

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE AND WHO/INDEPTH**  
**SURVEY ON SOCIAL, HEALTH AND OVERALL WELLBEING OF OLDER PEOPLE (50+ YEARS)-ROUND 0 (COHORT 1)**

**1.0 IDENTIFICATION INFORMATION and CONSENT**

1.1 FIELD WORKER'S CODE

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 LOCATION ID

1.8 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, and the experiences you go through such as caring for people who are ill, caring for younger children and so on. 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. This interview will take about 1 hour of your time.

1.9 Do you accept to participate in the study?

(Y=YES; N=NO; IF 'YES' SKIP TO 1.11)

1.10 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? .....

(FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE APPOINTMENT TO COME BACK AND DO THE INTERVIEW).  
 OTHERWISE THANK RESPONDENT FOR HIS/HER TIME AND END THE INTERVIEW.

1.11 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

1.12 FINAL RESULT OF INTERVIEW (CODE SHEET A<sup>1</sup>)

1.13 START TIME (24 HR-FORMAT)

**OFFICE/FIELD CHECK DETAILS**

1.14 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

1.15 DATA ENTRY CLERK'S CODE

<b>2.0 MARITAL STATUS</b>	
2.1 Are you currently married or living with a man/woman? (Y=YES; N=NO)	[IF NO, SKIP TO 2.3] <input style="width: 40px;" type="checkbox"/>
2.2 How would you best describe your type of marriage - did you have a religious ceremony, a civil registration, customary or traditional ceremony or just living together? 1=religious ceremony, 2=civil registration only, 3=customary/traditional marriage only, 4=just living together? <span style="float: right;">[SKIP TO 2.5] <input style="width: 40px;" type="checkbox"/></span>	
2.3 Have you ever been married or lived with a man/woman? (N=NO; Y=YES)	[ IF NO, SKIP TO 3.0 ] <input style="width: 40px;" type="checkbox"/>
2.4 How did your last marriage/union end? Are you widowed, divorced, or separated? (W=WIDOWED; D=DIVORCED; S=SEPARATED) <span style="float: right;"><input style="width: 40px;" type="checkbox"/></span>	
2.5 How many times have you been married or lived with a man/woman in your lifetime? [INCLUDE CURRENT SPOUSE FOR THOSE CURRENTLY MARRIED/LIVING WITH A MAN/WOMAN]. <span style="float: right;"><input style="width: 40px;" type="text"/></span>	
2.6 How old were you when you got married or started living with a man/woman for the first time? <span style="float: right;"><input style="width: 40px;" type="text"/></span> [CHECK 2.3, IF YES SKIP TO 2.16]; IF A MAN (IF 1.5 IS MALE) AND CURRENTLY MARRIED/LIVING TOGETHER (IF 2.1 IS YES), [SKIP TO 2.12]	
<b>DETAILS ABOUT CURRENT/MOST RECENT SPOUSE FOR WOMEN CURRENTLY MARRIED/LIVING TOGETHER</b>	
2.7 Does your husband/partner usually live in this household? (Y=YES; N=NO)	[IF YES SKIP TO 2.9] <input style="width: 40px;" type="checkbox"/>
2.8 Where does he live?	[ CODE SHEET A <sup>2</sup> ] <input style="width: 40px;" type="checkbox"/>
2.9 In what month and year did you get married/living together with your current husband/partner? MONTH <input style="width: 40px;" type="text"/> YEAR <input style="width: 40px;" type="text"/>	
2.10 Does your husband/partner have any other wife/wives besides yourself? (N=NO; Y=YES)	<input style="width: 40px;" type="checkbox"/> [IF "NO", SKIP TO 3.0]
2.11 How many <u>other</u> wives does he have?	NUMBER <input style="width: 40px;" type="text"/> [SKIP TO 3.0]
<b>DETAILS ABOUT CURRENT/MOST RECENT SPOUSE FOR MEN CURRENTLY MARRIED/LIVING TOGETHER</b>	
2.12 How many wives/partners do you currently have?	<input style="width: 40px;" type="text"/>
2.13 [IF MORE THAN ONE] Are you living with your wife/partner in this household? (N=NO; Y=YES) <span style="float: right;"><input style="width: 40px;" type="checkbox"/></span> [IF HAS ONLY ONE] Does your wife/partner usually live in this household? (N=NO; Y=YES) [IF YES SKIP TO 2.15]	
2.14 Where does your/your most recent wife live?	[ CODE SHEET A <sup>2</sup> ] <input style="width: 40px;" type="checkbox"/>
2.15 In what month and year did you get married/living together started with your (MOST) recent wife/partner? MONTH <input style="width: 40px;" type="text"/> YEAR <input style="width: 40px;" type="text"/> [SKIP TO 3.0]	
2.16 In what month and year did you get separated/divorced/widowed in your most recent marriage/union? MONTH <input style="width: 40px;" type="text"/> YEAR <input style="width: 40px;" type="text"/>	
<b>3.0 CHILD BEARING HISTORY, CARE AND SUPPORT</b>	
Now I would like to ask about all the births/children you have had during your life including any children whom you raised as your own and are now grown up. We will also talk about children who are deceased if any. It may be painful to talk about this but it is important that we get the right information.	
3.1 Have you ever given birth/Have you ever had any children of your own? <span style="float: right;"><input style="width: 40px;" type="checkbox"/></span> (Y=YES; N=NO; If 'NO' skip to 3.3)	
3.2 In total, how many children have you given birth to/have you had, including those that have died? <span style="float: right;"><input style="width: 40px;" type="text"/></span>	
3.3 Do you have any children you did not give birth to but whom you raised as your own? (Y=YES; N=NO) <span style="float: right;"><input style="width: 40px;" type="checkbox"/></span> [If 'NO' in 3.1 & 'NO' in 3.3; SKIP TO 3.21; IF 'YES' IN 3.1 & 'NO' IN 3.3 SKIP TO 3.5]	
3.4 In total how many children did you not give birth to but raised as your own? <span style="float: right;"><input style="width: 40px;" type="text"/></span>	

Now I would like us to talk about all your biological children including any children you may have raised as your own even if you did not give birth to them. We are interested in both those who are still alive and those who have passed away. We will begin by talking about your biological children first starting with the first one you had.

3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	3.14	3.15	3.16	3.17	3.18
					IF 12 YRS OR OLDER				IF ALIVE		IF DEAD		
What name was given to your first (next) child?	Is (NAME) male (M) or female (F)?	Is (NAME) still alive or not? (Y=Alive; N=Dead)	In what month and year was (NAME) born? (If 'Alive' skip to 3.10)	If (NAME) DIED, In what month and year did (NAME) die?	Has/ was (NAME) ever/been married? IF YES What is/was (NAME)'s marital status? (CODE SHEET A <sup>3</sup> )	How many children does/ did (NAME) have, if any? IF NO ENTER 00	Where did (NAME) does (NAME) currently live? (CODE SHEET A <sup>2</sup> )	How frequently do you see each other with (NAME)? (UNITS D=DAILY, W=WEEK, M=MONTH, Y=YEAR, O=IN A WHILE)	On average, how much money (in Ksh.) do you receive from (NAME) each month?	In what other ways does (NAME) support you? 1=No other support 2=Household chores 3=Health care 4=2&3 5=Other	Did (NAME) die of injury or illness? [1=ILLNESS 2=INJURY] IF 2 SKIP TO 3.18	(If died of illness) Did you regularly provide care to (NAME) at the time of his/her illness? (Y=YES; N=NO)	Did (NAME) regularly contribute financially toward your upkeep/ support before his/her death? (Y=YES; N=NO)
1 _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5	3.6	3.7	3.8	3.9	3.10 IF 12 YRS OR OLDER		3.11	3.12	3.13	3.14	3.15	3.16	3.17	3.18
										IF ALIVE		IF DEAD		
What name was given to your first (next) child?	Is (NAME) male (M) or female (F)?	Is (NAME) still alive or not? (Y=Alive; N=Dead)	In what month and year was (NAME) born? (If 'Alive' skip to 3.10)	If (NAME) DIED, In what month and year did (NAME) die?	Has/ was (NAME) ever/been married? IF YES What is/was (NAME)'s marital status? (CODE SHEET A <sup>3</sup> )	How many children does/ did (NAME) have, if any? IF NO ENTER 00	Where did (NAME)/ does (NAME) currently live? (CODE SHEET A <sup>2</sup> )	How frequently do you see each other with (NAME)? (UNITS D=DAILY, W=WEEK, M=MONTH, Y=YEAR, O=IN A WHILE)	On average, how much money (in Ksh.) do you receive from (NAME) each month?	In what other ways does (NAME) support you? 1=No other support 2=Household chores 3=Health care 4=2&3 5=Other	Did (NAME) die of injury or illness? [1=ILLNESS 2=INJURY] IF 2 SKIP TO 3.18	(If died of illness) Did you regularly provide care to (NAME) at the time of his/her illness? (Y=YES; N=NO)	Did (NAME) regularly contribute financially towards your upkeep/ support before his/her death? (Y=YES; N=NO)	
7			M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8			M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9			M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	U <input type="text"/> # <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Now I would like us to talk about the children you did not give birth to but raised as your own, both those who are alive and those who have passed away Starting with the eldest/oldest.														
1			M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2			M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3			M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

I would like to ask you some questions about the support you provide to your children and the support that you may receive from others.

