

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE**  
**SURVEY ON SOCIAL, HEALTH AND OVERALL WELLBEING OF OLDER PEOPLE (50+ YEARS)**  
**UPDATE 2 QUESTIONNAIRE\_OBJECTIVE - PANEL SURVEY 1 & 2**

**1.0 IDENTIFICATION INFORMATION and CONSENT**

1.1 FIELD WORKER'S CODE	Korogocho	<input type="text"/>
1.2 DATE OF INTERVIEW (DD/MM/YYYY)		<input type="text"/>
1.3 RESPONDENT'S ID		<input type="text"/>
1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)		<input type="text"/>
1.5 RESPONDENT'S SEX (F=Female; M=Male)		<input type="text"/>
1.6 RESPONDENT'S FULL NAME		<input type="text"/>
1.7 ID OF ROOM WHERE RESPONDENT SLEEPS		<input type="text"/>

**INTRODUCTION AND CONSENT**

Hello, my name is \_\_\_\_\_ and I work with the African Population and Health Research Centre. We are conducting a survey to better understand the health and well-being of older people in this community. Specifically we would like to know about your health, your economic challenges, the care and support you need or receive. This survey is a follow up to the interviews we had with you between 2006 and 2008. The questions we will ask are similar to the ones we asked in the previous interviews except for a few modifications.

We are interviewing you again so we can determine if your condition has changed since the last time you were interviewed. We will also take some measurements like your weight, height, width of your waist and blood pressure. The results of this study will be presented to institutions, including the government, that are involved in decision making and provision of services targeted at older people with the intention that they will use the information to improve the wellbeing of older people. All the responses you provide are confidential and will be used for the purposes of this study only. This interview is not expected to cause you any harm or discomfort. However, if you feel uncomfortable with certain questions you can choose not to answer them. We, however, hope you will participate in this survey since your views are very important. You will neither be paid or pay us to participate in this study, however, if you are found to have high blood pressure you will be supported to get medical help. This interview will take about half an hour of your time.

1.8 Do you accept to participate in the study?	(Y=YES; N=NO; IF 'YES' SKIP TO 1.10)	<input type="text"/>
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1.9 IF THE RESPONDENT DOES NOT ACCEPT TO BE INTERVIEWED ASK: To help better inform our work in the future, could you please tell me the main reason why you do not want to participate in this study?	<input type="text"/>
<b>(CODE SHEET A<sup>9</sup>)</b> (FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE AN APPOINTMENT TO COME BACK AND DO THE INTERVIEW). OTHERWISE THANK RESPONDENT FOR HIS/HER TIME AND END THE INTERVIEW.	

1.10 IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study?			
<b>Respondent's Signature</b> .....			
0= REFUSES TO SIGN	1= SIGNS	2= WILLING BUT UNABLE TO SIGN	<input type="text"/>

1.11 FINAL RESULT OF INTERVIEW ( <b>CODE SHEET A<sup>1</sup></b> )	<input type="text"/>
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1.12 START TIME (24 HOUR FORMAT)	<input type="text"/>
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**OFFICE/FIELD CHECK DETAILS**

1.13 FIELD SUPERVISOR'S/TEAM LEADER'S CODE	<input type="text"/>
1.14 DATA ENTRY CLERK'S CODE	<input type="text"/>

2.0 MARITAL STATUS																										
2.1a MARITAL STATUS IN <span style="color: blue;">UPDATE 1</span> <div style="float: right; border: 1px solid black; padding: 2px 5px; margin-top: -20px;">M</div>																										
<b>FW: REFLECT THIS QUESTION TO THE RESPONDENT</b> <b>E.G. ASK:</b> In 2008, you told my colleague that you were _____ (MARITAL STATUS IN SURVEY 1) <b>(N= NEVER MARRIED;M =MARRIED/LIVING WITH A PARTNER;W=WIDOWED;D=DIVORCED;S=SEPARATED)</b>																										
2.1b <b>CHECK 2.1a:</b> Are you still _____ (MARITAL STATUS in 2.1a) ?	YES.....1 NO.....2 <span style="font-size: 1.2em;">→</span>	2.17																								
<b>CHECK 2.1a: IF "M" ASK 2.1c ELSE SKIP TO 2.19</b> 2.1c Is it still the same partner as in <span style="color: blue;">Update 1?</span>	YES.....1 <span style="font-size: 1.2em;">→</span> NO.....2	2.7																								
2.4a How did your last marriage/union end? Did it end in widowhood, divorce, or separation?	Divorce..... 1 Separation..... 2 Widowhood..... 3																									
2.4b When did your last marital status end? (DD/MM/YYYY) <b>IF RESPONDENT DIVORCED/SEPARATED ASK FOR DATE OF END OF MARRIAGE, IF WIDOWED, ASK FOR DATE OF SPOUSE'S DEATH, IF DAY OR MONTH IS UNKNOWN ENTER "98"</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>																										
2.7 Does your husband/wife/partner usually live in this household?	YES.....1 <span style="font-size: 1.2em;">→</span> NO.....2	3.0																								
2.8 Where does he/she live?      [ CODE SHEET A <sup>2</sup> ]	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">0   </div> <span style="font-size: 1.2em; margin-left: 20px;">→</span>	2.19																								
2.17 What is your current marital status?	Currently Married/Cohabiting..... 2 Divorced..... 3 Separated..... 4 Widowed..... 5																									
2.18 When did your marital status change? (DD/MM/YYYY) <b>IF RESPONDENT REMARRIED, ASK DATE OF MARRIAGE, IF DIVORCED/SEPARATED ASK FOR DATE OF END OF MARRIAGE, IF WIDOWED, ASK FOR DATE OF SPOUSE'S DEATH, IF DAY OR MONTH IS UNKNOWN ENTER "98"</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>																										
2.19 Do you live with anyone else in this household?	YES.....1 NO.....2																									
<b>3.0 CARE AND SUPPORT</b>																										
Now I would like us to talk about your children, parents, brothers and sisters and anyone else whom you grew up with like a brother or sister, and the support you give or get from them, if any																										
3.19 In the last 12 months, did you provide any of your children with financial support or assistance?	YES.....1 NO.....2																									
3.20 In the last 12 months, did you assist any of your children in/by .....	<b>CIRCLE APPROPRIATE RESPONSE</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a. Caring for their children</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b. Doing domestic chores for them</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c. Providing material support (food, clothing..)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d. Providing advice or counseling</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e. Other (specify)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f. School fees/Education</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g. Healthcare</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>			YES	NO	a. Caring for their children	1	2	b. Doing domestic chores for them	1	2	c. Providing material support (food, clothing..)	1	2	d. Providing advice or counseling	1	2	e. Other (specify)	1	2	f. School fees/Education	1	2	g. Healthcare	1	2
	YES	NO																								
a. Caring for their children	1	2																								
b. Doing domestic chores for them	1	2																								
c. Providing material support (food, clothing..)	1	2																								
d. Providing advice or counseling	1	2																								
e. Other (specify)	1	2																								
f. School fees/Education	1	2																								
g. Healthcare	1	2																								

