657	**DEMENTIA** Have you been told by a health care worker that you have dementia?	YES . . . . 1 NO 2	→ 660

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
658	How long have you lived with dementia? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS .... YEARS .... DON'T KNOW/CANNOT REMEMBER 9998	
660	Have you been taking medications or other treatment for dementia during the last 2 weeks?	YES . . . . 1 NO 2	
661	**OTHER CONDITIONS** Have you been told by a health care worker that you have any other illness or condition not mentioned so far?	YES . . . . 1 NO 2	→ 701
662	What health condition do you have? Any other? LIST ALL MENTIONED	A _____ B _____ C _____ D _____	
663	**A** _____ How long have you lived with (A) ……………………………? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS .... YEARS .... DON'T KNOW/CANNOT REMEMBER 9998	
664	Have you been taking medications or other treatment for (A) …………………….... during the last 2 weeks?	YES . . . . 1 NO 2	
665	Have you been taking medications or other treatment for (A) ……………………………….. continuously during the last 12 months?	YES . . . . 1 NO 2	
666	**B** _____ How long have you lived with (B) ………………………………? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS .... YEARS .... DON'T KNOW/CANNOT REMEMBER 9998	
667	Have you been taking medications or other treatment for (B) …………………….... during the last 2 weeks?	YES . . . . 1 NO 2	
668	Have you been taking medications or other treatment for (B) ……………………………………. continuously during the last 12 months?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	C _____		
669	How long have you lived with (C) ………………………….? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS ……………………… ☐☐ YEARS . . . . ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
670	Have you been taking medications or other treatment for (C) ………………………….. during the last 2 weeks?	YES . . . . 1 NO 2	
671	Have you been taking medications or other treatment for (C) ……………………………………. continuously during the last 12 months?	YES . . . . 1 NO 2	
	D _____		
672	How long have you lived with (D) ……………………….? **RECORD DURATION EITHER IN MONTHS OR YEARS**	MONTHS ……………………… ☐☐ YEARS . . . . ☐☐ DON'T KNOW/CANNOT REMEMBER 9998	
673	Have you been taking medications or other treatment for (D) ………………………….. during the last 2 weeks?	YES . . . . 1 NO 2	
674	Have you been taking medications or other treatment for (D) …………………………………….. continuously during the last 12 months?	YES . . . . 1 NO 2	
	SECTION 7. LIFESTYLE/HEALTH BEHAVIOUR		
701	**SMOKING** Have you ever chewed tobacco, snifFed tobacco, smoked a pipe, smoked self-rolled cigarettes or smoked cigarettes?	YES . . . . 1 NO 2	→ 705
702	Are you still chewing tobacco, sniffing tobacco, smoking a pipe, smoking self-rolled cigarettes or smoking cigarettes?	YES . . . . 1 NO 2	→ 704
703	On average, how many of the following products do you smoke or use each day? a) Manufactured cigarettes b) Hand-rolled cigarettes c) Pipefuls of tobacco d) Cigars e) Other (Specify)	IF NONE RECORD '00' ☐☐ ☐☐ ☐☐ ☐☐ ☐☐	705

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
704	At what age did you quit smoking ?	YEARS ☐☐ CANNOT REMEMBER 98	
705	**ALCOHOL CONSUMPTON** Have you ever taken any alcoholic beverages such as beer, wine, liquor, busaa, other traditional or homemade alcohol?	YES . . . . 1 NO 2	→ 710
706	Are you currently taking any alcoholic beverages such as beer, wine, liquor, busaa or traditional alcohol?	YES . . . . 1 NO 2	→ 709
707	How often do you drink alcohol?	AT LEAST ONCE A DAY 1 4-6 TIMES A WEEK 2 2-3 TIMES A WEEK 3 ONCE A WEEK 4 2-3 TIMES A MONTH 5 ONCE A MONTH 6 OTHER_____ 8	
708	During the past 7 days, how many drinks of any alcoholic beverage did you have each day? *(REFER TO MANUAL ON STANDARD* a) Monday b) Tuesday c) Wednesday d) Thursday e) Friday e) Saturday e) Sunday	IF NONE RECORD '00' ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐	→ 710
709	At what age did you stop drinking?	YEARS ☐☐ CANNOT REMEMBER 98	
710	**PHYSICAL ACTIVITY** Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate, [like heavy lifting, digging or chopping wood] for at least 10 minutes continuously?	YES . . . . 1 NO 2	→ 712
711	In a typical week, how many days do you do vigorous-intensity activities as part of your work?	DAYS ☐☐	→ 716