3.19 Do you provide any of your children with financial support or assistance?

(Y=YES; N=NO)

☐

3.20 Do you assist any of your children in/by .....

Y=YES

N=NO

a. Caring for their children

Y

N

b. Doing domestic chores for them

Y

N

c. Providing material support (food, clothing..)

Y

N

d. Providing advice or counseling

Y

N

e. Other (specify)

Y

N

3.21 Who normally provides 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 A<sup>4</sup>)**

3.22 Do you usually require assistance to get somewhere outside the community, for example going to town, to the market etc?

(Y=YES; N=NO; If 'NO' SKIP TO 3.24)

☐

3.23 Suppose you wanted to go somewhere outside the community, who normally assists you or accompanies you to places outside the community?

**RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A<sup>4</sup>)**

3.24 Do you receive any kind of assistance or support from any of your relatives (other than children)?

(Y=YES; N=NO; If 'NO' SKIP TO 3.26)

☐

3.25 What type of assistance or support do you receive from your relatives?

**CIRCLE ALL MENTIONED**

Financial ....A  
Material support (food, clothing) ....B  
Shelter or rent payment ....C  
Assist in domestic chores ....D  
Advice or counsel ....E  
Emotional support ....F  
Other (Specify) ....G  
Other (Specify) ....H  
Other (Specify) ....I

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3.26 Are you aware of any organizations or groups that provide assistance such as financial, material, or emotional support to older people in this community?

(Y=YES; N=NO; If 'NO' SKIP TO 4.0)

☐

3.27 Which are these groups or organizations that provide assistance to older people?

**CIRCLE ALL MENTIONED**

Catholic Church/Sisters ....A  
Muslim groups ....B  
Redeemed Gospel Church ....C  
TAK (Takataka Afya Korogocho) ....D  
Women's Groups ....E  
KENWA\ Orphans\ HIV/AIDS ....F  
Government/DO/Chief ....G  
Other (Specify) ....H  
Other (Specify) ....I  
Other (Specify) ....J

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3.28 Have you received assistance from any of these groups or organizations in the last 12 months?

(Y=YES; N=NO; If 'NO' SKIP TO 4.0)

☐

3.29 From which groups or organizations have you received the most assistance?

**CIRCLE ONLY ONE RESPONSE**

- Catholic Church/Sisters ..1  
 Muslim groups ..2  
 Redeemed Gospel Church ..3  
 TAK (Takataka Afya Korogocho) ..4  
 Women's Groups ..5  
 KENWA\ Orphans\ HIV/AIDS ..6  
 Government/DO/Chief ..7  
 Other (Specify) ..8

3.30 What is the main type of assistance or support have you received from this organization or group?

**CIRCLE ONLY ONE RESPONSE**

- Financial ..1  
 Material support (food, clothing) ..2  
 Shelter or rent payment ..3  
 Support for the OVC ..4  
 Care and support for PLWHA ..5  
 Other (Specify) ..6

3.31 How often do you receive assistance from this organization or group?

W=WEEKLY; M=MONTHLY; Y=YEARLY; O=OTHER ☐

NO. OF TIMES

Other (Specify) \_\_\_\_\_

#### 4.0 LINKS WITH PLACE OF ORIGIN

4.1 What is the name of the area where you consider as your place of origin?

(RECORD THE PROVINCE/DISTRICT/LOCATION/VILLAGE OR ESTATE)

(P).....(D).....(L).....(V/E).....

4.2 RECORD CODE FOR AREA OF ORIGIN MENTIONED IN 4.1

(CODE SHEET A<sup>2</sup>)

[IF ANSWER IS 1, 2, 3 or 4, SKIP TO 4.7A]

4.3 When was the last time you visited your place of origin?

MONTH

YEAR

[IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.5]

[IF RESPONDENT LAST VISITED HOME BEFORE 12 MONTHS SKIP 4.5]

4.4 In the last 12 months, how many times have you visited your place of origin?

4.5 When was the last time you had visitors from your place of origin?

MONTH

YEAR

[IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.7]

4.6 In the last 12 months, how many times have you had visitors from your place of origin?

4.7A. Do any of the following family members live at your place of origin?

4.7B In the last 12 months, did you have the following family members as visitors?

YES NO NA

YES NO

A. Parent/parents-in-law

Y N X

If YES ASK --->

A. Parent/parents-in-law

Y N

B. Spouse/partner

Y N X

If YES ASK --->

B. Spouse/partner

Y N

C. Siblings/in-laws

Y N X

If YES ASK --->

C. Siblings/in-laws

Y N

D. Child/Children

Y N X

If YES ASK --->

D. Child/Children

Y N

4.8 Do you have a piece of land anywhere outside Nairobi? (Y=YES; N=NO)

4.9 Do you have a house anywhere outside Nairobi?

(Y=YES; N=NO)

4.10 Do you intend to move away from Korogocho/Viwandani any time in the future?

(Y=YES; N=NO; If 'YES SKIP TO 4.12)

4.11 What is the most important reason why you don't intend to move away from Korogocho/Viwandani?

**CIRCLE ONLY ONE 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 back ...7
- Conflict of culture e.g intermarriage ...8
- Living condition is better here ..10
- Rent is affordable/cheap ..11
- Get used to the area ..12
- Convenient to me/my family members work place ..16
- Have no other choice ..17
- Other (Specify) ..18

**[SKIP TO SECTION 5.0]**

4.12 Where do you intend to move to?

**CIRCLE ONLY ONE RESPONSE**

- 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?

W=WEEK; M=MONTH; Y=YEAR; D=DON'T KNOW

Duration

## 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 have 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)?

**(Y=YES; N=NO; IF 'YES' SKIP TO 5.6)**

5.2 What is the main reason you are not currently working or engaged in any income generating activity?

**CIRCLE ONLY ONE RESPONSE**

- Homemaker / caring for family .....1
- Cannot find a job .....2
- Do voluntary work (not paid) .....3
- Seasonality of work .....4
- (specify) Health problems/Disabled .....5
- Have to take care of someone with disability/health condition .....6
- Do not have the need to work .....7
- My family/spouse doesn't want me to work .....8
- Retired / too old to work .....9
- Laid off / made redundant ....10
- Vacation / sick leave / voluntary and temporary time off ....11
- Other, specify: ...98

5.3 When was the last time you were engaged in an income generating activity?

MONTH

YEAR

**[IF NEVER WORKED RECORD 'NA'=NOT APPLICABLE IN 'MONTH' THEN ASK 5.4 OTHERWISE SKIP TO 5.5]**

5.4 What is the main reason that you have never worked?

**CIRCLE ONLY ONE RESPONSE**

- Homemaker / caring for family .....1
- Could not find a job .....2
- Do voluntary work (not paid) .....3
- (Specify) Health problems/Disabled .....4
- Have to take care of someone with disability/health condition .....5
- Do not have the economic need .....6
- Parents / spouse did not let him/her .....7
- Other, specify: ...8

5.5 Are you actively looking for work at this time?

**(Y=YES; N=NO)**

**(IF ANSWER IS 'NO' AND 5.3 IS 'NA', SKIP TO 5.16; IF ANSWER IS 'NO' AND 5.3 IS NOT NA, SKIP TO 5.7)**

5.6 **[NOT CURRENTLY WORKING & LOOKING]** When people become older, they would like to retire from active employment. Why would you like to work at present?

**[CURRENTLY WORKING]** When people become older, they would like to retire from active employment. Why are you currently working?