3.21 In the last 12 months, who normally provided the most assistance to you with work around the house such as cooking, cleaning, collecting water and so on? <b>RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A<sup>4</sup>)</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
3.21a <b>FW: IF RESPONSE IN 3.21 IS NO ONE/SELF, SKIP TO 3.22, ELSE ASK: Where does the person mentioned (in 3.21) live? (CODE SHEET A<sup>2</sup>)</b>	<input type="text"/>	
3.22 In the last 12 months, did you usually require assistance to get somewhere outside the community for example going to town, to the market etc?	YES.....1 NO.....2 →	<b>3.24</b>
3.23 In the last 12 months, suppose you wanted to go somewhere outside the community, who normally assisted you or accompanied you to places outside the community? <b>RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A<sup>4</sup>)</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
3.24 In the last 12 months, did you receive any kind of assistance or support from any of your relatives (other than children)?	YES.....1 NO.....2 →	<b>4.0</b>
3.25a What type of assistance did you receive from your relatives? <b>(PROBE: ANY OTHER?)</b>  <b>CIRCLE ALL MENTIONED.</b>	Financial..... A Food/Clothing ..... B Health care..... C Shelter ..... D Rent payment..... E Domestic chores ..... F Advice or counsel ..... G Emotional support ..... H Other(specify) ..... I Other (specify) ..... J	
<b>4.0 LINKS WITH PLACE OF ORIGIN</b>		
4.1a PLACE OF ORIGIN MENTIONED IN SURVEY 1	District: <input type="text"/> Province: <input type="text"/>	
4.3 When was the last time you visited _____(place of origin mentioned in 4.1a)? <b>IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.5.</b>  <b>RECORD 99 IN MONTH AND 999 IN YEAR IF PLACE OF ORIGIN/HOME IS KOROGOCHO/VIWANDANI</b>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <b>IF RESPONDENT LAST VISITED PLACE OF ORIGIN MORE THAN 12 MONTHS AGO, SKIP TO 4.5.</b>	
4.4 In the last 12 months, how many times have you visited your place of origin?	<input type="text"/> <input type="text"/>	
4.5 When was the last time you had visitors from your place of origin? <b>IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.10</b>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4.6 In the last 12 months, how many times have you had visitors from your place of origin?	<input type="text"/> <input type="text"/>	
4.10 Do you intend to move away from Korogocho/Viwandani at any time in the future?	YES.....1 NO.....2 →	<b>4.12</b>

4.11 What is the most important reason why you don't intend to move away from Korogocho/Viwandani?  <b>CIRCLE ONLY <u>ONE</u> RESPONSE</b>		Has no land anywhere else..... 1 Has no house anywhere else..... 2 Family disputes/ Other disputes at origin..... 3 Dispossessed of land ownership..... 4 Has property in Nairobi..... 5 Has family/social networks in Nairobi..... 6 Lack finances to migrate ..... 7 Conflict of culture e.g intermarriage..... 8 Living condition is better here..... 10 Rent is affordable/cheap..... 11 Got used to the area..... 12 Convenient to me/family members' workplace..... 16 Have no other choice..... 17 Other (Specify)..... 18	} → <b>5.0</b>
<b>[SKIP TO SECTION 5.0]</b>			
4.12 Where do you intend to move to?  <b>CIRCLE ONLY <u>ONE</u> RESPONSE</b>		Place of origin/Place of birth..... 1 Another rural place in Kenya..... 2 Another urban place in Kenya..... 3 Another slum in Nairobi..... 4 Non-slum in Nairobi..... 5 Outside Kenya..... 6 Don't know/Unsure of where to go ..... 7	
4.13 How long from now do you intend to move away from Korogocho or Viwandani? <b>USE ONE UNIT ONLY</b> <b>W=WEEKS; M=MONTHS; Y=YEARS;</b> <b>IF DON'T KNOW, UNIT=D &amp; NO. OF UNITS =98</b>		UNIT <input type="text"/> No. of units <input type="text"/> <input type="text"/>	
4.14 What is the <u>most important reason</u> why you intend to move? <b>(IF OTHER SPECIFY)</b> <b>(CODE SHEET A<sup>12</sup>)</b>		<input type="text"/> <input type="text"/> <input type="text"/>	
<b>5.0 WORK HISTORY AND BENEFITS</b>			
Now I would like to ask you some questions about any work that you may be doing now or done in the past			
5.1 As you know, some people take jobs for which they are paid in cash or kind. Other people sell things, have a small business, or work on the family farm or family business. Are you currently working or doing any of these activities (not including housework)?		YES.....1 → NO.....2	<b>5.7a</b>
5.3 When was the last time you were engaged in any work or an income generating activity?  <b>RECORD IN 1 UNIT (Y=Years, M=Months, W=Weeks)</b> <b>IF NEVER WORKED, CIRCLE 98 AND SKIP TO 5.16</b>		UNIT <input type="text"/> Number of units <input type="text"/> <input type="text"/> Never worked.....98 →	<b>5.16</b>
5.7 <b>[NOT CURRENTLY WORKING]</b> Now I will ask you some questions about your most recent work. What was your main occupation?  <b>CIRCLE ONLY ONE RESPONSE THEN SKIP TO 5.16</b>		Unestablished own business (Informa 01 Established own business (formal).... 02 Informal casual..... 03 Informal salaried..... 04 Formal salaried..... 05 Formal casual..... 06 Rural agriculture..... 07 Urban agriculture..... 08 Other..... 96	} → <b>5.16</b>
_____ (Specify)			