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate, [such as brisk walking, carrying light loads, cleaning, cooking, or washing clothes] for at least 10 minutes continuously?	YES . . . . 1 NO 2	→ 714
713	In a typical week, how many days do you do moderate-intensity activities as part of your work?	DAYS ☐☐	→ 716
714	Do you walk or cycle for at least 10 minutes continuously to get to and from places?	YES . . . . 1 NO 2	→ 716
715	In a typical week, how many days do you walk or cycle for at least 10 minutes continuously to get to and from places?	DAYS ☐☐	
716	Do you do any moderately intense sports, fitness or recreational (leisure) activities that causes a small increase in breathing or heart rate [such as brisk walking, cycling or swimming] for at least 10 minutes at a time?	YES . . . . 1 NO 2	→ 718
717	In a typical week, on how many days do you moderately intense sports, fitness or recreational (leisure) activities?	DAYS ☐☐	
718	How much time do you usually spend sitting or reclining on a typical day? (IF LESS THAN 1 HOUR RECORD IN MINUTES, OTHERWISE INDICATE	MINUTES ☐☐ HOURS ☐☐	
719	**NUTRITION** How many servings of fruit do you eat on a typical day?	SERVINGS ☐☐ DON'T KNOW 98	
720	How many servings of vegetables do you eat on a typical day?	SERVINGS ☐☐ DON'T KNOW 98	
721	In the last 7 days, on average how many meals (breakfast, lunch and dinner/ supper) did you have on a typical day/normally?	NUMBER OF MEALS ☐ DON'T KNOW 98	
722	In the last 12 months, how often did you eat less than you felt you should because there was not enough food?	EVERY MONTH . . . . 1 SOME MONTHS . . . . 2 ONLY IN 1 OR 2 MONTHS . . . . 3 NEVER 4	
	SECTION 8. HEALTHCARE UTILISATION		
801	When was the last time that you needed health care? INPATIENT OR OUTPATIENT CARE. IF LESS THAN ONE MONTH AGO, ENTER "00" FOR YEARS AND "00" FOR MONTHS.	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐ DON'T KNOW 9997 NEVER 9998	→ 803 → 821

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
802	Was it more than 3 years ago?	YES . . . . 1 NO 2	

803	What was the main reason you needed health care, even if you did not get care?
	
	SELECT ONLY ONE MAIN REASON
		COMMUNICABLE DISEASE (MALARIA,
		   TUBERCULOSIS, HIV/AIDS, OTHE ... 1
		ACUTE CONDITIONS (DIARRHOEA, FLU,
		   HEADACHES, COUGH, OTHER) 2
		INJURY OR DISABILITY AS A RESULT
		   OF INJURY 3
		POST-SURGERY COMPLICATIONS 4
		SLEEP PROBLEMS 5
		CHRONIC PAIN IN JOINTS/ARTHRITIS
		   (JOINTS, BACK, NECK) 6
		DIABETES OR RELATED
		   COMPLICATIONS 7
		PROBLEMS WITH HEART INCLUDING
		   UNEXPLAINED PAIN IN CHEST 8
		PROBLEMS WITH MOUTH, TEETH OR
		   SWALLOWING 9
		PROBLEMS WITH BREATHING 10
		HIGH BLOOD PRESSURE /
		   HYPERTENSION 11
		STROKE/SUDDEN PARALYSIS OF ONE
		   SIDE OF BODY 12
		GENERALIZED PAIN (STOMACH, MUSCLE
		   OR OTHER NON SPECIFIC PAIN) ... 13
		DEPRESSION OR ANXIETY 14
		CANCER 15
		POOR SIGHT 16
		HEARING LOSS 17
		URINE RETENTION 18
		OTHER (SPECIFY)_____ 96	