**CIRCLE ALL MENTIONED**

- Need the income for self .....A
- Need income to support spouse .....B
- Need income to support children .....C
- Need income to support grand children .....D
- Need income to support other family members .....E
- Want to/need to be active .....F
- Want to feel useful .....G
- Not reached retirement age .....H
- Other (Specify) .....I

5.7 **[CURRENTLY WORKING]** Now I will ask you some questions about your current work. What activity are you engaging in?

**[NOT CURRENTLY WORKING]** Now I will ask you some questions about your most recent work. What activity were you engaged in?

**CIRCLE ONLY ONE RESPONSE**

- Unestablished own business.....1
- Established own business.....2
- Informal casual.....3
- Informal salaried.....4
- Formal salaried.....5
- Formal casual.....6
- Rural agriculture.....7
- Urban agriculture.....8
- Other (Specify).....9

5.8 Do/did you usually work throughout the year, seasonally, or only once in a while?

(1=Work Throughout the year; 2=Seasonally/Part of the year; 3=Once in a while)

5.9 On average, how many days in a week do/did you work in your main job?

DAYS

5.10 On average, how many hours a day do/did you work in your main job?

HOURS

5.11 Are/were you paid a salary monthly (1), weekly (2), daily (3) or per job done (4)?

5.12 Have you ever made any contribution to NSSF or any other pensions or retirement scheme?

(Y=YES; N=NO; D=DON'T KNOW; If 'N' or 'D' SKIP TO 5.15)

5.13 Which pension scheme have you contributed to?

**RECORD ALL MENTIONED**

NSSF ..A..

Other schemes (specify) ...B..

Other schemes (specify) ...C..

5.14 Have you been paid your pension or gratuities?

(Y=YES; N=NO)

5.15 At what age did you start working for pay?

(DON'T KNOW =98)

5.16 What would you say is your main source of livelihood currently?

**CIRCLE ONE RESPONSE**

- Own and/or spouse's work .....1
- Own savings/Investments .....2
- Pension/retirement benefit .....3
- Support from children .....4
- Support from other relatives .....5
- Donations/welfare .....6
- Other(Specify) .....8

**6.0 HEALTH CARE UTILIZATION**

6.1 In the last 3 months, have you gone to seek health care outside the home?

(Y=YES; N=NO; If 'NO' SKIP TO 6.4)

☐

6.2 Where did you go to seek health care?

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

6.3 How much have you spent on the following health related costs in the last 3 months? (RECORD '00000' IF FOR FREE)

6.6.1 Consultation

--	--	--	--	--

6.6.2 Hospitalization

--	--	--	--	--

6.6.3 Medicine/drugs

--	--	--	--	--

6.6.4 Transportation to health facility

--	--	--	--	--

6.6.5 Other (specify)

--	--	--	--	--

**6.4 CHRONIC CONDITIONS****6.4.1 Arthritis**6.4.1a Have you ever been diagnosed with/told you have arthritis (or by other names  
rheumatism or osteoarthritis)?

(Y=YES; N=NO; If 'NO' SKIP TO 6.4.1d)

☐6.4.1b Have you been taking medications or other treatment for it in the last 2 weeks?

(Y=YES; N=NO)

☐6.4.1c Have you been taking medications or other treatment for it in the last 12 months?

(Y=YES; N=NO)

☐6.4.1d 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?

(Y=YES; N=NO)

☐6.4.1e 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?

(Y=YES; N=NO; IF 'NO' SKIP TO INSTRUCTION JUST ABOVE 6.4.1h)

☐

6.4.1f How long did this stiffness last?

(1=about 30 minutes or less; 2=More than 30 minutes)

☐

6.4.1g Did this stiffness go away after exercise or movement in the joint?

(Y=YES; N=NO)

☐

(FW: IF THE ANSWER TO 6.4.1d IS YES OR ANSWER TO 6.4.1e IS YES ASK 6.4.1h; ELSE SKIP TO 6.4.1i)

6.4.1h These symptoms that you have said you experienced in the last 12 months, have you experienced them  
in the last 2 weeks?

(Y=YES; N=NO)

☐6.4.1i Have you experienced back pain during the last 30 days?

(Y=YES; N=NO)

(IF 'NO' SKIP TO 6.4.2)

☐6.4.1j On how many days did you have this back pain during the last 30 days?

DAYS

--	--

**6.4.2 Diabetes**6.4.2a Have you ever been diagnosed with diabetes (high blood sugar)?  
(Not including diabetes associated with a pregnancy)

(Y=YES; N=NO; If 'NO' SKIP TO 6.4.3)

☐6.4.2b Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks?

(Y=YES; N=NO)

☐6.4.2c Have you been taking insulin or other blood sugar lowering medications in the last 12 months?

(Y=YES; N=NO)

☐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 health professional)

(Y=YES; N=NO)

☐

### 6.4.3 Chronic Lung Disease

6.4.3a Have you ever been diagnosed with chronic lung disease (emphysema, bronchitis, COPD)? ☐

(Y=YES; N=NO; If 'NO' SKIP TO 6.4.3d)

6.4.3b Have you been taking any medications or other treatment (like oxygen) for it in the last 2 weeks? ☐

(Y=YES; N=NO)

6.4.3c Have you been taking any medications or other treatment (like oxygen) for it in the last 12 months? ☐

(Y=YES; N=NO)

6.4.3d During the last 12 months, have you experienced any shortness of breath at rest? (while awake) ☐

(Y=YES; N=NO)

6.4.3e During the last 12 months, have you experienced any coughing or wheezing for ten minutes or more at a time? ☐

(Y=YES; N=NO)

6.4.3f 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? ☐

(Y=YES; N=NO; IF 'NO' SKIP TO INSTRUCTION JUST ABOVE 6.4.3h)

6.4.3g Have you had blood in your phlegm or have you coughed blood? ☐

(Y=YES; N=NO)

(FW: IF THE ANSWER TO 6.4.13d IS YES OR ANSWER TO 6.4.3e IS YES ASK 6.4.3h; ELSE SKIP TO 6.4.3i)

6.4.3h These symptoms that you said you experienced in the last 12 months, have you experienced them in the last 2 weeks? ☐

(Y=YES; N=NO)

6.4.3i In the last 12 months, have you had a tuberculosis (TB) test? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to a laboratory for analysis) or made an x-ray of your chest? ☐

(Y=YES; N=NO; If 'NO' SKIP TO 6.4.4)

6.4.3j Have you been taking any medications or other treatment for TB during the last 2 weeks? ☐

(Y=YES; N=NO)

6.4.3k Have you been taking any medications or other treatment for TB during the last 12 months? ☐

(Y=YES; N=NO)

### 6.4.4 Hypertension (High blood Pressure)

6.4.4a Have you ever been diagnosed with high blood pressure (hypertension)? ☐

(Y=YES; N=NO; If 'NO' SKIP TO 6.5)

6.4.4b Have you been taking medications or other treatment for it during the last 2 weeks? ☐

(Y=YES; N=NO)

6.4.4c Have you been taking medications or other treatment for it during the last 12 months? ☐

(Y=YES; N=NO)

6.5 What do you consider to be the most severe health problem you have currently?

**CIRCLE ONE RESPONSE**

- Communicable disease (malaria, tuberculosis, HIV/AIDS, other)..... ..1
- Acute conditions (diarrhea, 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
- Have no severe health problem ..... ..18
- Other (specify)..... ..98

[IF ANSWER IS 18 SKIP TO 6.11]