<p>5.7a <b>[CURRENTLY WORKING]</b> Now I will ask you some questions about your current work. What is your main occupation currently?</p> <p style="text-align: center;"><b>CIRCLE ONLY ONE RESPONSE</b></p> <p>_____ (Specify)</p>	Unestablished own business (Informal)..... 01 Established own business (formal)..... 02 Informal casual..... 03 Informal salaried..... 04 Formal salaried..... 05 Formal casual..... 06 Rural agriculture..... 07 Urban agriculture..... 08 Other..... 96	
<p>5.16 What would you say is your main source of livelihood currently?</p> <p style="text-align: center;"><b>CIRCLE ONE RESPONSE</b></p>	Own and/or spouse's work..... 01 Own savings/Investments..... 02 Pension/retirement benefit..... 03 Support from children/parents..... 04 Support from other relatives..... 05 Donations/welfare..... 06	
<b>6.0 HEALTH CARE UTILIZATION</b>		
<p style="text-align: center;"><b>6.4.2 Diabetes</b></p> <p>6.4.2k CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH <b>DIABETES</b> IN <b>UPDATE 1</b> <span style="border: 1px solid black; padding: 0 5px;">N</span></p> <p style="text-align: center;">(Y=YES; N=NO; If 'YES' skip to 6.4.2e)</p>		
<p>6.4.2a In the last 12 months, have you been diagnosed with diabetes (high blood sugar)?</p> <p>(Not including diabetes associated with a pregnancy)</p>	YES.....1 NO.....2	<p style="text-align: right;">→ <b>6.4.4k</b></p>
<p>6.4.2e When were you diagnosed with diabetes?</p> <p><b>IF YEAR IS UNKNOWN, OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 6.4.2b</b></p>	<div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>DON'T KNOW.....98</p>	<p style="text-align: right;">→ <b>6.4.2b</b></p>
<p>6.4.2f For how long have you had diabetes (since the time you were diagnosed)? <b>USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)</b></p>	<div style="display: flex; align-items: center;"> UNIT <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center;"> No. of units <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> </div>	
<p>6.4.2c Have you been taking insulin or other blood sugar lowering medications in the last 12 months?</p>	YES.....1 NO.....2	
<p>6.4.2b Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks?</p>	YES.....1 NO.....2	
<p>6.4.2d Are you following a special diet, exercise regime or weight control program for diabetes during the last 2 weeks?</p> <p>(As recommended by a health professional)</p>	YES.....1 NO.....2	
<p style="text-align: center;"><b>6.4.4 Hypertension (High blood Pressure)</b></p> <p>6.4.4k CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH <b>HYPERTENSION</b> IN <b>UPDATE 1</b> <span style="border: 1px solid black; padding: 0 5px;">N</span></p> <p style="text-align: center;">(Y=YES; N=NO; If 'YES' skip to 6.4.4d)</p>		
<p>6.4.4a In the last 12 months, have you been diagnosed with high blood pressure (hypertension)?</p>	YES.....1 NO.....2	<p style="text-align: right;">→ <b>6.4.5</b></p>

6.4.4d	When were you diagnosed with high blood pressure? <b>IF YEAR OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF ONLY MONTH IS UNKNOWN FILL 98 IN FIRST TWO BOXES AND FILL IN THE YEAR. IF MONTH AND YEAR ARE KNOWN FILL THE BOXES AND SKIP TO 6.4.4b</b>	MONTH      YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DON'T KNOW.....98	→ 6.4.4b
6.4.4e	For how long have you had high BP (since the time you were diagnosed)? <b>USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)</b>	UNIT <div style="border: 1px solid black; width: 20px; height: 20px;"></div> No. of units <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
6.4.4c	Have you been taking medications or other treatment for it during the last 12 months?	YES.....1 NO.....2	
6.4.4b	Have you been taking medications or other treatment for it during the last 2 weeks?	YES.....1 NO.....2	
<b>6.4.5 Stroke</b>			
6.4.5k	CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH <b>STROKE</b> IN <b>UPDATE 1</b> (Y=YES; N=NO; If 'YES' skip to 6.4.5f)	<b>N</b>	
6.4.5a	In the last 12 months have you been told by a health professional that you have had a stroke?	YES.....1 NO.....2	→ 6.4.5d
6.4.5f	When were you diagnosed with stroke? <b>IF YEAR OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 6.4.5b</b>	MONTH      YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DON'T KNOW.....98	→ 6.4.5b
6.4.5g	For how long have you had a stroke (since the time you were diagnosed)? <b>USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)</b>	UNIT <div style="border: 1px solid black; width: 20px; height: 20px;"></div> No. of units <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
6.4.5b	Have you been taking any medications or other treatment for stroke during the last 2 weeks?	YES.....1 NO.....2	
6.4.5c	Have you been taking any medications or other treatment for stroke during the last 12 months?	YES.....1 NO.....2	
6.4.5d	In the last 12 months, have you suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours?	YES.....1 NO.....2	
6.4.5e	In the last 12 months, have you ever had, for more than 24 hours, sudden onset of loss of feeling on one side of your body without anything having happened to you immediately before?	YES.....1 NO.....2	
<b>6.4.6 Angina</b>			
6.4.6l	CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH <b>ANGINA</b> IN <b>UPDATE 1</b> (Y=YES; N=NO; If 'YES' skip to 6.4.6j)	<b>N</b>	
6.4.6a	In the last 12 months, have you been diagnosed with angina or angina pectoris (a heart disease)?	YES.....1 NO.....2	→ 6.4.6d
6.4.6j	When were you diagnosed with angina? <b>IF YEAR OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF ONLY MONTH IS UNKNOWN FILL 98 IN THE FIRST 2 BOXES AND FILL IN THE YEAR; DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 6.4.6b</b>	MONTH      YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DON'T KNOW.....98	→ 6.4.6b

