

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

1.0 IDENTIFICATION INFORMATION and CONSENT

1.1 FIELD WORKER'S CODE Viwandani □ □

1.2 DATE OF INTERVIEW (DD/MM/YYYY) □ □ □ □ □ □ □ □

1.3 RESPONDENT'S ID ██████████

1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY) ██████

1.5 RESPONDENT'S SEX (F=Female; M=Male) □

1.6 RESPONDENT'S FULL NAME ██

1.7 ID OF ROOM WHERE RESPONDENT SLEEPS ██████████

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. 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 not be paid 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)** □

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? □
(CODE SHEET A¹⁰) (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?

Respondent's Signature.....

0= REFUSES TO SIGN 1= SIGNS 2= WILLING BUT UNABLE TO SIGN □

1.11 FINAL RESULT OF INTERVIEW **(CODE SHEET A¹)** □

1.12 START TIME (24 HOUR FORMAT) □ □ □ □

OFFICE/FIELD CHECK DETAILS

1.13 FIELD SUPERVISOR'S/TEAM LEADER'S CODE □ □

1.14 DATA ENTRY CLERK'S CODE □ □

2.0 MARITAL STATUS		
2.1a MARITAL STATUS IN PANEL SURVEY 2 (N= NEVER MARRIED;M =MARRIED/LIVING WITH A PARTNER;W=WIDOWED;D=DIVORCED;S=SEPARATED)		M
2.1b CHECK 2.1a:Are you still ____ (MARITAL STATUS in 2.1a) ?	YES.....1 NO.....2 →	2.17
CHECK 2.1a: IF "M" ASK 2.1c ELSE SKIP TO 2.19 2.1c Is it still the same partner as in Round 1?	YES.....1 NO.....2	
2.7 Does your husband/wife/partner usually live in this household?	YES.....1 → NO.....2	3.0
2.8 Where does he/she live? [CODE SHEET A ²]	<input type="text"/> <input type="text"/> →	2.19
2.17 What is your current marital status?	Never Married..... 1 Currently Married/Cohabiting..... 2 Divorced..... 3 Separated..... 4 Widowed..... 5	
2.18 When did your marital status change? (DD/MM/YYYY) 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 IS UNKNOWN ENTER "99"	<input type="text"/>	
2.19 Do you live with anyone else in this household?	YES.....1 NO.....2	
2.20 Have you ever been to school? IF NO, SKIP TO 3.0	YES.....1 NO.....2 →	3.0
2.21 What is the highest level of education that you have completed?	Less than primary school..... 01 Primary school 02 Secondary/High school 03 College/Pre-university/University . 04 Post graduate degree 05	
3.0 CARE AND SUPPORT		
Now I would like us to talk about your children and other relatives and the support you give or get from them, if any		
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? RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A⁴)	<input type="text"/> <input type="text"/> <input type="text"/>	
3.21a 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 A²)	<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 →	3.24

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? RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A⁴)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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	
4.0 LINKS WITH PLACE OF ORIGIN		
4.1a PLACE OF ORIGIN MENTIONED IN SURVEY 2	District: Province:	KIRINYAGA CENTRAL
4.3 When was the last time you visited _____(place of origin mentioned in 4.1a)? IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.5. IF RESPONDENT LAST VISITED PLACE OF ORIGIN MORE THAN 12 MONTHS AGO SKIP TO 4.5	MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
4.4 In the last 12 months, how many times have you visited your place of origin? <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
4.5 When was the last time you had visitors from your place of origin? IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.10	MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
4.6 In the last 12 months, how many times have you had visitors from your place of origin? <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
4.10 Do you intend to move away from Korogocho/Viwandani at any time in the future?	YES.....1 NO.....2	→ 4.12
4.11 What is the most important reason why you don't intend to move away from Korogocho/Viwandani? CIRCLE ONLY <u>ONE</u> RESPONSE	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	} → 5.0
[SKIP TO SECTION 5.0]		
4.12 Where do you intend to move to? CIRCLE ONLY <u>ONE</u> RESPONSE	Place of origin/Place of birth1 Another rural place in Kenya2 Another urban place in Kenya3 Another slum in Nairobi..... ..4 Non-slum in Nairobi..... ..5 Outside Kenya..... ..6 Don't know/Unsure of where to go7	
4.13 How long from now do you intend to move away from Korogocho or Viwandani? USE ONE UNIT ONLY W=WEEKS; M=MONTHS; Y=YEARS; IF DON'T KNOW, UNIT=D & NO. OF UNITS =98	UNIT <input style="width: 20px; height: 20px;" type="text"/> No. of units <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