804	The last time you needed health care, did you get health care?	YES . . . . 1 NO 2	→ 806

805	Which reason(s) best explains why you did not get health care?
	
	CIRCLE ALL MENTIONED
		COULD NOT AFFORD THE COST
		   OF THE VISIT .... A
		NO TRANSPORT AVAILABLE .... B
		COULD NOT AFFORD THE COST
		   OF TRANSPORT C
		YOU WERE PREVIOUSLY BADLY
		   TREATED .... D
		COULD NOT TAKE TIME OFF WORK OR
		   HAD OTHER COMMITMEN .... E
		THE HEALTH CARE PROVIDER'S DRUGS
		   OR EQUIPMENT WERE
		      INADEQUATE .... F
		THE HEALTH CARE PROVIDER'S SKILLS
		   WERE INADEQUATE..................... G
		YOU DID NOT KNOW WHERE TO GO .. H
		YOU TRIED BUT WERE DENIED
		   HEALTH CARE I
		YOU THOUGHT YOU WERE NOT
		   SICK ENOUGH .... J
		OTHER (SPECIFY)_____ Z	

806	**INPATIENT CARE** In the last 2 years, have you ever stayed overnight in a hospital or long-term care facility?	YES . . . . 1 NO 2	
807	In the last 12 months, have you ever stayed overnight in hospital or long-term care facility?	YES . . . . 1 NO 2	→ 814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	When was the last overnight stay in a hospital or longterm care facility? IF LESS THAN ONE MONTH AGO, ENTER "00" FOR YEARS AND "00"	MONTH. . . . . YEAR . . . . CANNOT REMEMBER 9997	
809	Over the last 12 months, how many different times were you a patient in a hospital/long-term care facility for at least one night?	TIMES	

810	What type of hospital or facility was it the last (most recent) you stayed overnight?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVERNMENT HEALTH CENTER ... 12
		  GOVERNMENT DISPENSARY 13
		  OTHER PUBLIC SECTOR
		
		  _____ 16
		  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PRIVATE DOCTOR'S OFFICE 22
		  NURSING/MATERNITY HOME 23
		  FAITH-BASED, CHURCH, MISSION,
		    HOSPITAL OR CLINIC 24
		  OTHER PRIVATE MEDICAL SECTOR
		
		  _____ 26
		  (SPECIFY)
		MOBILE CLINIC 31
		PHARMACY/CHEMIST 32
		COMMUNITY HEALTH WORKER'S HOME 33
		SHOP/KIOSK 34
		TRADITIONAL HEALER'S HOME 35
		FAITH HEALER'S HOME 36
		HERBALIST'S HOME 37
		OTHER_____ 96
		  (SPECIFY)
		DON'T KNOW 98	

811	What was the main reason you needed to be hospitalised?
	
	SELECT ONLY ONE MAIN REASON FOR
		COMMUNICABLE DISEASE (MALARIA,
		  TUBERCULOSIS, HIV/AIDS, OTHER) ... 1
		ACUTE CONDITIONS (DIARRHOEA, FLU,
		  HEADACHES, COUGH, OTHER) 2
		INJURY OR DISABILITY AS A RESULT
		  OF INJURY 3
		POST-SURGERY COMPLICATIONS 4
		SLEEP PROBLEMS 5
		CHRONIC PAIN IN JOINTS/ARTHRITIS
		  (JOINTS, BACK, NECK) 6
		DIABETES OR RELATED
		  COMPLICATIONS 7
		PROBLEMS WITH HEART INCLUDING
		   UNEXPLAINED PAIN IN CHEST 8
		PROBLEMS WITH MOUTH, TEETH OR
		   SWALLOWING 9
		PROBLEMS WITH BREATHING 10
		HIGH BLOOD PRESSURE /
		   HYPERTENSION 11
		STROKE/SUDDEN PARALYSIS OF ONE
		   SIDE OF BODY 12
		GENERALIZED PAIN (STOMACH, MUSCLE
		   OR OTHER NON SPECIFIC PAIN) 13
		DEPRESSION OR ANXIETY 14
		CANCER 15
		POOR SIGHT 16
		HEARING LOSS 17
		URINE RETENTION 18
		OTHER (SPECIFY)_____ 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