6.4.6k	For how long have you had angina (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT No. of units	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			
6.4.6b	Have you been taking any medications or other treatment for angina in the last 2 weeks?	YES.....1 NO.....2																				
6.4.6c	Have you been taking any medications or other treatment for angina in the last 12 months?	YES.....1 NO.....2																				
6.4.6d	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 NEVER WALKS UPHILL OR HURRIES.....3																				
6.4.6e	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		→ 6.5a																		
6.4.6f	What do you do if you get the pain or discomfort when you are walking? Stop or slow down.....1 Carry on after taking a pain relieving medicine that dissolves in your mouth.....2 Carry on walking.....3	<b>READ THE CHOICES</b>																				
6.4.6g	If you stand still, what happens to the pain or discomfort? <b>READ CHOICES</b>	Pain is relieved.....1 Pain is not relieved.....2																				
6.4.6h	Will you show me where you usually experience the pain or discomfort? <b>RECORD ALL AREAS OF BODY MENTIONED</b> _____(Specify) _____(Specify)	<b>CIRCLE APPROPRIATE RESPONSE</b> <table><tr><th></th><th>YES</th><th>NO</th></tr><tr><td>A Upper or middle chest</td><td>1</td><td>2</td></tr><tr><td>B Lower chest</td><td>1</td><td>2</td></tr><tr><td>C Left arm</td><td>1</td><td>2</td></tr><tr><td>D Other</td><td>1</td><td>2</td></tr><tr><td>E Other</td><td>1</td><td>2</td></tr></table>		YES	NO	A Upper or middle chest	1	2	B Lower chest	1	2	C Left arm	1	2	D Other	1	2	E Other	1	2		
	YES	NO																				
A Upper or middle chest	1	2																				
B Lower chest	1	2																				
C Left arm	1	2																				
D Other	1	2																				
E Other	1	2																				
6.4.6i	These symptoms that you have said you experienced in the last 12 months, have you experienced them in the last 2 weeks?	YES.....1 NO.....2																				
6.5a	<b>CHECK QNS 6.4.2a, 6.4.2k, 6.4.4a, 6.4.4k, 6.4.5a, 6.4.5d, 6.4.5e, 6.4.6a, 6.4.6e: IF ANY ANSWER IS YES, SKIP TO 6.5b, IF ALL ANSWERS ARE NO, ASK:</b> Have you had any health problem in the last 12 months?	YES.....1 NO.....2		→ 6.5 → 7.0																		
6.5b	Have you had any other health problem in the last 12 months?	YES.....1 NO.....2																				
6.5	In the last 12 months what did you consider to be the most severe health problem you had?  CIRCULATE ONLY ONE RESPONSE  <b>[IF ANSWER IS 18 SKIP TO 6.11]</b>	Communicable disease (malaria, tuberculosis, HIV/AIDS, other)..... 01 Acute conditions (diarrhea, flu, headaches, cough, other).....02 Injury or disability as a result of injury.....03 Post-Surgery complications.....04 Sleep problems.....05 Chronic pain in joints/arthritis (joints, back, neck).....06 Diabetes or related complications.....07 Problems with heart including unexplained pain in chest .....08 Problems with mouth, teeth or swallowing.....09 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/Blind.....16 Impaired hearing.....17 Had no severe health problem .....18 Asthma.....19 Stomach ulcers.....20 Other (specify).....96		→ 6.11																		