6.6 In the last 3 months, have you gone to seek health care outside of home for this problem? <span style="float: right;"><input type="checkbox"/></span>			
<b>(Y=YES; N=NO; If 'NO' SKIP TO 6.10)</b>			
6.7 Where did you go to seek health care? NAME OF FACILITY/PROVIDER			
Govt health center/dispensary.....1	Government hospital.....5		
Private Health center/dispensary.....2	Traditional healer/herbalists.....6		
Pharmacist/Drug store.....3	Religious / Prayer houses.....7		
Private hospital.....4	Other (specify).....8		
6.8 What was the outcome of the last visit to seek care for this health problem? Did your condition greatly improve, slightly improve, not change, slightly worsen or greatly worsen? <span style="float: right;"><input type="checkbox"/></span>			
<b>Greatly improved (1), slightly improved (2) No change (3) Slightly worsened (4), Greatly worsened (5)</b>			
6.9 In total, how much have you spent on the health care for this problem in the last 3 months? <b>(RECORD '00000' IF FOR FREE)</b>			
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 seek treatment		<input type="text"/>	
6.6.5 Lab, X-Ray etc		<input type="text"/>	
6.6.6 Other (specify)		<input type="text"/>	
<b>[SKIP TO 6.11]</b>			
6.10 What is/was the <u>main reason</u> why you did not seek health care outside the home/when you needed it? <b>CIRCLE ONE RESPONSE</b>			
Could not afford the cost of the visit.....1	The health care provider's skills are inadequate.....7		
No transport available.....2	You did not know where to go.....8		
Could not afford the cost of transport.....3	You tried but were denied health care.....9		
Was previously badly treated.....4	You thought you were not sick enough.....10		
Could not take time off work or had other commitments.....5	You did not need health care.....11		
The health care provider's drugs or equipment are inadequate.....6	Other (specify).....98		
6.11 Are there times in the past 3 months when you needed health care but you did not get it? <span style="float: right;"><input type="checkbox"/></span>			
<b>(Y=YES; N=NO; If 'NO' SKIP TO 7.0)</b>			
6.12 What is/was the <u>main reason</u> why you did not get health care when you needed it? <b>CIRCLE ONE RESPONSE</b>			
Could not afford the cost of the visit.....1	The health care provider's skills are inadequate.....7		
No transport available.....2	You did not know where to go.....8		
Could not afford the cost of transport.....3	You tried but were denied health care.....9		
Was previously badly treated.....4	You thought you were not sick enough.....10		
Could not take time off work or had other commitments.....5	You did not need health care.....11		
The health care provider's drugs or equipment are inadequate.....6	Other (specify).....98		
6.13 In the last 12 months did you ever feel that you were treated differently by health care providers for any of the following reasons.			
6.13A. Because of your ...		6.13B. If YES were you treated better or worse?	
	<b>Y=YES    N=NO</b>	<b>B=BETTER    W=WORSE</b>	
Sex	Y      N	IF YES ASK ----->	B      W
Age	Y      N	IF YES ASK ----->	B      W
Social class	Y      N	IF YES ASK ----->	B      W
Lack of money	Y      N	IF YES ASK ----->	B      W
Ethnic group	Y      N	IF YES ASK ----->	B      W

**7.0 HEALTH STATE DESCRIPTIONS**

7.1 START TIME (24 HR FORMAT)

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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.

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)**?

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/cannot do anything **(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 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.

**(CIRCLE APPROPRIATE CODE)**

**Mobility**

NONE

MILD

MODERATE

SEVERE

EXTREME/  
CAN'T DO

7.4 Overall in the last 30 days how much difficulty did you have with moving around?

....1

....2

..... 3

.....4

.....5

7.5 Overall in the last 30 days how much difficulty did you have in vigorous activities (such as walking fast)?

....1

....2

..... 3

.....4

.....5

**Self-Care**

7.6 Overall in the last 30 days how much difficulty did you have with self-care, such as bathing/washing yourself or dressing?

....1

....2

..... 3

.....4

.....5

7.7 Overall in the last 30 days how much difficulty did you have in taking care of and maintaining your general appearance (e.g. grooming, looking tidy)?

....1

....2

..... 3

.....4

.....5

7.8 Overall in the last 30 days how much of bodily aches or pains did you have?

....1

....2

..... 3

.....4

.....5

7.9 Overall in the last 30 days how much bodily discomfort did you have?

....1

....2

..... 3

.....4

.....5

**Cognition**

7.10 Overall in the last 30 days how much difficulty did you have with concentrating or remembering things?

....1

....2

..... 3

.....4

.....5

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 tensions with others?

....1

....2

..... 3

.....4

.....5

(CIRCLE APPROPRIATE CODE)						
	NONE	MILD	MODERATE	SEVERE	EXTREME/ CANNOT	
<b>Breathing</b>						
7.14 Overall in the last 30 days how much of a problem did you have with breathing, such as <u>shortness of breath when not doing anything?</u>	1 .....	2 .....	3 .....	4 .....	5	
7.15 Overall in the last 30 days how much of a problem did you have with <u>shortness of breath when doing mild activity</u> , such as climbing uphill for 20 meters or climbing stairs?	1 .....	2 .....	3 .....	4 .....	5	
<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</u> , waking up <u>frequently during the night</u> or waking up <u>too early</u> in the morning?	1 .....	2 .....	3 .....	4 .....	5	
7.17 Overall in the last 30 days how much of a problem did you have due to <u>not feeling rested and refreshed</u> during the day (e.g. feeling tired, not having energy)?	1 .....	2 .....	3 .....	4 .....	5	
<b>Affect</b>						
7.18 Overall in the last 30 days how much of a problem did you have with <u>feeling sad, low or depressed?</u>	1 .....	2 .....	3 .....	4 .....	5	
7.19 Overall in the last 30 days how much of a problem did you have with <u>worry or anxiety?</u>	1 .....	2 .....	3 .....	4 .....	5	
<b>Vision</b>						
7.20 When was the last time you had your <u>eyes</u> 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)						<input type="checkbox"/>
7.21 Do you use eyeglasses or contact lenses to <u>see far away</u> (for example across the street)? (Y=YES; N=NO)						<input type="checkbox"/>
7.22 Do you use eyeglasses or contact lenses to <u>see up close</u> (for example at arms length, like when you are reading)? (Y=YES; N=NO)						<input type="checkbox"/>
	NONE	MILD	MODERATE	SEVERE	CANNOT DO	
7.23 Overall in the last 30 days how much difficulty did you have in <u>seeing and recognising a person or object you know across the road</u> (from a distance of about 20 meters)?	1 .....	2 .....	3 .....	4 .....	5	
7.24 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	
<b>Hearing</b> (respondent should answer when wearing hearing aid if one is used)						
7.25 Do you wear a <u>hearing aid</u> ? (Y=YES; N=NO)						<input type="checkbox"/>
	NONE	MILD	MODERATE	SEVERE	EXTREME/ CANNOT	
7.26 Overall in the last 30 days how much difficulty did you have in <u>hearing someone talking on the other side of the room in a normal voice</u> (even with hearing aid on if you use one)?	1 .....	2 .....	3 .....	4 .....	5	
7.27 How much difficulty did you have in <u>hearing what is said in a conversation with one other person in a quiet room</u> (even with your hearing aid on if you use one)?	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:

(CIRCLE APPROPRIATE CODE)

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

	NONE	MILD	MODERATE	EXTREME/ SEVERE CANNOT	N/A
7.28 ...in sitting for long periods?	1 .....	2 .....	3 .....	4 .....	5 .....
7.29 ... in walking 100 meters?	1 .....	2 .....	3 .....	4 .....	5 .....
7.30 ... in standing up from sitting down?	1 .....	2 .....	3 .....	4 .....	5 .....
7.31 ... in standing for long periods?	1 .....	2 .....	3 .....	4 .....	5 .....
7.32 ... with climbing one flight of stairs without resting?	1 .....	2 .....	3 .....	4 .....	5 .....
7.33 ... with stooping, kneeling or crouching?	1 .....	2 .....	3 .....	4 .....	5 .....
7.34 ... picking up things with your fingers (such as picking up a coin from a table)?	1 .....	2 .....	3 .....	4 .....	5 .....
7.35 ... in taking care of your household responsibilities?	1 .....	2 .....	3 .....	4 .....	5 .....
In the last 30 days, how much difficulty did you have					
7.36 ... 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 .....
7.37 ... in extending your arms above shoulder level?	1 .....	2 .....	3 .....	4 .....	5 .....
7.38 ... concentrating on doing something for 10 minutes?	1 .....	2 .....	3 .....	4 .....	5 .....
7.39 ... in walking a long distance such as a kilometer?					
7.40 ... in bathing/washing your whole body?	1 .....	2 .....	3 .....	4 .....	5 .....
7.41 ... in getting dressed?	1 .....	2 .....	3 .....	4 .....	5 .....
7.42 ... in your day to day work?	1 .....	2 .....	3 .....	4 .....	5 .....
7.43 ... with carrying things?	1 .....	2 .....	3 .....	4 .....	5 .....
7.44 ... with moving around inside your home (such as walking across a room)?	1 .....	2 .....	3 .....	4 .....	5 .....
7.45 ... with eating (including cutting up your food)?	1 .....	2 .....	3 .....	4 .....	5 .....
7.46 ... with getting up from lying down?	1 .....	2 .....	3 .....	4 .....	5 .....
7.47 ... with getting to and using the toilet?	1 .....	2 .....	3 .....	4 .....	5 .....
7.48 ... with getting where you want to go, using private or public transport if needed?	1 .....	2 .....	3 .....	4 .....	5 .....
7.49 ... getting out of your home?	1 .....	2 .....	3 .....	4 .....	5 .....

