

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE**  
**UNDERSTANDING RESILIENCE IN LATER LIFE IN A LOW RESOURCE SETTING**  
**SCREENING QUESTIONNAIRE**

<b>1.0 IDENTIFICATION INFORMATION</b>	
1.1	SITE _____
1.2	FIELD WORKER'S CODE <input style="width: 20px; height: 15px;" type="text"/>
1.3	DATE OF INTERVIEW (DD/MM/YYYY) <input style="width: 20px; height: 15px;" type="text"/>
1.4	RESPONDENT'S ID <input style="width: 20px; height: 15px;" type="text"/>
1.5	RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY) <input style="width: 20px; height: 15px;" type="text"/>
1.6	RESPONDENT'S SEX (F=Female; M=Male) <input style="width: 20px; height: 15px;" type="text"/>
1.7	RESPONDENT'S FULL NAME _____
1.8	ID OF ROOM WHERE RESPONDENT SLEEPS <input style="width: 20px; height: 15px;" type="text"/>
<b>INTRODUCTION AND CONSENT</b>	
1.9	<p>Hello, I am [.....] from the African Population and Health Research Center. We are conducting a survey to better understand the health and wellbeing of older people in this community. Specifically we would like to know about your health, the care and support you provide and your general life situation. This study is a follow up to the interviews we had with you between 2006 and 2008. The questions we will ask are similar to the ones we asked in the previous interviews except for a few changes. We are interviewing you again so we can determine if your situation has changed since the last time you were interviewed. All the responses you provide are confidential and will be used for 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 study since your views are very important. You will neither be paid nor pay us to participate in this study. This interview will take about 30 minutes of your time.</p> <p>Do you accept to participate in this study? <b>(Y=YES; N=NO; IF 'YES' SKIP TO 1.11)</b> <input style="width: 20px; height: 15px;" type="checkbox"/></p>
1.10	<p>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?</p> <p>1 Too busy/Do not have time <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>2 Tired of research</p> <p>3 Research not beneficial</p> <p>4 Not interested</p> <p>6 Other (Specify).....</p> <p>(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.</p>
1.11	<p>RESULT OF INTERVIEW <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>1 Completed</p> <p>2 No competent respondent at home</p> <p>3 Entire household absent for extended period</p> <p>4 Refused</p> <p>5 Whereabouts unknown (HRB)</p> <p>6 Structure owner/others refused access</p> <p>8 Other (Specify).....</p>
1.12	START TIME (24 HR-FORMAT) <input style="width: 20px; height: 15px;" type="text"/>
<b>OFFICE/FIELD CHECK DETAILS</b>	
1.13	FIELD SUPERVISOR'S/TEAM LEADER'S CODE <input style="width: 20px; height: 15px;" type="text"/>
1.14	DATA ENTRY CLERK'S CODE <input style="width: 20px; height: 15px;" type="text"/>

(3.0) 2.0 CARE AND SUPPORT																
(3.19) 2.1	<p>Now I would like us to talk about your children, and the support that you give to them if any</p> <p>In the last 12 months, did you provide any of your children with financial support/assistance?            FW: IF THE RESPONDENT HAS NO CHILDREN CODE 99 AND SKIP TO 3.0</p>	<p>YES.....1            NO.....2            N/A.....99 → <b>3.0</b></p>														
(3.20) 2.2	<p>In the last 12 months, did you assist your children in/by:</p> <p>a. Caring for their children            b. Doing domestic chores for them            c. Providing material support (food, clothing)            d. Providing advice or counseling            e. School fees/Education            f. Healthcare            g. Other (Specify).....</p>	<p><b>CIRCLE APPROPRIATE RESPONSE</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">YES</th> <th style="width: 50%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2
YES	NO															
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(5.0) 3.0 WORK HISTORY AND BENEFITS																
<p><b>Economic activity/Livelihoods</b>            Now I will ask you some questions about any work that you may be doing now or may have done in the past</p>																
(5.1) 3.1	<p>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 your own housework?)</p>	<p>YES.....1 → <b>3.3</b>            NO.....2</p>														
(5.3) 3.2	<p>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</p>	<p>UNIT <input style="width: 40px; height: 20px;" type="text"/></p> <p>Number of units <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>Never worked.....98</p>														
(5.16) 3.3	<p>What would you say is your main source of livelihood currently?             CIRCLE ONE RESPONSE</p>	<p>Own and/or spouses work..... 01            Own savings/investments..... 02            Pension/retirement benefit..... 03            Support from children/parents..... 04            Support from other relatives..... 05            Donation/welfare..... 06</p>														
<p><b>Older Persons Cash Transfer Program</b>            Now I will ask a few questions about the older persons cash transfer program by the Government of Kenya that targets people aged 65 years and above</p>																
3.4	<p>Do you personally receive funds from the older persons cash transfer program?</p>	<p>YES.....1            NO.....2</p>														
(7.0) 4.0 HEALTH STATE DESCRIPTIONS - WHODAS 12 and WHOQoL																
(7.2) 4.1	<p>Now I would like to ask you about your overall health, including both your physical and your mental health.</p> <p>In general how would you rate your health today, would you say your health is:</p> <p>1= Very good            2= Good            3= Moderate            4= Bad            5= Very bad</p>	<input style="width: 40px; height: 20px;" type="text"/>														