6.6 In the last 12 months, have you gone to seek health care outside the home for this problem ?	YES.....1 NO.....2	→ 6.11																										
6.7 Where did you go to seek health care? <b>RECORD THE NAME OF FACILITY/PROVIDER FIRST, THEN CIRCLE THE TYPE OF FACILITY. IF MORE THAN ONE, RECORD MOST RECENT</b>																												
NAME OF FACILITY/PROVIDER _____ _____	Govt health center/dispensary.....1 Private Health center/dispensary.....2 Pharmacist/Drug store.....3 Government hospital.....4 Private hospital.....5 Traditional healer/herbalists.....6 Religious / Prayer houses.....7 Other (specify).....8																											
6.9 How much have you spent on the following health related costs for yourself in the last 12 months? <b>(RECORD '00000' IF FOR FREE), LEAVE BLANK IF NOT APPLICABLE</b>																												
6.6.1 Consultation 6.6.2 Hospitalization 6.6.3 Medicine/drugs 6.6.4 Transportation to health facility 6.6.6 Laboratory/x-ray _____ 6.6.5 Other (specify)	<table border="1" style="width: 100%; height: 15px; margin-bottom: 5px;"></table> <table border="1" style="width: 100%; height: 15px; margin-bottom: 5px;"></table> <table border="1" style="width: 100%; height: 15px; margin-bottom: 5px;"></table> <table border="1" style="width: 100%; height: 15px; margin-bottom: 5px;"></table> <table border="1" style="width: 100%; height: 15px; margin-bottom: 5px;"></table> <table border="1" style="width: 100%; height: 15px;"></table>																											
6.11 Are there times in the past 12 months when you needed health care but you did not get it?	YES.....1 NO.....2	→ 7.0																										
6.12 What is/was the main reason why you did not get health care when you needed it? <b>CIRCLE ONE RESPONSE</b>																												
<table style="width: 100%;"> <tr><td>Could not afford the cost of the visit.....</td><td>1</td></tr> <tr><td>No transport available.....</td><td>2</td></tr> <tr><td>Could not afford the cost of transport.....</td><td>3</td></tr> <tr><td>Was previously badly treated by health workers.....</td><td>4</td></tr> <tr><td>Could not take time off work or had other commitments.....</td><td>5</td></tr> <tr><td>The health care provider's drugs or equipment are inadequate .....</td><td>6</td></tr> <tr><td>The health care provider's skills are inadequate.....</td><td>7</td></tr> <tr><td>You did not know where to go.....</td><td>8</td></tr> <tr><td>You tried but were denied health care.....</td><td>9</td></tr> <tr><td>You thought you were not sick enough.....</td><td>10</td></tr> <tr><td>You did not need health care.....</td><td>11</td></tr> <tr><td>Previous drugs given where ineffective.....</td><td>14</td></tr> <tr><td>Other (specify).....</td><td>98</td></tr> </table>			Could not afford the cost of the visit.....	1	No transport available.....	2	Could not afford the cost of transport.....	3	Was previously badly treated by health workers.....	4	Could not take time off work or had other commitments.....	5	The health care provider's drugs or equipment are inadequate .....	6	The health care provider's skills are inadequate.....	7	You did not know where to go.....	8	You tried but were denied health care.....	9	You thought you were not sick enough.....	10	You did not need health care.....	11	Previous drugs given where ineffective.....	14	Other (specify).....	98
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<b>7.0 HEALTH STATE DESCRIPTIONS-WHODAS 12 AND WHOQoL</b>																												

Now I would like to ask you questions about your health. I know some of the 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 in the way you do the activity. I would like you to provide me your response whether you have No difficulty,

7.2 In general, how would you rate your health today, would you say your health is Very good (1), Good (2), Moderate (3), Bad (4), or Very bad (5)?	<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"></table>	
7.3 Overall in the last 30 days, how much difficulty did you have with work or household activities; Would you say No difficulty (1), Mild difficulty (2), Moderate (3), Severe (4) or Extreme/can't do anything (5)?	<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"></table>	



When answering the following questions, I would like you to think about the last 30 days, taking both good and bad days into account. When I ask about difficulty, I would like you to consider how much difficulty you have had, on 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.

CIRCLE APPROPRIATE RESPONSE	NONE	MILD	MODERATE	SEVERE	EXTREME/CAN'T DO
<b>Mobility</b>					
7.4 Overall in the last 30 days how much difficulty did you have with moving around?	01	02	03	04	05
7.5 Overall in the last 30 days how much difficulty did you have in vigorous activities (such as walking fast)?	01	02	03	04	05
<b>Self-Care</b>					
7.6 Overall in the last 30 days how much difficulty did you have with self-care, such as bathing or washing yourself or dressing?	01	02	03	04	05
7.7 Overall in the last 30 days how much difficulty did you have in taking care of and maintaining <u>your general appearance (e.g. grooming, looking tidy)</u>	01	02	03	04	05
7.8 Overall in the last 30 days how much of bodily <u>aches or pains did you have?</u>	01	02	03	04	05
7.9 Overall in the last 30 days how much bodily <u>discomfort did you have?</u>	01	02	03	04	05
<b>Cognition</b>					
7.10 Overall in the last 30 days how much difficulty did you have with concentrating or <u>remembering things?</u>	01	02	03	04	05
7.11 Overall in the last 30 days how much difficulty did you have in learning a new task (for example, learning how to get to a new place)?	01	02	03	04	05
<b>Interpersonal Activities</b>					
7.12 Overall in the last 30 days how much difficulty did you have with personal relationships or participation in the community?	01	02	03	04	05
7.13 Overall in the last 30 days how much difficulty did you have in dealing with conflicts and <u>tensions with others?</u>	01	02	03	04	05
7.12a Overall in the last 30 days how much difficulty did you have with making new friendships <u>or maintaining current friendships?</u>	01	02	03	04	05
7.13a Overall in the last 30 days how much difficulty did you have with dealing with strangers?	01	02	03	04	05
<b>Breathing</b>					
7.14 Overall in the last 30 days how much of a problem did you have with breathing, such as shortness of breath when not doing anything?	01	02	03	04	05