812	Who paid for this hospitalisation? Anyone else?
	
	CIRCLE ALL MENTIONED
		SELF/RESPONDENT .... A
		SPOUSE/PARTNER .... B
		SON/DAUGHTER C
		OTHER FAMILY MEMBER .... D
		NON-FAMILY MEMBER .... E
		INSURANCE SCHEME
		   SPECIFY _____ F
		FUNDRAISING FROM FRIENDS/
		    RELATIVES .... G
		HOSPITALISATION WAS FREE ...... H
		OTHER (SPECIFY) _____ Z	

813	What was the outcome or result of your visit to the [hospital]? Did your condition Get much better **(1)**, Get better **(2)**, No change **(3)**, Get worse **(4)** or Get much worse **(5)**?	GET MUCH BETTER .... 1 GET BETTER .... 2 NO CHANGE .... 3 GET WORSE .... 4 GET MUCH WORSE 5	
814	**OUTPATIENT CARE** Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital or long-term care facility?	YES .... 1 NO 2	→ 820
815	In total, how many times did you receive health care or consultation in the last 12 months?	TIMES ☐☐	

816	What was the last (most recent) health care facility you visited in the last 12 months?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVERNMENT HEALTH CENTER ... 12
		  GOVERNMENT DISPENSARY 13
		  OTHER PUBLIC SECTOR
		
		  _____ 16
		      (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PRIVATE DOCTOR'S OFFICE 22
		  NURSING/MATERNITY HOME 23
		  FAITH-BASED, CHURCH, MISSION,
		    HOSPITAL OR CLINIC 24
		  OTHER PRIVATE MEDICAL SECTOR
		
		  _____ 26
		      (SPECIFY)
		MOBILE CLINIC 31
		PHARMACY/CHEMIST 32
		COMMUNITY HEALTH WORKER'S HOM 33
		SHOP/KIOSK 34
		TRADITIONAL HEALER'S HOME 35
		FAITH HEALER'S HOME 36
		HERBALIST'S HOME 37
		OTHER _____ 96
		      (SPECIFY)
		DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	What was the main reason you needed healthcare in the last visit to the facility? SELECT ONLY ONE MAIN REASON FOR LAST (MOST RECENT) VISIT	COMMUNICABLE DISEASE (MALARIA, TUBERCULOSIS, HIV/AIDS, OTHE … 1 ACUTE CONDITIONS (DIARRHOEA, FLU, HEADACHES, COUGH, OTHER) …… 2 INJURY OR DISABILITY AS A RESULT OF INJUR` …………………………… 3 POST-SURGERY COMPLICATIONS … 4 SLEEP PROBLEMS ……………………… 5 CHRONIC PAIN IN JOINTS/ARTHRITIS (JOINTS, BACK, NECK) …………… 6 DIABETES OR RELATED COMPLICATIONS ……………………… 7 PROBLEMS WITH HEART INCLUDING UNEXPLAINED PAIN IN CHEST ….. 8 PROBLEMS WITH MOUTH, TEETH OR SWALLOWING ………………………… 9 PROBLEMS WITH BREATHING ……….. 10 HIGH BLOOD PRESSURE / HYPERTENSION ……………………... 11 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY ………………………… 12 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NON SPECIFIC PAIN) … 13 DEPRESSION OR ANXIETY ………….. 14 CANCER …………………………………… 15 POOR SIGH1…………………………………… 16 HEARING LOSS ………………………… 17 OTHER (SPECIFY)_____ 96	
818	Who paid for this heathcare? PROBE: Anyone else? CIRCLE ALL MENTIONED	SELF/RESPONDENT A SPOUSE/PARTNER B SON/DAUGHTER C OTHER FAMILY MEMBER D NON-FAMILY MEMBER E INSURANCE SCHEME SPECIFY _____ F FUNDRAISING FROM FRIENDS/ RELATIVES G HOSPITALISATION WAS FREE H OTHER (SPECIFY)_____ Z	
819	What was the outcome or result of your visit to the [hospital]? Did your condition Get much better **(1)**, Get better **(2)**, No change **(3)**, Get worse **(4)** or Get much worse **(5)**?	GET MUCH BETTER ……………………… 1 GET BETTEF ………………………………… 2 NO CHANGE ………………………………… 3 GET WORSE ………………………………… 4 GET MUCH WORSE ……………………… 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
820	Where do you usually go for healthcare when you need to? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL .... 11 GOVERNMENT HEALTH CENTER ... 12 GOVERNMENT DISPENSARY .... 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINI .... 21 PRIVATE DOCTOR'S OFFICE ...... 22 NURSING/MATERNITY HOME ...... 23 FAITH-BASED, CHURCH, MISSION, HOSPITAL OR CLINIC .... 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) MOBILE CLINIC .... 31 PHARMACY/CHEMIST .... 32 COMMUNITY HEALTH WORKER ...... 33 SHOP/KIOSK .... 34 TRADITIONAL HEALER .... 35 FAITH HEALER .... 36 HERBALIST .... 37 OTHER_____ 96 (SPECIFY) DON'T KNOV 98	
821	**HEALTH INSURANCE** Are you currently covered by any health insurance?	YES . . . . 1 NO 2	→ 901
822	What is the source of health insurance? LIST ALL MENTIONED	NHIF A PRIVATE INSURANCE CONTRIBUTORY B PRIVATE INSURANCE NON-CONTRIBUTORY C EMPLOYER CONTRIBUTORY D EMPLOYER NON-CONTRIBUTORY E	