When answering the following questions, I would like you to think about the last 30 days, taking both good and bad days 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, causing discomfort or pain, slowness or changes in the way you do the activity. I would like you to provide me your response whether you had No difficulty, Mild difficulty, Moderate difficulty, Severe difficulty or Extreme difficulty regarding the following functions of your body						
<b>(CIRCLE APPROPRIATE CODE)</b>		<b>NONE</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>	<b>EXTREME/ CAN'T DO</b>
(7.4) 4.2	<b>Mobility</b> Overall in the last 30 days how much difficulty did you have with moving around?	01	02	03	04	05
(7.5) 4.3	Overall in the last 30 days how much difficulty did you have in vigorous activities (such as walking fast)?	01	02	03	04	05
(7.19) 4.4	<b>Affect- anxiety</b> Overall in the last 30 days how much of a problem did you have with worry or anxiety?	01	02	03	04	05
<b>FUNCTIONING ASSESSMENT</b>						
The next questions ask about difficulties due to health conditions. Health conditions include diseases or or illnesses and 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 please provide me your response whether you had No difficulty, Mild difficulty, Severe difficulty or Extreme difficulty in doing the following activities:						
<b>(CIRCLE APPROPRIATE CODE)</b>		<b>NONE</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>	<b>EXTREME/ CAN'T DO</b>
(7.40) 4.5	<b>In the last 30 days, how much difficulty did you have:</b> ...in bathing/washing your whole body?	01	02	03	04	05
(7.41) 4.6	... in getting dressed?	01	02	03	04	05
<b>SUBJECTIVE WELLBEING</b>						
Now I would like to hear your thoughts about your life and life situation by telling me whether you Completely, Mostly, Moderately, A little bit, or Not at all agree with the following:						
<b>(CIRCLE APPROPRIATE CODE)</b>						
		<b>COMPLETELY</b>	<b>MOSTLY</b>	<b>MODERATELY</b>	<b>A LITTLE</b>	<b>NONE AT ALL</b>
7.55 (4.7)	<b>Energy for everyday life</b> Do you have enough energy for everyday life?	01	02	03	04	05
(7.56) 4.8	<b>Money to meet basic needs</b> Do you have enough money to meet your basic needs?	01	02	03	04	05
(7.63) 4.9	<b>Overall happiness</b> Taking all things together, how would you say you are these days? Are you 1= Very happy 2= Happy 3= Neither happy nor unhappy 4= Unhappy 5= Very unhappy 8= Don't Know	<input type="checkbox"/>				

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

	(CIRCLE APPROPRIATE CODE)	VERY SATISFIED	SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
(7.59) 4.10	<b>Satisfaction with personal relationships</b> How satisfied are you with your personal relationships?	01	02	03	04	05
(7.61) 4.11	<b>Satisfaction with life overall</b> Taking all things together, how satisfied are you with life as a whole these days?	01	02	03	04	05

**(10.0) 5.0 SOCIAL-CULTURAL ENVIRONMENT**

Now I would like to ask you about some difficult things that may have happened to you in the last 12 months		
(10.15) 5.1	In the last 12 months, have you or anyone in your household been the victim of a crime such as robbery, assault or mugging in your neighborhood?	YES.....1 NO.....2 → <b>5.3</b>

(10.16) 5.2	What type of crime have you or your family members been victims of? <b>PROBE:</b> Any other crime? <b>CIRCLE ALL MENTIONED</b>	Robbery..... A Assault..... B Mugging..... C Rape..... D Other (Specify)..... E Other (Specify)..... F
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5.3	END TIME (24 HOUR)	<input type="text"/>
5.4	INTERVIEWER NOTES	