CIRCLE APPROPRIATE RESPONSE	NONE	MILD	MODERATE	SEVERE	EXTREME/CAN'T DO
7.15 Overall in the last 30 days how much of a problem did you have with shortness of breath <u>when doing mild activity, e.g. climbing uphill</u> for 20 meters or climbing stairs?	01	02	03	04	05
<b>Sleep and Energy</b>					
7.16 Overall in the last 30 days how much of a problem did you have with sleeping, such as <u>falling asleep, waking up frequently during the night or waking up too early in the morning?</u>	01	02	03	04	05
7.17 Overall in the last 30 days how much of a problem did you have due to not feeling rested <u>and refreshed during the day (e.g. feeling tired, not having energy)?</u>	01	02	03	04	05
<b>Affect</b>					
7.18 Overall in the last 30 days how much of a problem did you have with feeling sad, low or <u>depressed?</u>	01	02	03	04	05
7.19 Overall in the last 30 days how much of a problem did you have with worry or anxiety?	01	02	03	04	05
<b>Vision</b>					
7.20 When was the last time you had your eyes examined by a health care professional? (1=Never; 2=Within the last 12 months; 3=1-2 years ago; 4=3-4 years ago; 5=5 or more years ago)					<div><div></div><div></div></div>
7.21 Do you use eyeglasses or contact lenses to see far away (for example across the street)?				YES.....1 NO.....2	
7.22 Do you use eyeglasses or contact lenses to see up close (for example at arms length, like when you are reading)?				YES.....1 NO.....2	
<b>(CIRCLE APPROPRIATE CODE)</b>	<b>NONE</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>	<b>EXTREME/CAN'T DO</b>
7.23 Overall in the last 30 days how much difficulty did you have in seeing and recognising a <u>person or object you know across the road</u> (from a distance of about 20 meters)?	01	02	03	04	05
7.24 Overall in the last 30 days how much difficulty did you have in seeing and recognising an <u>object at arm's length (for example reading)?</u>	01	02	03	04	05

## FUNCTIONING ASSESSMENT

The next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the last 30 days and I would like you to provide me your response whether you have No difficulty, Mild difficulty, Severe difficulty or Extreme difficulty in doing the following activities:

(CIRCLE APPROPRIATE CODE)	NONE	MILD	MODERATE	SEVERE	EXTREME/ CAN'T DO	N/A
<b>In the last 30 days, how much difficulty did you have ....</b>						
7.28 ...in sitting for long periods?	01	02	03	04	05	99
7.29 ... in walking 100 meters?	01	02	03	04	05	99
7.30 ... in standing up from sitting down?	01	02	03	04	05	99
7.31 ... in standing for long periods?	01	02	03	04	05	99
7.32 .with climbing one flight of stairs without resting?	01	02	03	04	05	99
7.33 ... with stooping, kneeling or crouching?	01	02	03	04	05	99
7.34 ... picking up things with your fingers (such as picking up a coin from a table)?	01	02	03	04	05	99
7.35 .....in taking care of your household responsibilities?	01	02	03	04	05	99
7.36 ... in joining in community activities (e.g. festivities, religious or other activities) in the same way as anyone else can?	01	02	03	04	05	99
7.37 ... in extending your arms above shoulder level?	01	02	03	04	05	99
7.38 ....concentrating on doing something for 10 minutes?	01	02	03	04	05	99
7.39 .in walking a long distance such as a kilometer?	01	02	03	04	05	99
7.40 ... in bathing/washing your whole body?	01	02	03	04	05	99
7.41 ... in getting dressed?	01	02	03	04	05	99
7.42 ... in your day to day work?	01	02	03	04	05	99
7.43 ... with carrying things?	01	02	03	04	05	99
7.44 ... with moving around inside your home (such as walking across a room)?	01	02	03	04	05	99
7.45 ... with eating (including cutting up your food)?	01	02	03	04	05	99
7.46 ... with getting up from lying down?	01	02	03	04	05	99
7.47 ... with getting to and using the toilet?	01	02	03	04	05	99
7.48 ... with getting where you want to go, using private or public transport if needed?	01	02	03	04	05	99
7.49 ... getting out of your home?	01	02	03	04	05	99

(CIRCLE APPROPRIATE CODE)	NOT AT ALL	A LITTLE	MODERATELY	GREATLY	SEVERELY
7.50 In the last 30 days, how much have you been emotionally affected by your health condition(s)?	01	02	03	04	05
7.51 Overall, how much did these difficulties interfere with your life?	01	02	03	04	05
<b>SUBJECTIVE WELLBEING AND QUALITY OF LIFE</b>					
Now, I would like to ask for your thoughts about your life and life situation. By telling me whether you Completely, Mostly, Moderately, A little, or Not at all agree with the statement.					
(CIRCLE APPROPRIATE CODE)	COMPLETELY	MOSTLY	MODERATELY	A LITTLE	NONE AT ALL
7.55 Do you have enough energy for everyday life?	01	02	03	04	05
7.56 Do you have enough money to meet your basic needs?	01	02	03	04	05
Please tell us how satisfied you are with the following issues. By telling me whether you are Very Satisfied, Satisfied, Neither Satisfied nor Dissatisfied, Dissatisfied, or Very Dissatisfied					
	VERY SATISFIED	SATISFIED	NEITHER SATISFIED	DISSATISFIED	VERY DISSATISFIED
7.57 How satisfied are you with your health?	01	02	03	04	05
7.58 How satisfied are you with your ability to perform your daily living activities?	01	02	03	04	05
7.59 How satisfied are you with your personal relationships?	01	02	03	04	05
7.60 How satisfied are you with the conditions of your living place?	01	02	03	04	05
7.61 Taking all things together, how satisfied are you with your life as a whole these days?	01	02	03	04	05
7.62 How would you rate your overall quality of life? Is it Very Good (1), Good (2), Moderate (3), Bad (4), or Very Bad (5)? Don't Know (8).					
<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div>					
7.63 Taking all things together, how would you say you are these days? Are you Very happy (1), Happy (2), Neither happy nor unhappy (3), Unhappy (4), or Very unhappy (5)? IF DON'T KNOW (8)					
<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div>					

## 8.0 CARING FOR PERSONS WITH PROLONGED ILLNESS

In the following questions, I would like to find out how families and households cope and support each other through prolonged illnesses. People who are ill may need care and assistance from others. This includes both daily personal care at home, assistance outside the house such as to go see a doctor, going to buy medicines, health care, emotional well-being or other personal activities.

I would like to ask you some questions about this type of care given to people who have had prolonged illness that is, people who have been ill continuously for three months or more.