823	Who pays for the health insurance?
	
	CIRCLE ALL MENTIONED
		SELF/RESPONDENT A
		SPOUSE/PARTNER B
		SON/DAUGHTER C
		OTHER FAMILY MEMBER D
		NON-FAMILY MEMBER E
		INSURANCE SCHEME
		   SPECIFY _____ F
		FUNDRAISING FROM FRIENDS/
		   RELATIVES .... G
		GOVERNMENT H
		OTHER (SPECIFY) _____ Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

SECTION 9. INFORMAL CARE AND SUPPORT; COMMUNITY ENGAGEMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	**INTERGENERATION CARE SUPPORT** Do you provide any of your children with financial support or assistance?	YES . . . . 1 NO 2	
902	Do you assist any of your children in/by …….. [READ OUT LIST] a) Caring for their children? b) Doing domestic chores for them? c) Providing material support (food, d) Providing advice or counselling ? e) Looking after their property? f) Any other? _____	YES NO a) CHILD CARE 1 2 b) DOMESTIC CHORES 1 2 c) MATERIAL SUPPORT 1 2 d) ADVICE AND CONSELLING 1 2 e) LOOKING AFTER PROPERTY 1 2 f) OTHER 1 2	
903	Who normally provides **the most** assistance to you with work around the house such as cooking, cleaning, collecting water and so on?	SELF/NO ONE . . . . 1 SPOUSE . . . . 2 SON OR DAUGHTER . . . . 3 GRANDCHILD . . . . 4 SON OR DAUGHTER-IN-LAW . . . . 5 OTHER RELATIVE . . . . 6 BROTHER OR SISTER . . . . 7 ADOPTED/FOSTER CHILD . . . . 8 PARENT-IN-LAW . . . . 9 PARENT . . . . 10 NOT RELATED . . . . 11 OTHER (SPECIFY) _____ 96	
904	Does this person live with you in this household?	YES . . . . 1 NO 2	→ 906
905	RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. [ ][ ]	
906	Do you require assistance in moving outside the house?	YES . . . . 1 NO 2	→ 910
907	Who normally assists you in the movement outside the house?	SELF/NO ONE . . . . 1 SPOUSE . . . . 2 SON OR DAUGHTER . . . . 3 GRANDCHILD . . . . 4 SON OR DAUGHTER-IN-LAW . . . . 5 OTHER RELATIVE . . . . 6 BROTHER OR SISTER . . . . 7 ADOPTED/FOSTER CHILD . . . . 8 PARENT-IN-LAW . . . . 9 PARENT . . . . 10 NOT RELATED . . . . 11 OTHER (SPECIFY) _____ 96	
908	Does this person live with you in this household?	YES . . . . 1 NO 2	→ 910
909	RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	Do you usually require assistance to get somewhere outside the community, for example going to town, to the market etc.?	YES . . . . 1 NO 2	→ 914
911	Suppose you want to go out somewhere outside the **village/community,** who normally assists you or accompanies you to places outside the community?	SELF/NO ONE . . . . 1 SPOUSE . . . . 2 SON OR DAUGHTER . . . . 3 GRANDCHILD . . . . 4 SON OR DAUGHTER-IN-LAW . . . . 5 OTHER RELATIVE . . . . 6 BROTHER OR SISTER . . . . 7 ADOPTED/FOSTER CHILD . . . . 8 PARENT-IN-LAW . . . . 9 PARENT . . . . 10 NOT RELATED . . . . 11 OTHER (SPECIFY) _____ 96	
912	Does this person live with you in this household?	YES . . . . 1 NO 2	
913	RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
	COMMUNITY ENGAGEMENT	Never	Once or twice per year	Once or twice per month	Once or twice a week	Daily	
914	How often in the last 12 months have you attended any public meeting in which there was discussion of local affairs, would you say… ?	1	2	3	4	5	
915	How often in the last 12 months have you met personally with someone you consider to be a community leader, would you say…?	1	2	3	4	5	
916	How often in the last 12 months have you attended any group, club, society, union or organizational meeting, would you say… ?	1	2	3	4	5	
917	How often in the last 12 months have you worked with other people in your neighborhood to fix or improve something, would you say… ?	1	2	3	4	5	
918	How often in the last 12 months have you had friends come over to your home, would you say… ?	1	2	3	4	5	
919	How often in the last 12 months have you visited a friend either in the neighbourhood or away?	1	2	3	4	5	
920	How often in the last 12 months have you attended religious services (not including weddings and funerals), would you say...?	1	2	3	4	5	
921	How often in the last 12 months have you gotten out of the house/your dwelling to attend social meetings, activities, programs or events or to visit friends or relatives, would you say… ?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