5.0 WORK HISTORY AND BENEFITS		
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	5.7a
5.3 When was the last time you were engaged in any work or an income generating activity? RECORD IN 1 UNIT (Y=Years, M=Months, W=Weeks) IF NEVER WORKED, CIRCLE 98 AND SKIP TO 5.16	UNIT <input type="text"/> Number of units <input type="text"/> <input type="text"/> Never worked.....98 →	5.16
5.7 [NOT CURRENTLY WORKING] Now I will ask you some questions about your most recent work. What was your main occupation? CIRCLE ONLY ONE RESPONSE THEN SKIP TO 5.16 _____ (Specify)	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	5.16
5.7a [CURRENTLY WORKING] Now I will ask you some questions about your current work. What is your main occupation currently? CIRCLE ONLY ONE RESPONSE _____ (Specify)	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	
5.16 What would you say is your main source of livelihood currently? CIRCLE ONE RESPONSE	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	
6.0 HEALTH CARE UTILIZATION		
6.4.2 Diabetes		
6.4.2k CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH DIABETES IN SURVEY 1 <input type="checkbox"/> N (Y=YES; N=NO; If 'YES' skip to 6.4.2e)		
6.4.2a In the last 12 months, have you been diagnosed with diabetes (high blood sugar)? (Not including diabetes associated with a pregnancy)	YES.....1 → NO.....2	6.4.4
6.4.2e When were you diagnosed with diabetes? 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	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....98	6.4.2b
6.4.2f For how long have you had diabetes (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT <input type="text"/> No. of units <input type="text"/> <input type="text"/>	

6.4.2b	Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks?	YES.....1 NO.....2							
6.4.2c	Have you been taking insulin or other blood sugar lowering medications in the last 12 months?	YES.....1 NO.....2							
6.4.2d	Are you following a special diet, exercise regime or weight control program for diabetes during the last 2 weeks? (As recommended by a health professional)	YES.....1 NO.....2							
6.4.4 Hypertension (High blood Pressure)									
6.4.4k	CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH HYPERTENSION IN SURVEY 2 (Y=YES; N=NO; If 'YES' skip to 6.4.4d)		N						
6.4.4a	In the last 12 months, have you been diagnosed with high blood pressure (hypertension)?	YES.....1 NO.....2	→ 6.4.5						
6.4.4d	When were you diagnosed with high blood pressure? 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	MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW.....98							→ 6.4.4b
6.4.4e	For how long have you had high BP (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> No. of units							
6.4.4b	Have you been taking medications or other treatment for it during the last 2 weeks?	YES.....1 NO.....2							
6.4.4c	Have you been taking medications or other treatment for it during the last 12 months?	YES.....1 NO.....2							
6.4.5 Stroke									
6.4.5k	CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH STROKE IN SURVEY 2 (Y=YES; N=NO; If 'YES' skip to 6.4.5f)		N						
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? IF YEAR OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 6.4.5b	MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW.....98							→ 6.4.5b
6.4.5g	For how long have you had a stroke (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> No. of units							
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																			
6.4.6 Angina																					
6.4.6i	CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH ANGINA IN SURVEY 2 (Y=YES; N=NO; If 'YES' skip to 6.4.6j)		N																		
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? 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	MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> 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" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></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?	READ THE CHOICES Stop or slow down..... 1 Carry on after taking a pain relieving medicine that dissolves in your mouth..... 2 Carry on walking..... 3																			
6.4.6g	If you stand still, what happens to the pain or discomfort? READ CHOICES	Pain is relieved..... 1 Pain is not relieved..... 2																			
6.4.6h	Will you show me where you usually experience the pain or discomfort? RECORD ALL AREAS OF BODY MENTIONED _____ (Specify) _____ (Specify)	<table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <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> </tbody> </table>		Y	N	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	
	Y	N																			
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	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: 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?