8.1a <b>RESPONDENT REPORTED PROVIDING CARE TO AN ILL PERSON AT PANEL SURVEY 1</b> <span style="border: 1px solid black; padding: 2px;">N</span>		
(Y=YES; N=NO; If 'NO' skip to 8.1)		
8.1b In a previous interview (towards the end of 2006) you told us you were providing care to <span style="border: 1px solid black; padding: 2px;">John Doe</span> who was ailing from <span style="border: 1px solid black; padding: 2px;">Gonorrhoea</span> Are you still providing care to (NAME OF ILL PERSON)?	YES.....1 NO.....2	→ 8.4
8.1c Why did you stop providing care to (NAME)?  <b>CIRCLE ONLY ONE RESPONSE</b> _____	The ill person died.....1 The ill person recovered from illness.....2 Someone else took over .....3 The ill person changed residence.....4 Other (Specify).....8	
8.1 Are you currently taking care of someone who has had a prolonged illness?	YES.....1 NO.....2	→ 8.4a
8.2 How many people who have a prolonged illness are you currently caring for?	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
8.3 (IF MORE THAN ONE IN 8.2) Please give me the name of the person who got ill most recently. (OTHERWISE ASK) Please give me the name of the person you are currently providing care to? _____		
8.4 [IF CURRENTLY CARING] Other than those you are caring for, in the past 3 years, have you cared for someone who had a prolonged illness?	YES.....1 NO.....2	→ 8.5 → 10.0
8.4a [IF NOT CURRENTLY CARING] In the past 3 years, have you cared for someone who had a prolonged illness?  <b>OR</b>	YES.....1 NO.....2	→ 8.5a → 10.0
8.4a [IF NOT CURRENTLY CARING BUT PROVIDED CARE IN 2006] Other than the person you cared for in 2006, have you cared for someone else who had a prolonged illness?		

8.5 [IF CURRENTLY CARING] Apart from those you are currently caring for, how many people have you cared for in the past 3 years?	<input type="text"/>
8.5a [IF NOT CURRENTLY CARING] how many people have you cared for in the past 3 years?	<input type="text"/>
8.6 (IF MORE THAN ONE IN 8.5) Please give me the name of the person who started getting ill later than the others. (OTHERWISE ASK) Please give me the name of the person whom you provided care.	

8.13 What main illness is/was (NAME) suffering from? _____		
<b>10.0 SOCIAL-CULTURAL ENVIRONMENT</b>		
<b>Social Support and Networks</b>		
10.1 How many people do you have whom you consider as close friends?	<input type="text"/>	
10.2 Suppose you had a financial problem, whom would you turn to first for help? How is this person related to you? <b>RECORD RELATIONSHIP (CODE SHEET A<sup>4</sup>) IF SELF OR NO ONE, SKIP TO 10.4</b>	<input type="text"/>	→ 10.4
10.3 Where does this person live? <b>RECODE PLACE OF RESIDENCE (CODE SHEET A<sup>2</sup>)</b>	<input type="text"/>	
10.4 Suppose you needed to confide in someone you trust, whom would you turn to first? How is this person related to you? <b>RECORD RELATIONSHIP (CODE SHEET A<sup>4</sup>) IF SELF OR NO ONE, SKIP TO 10.5a</b>	<input type="text"/>	→ 10.5a
10.5 Where does this person live? <b>RECODE PLACE OF RESIDENCE (CODE SHEET A<sup>2</sup>)</b>	<input type="text"/>	
10.5a Suppose you had a health problem that needed care for a long time, who would support you? How is this person related to you? <b>RECORD RELATIONSHIP (CODE SHEET A<sup>4</sup>)</b>	<input type="text"/>	
10.6 Do you belong to a self-help group such as merry-go-round or welfare organization?	YES.....1 NO.....2	
10.7 How often in the last 4 months have you had a meeting with a community/village leader?  _____(Specify)	Almost daily.....01 Once or Twice a week..... 02 Once or twice per month..... 03 Once or twice in last 4 months..... 04 Not at all..... 05 Other ..... 96	
10.8 How often in the last 4 months have you attended any group, club, society, union or organizational meeting?	Almost daily.....01 Once or Twice a week..... 02 Once or twice per month..... 03 Once or twice in last 4 months..... 04 Not at all..... 05 Other ..... 96	
10.9 How often in the last 4 months have you worked with other people in your neighborhood to fix or improve something or resolve a community issue?	Almost daily.....01 Once or Twice a week..... 02 Once or twice per month..... 03 Once or twice in last 4 months..... 04 Not at all..... 05 Other ..... 96	