ELDER NEGLECT AND MISTREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
922	In the last 12 months, has there been a time when you needed help with …….. [READ OUT LIST] but didn't get any help?		YES	NO	
	a) Going outside the house?	a) GOING OUTSIDE HOUSE …	1	2	
	b) Going for shopping for food or other items?	b) SHOPPING ………………	1	2	
	c) Preparing a meal or meals?	c) PREPARING MEALS …….	1	2	
	d) doing routine jobs around your home (washing dishes, sweeping	d) DOMESTIC CHORES …….	1	2	
	e) Fetching or collecting water?	e) COLLECTING WATER …….	1	2	
	f) Attending a meeting or activity outside of home?	f) ATTENDING EVENTS ………	1	2	
	g) Any other (SPECIFY)? _____	g) OTHER …………………	1	2	
923	In the last 2 years, has there been a time where someone has…….. [READ OUT LIST]?		YES	NO	
	a) Stolen your money?	a) STOLEN MONEY …………	1	2	
	b) Stolen your possessions or property?	b) STOLEN POSSESSIONS ..	1	2	
	c) Stolen your land or land documents?	c) STOLEN LAND ……………	1	2	
	d) Deliberately prevented you access to your money?	d) DENIED ACCESS -MONEY …	1	2	
	e) Deliberately prevented you access to your property or possessions?	e) DENIED ACCESS-PROPERTY	1	2	
	f) Forced or mislead you to sign over ownership of property?	f) SIGN OVER PROPERTY …	1	2	
	g) treated you negatively while seeking healthcare?	g) DENIED ACCESS -MONEY …	1	2	
	h) Any other (SPECIFY)? _____	h) OTHER …………………	1	2	