	NOT AT ALL	A LITTLE	MODERATELY	GREATLY	SEVERELY
7.50 In the <u>last 30 days</u> , how much have you been emotionally affected by your health condition(s)?	1 .....	2 .....	3 .....	4 .....	5 .....
7.51 Overall, how much did these difficulties interfere with your life?	1 .....	2 .....	3 .....	4 .....	5 .....

7.52 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? <div style="text-align: right;">(Y=YES; N=NO)</div>	<input style="width: 30px; height: 20px;" type="checkbox"/>																																				
(IF YES Please Specify) _____																																					
7.53 Have you lost your tooth/teeth? <div style="text-align: right;">(Y=YES; N=NO)</div>	<input style="width: 30px; height: 20px;" type="checkbox"/>																																				
<b>IF NO SKIP TO 7.55</b>																																					
7.54 Do you have any difficulty in feeding as a result of loosing your teeth? <div style="text-align: right;">(Y=YES; N=NO)</div>	<input style="width: 30px; height: 20px;" type="checkbox"/>																																				
<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.																																					
<div style="text-align: right;">(CIRCLE APPROPRIATE CODE)</div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">COMPLETELY</th> <th style="text-align: center;">MOSTLY</th> <th style="text-align: center;">MODERATELY</th> <th style="text-align: center;">A LITTLE</th> <th style="text-align: center;">NONE AT ALL</th> </tr> </thead> <tbody> <tr> <td>7.55 Do you have enough energy for everyday life?</td> <td style="text-align: center;">..... 1</td> <td style="text-align: center;">..... 2</td> <td style="text-align: center;">..... 3</td> <td style="text-align: center;">..... 4</td> <td style="text-align: center;">..... 5</td> </tr> <tr> <td>7.56 Do you have enough money to meet your basic needs?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">..... 2</td> <td style="text-align: center;">..... 3</td> <td style="text-align: center;">..... 4</td> <td style="text-align: center;">..... 5</td> </tr> </tbody> </table>			COMPLETELY	MOSTLY	MODERATELY	A LITTLE	NONE 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																		
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7.56 Do you have enough money to meet your basic needs?	1	..... 2	..... 3	..... 4	..... 5																																
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																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">VERY SATISFIED</th> <th style="text-align: center;">SATISFIED</th> <th style="text-align: center;">NEITHER SATISFIED NOR DISSATISFIED</th> <th style="text-align: center;">DISSATISFIED</th> <th style="text-align: center;">VERY DISSATISFIED</th> </tr> </thead> <tbody> <tr> <td>7.57 How satisfied are you with your health?</td> <td style="text-align: center;">1 .....</td> <td style="text-align: center;">2 .....</td> <td style="text-align: center;">3 .....</td> <td style="text-align: center;">4 .....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>7.58 How satisfied are you with your ability to perform your daily living activities?</td> <td style="text-align: center;">1 .....</td> <td style="text-align: center;">2 .....</td> <td style="text-align: center;">3 .....</td> <td style="text-align: center;">4 .....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>7.59 How satisfied are you with your personal relationships?</td> <td style="text-align: center;">1 .....</td> <td style="text-align: center;">2 .....</td> <td style="text-align: center;">3 .....</td> <td style="text-align: center;">4 .....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>7.60 How satisfied are you with the conditions of your living place?</td> <td style="text-align: center;">1 .....</td> <td style="text-align: center;">2 .....</td> <td style="text-align: center;">3 .....</td> <td style="text-align: center;">4 .....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>7.61 Taking all things together, how satisfied are you with your life as a whole these days?</td> <td style="text-align: center;">1 .....</td> <td style="text-align: center;">2 .....</td> <td style="text-align: center;">3 .....</td> <td style="text-align: center;">4 .....</td> <td style="text-align: center;">5</td> </tr> </tbody> </table>			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
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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 style="width: 30px; height: 20px;" 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 style="width: 30px; height: 20px;" type="checkbox"/>																																				
7.64 END TIME (24 HR-FORMAT)																																					

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**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.

8.1 Are you currently taking care of someone who has had a prolonged illness?

(Y=YES; N=NO; IF 'NO' SKIP TO 8.4)

☐

8.2 How many people who have a prolonged illness are you currently caring for?

☐

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?

[IF NOT CURRENTLY CARING] in the past 3 years, have you cared for someone who had a prolonged illness?

(Y=YES; N=NO; IF 'NO' SKIP TO FILTER 1)

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?

[IF NOT CURRENTLY CARING] how many people have you cared for in the past 3 years?

☐

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.

\_\_\_\_\_

8.7 In what month and year did you start providing care to (PERSON MENTIONED IN 8.6)?

MONTH

YEAR

[FILTER 1: CHECK 8.1 AND 8.4, IF ANS IS 'NO' IN 8.1 AND 'NO' IN 8.4, SKIP TO SECTION 9;  
IF 'YES' IN 8.1 AND 'NO' IN 8.4 ASK ABOUT THE PERSON MENTIONED IN 8.3; OR  
IF 'NO' IN 8.1 AND 'YES' IN 8.4 ASK ABOUT THE PERSON MENTIONED IN 8.6]  
IF 'YES' IN 8.1 AND 'YES' IN 8.4 ASK ABOUT THE PERSON MENTIONED IN 8.3]

I would like us to talk briefly about \_\_\_\_\_ (NAME OF PERSON)

8.8 What is your relationship to (NAME)?

(CODE SHEET A<sup>4</sup>)

8.9 How old is (NAME)?/How old was (NAME) at the time you started providing care to him/her?

8.10 Where is (NAME) currently residing?/Where was (NAME) residing at the time you were caring for him/her?

(CODE SHEET A<sup>2</sup>)

☐

8.11 Before you started providing care, was (NAME) living at the location (MENTIONED IN 8.10)

(Y=YES; N=NO)

☐

8.12 IF NAME WAS 12 YEARS OR OLDER: At the time you provided care, what is/was (NAME)'s marital status?

(N=Never married; M=Married; L=Living together; W=Widowed; D=Divorced; S=Separated/Not living together)

☐

8.13 What main illness is/was (NAME) suffering from?

\_\_\_\_\_

8.14 For how long has/was (NAME) been ill?											
M=MONTHS; Y=YEARS; D=DON'T KNOW <input style="width: 30px;" type="text"/>			DURATION <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>								
8.15 For how long has/was (NAME) critically ill that he/she needed someone to provide a lot of personal care?											
W=WEEKS; M=MONTHS; Y=YEARS; D=DON'T KNOW <input style="width: 30px;" type="text"/>			DURATION <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>								
<b>CARING ROLE</b>											
8.16 For how long have you been caring for/did you provide care to (NAME)?											
M=MONTHS; Y=YEARS; D=DON'T KNOW <input style="width: 30px;" type="text"/>			DURATION <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>								
8.17 Is there anyone else assisting you/who assisted you in providing care to (NAME)?					<input style="width: 30px;" type="text"/>						
(Y=YES; N=NO; If 'NO' SKIP TO 8.20)											
8.18 Between you and the other people or person, who is/was the main person who provides/provided care?					<input style="width: 30px;" type="text"/>						
(1=Respondent; 2=Someone else; If '1' SKIP TO 8.20)											
8.19 What is this other person's relationship to (NAME)?					(CODE SHEET A <sup>4</sup> ) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>						
<div style="display: flex; justify-content: space-around; font-weight: bold; font-size: small;"> <span>NONE</span> <span>MILD</span> <span>MODERATE</span> <span>SEVERE</span> <span>EXTREME</span> </div>											
As a result of providing care to (NAME), how much difficulty have you had/did you have with:											
8.20 Getting enough sleep?	1	.....	2	.....	3	.....	4	.....	5		
8.21 Eating enough food?	1	.....	2	.....	3	.....	4	.....	5		
8.22 Having enough time to do other extra work?	1	.....	2	.....	3	.....	4	.....	5		
8.23 Having muscle aches and pains?	1	.....	2	.....	3	.....	4	.....	5		
<b>MEDICAL COSTS</b>											
<b>FW: IF (NAME) DIED OR RECOVERED FROM ILLNESS BEFORE 12 MONTHS SKIP TO 8.37</b>											
8.24 Has/did (NAME) gone/go to seek treatment for his/her illness in the last 12 months (of the illness)?									<input style="width: 30px;" type="text"/>		
(Y=YES; N=NO; D=DON'T KNOW)											
(IF 'YES' AND CURRENTLY CARING SKIP TO 8.26. IF CARE WAS IN THE PAST SKIP TO 8.27)											
8.25 What is the main reason why (NAME) has not gone/did not go to seek treatment?								(CODE SHEET A <sup>5</sup> ) <input style="width: 30px;" type="text"/>			
(SKIP TO 8.27)											
8.26 Is (NAME) currently on treatment?								(Y=YES; N=NO; D=DON'T KNOW) <input style="width: 30px;" type="text"/>			
8.27 Has/did (NAME) incurred any medical costs in the last 12 months?								(Y=YES; N=NO; IF 'NO' SKIP TO 8.37) <input style="width: 30px;" type="text"/>			
8.28 How much has been spent for (NAME) on the following costs during the last 12 months? (RECORD '00000' IF NONE)											
8.28.1 Consultation							<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
8.28.2 Hospitalization							<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
8.28.3 Medicine/drugs							<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
8.28.4 Transportation for treatment							<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
8.28.5 Other (specify) _____							<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
8.29 Have you personally contributed financially to meet the medical costs incurred by (NAME)?									<input style="width: 30px;" type="text"/>		
(Y=YES; N=NO; IF 'NO' SKIP TO 8.35)											
8.30 About how much would you say you have contributed to meet the medical costs: Would you say it is all or nearly all (1), over half (2), half (3), less than half (4), or, very little or nothing at all (5)?									<input style="width: 30px;" type="text"/>		