10.10 Which religious denomination do you belong to?  <div style="text-align: right;">(Specify)</div>	Roman Catholic..... 01 Protestant, Orthodox, SDA..... 02 Pentecostal ..... 03 Muslim..... 04 No religion..... 05 Other..... 96 Refused to answer..... 97	→ 10.12
10.11 Not including weddings and funerals, how often do you attend religious services?	More than once per week..... 01 Once per week..... 02 Once or twice a month..... 03 Only on special occasions..... 04 Once a year or less often..... 05 Never..... 06	
10.12 In general, how safe from crime and violence do you feel when you are alone at home? Would you say you feel very safe, safe, neither safe nor unsafe, unsafe, or very unsafe?	Very safe..... 01 Safe..... 02 Neither safe nor unsafe..... 03 Unsafe..... 04 Very unsafe..... 05	
10.13 How safe do you feel when walking down a road in the community alone after dark? Would you say you feel very safe, safe, neither safe nor unsafe, unsafe, or very unsafe?	Very safe..... 01 Safe..... 02 Neither safe nor unsafe..... 03 Unsafe..... 04 Very unsafe..... 05	
10.14a In your opinion, how much crime is there in your neighbourhood? Would you say it is a lot, some, average, not much or none?	A lot..... 01 Some..... 02 Average..... 03 Not much..... 04 None..... 05	
10.14 First, think about people in your neighbourhood. Generally speaking would you say that you can trust nearly all of them, some of them, few of them, none of them?	Nearly all of them..... 01 Some of them..... 02 Few of them..... 03 None of them..... 04	
10.15 In the last 12 months, have you or anyone in your household been the victim of a crime such as robbery, assault or mugging in your neighbourhood?	YES..... 1 NO..... 2	→ 16.16b
10.16 What type of crime have you or your family members been victims of? <b>PROBE: Any other crime?</b>  <div style="text-align: right;"> Robbery ..A  Assault ..B  Mugging ..C  Rape ..D  Other (Specify) ..E  Other (Specify) ..F </div> <div style="text-align: center;"> <b>CIRCLE <u>ALL</u> MENTIONED</b> </div>		
10.16b Now I would like to ask you some difficult things that may have happened to you related to the violence that took place after the December 2007 elections. In what ways were you affected?  <b>MULTIPLE RESPONSES ALLOWED</b>	NOT AFFECTED..... A INJURED..... B FORCED TO MOVE TO A NEW PLACE..... C DROPPED OUT OF SCHOOL..... D FAMILY MEMBER KILLED/INJURED..... E LOST JOB/LIVELIHOOD..... F LOST PROPERTY..... G RAPED/SEXUALLY ABUSED..... H EMOTIONALLY DISTRESSED..... I FORCED TO MOVE TO AN IDP CAMP..... J OTHER..... X	

<b>16.0 ANTHROPOMETRICS AND BIOMARKERS</b>			
<b>16.20 Blood Pressure</b> First I would like to measure your blood pressure and pulse rate. Stay seated, and once I put this on your arm keep it steady. We will need to take the blood pressure reading three times. It will squeeze your wrist a bit, but won't hurt.			
<b>FW: RESPONDENT SHOULD REMAIN SEATED. PLACE THE MONITORING DEVICE ON THE UPPER ARM</b> <b>FOLLOW THE INSTRUCTIONS IN YOUR MANUAL ON TAKING THREE CONSECUTIVE MEASUREMENTS OF BLOOD PRESSURE. TRANSFER THE READINGS FROM THE DISPLAY INTO THE APPROPRIATE BOXES BELOW</b> <b>IT IS IMPORTANT THAT THE RESPONDENT IS RELAXED, SO MAKE HIM/HER RELAX</b>			
16.21 1st BP Reading	a	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>
	b	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>
	c	Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/> per minute
16.22 2nd BP Reading	a	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>
	b	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>
	c	Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/> per minute
16.23 3rd BP Reading	a	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>
	b	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>
	c	Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/> per minute
16.24 Average reading	a	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>
	b	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>
	c	Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/> per minute
<b>Anthropometric measurements</b>			
16.25 Can respondent stand up?		YES.....1 NO.....2 <b>→ 18.6</b>	
I would now like to measure how tall and how heavy you are. I need you to please take off your shoes and heavy clothing. <b>FW: FOLLOW INSTRUCTIONS IN MANUAL ON ANTHROPOMETRIC MEASUREMENTS. TAKE EVERY MEASUREMENT TWICE. ENTER THE MEASUREMENTS IN THE BOXES PROVIDED. IF READING &lt;100 ENTER "0" IN 1ST BOX. IF RESPONDENT UNABLE, ENTER 999, IF HE/SHE REFUSES ENTER 997</b>			
16.26 Measured height in cm a 1st Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> b 2nd Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	16.80 Measured waist circumference in cm a 1st Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> b 2nd Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
16.27 Measured weight in kg a 1st Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> b 2nd Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	16.90 Measured hip circumference in cm a 1st Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> b 2nd Reading <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
18.6 CHECK QN 16.24a. IS THE AVERAGE SYSTOLIC BLOOD PRESSURE EQUAL OR GREATER THAN 140mmHg?		YES..... NO.....	1 → <b>Refer</b> 2
18.8 CHECK QN 16.24b: IS THE AVERAGE DIASTOLIC BLOOD PRESSURE EQUAL OR GREATER THAN 90mm Hg?		YES..... NO.....	1 → <b>Refer</b> 2
<b>END THE INTERVIEW BY THANKING THE RESPONDENT</b>			
11.17 END TIME (24 HR-FORMAT)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



<b>12.0 INTERVIEWER ASSESSMENT</b>		
INTERVIEWER, PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF THE RESPONDENT		
12.1 What is your assessment of the respondent's cooperation? 1=Very good      2=Good      3=Moderate      4=Bad      5=Very bad	<input type="checkbox"/>	
12.2 What is your evaluation of the accuracy and completeness of the respondent's answers? 1=Very high      2=High      3=Average      4=Low      5=Very low	<input type="checkbox"/>	
12.3 What is your assessment of the respondent's comprehension of issues discussed? 1=Very good      2=Good      3=Moderate      4=Bad      5=Very bad	<input type="checkbox"/>	
12.4 What is your assessment of the respondent's concentration and attentiveness during the interview? 1=Good      2=Moderate      3=Bad      4=Very bad	<input type="checkbox"/>	
12.5 What is your assessment on the extent of the respondent digressing during the interview ? 1=To a very great extent;      2=To a great extent;      3=Neither great nor small extent 4=To a small extent;      5=To a very small extent	<input type="checkbox"/>	
12.6 Questions with doubtful answers (Explain)		
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12.7 Questions needing follow-up or clarification from supervisor (Explain)		
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12.8 What questions did respondent find difficult, embarrassing or confusing? (Explain)		
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12.9 What questions did you the interviewer find difficult, embarrassing or confusing? (Explain)		
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12.10 INTERVIEWER NOTES		
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