No matter how well people get along, there are times when family members or other people you know or count on for help, disagree and get annoyed with each other. People use many different ways of trying to settle their differences.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
924	In the last 12 months, has there been a time where someone has…….. [READ OUT LIST]?		YES	NO	
	a) Insulted you, swore or call you names?	a) INSULTS ………………	1	2	
	b) Threatened you verbally?	b) THREATS …………………	1	2	
	c) Undermined or belittled what you do?	c) UNDERMINING ……………	1	2	
	d) Excluded you or repeatedly ignored	d) EXCLUDED ………………	1	2	
	e) Prevented you from seeing others that you care about?	e) ACCESS TO LOVED ONES	1	2	
	f) Tried to slap or hit you?	f) SLAP OR HIT………………	1	2	
	g) Pushed, grabbed, shoved or slapped	g) PUSHED OR SHOVED …	1	2	
	h) Hit or tried to hit you with an object?	h) HIT WITH OBJECT …………	1	2	
	i) Sexually assaulted you?	i) SEXUALYL ASSAULTED …	1	2	
	j) Any other (SPECIFY)? _____	j) OTHER …………………	1	2	
925	**[IF YES TO 'f', 'g', 'h' or 'I' ASK]** Did any of the above behaviour result in injury?	YES . . . . 1 NO 2			
926	**[IF AT LEAST ONE YES IN 'a' TO 'I' ASK]** Did you talk to anyone at all about this/these incident(s)?	YES . . . . 1 NO 2			→ 928
927	Whom did you talk to about this/these incident(s)?	FAMILY …………………………………… 1 FRIEND …………………………………… 2 NEIGHBOUR ……………………………… 3 COMMUNITY ELDERS …………………… 4 CHIEF / ADMINISTRATION ……………… 5 POLICE ………………………………… 6 NOT RELATED …………………………… 7 OTHER (SPECIFY) _____ 96			

SEXUAL HEALTH

This next set of questions asks about your attitudes to sexual relationships and your own sexual activities. Some questions may be of a sensitive nature. However, your accurate and considered responses are very important for this research. Sexual relationships and activities relate to health, well-being and other aspects of people's lives, but we have very little information on whether and how they change as people grow older. Answers to these questions will help us understand possible changes, the reasons, and how changes in sexual relationships relate to other aspects of people's lives.

PERSONAL ATTITUDES

This question asks about your personal attitudes to sex. Please answer if you strongly disagree, disagree, neigher disagree nor agree, agree or stongly agree.

NO.	Question	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
928	Having sexual relations before marriage is wrong	1	2	3	4	5
929	A married person having sexual relations with someone other than their spouse is wrong	1	2	3	4	5
930	Satisfactory sexual relations are essential to the maintenance of a long-term relationship	1	2	3	4	5
931	Young people today start having sex too early	1	2	3	4	5
932	Men have a naturally higher sex drive than women	1	2	3	4	5
933	The ability to have sex decreases as a person grows older	1	2	3	4	5

NO.	QUESTIONS AND FILTERS						SKIP

934 Sexual changes that occur with age are not important to older people

| 1 | 2 | 3 | 4 | 5 |

935 Being sexually active is physically and psychologically beneficial to older people

| 1 | 2 | 3 | 4 | 5 |

OWN SEXUAL DRIVE

The following questions ask about your own sexual drive or sexual desire during the past month

936 How often did you think about sex during the past month? This includes times of just being interested in sex, daydreaming or fantasising about sex, as well as times when you wanted to have sex.

Daily	one or more times a week	one or more times a month	Rarely	Not at all
1	2	3	4	5

937 Thinking about the past month, have you been worried or concerned by your level of sexual drive/desire?

Extremely worried or concerned	Very worried or concerned	Moderately worried or or agree	A little bit worried or concerned	Not at all worried or concerned
1	2	3	4	5

938 Compared with a year ago, has your sexual drive…

Decreased a lot	Decreased moderately	Neither decreased nor increased	Increased moderately	Increased a lot
1	2	3	4	5

939 Have you had any sexual activity of whatever nature in the past year?

YES 1
NO . . . . 2 → 959

The following questions ask about the frequency of your sexual activities during the past month

940 How many times have you had or attempted sexual intercourse during the past month?

Daily	one or more times a week	one or more times a month	Rarely	Not at all
1	2	3	4	5

941 Apart from when you attempted sexual intercourse, how frequently did you engage in other sexual activities (kissing, fondling and petting) during the past month?