CIRCLED ONLY ONE RESPONSE

[IF ANSWER IS 18 SKIP TO 6.11]

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 → 6.11
Other (specify).....	96

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?
RECORD THE NAME OF FACILITY/PROVIDER FIRST, THEN CIRCLE THE TYPE OF FACILITY. IF MORE THAN ONE, RECORD MOST RECENT

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?
(RECORD '00000' IF FOR FREE), LEAVE BLANK IF NOT APPLICABLE

6.6.1 Consultation	<input type="text"/>				
6.6.2 Hospitalization	<input type="text"/>				
6.6.3 Medicine/drugs	<input type="text"/>				
6.6.4 Transportation to health facility	<input type="text"/>				
6.6.5 Other (specify)	<input type="text"/>				

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?
CIRCLE ONE RESPONSE

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
Other (specify).....	98

7.0 HEALTH STATE DESCRIPTIONS-WHODAS 12 AND WHOQoL

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 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. By moderate difficulty I mean between mild and severe 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)?

		CIRCLE THE APPROPRIATE RESPONSE					
		NONE	MILD	MODERATE	SEVERE	EXTREME/CAN'T DO	
Cognition							
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)?		1	2	3	4	5	
Interpersonal Activities							
7.12 Overall in the last 30 days how much difficulty did you have with personal relationships or participation in the community?		1	2	3	4	5	
7.13 Overall in the last 30 days how much difficulty did you have in dealing with conflicts and <u>tensions with others</u> ?		1	2	3	4	5	
7.12a Overall in the last 30 days how much difficulty did you have with making new friendships or maintaining current friendships?		1	2	3	4	5	
7.13a Overall in the last 30 days how much difficulty ...did you have with dealing with strangers?		1	2	3	4	5	
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:							
In the last 30 days, how much difficulty did you have		NONE	MILD	MODERATE	SEVERE	EXTREME/CAN'T DO	N/A
7.28 ... in sitting for long periods?		1	2	3	4	5	9
7.35 ... in taking care of your household responsibilities?		1	2	3	4	5	9
7.36 ... in joining in community activities (e.g. festivities, religious or other activities) in the same way as anyone else can?		1	2	3	4	5	9
7.38 ... concentrating on doing something for 10 minutes?		1	2	3	4	5	9
7.39 ... in walking a long distance such as a kilometer?		1	2	3	4	5	9
7.40 ... in bathing/washing your whole body?		1	2	3	4	5	9
7.41 ... in getting dressed?		1	2	3	4	5	9
7.42 ... in your day to day work?		1	2	3	4	5	9

	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)?	1	2	3	4	5
SUBJECTIVE WELLBEING AND QUALITY OF LIFE 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.					
	COMPLETELY AGREE	MOSTLY AGREE	MODERATELY AGREE	AGREE A LITTLE	NOT AGREE AT ALL
7.55 Do you have enough energy for everyday life?	1	2	3	4	5
7.56 Do you have enough money to meet your basic needs?	1	2	3	4	5
Please tell me 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 NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
7.57 How satisfied are you with your health?	1	2	3	4	5
7.58 How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
7.59 How satisfied are you with your personal relationships?	1	2	3	4	5
7.60 How satisfied are you with the conditions of your living place?	1	2	3	4	5
7.61 Taking all things together, how satisfied are you with your life as a whole these days?	1	2	3	4	5
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).	<input type="checkbox"/>				
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)	<input type="checkbox"/>				
10.0 SOCIAL-CULTURAL ENVIRONMENT					
Social Support and Networks					
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? RECORD RELATIONSHIP (CODE SHEET A⁴) IF SELF OR NO ONE, SKIP TO 10.4	<input type="text"/>				
10.3 Where does this person live? RECODE PLACE OF RESIDENCE (CODE SHEET A²)	<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? RECORD RELATIONSHIP (CODE SHEET A⁴) IF SELF OR NO ONE, SKIP TO 10.5a	<input type="text"/>				
10.5 Where does this person live? RECODE PLACE OF RESIDENCE (CODE SHEET A²)	<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? RECORD RELATIONSHIP (CODE SHEET A⁴)	<input type="text"/>				

16.0 ANTHROPOMETRICS AND BIOMARKERS

16.20 Blood Pressure

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.

FW: RESPONDENT SHOULD REMAIN SEATED. PLACE THE MONITORING DEVICE ON THE UPPER ARM 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 IT IS IMPORTANT THAT THE RESPONDENT IS RELAXED, SO MAKE HIM/HER RELAX

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

Anthropometric measurements

16.25 Can respondent stand up? IF NO, SKIP TO 16.28	YES.....1	→ 11.17
	NO.....2	

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.