8.31 As a result of the medical expenses, have you had/did you have to borrow any money to cover these expenses?	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>(Y=YES; N=NO)</b>	
8.32 As a result of the medical expenses, have you had/did you have to sell any items or assets to cover these expenses?	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>(Y=YES; N=NO; If 'NO' SKIP TO 8.34)</b>	
8.33 What asset(s) have you sold/did you sell?	Household utensils/Clothing .....A Furniture(table/chair/stool/sofa) .....B Electronic household appliances .....C Production tools/Equipment .....D Livestock .....E Other (Specify) .....F Other (Specify) .....G
<b>CIRCLE <u>ALL</u> MENTIONED</b>	
8.34 What has been your <u>main source</u> for the money you have contributed to meet the costs of (NAME's) medical expenses?	Own income generating activity .....1 Savings/Investments .....2 Pension/retirement benefits .....3 Donations from friends/relatives .....4 Sell of assets/property .....5 Other (Specify) .....6
<b>CIRCLE ONLY <u>ONE</u> RESPONSE</b>	
8.35 What or who has been the <u>primary</u> source of finances used to pay (NAME's) medical bills?	<input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/>
<b>(CODE SHEET A<sup>6</sup>)</b>	
8.36 What would you say is/was the <u>most costly</u> medical expense?	Consultation .....1 Hospitalization .....2 Medicine/drugs .....3 Transportation .....4 Other (specify) .....8
<b>INCOME LOSS</b>	
8.37 Is/was (NAME) engaged in any livelihood activity/at the time of providing care?	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>(Y=YES; N=NO If 'YES' SKIP TO 8.39)</b>	
8.38 Was (NAME) engaged in any livelihood activity at least 4 months before s/he became ill?	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>(Y=YES; N=NO; If 'NO' SKIP TO 8.41)</b>	
8.39 Does/did (NAME) contribute to your household income/upkeep?	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>(Y=YES; N=NO; If 'NO' SKIP TO 8.41)</b>	
8.40 About how much would you say (NAME) contributed/contributes to your household income/upkeep: Would you say it was/is all or nearly all (1), over half (2), half (3), less than half (4), or, very little/nothing at all (5)?	<input style="width: 40px; height: 20px;" type="checkbox"/>
8.41 Has/did the caring responsibility interfered/interfere with your livelihood activities?	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>(Y=YES; N=NO)</b>	
8.42 What is the <u>main</u> reason why the caring responsibility interfered/did not interfere with your livelihood activities?	Was not working/Not looking for work .....1 Caring tasks took too much time .....2 Care required constant presence .....3 Lost job/laid off because of caring .....4 Health problems/Disabled .....5 Retired / too old to work .....6 Livelihood activity not too demanding .....7 Other, specify: .....8
<b>CIRCLE ONLY <u>ONE</u> RESPONSE</b>	

8.43 Have/did you tried/try to engage in (another) an income generating activity to cope with the financial costs of caring for (NAME) since (NAME) fell sick? (Y=YES; N=NO)	<input type="checkbox"/>
<b>(CHECK QUESTION 8.1, IF CURRENTLY CARING SKIP TO SECTION 9 OTHERWISE ASK QUESTION 8.44)</b>	
<b>FUNERAL COSTS</b>	
8.44 Did (NAME) survive the illness? (Y=YES; N=NO; If 'YES' SKIP TO SECTION 9)	<input type="checkbox"/>
Now I would like to talk briefly about (NAME's) death. I know it may be painful to talk about this but it is important that we get the right information	
8.45 How long after (NAME) became ill did he/she die from the illness? M=MONTHS; Y=YEARS; D=DON'T KNOW	DURATION <input type="text"/> <input type="text"/>
8.46 Where was (NAME) buried? Was s/he buried in Nairobi (1), other urban area of Kenya (2), rural Kenya (3) or elsewhere (4, specify)? _____	<input type="checkbox"/>
8.47 How long after the death of (NAME) did the burial take place? D=Days; W=WEEKS; M=MONTHS; D=DON'T KNOW	DURATION <input type="text"/> <input type="text"/>
8.48 Did you contribute financially to meet the funeral costs incurred by (NAME)'s death? (Y=YES; N=NO; IF 'NO' SKIP TO 8.53)	<input type="checkbox"/>
8.49 About how much would you say you have contributed to meet the funeral costs: Would you say it was all or nearly all (1), over half (2), half (3), less than half (4), or, very little or nothing at all (5)?	<input type="checkbox"/>
8.50 As a result of the funeral expenses, did you have to borrow any money to cover the funeral expenses? (Y=YES; N=NO)	<input type="checkbox"/>
8.51 As a result of the funeral expenses, have you had/did you have to sell any item or asset to cover the funeral expenses? (Y=YES; N=NO; If 'NO' SKIP TO 8.53)	<input type="checkbox"/>
8.52 What asset(s) have you sold/did you sell?  <b>CIRCLE <u>ALL</u> MENTIONED</b>	Household utensils/Clothing .....A Furniture(table/chair/stool/sofa) .....B Electronic household appliances .....C Production tools/Equipment .....D Livestock .....E _____ Other (Specify) .....F _____ Other (Specify) .....G
8.53 What or who has been the <u>primary</u> source of finances used to offset (NAME's) funeral costs? (CODE SHEET A <sup>6</sup> )	<input type="checkbox"/>
8.54 What would you say was the <u>most</u> costly funeral item? _____	Transportation .....1 Mortuary fees .....2 Food .....3 Coffin .....4 _____ Other (specify) .....8
<b>OTHER COSTS AND SOCIAL SUPPORT</b>	
8.55 What would you say is/was the <u>most</u> difficult task of providing care to (NAME)?  <b>CIRCLE ONLY <u>ONE</u> RESPONSE</b>	Personal care (dressing/bathing/feeding) .....1 Physical (lifting, transportation, moving around) .....2 Heath care (hospital visits, giving medicines) .....3 Financial (medical, funeral, foodstuff) .....4 Being helpless/Unable to assist .....5 Don't know/cannot determine .....6 Emotional (Bearing with the suffering) .....7 _____ Other (specify) .....8

8.56 What would you say is/was the most costly item/aspect of providing care to (NAME)?

Foodstuff/groceries .....1  
Medical costs .....2  
Funeral costs .....3  
Don't know/cannot determine .....4  
Other (specify) .....8

8.57 Are there any activities/social roles that you have been unable to perform because of providing care to (NAME)? (Y=YES; N=NO) ☐

8.58 As a result of providing care to (NAME), has it resulted in any friction between members of your household or family? (Y=YES; N=NO) ☐

8.59 Do you/did you or (NAME) experience any negative reaction from neighbours/community members as a result of his/her illness? (Y=YES; N=NO) ☐

The next few questions ask about what help or assistance you as a person who has provided care, received from other people or groups to assist you in providing care to (NAME) during their illness.