| 1 | 2 | 3 | 4 | 5 |

NO.	QUESTIONS AND FILTERS	Extremely worried or concerned	Very worried or concerned	Moderately worried or or agree	A little bit worried or concerned	Not at all worried or concerned	SKIP
942	Thinking about the past month, have you been worried or concerned by the overall frequency of your sexual activities?	1	2	3	4	5	

| 943 | How do you feel about the frequency of your sexual activities? | Not frequent enough: 1 | | About the right frequency: 2 | Too frequent: 3 | | |

		Decreased a lot	Decreased moderately	Neither decreased nor increased	Increased moderately	Increased a lot	
944	Compared with a year ago, has the overall frequency of your sexual activities...?	1	2	3	4	5	

ASK TO FEMALES ONLY

		Almost always	Most of the time	Sometimes	A few times	Almost never	
945	How often did you have an uncomfortably dry vagina during sexual activity during the past month, would you say...?	1	2	3	4	5	
946	How often did you experience pain or discomfort during or after sexual activity during the past month, would you say...?	1	2	3	4	5	

ASK TO MALES ONLY

The following questions ask about your ability to have an erection. It is not uncommon for men to experience erectile problems. This may mean that individuals may not always be able to get or keep an erection that is rigid enough for satisfactory sexual activity.

947 What do you consider to be good enough for sexual activity, would you say it is being able to…. [READ OUT OPTIONS]?

Always able to get and keep an erection …………………………… 1

Usually able to get and keep an erection …………………………… 2

Sometimes able to get and keep an erection …………………………… 3

Never able to get and keep an erection …………………………… 4

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES				SKIP

NO.	QUESTIONS AND FILTERS	Extremely worried or concerned	Very worried or concerned	Moderately worried or or agree	A little bit worried or concerned	Not at all worried or concerned	SKIP
948	Thinking of the past month, have you been worried or concerned by your ability to have an erection?	1	2	3	4	5	

		Decreased a lot	Decreased moderately	Neither decreased nor increased	Increased moderately	Increased a lot	
949	Compared with a year ago, has your ability to have an erection changed?	1	2	3	4	5	

The following questions ask about your morning or night-time erections. Men may awaken with an erection after dreaming or in the morning, although this can vary from day to day.

		Daily	one or more times a week	one or more times a month	Rarely	Not at all	
950	How frequently did you awaken with a full erection during the past month?	1	2	3	4	5	

		Extremely worried or concerned	Very worried or concerned	Moderately worried or or agree	A little bit worried or concerned	Not at all worried or concerned	
951	Whether or not you have had morning or night-time erections in the past month, have you been worried or concerned by the frequency of your morning or nighttime erections?	1	2	3	4	5	

		Decreased a lot	Decreased moderately	Neither decreased nor increased	Increased moderately	Increased a lot	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
952	Compared with a year ago, has the frequency of your morning or night-time erections changed?	1	2	3	4	5	

ASK EVERYONE

The following questions ask about your overall sex life over the past three months.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
953	Have you had any sexual activity with a partner during the past three months?	Yes, one or more times . . . . 1 No, not at all 2	→ 960
954	Who usually initiated sexual activity during the past three months?	Self . . . . 1 Partner and self equally . . . . 2 Partner 3	

NO.		Almost always	Most of the time	Sometimes	A few times	Almost never	SKIP
955	During the past three months, how often did you have sex primarily because you felt obliged to or that it was your duty?	1	2	3	4	5	
956	During the past three months, how often did you and your partner share the same sexual likes and dislikes?	1	2	3	4	5	
957	During the past three months, how often did you feel emotionally close to your partner when you had sex together?	1	2	3	4	5	

NO.		Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very Satisfied	SKIP
958	During the past three months, how satisfied have you been with your overall sex life, would you say...?	1	2	3	4	5	

NO.		Extremely worried or concerned	Very worried or concerned	Moderately worried or or agree	A little bit worried or concerned	Not at all worried or concerned	SKIP
959	Even if you have not had any sexual activity, during the past three months how worried or concerned have you been about your overall sex life, would you say...?	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
960	Have you at all sought help or advice regarding your sex life from any source?	YES . . . . 1 NO 2	

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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