FW: FOLLOW INSTRUCTIONS IN MANUAL ON ANTHROPOMETRIC MEASUREMENTS. TAKE EVERY MEASUREMENT TWICE. ENTER THE MEASUREMENTS IN THE BOXES PROVIDED. IF READING <100 ENTER "0" IN 1ST BOX. IF RESPONDENT UNABLE, ENTER 999, IF HE/SHE REFUSES ENTER 997

16.26 Measured height in cm		16.80 Measured waist circumference in cm	
a 1st Reading	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	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"/>	b 2nd Reading	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

16.27 Measured weight in kg		16.90 Measured hip circumference in cm	
a 1st Reading	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	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"/>	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.....	1 → Refer
	NO.....	2

18.8 CHECK QN 16.24b: IS THE AVERAGE DIASTOLIC BLOOD PRESSURE EQUAL OR GREATER THAN 90mm Hg?	YES.....	1 → Refer
	NO.....	2

END THE INTERVIEW BY THANKING THE RESPONDENT

11.17 END TIME (24 HR-FORMAT)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------------------------	---

12.0 INTERVIEWER ASSESSMENT	
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) _____ _____ _____ _____
12.7 Questions needing follow-up or clarification from supervisor	(Explain) _____ _____ _____ _____
12.8 What questions did respondent find difficult, embarrassing or confusing?	(Explain) _____ _____ _____ _____
12.9 What questions did you the interviewer find difficult, embarrassing or confusing?	(Explain) _____ _____ _____ _____
12.10 INTERVIEWER NOTES	_____ _____ _____ _____

CODE SHEET A		
1 Result of interview	4 Relationship	6 Source for finances
1=Completed; 2=No competent respondent at 3=Entire household absent for period; 4=Refused; 5=Whereabouts unknown 6=Structure owner/others refused 7=Incapacitated 8=Other (specify)	AUN= Aunt; BIL=Brother-in-law; BRO= Brother; CHD = Child; COU=Cousin; CWF = Co-wife; DIL = Daughter-in-law; GCH = Grand child; GDP = Grand parent; HHH=Household head; HUS = Husband; NEP= Nephew; NIE=Niece; NRL = Not related; PAR = Parent; PIL = Parent-in-Law; SIL=Sister-in-law; SIS=Sister; SLF =Self; SOL= Son-in-law; STC=Step child; STP=Step parent; UNC=Uncle; UNK = Unknown relation; WIF = Wife; SRV=Servant/Maid INS=Institution/Organisation NON = No one / none OTH = Other (specify)	01=Medical cover/Insurance 02=Respondent's existing income/savings 03=ill person's income/savings 04=Sold assets 05=Other household members 06=Borrowed money/Loan 07=Help from relatives 08=Help from friends 09=Help from NGOs/CBOs 10=Help from religious organizations 11=Formal fundraising 12=Informal welfare group/Merry-go-round 98=Other (specify)
2 Code for Area/Place		7 Individuals/groups
0=Within same HH, 1=Within same DSA Slum, 2=Other DSA slum, 3=Non-DSA Nairobi slum, 4=Nairobi non-slum, 5= Other urban in Kenya, 6=Rural Kenya, 7=Outside Kenya, 8=Don't know		1=Relatives 2=Friends 3=Own children 4=Welfare group 5=Neighbours 6=Community leaders 7=Religious organizations 8=NGOs or CBOs 9=Government 10=Other (specify) 11=No one
3 Marital Status	5 Reasons for not seeking care	8 Education Level and Grade
N=Never Married M = Married L = Living Together/Cohabiting W = Widowed D = Divorced S = Separated/No longer living together U = Unknown Status	1=Lack of funds 2=Religion 3=Facility too far 4=Self treatment/use home remedies 5=Did not think treatment would help 6=Did seek treatment but could not help 7=Fear/embarrassment 8=Other	L= Level 0=Never attended school 2=Primary 3=Secondary 4=Higher 8=Do not know G=Grade 0=Less than 1 year completed 8=Do not know
9 Reasons for refusal	10 Reason for support	11 How often receive support
1= No benefit 2=Tired of same questions 3=Sick/Incapacitated 4=Exit DSA 5=Other (specify)	1=To meet basic needs 2=To buy/furnish a house 3=To help with a large item of expenditure 4= For a major family event (marriage, funeral etc) 5=Help following bereavement/illness 6=To help start/maintain an IGA 7=For further education 8=Other	1=At least once a week 2=At least once a month 3=At least once in 3 months 4=At least once a year 5=Occasionally/Not regularly