	Personal care	Physical care	Health care	Financial care	Emotional care	Other	No Support
8.60 What sort of help do/did you receive from <u>your family/relatives</u> during (NAME's) illness. <b>PROBE:</b> Any other help?	A.....	B.....	C.....	D.....	E.....	F.....	N.....
8.61 What sort of help do/did you receive from <u>your neighbours/community</u> during (NAME's) illness. <b>PROBE:</b> Any other help?	A.....	B.....	C.....	D.....	E.....	F.....	N.....
8.62 What sort of help do/did you receive from <u>any NGO/CBOs</u> during (NAME's) illness. <b>PROBE:</b> Any other help?	A.....	B.....	C.....	D.....	E.....	F.....	N.....
8.63 What sort of help do/did you receive from <u>any religious groups/organizations</u> during (NAME's) illness. <b>PROBE:</b> Any other help?	A.....	B.....	C.....	D.....	E.....	F.....	N.....

8.64 Who would you say was the most helpful to you during (NAME's) illness? (CODE SHEET A<sup>7</sup>) ☐

## 9 CARING FOR CHILDREN UNDER 15 YEARS

9.1 Are you currently taking care of children who are not your biological children and who are less than 15 years of age? (Y=YES; N=NO; If 'NO' SKIP TO SECTION 10) ☐

9.2 In total, how many children under the age of 15 years are you taking care of?

9.3 Why did you end up caring for the children under your care?

**CIRCLE ALL REASONS MENTIONED**

No other person to care for them .....A  
No one else willing to care for them .....B  
Out of choice .....C  
Children are orphaned .....D  
Parent(s) living elsewhere .....E  
Parent (s) refused to care for them .....F  
Other, specify: .....G

9.4 How many of the children whom you are caring for living with you in this household?    
(If ANSWER for 9.2 is EQUAL to ANSWER for 9.4, SKIP TO 9.6)

9.5 How many of these children are living elsewhere?

CHARACTERISTICS OF CHILDREN												
Now I would like us to talk about the children under the age of 15 years who are currently living with you.												
9.6	9.7	9.8	9.9	9.10	9.11	9.12	9.13	9.14	9.15	9.16	9.17	9.18
NAME OF CHILD	SEX: Male (M) Female (F)	Is (NAME'S) mother alive? (Y=YES; N=NO; D=DON'T KNOW)	IF ALIVE Where does (NAME'S) mother live? (CODE SHEET A <sup>2</sup> )	Is (NAME'S) father alive? (Y=YES; N=NO; D=DON'T KNOW)	IF ALIVE Where does (NAME'S) father live? (CODE SHEET A <sup>2</sup> )	For how long have (NAME) been living with you? (in years)	What is your relationship to (NAME)? (CODE SHEET A <sup>4</sup> )	IF (NAME) > 5 years		How would you best describe (NAME's) health? 1=Very Good 2=Good 3=Neither good nor bad 4=Poor 5=very poor	IF (NAME) > 5 years	
								Is (NAME) currently attending school? (Y=Yes; N=No) If NO GO TO 9.16	Which Level (L) and grade (G) is (NAME) in? (CODE SHEET A <sup>8</sup> )		How often does (NAME) feel unhappy or sad? 1=Often 2=Sometimes 3=Rarely 4=Never 5=DK	How often does (NAME) act disobediently at home? 1=Often 2=Sometimes 3=Rarely 4=Never 5=DK
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	L <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	L <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	L <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	L <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	L <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	L <input type="checkbox"/> G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>10.0 SOCIAL NETWORKING</b>					
I would like to ask you about social aspects of your life and also get your opinion on the community life in general. I will start with the social aspects of your life.					
<b>TYPE OF NETWORK and COMMUNITY INVOLVEMENT</b>					
10.1 How many people do you have whom you consider as close friends?					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" 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?					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<b>RECORD RELATIONSHIP (CODE SHEET A<sup>4</sup>)</b>					
10.3 Where does this person live?					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<b>(RECORD CODE OF PLACE OF RESIDENCE) (CODE SHEET A<sup>2</sup>)</b>					
10.4 Suppose you needed to confide in someone you trust, whom would you turn to first? How is this person related to you?					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<b>RECORD RELATIONSHIP (CODE SHEET A<sup>4</sup>)</b>					
10.5 Where does this person live?					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<b>(RECORD CODE OF PLACE OF RESIDENCE) (CODE SHEET A<sup>2</sup>)</b>					
10.6 Do you belong to a self-help group such as merry-go-rounds or welfare organization? (Y=YES; N=NO)					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
10.7 How often in the last 4 months have you met with a community leader? 1. Never      2. Once or Twice a week      3. Once or twice per month 4. Once or twice in last 4 months      5. Other (specify) .....					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
10.8 How often in the last 4 months have you attended any group, club, society, union or organizational meeting? 1. Never      2. Once or Twice a week      3. Once or twice per month 4. Once or twice in last 4 months      5. Other (specify) .....					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
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? 1. Never      2. Once or Twice a week      3. Once or twice per month 4. Once or twice in last 4 months      5. Other (specify) .....					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
10.10 What is your religious affiliation? 1. Roman Catholic      2. Protestant/Other Christian      3. Muslim 4. No religion [IF '4' SKIP TO 10.12]      5. Other (specify) .....					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
10.11 Not including weddings and funerals, how often do you attend religious services? 1. More than once per week      2. Once per week      3. Once or twice a month 4. Only on special occasions      5. Once a year or less often      6. Never					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<b>COMMUNITY PERCEPTION AND SECURITY</b>					
Now we have a few questions about safety in the area where you live					
	<b>VERY SAFE</b>	<b>SAFE</b>	<b>NEITHER SAFE NOR UNSAFE</b>	<b>UNSAFE</b>	<b>VERY UNSAFE</b>
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?	1	2	3	4	5
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?	1	2	3	4	5

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?		<input style="width: 40px; height: 20px;" type="checkbox"/>
1= Nearly all of them 3= Few of them	2=Some of them 4=None of them	
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? <b>(Y=YES; N=NO; IF 'NO' SKIP TO SECTION 11)</b>		<input style="width: 40px; height: 20px;" type="checkbox"/>
10.16 What type of crime have you or your family members been victims of? <b>PROBE:</b> Any other crime?		
<b>CIRCLE <u>ALL</u> MENTIONED</b>		Robbery ..A Assault ..B Mugging ..C Rape ..D Other (Specify) ..E Other (Specify) ..F
<b>11.0 HIV/AIDS ATTITUDE AND PERCEPTION</b>		
Now I would like us to talk about HIV/AIDS, a disease that is affecting all our lives irrespective of our education, economic status, age or ethnic group.		
11.1 What are the main concerns of elderly people in community regarding the HIV/AIDS problem? <b>PROBE:</b> Any other concern?		
<b>CIRCLE <u>ALL</u> MENTIONED</b>		Caring for persons infected with HIV/AIDS..... ..A Caring for orphaned children..... ..B Loss of support from adult children..... ..C Being infected with HIV/AIDS..... ..D Loss/reduction of community support to older people ..... ..E Other (spy) ..... ..F Other (spy) ..... ..G
11.2 Have you personally been affected by HIV/AIDS?		<b>(Y=YES; N=NO; If 'NO' SKIP TO 11.4)</b> <input style="width: 40px; height: 20px;" type="checkbox"/>
11.3 How have you been personally affected by HIV/AIDS?		
<b>CIRCLE <u>ALL</u> MENTIONED</b>		Caring/cared for someone infected with HIV/AIDS..... ..A Caring for orphaned children..... ..B Loss of support from adult children who died of/sick of AIDS..... ..C Infected with HIV/AIDS..... ..D Loss/reduction of community support to older people ..... ..E Loss of spouse to AIDS ..... ..F Other (spy) ..... ..G Other (spy) ..... ..H
11.4 Now I would like to ask you some personal questions on how you feel about HIV/AIDS.		
Do you think your chances of contracting HIV/AIDS are small <b>(1)</b> , moderate <b>(2)</b> , great <b>(3)</b> no risk at all <b>(4)</b> or Has HIV/AIDS <b>(5)</b>		<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>[IF '2' OR '3' SKIP TO 11.6; IF '5' SKIP TO 11.9]</b>		
11.5 Why do you think you have NO RISK AT ALL/SMALL chance of contracting HIV/AIDS?		
<b>CIRCLE <u>ALL</u> MENTIONED</b>		Abstain from sex..... ..A Use condoms..... ..B Have only one sex partner..... ..C Spouse has not other sex partners..... ..D Avoid/no blood transfusion..... ..E Avoid unsterilised body piercing..... ..F Use own body piercing/shaving instruments..... ..G Other ..... ..H Other ..... ..I Other ..... ..J

<p>11.6 Why do you think you have a MODERATE/GREAT chance of contracting HIV/AIDS?</p> <p style="text-align: center; margin-top: 20px;"><b>CIRCLE <u>ALL</u> MENTIONED</b></p>	<p>Do not use condoms ..... A</p> <p>More than one sex partner..... B</p> <p>Many sex partners..... C</p> <p>Spouse has/suspected to have other sex partners..... D</p> <p>Had blood transfusion..... E</p> <p>Had injection/body piercing..... F</p> <p>Interacted with someone with AIDS ..... G</p> <p>Lost weight ..... H</p> <p>Have weak body resistance..... I</p> <p>Other ..... J</p> <p>Does Not Know..... K</p>
<p>11.7 If a relative of yours becomes sick with the virus that causes HIV/AIDS, would you be willing to care for him or her in your own home? <span style="float: right; border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></span></p> <p style="text-align: center;"><b>(Y=YES, N=NO, D=DON'T KNOW/UNSURE)</b></p>	
<p>11.8 If a married man becomes sick with HIV/AIDS, who should mainly be responsible for providing care to him?</p> <p style="text-align: center; margin-top: 20px;"><b>CIRCLE ONLY <u>ONE</u> RESPONSE</b></p>	<p>Spouse.....1</p> <p>Parents.....2</p> <p>Brother/Sister.....3</p> <p>Parent-in-law.....4</p> <p>Brother/sister-in-law.....5</p> <p>Other family members.....6</p> <p>Friends.....7</p> <p>Government facilities.....8</p> <p>NGOs/CBOs.....9</p> <p>Religious group.....10</p> <p>The community.....11</p> <p>Other.....12</p>
<p>11.9 If an unmarried man becomes sick with HIV/AIDS, who should mainly be responsible for providing care to him?</p> <p style="text-align: center; margin-top: 20px;"><b>CIRCLE ONLY <u>ONE</u> RESPONSE</b></p>	<p>Spouse.....1</p> <p>Parents.....2</p> <p>Brother/Sister.....3</p> <p>Parent-in-law.....4</p> <p>Brother/sister-in-law.....5</p> <p>Other family members.....6</p> <p>Friends.....7</p> <p>Government facilities.....8</p> <p>NGOs/CBOs.....9</p> <p>Religious group.....10</p> <p>The community.....11</p> <p>Other.....98</p>
<p>11.10 If a married woman becomes sick with HIV/AIDS, who should mainly be responsible for providing care to her?</p> <p style="text-align: center; margin-top: 20px;"><b>CIRCLE ONLY <u>ONE</u> RESPONSE</b></p>	<p>Spouse.....1</p> <p>Parents.....2</p> <p>Brother/Sister.....3</p> <p>Parent-in-law.....4</p> <p>Brother/sister-in-law.....5</p> <p>Other family members.....6</p> <p>Friends.....7</p> <p>Government facilities.....8</p> <p>NGOs/CBOs.....9</p> <p>Religious group.....10</p> <p>The community.....11</p> <p>Other.....98</p>

11.11 If an unmarried woman becomes sick with HIV/AIDS, who should be the main person who should provide care to her?  <div style="text-align: center; margin-top: 20px;"><b>CIRCLE ONLY <u>ONE</u> RESPONSE</b></div>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Spouse.....</td><td style="text-align: right;">1</td></tr> <tr><td>Parents.....</td><td style="text-align: right;">2</td></tr> <tr><td>Brother/Sister.....</td><td style="text-align: right;">3</td></tr> <tr><td>Parent-in-law.....</td><td style="text-align: right;">4</td></tr> <tr><td>Brother/sister-in-law.....</td><td style="text-align: right;">5</td></tr> <tr><td>Other family members.....</td><td style="text-align: right;">6</td></tr> <tr><td>Friends.....</td><td style="text-align: right;">7</td></tr> <tr><td>Government facilities.....</td><td style="text-align: right;">8</td></tr> <tr><td>NGOs/CBOs.....</td><td style="text-align: right;">9</td></tr> <tr><td>Religious group.....</td><td style="text-align: right;">10</td></tr> <tr><td>The community.....</td><td style="text-align: right;">11</td></tr> <tr><td>Other.....</td><td style="text-align: right;">98</td></tr> </table>	Spouse.....	1	Parents.....	2	Brother/Sister.....	3	Parent-in-law.....	4	Brother/sister-in-law.....	5	Other family members.....	6	Friends.....	7	Government facilities.....	8	NGOs/CBOs.....	9	Religious group.....	10	The community.....	11	Other.....	98
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11.12 I don't want to know the results, but have you ever been tested to see if you have the virus that causes AIDS? (Y=YES; N=NO; D=DON'T KNOW; IF 'YES' SKIP TO 11.15)	<input style="width: 30px; height: 20px;" type="checkbox"/>																								
11.13 Would you be willing to be tested for HIV/AIDS? (Y=YES; N=NO; D=DON'T KNOW; IF 'YES' SKIP TO 11.15)	<input style="width: 30px; height: 20px;" type="checkbox"/>																								
11.14 Why are you unsure/not willing to be tested for HIV/AIDS?  <div style="text-align: center; margin-top: 20px;"><b>CIRCLE <u>ALL</u> MENTIONED</b></div>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Risk of contacting HIV is low.....</td><td style="text-align: right;">A</td></tr> <tr><td>Risk of contacting HIV is high.....</td><td style="text-align: right;">B</td></tr> <tr><td>Testing has no benefit.....</td><td style="text-align: right;">C</td></tr> <tr><td>Spouse/partner does not approve.....</td><td style="text-align: right;">D</td></tr> <tr><td>Not ready / fear of knowing the status.....</td><td style="text-align: right;">E</td></tr> <tr><td>Do not know place for testing.....</td><td style="text-align: right;">F</td></tr> <tr><td>Other.....</td><td style="text-align: right;">G</td></tr> <tr><td>Other.....</td><td style="text-align: right;">H</td></tr> </table>	Risk of contacting HIV is low.....	A	Risk of contacting HIV is high.....	B	Testing has no benefit.....	C	Spouse/partner does not approve.....	D	Not ready / fear of knowing the status.....	E	Do not know place for testing.....	F	Other.....	G	Other.....	H								
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Other.....	H																								
11.15 Would you say there are older people infected with HIV/AIDS in this community? (Y=YES; N=NO)	<input style="width: 30px; height: 20px;" type="checkbox"/>																								
11.16 We have now come to the end of our discussion, Do you have any comments or questions you would like to ask me? _____ _____ _____																									
11.17 END TIME (24 HR-FORMAT) <span style="float: right;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </span> <div style="text-align: center; margin-top: 5px;"><b>END THE INTERVIEW BY THANKING THE RESPONDENT</b></div>																									
<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? <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1=Very good</span> <span>2=Good</span> <span>3=Moderate</span> <span>4=Bad</span> <span>5=Very bad</span> </div>	<input style="width: 30px; height: 20px;" type="checkbox"/>																								
12.2 What is your evaluation of the accuracy and completeness of the respondent's answers? <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1=Very high</span> <span>2=High</span> <span>3=Average</span> <span>4=Low</span> <span>5=Very low</span> </div>	<input style="width: 30px; height: 20px;" type="checkbox"/>																								
12.3 What is your assessment of the respondent's comprehension of issues discussed? <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1=Very good</span> <span>2=Good</span> <span>3=Moderate</span> <span>4=Bad</span> <span>5=Very bad</span> </div>	<input style="width: 30px; height: 20px;" type="checkbox"/>																								
12.4 What is your assessment of the respondent's concentration and attentiveness during the interview? <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1=Good</span> <span>2=Moderate</span> <span>3=Bad</span> <span>4=Very bad</span> </div>	<input style="width: 30px; height: 20px;" type="checkbox"/>																								
12.5 What is your assessment on the extent of the respondent digressing during the interview ? <div style="display: flex; justify-content: space-around; font-size: small;"> <span>1=To a very great extent;</span> <span>2=To a great extent;</span> <span>3=Neither great nor small extent</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>4=To a small extent;</span> <span>5=To a very small extent</span> </div>	<input style="width: 30px; height: 20px;" 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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12.90 What questions did you the interviewer find difficult, embarrassing or confusing?

(Explain)

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12.10 INTERVIEWER NOTES

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