

22 MENTAL HEALTH

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
 RESPONDENT: SELF

ID CODE	(22.01)					(22.02)	(22.03)	(22.04)																							
	Now I will read five statements about how a person might be feeling. For each of the five statements, please indicate whether <u>in the last two weeks</u> , you have been feeling this way all the time, most of the time, more than half of the time, less than half of the time, some of the time, or at no time.					In the last 12 months, did you ever seek any help from health workers because you felt sad, hopeless or anxious?	Where did you seek help?	Are you currently taking any medication to treat depression or anxiety?																							
									<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: none;">ALL OF THE TIME</td><td style="border: none; text-align: right;">1</td></tr> <tr><td style="border: none;">MOST OF THE TIME</td><td style="border: none; text-align: right;">2</td></tr> <tr><td style="border: none;">MORE THAN HALF OF THE TIME</td><td style="border: none; text-align: right;">3</td></tr> <tr><td style="border: none;">LESS THAN HALF OF THE TIME</td><td style="border: none; text-align: right;">4</td></tr> <tr><td style="border: none;">SOME OF THE TIME</td><td style="border: none; text-align: right;">5</td></tr> <tr><td style="border: none;">AT NO TIME</td><td style="border: none; text-align: right;">6</td></tr> </table>					ALL OF THE TIME	1	MOST OF THE TIME	2	MORE THAN HALF OF THE TIME	3	LESS THAN HALF OF THE TIME	4	SOME OF THE TIME	5	AT NO TIME	6	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: none;">CENTRAL DISTRICT HOSPITAL</td><td style="border: none; text-align: right;">01</td></tr> <tr><td style="border: none;">DISTRICT HEALTH CENTRE (DHC)</td><td style="border: none; text-align: right;">02</td></tr> <tr><td style="border: none;">RURAL HEALTH CENTRE (RHC)</td><td style="border: none; text-align: right;">03</td></tr> <tr><td style="border: none;">HEALTH HOUSE (HH)</td><td style="border: none; text-align: right;">04</td></tr> <tr><td style="border: none;">PRIVATE CLINIC</td><td style="border: none; text-align: right;">05</td></tr> <tr><td style="border: none;">TRADITIONAL HEALER</td><td style="border: none; text-align: right;">06</td></tr> <tr><td style="border: none;">OTHER, SPECIFY</td><td style="border: none; text-align: right;">96</td></tr> </table>	CENTRAL DISTRICT HOSPITAL	01	DISTRICT HEALTH CENTRE (DHC)	02	RURAL HEALTH CENTRE (RHC)
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23 GENERAL HEALTH

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40

RESPONDENT: SELF

ID CODE	(23.01)	(23.02)	(23.03)	(23.04)	(23.05)	(23.06)	(23.07)	(23.08)	(23.09)
	How would you rate your health in general?	Do you have any long-standing illness or health problem? (at least 6 months or more)	Over at least the past 6 months, to what extent, if at all, have you been limited in activities people normally do, because of a health problem? Would you say you have been...?	How tall are you (in cm) without shoes (in cm)?	How much do you weigh (in kg)?	Would you say that your current weight is...	What kind of fat do you mostly use for food preparation at home? SINGLE ANSWER	Do you add salt to your meals?	During the last 12 months, have you been advised to reduce weight by any of the following? INTERVIEWER: READ EACH OPTION ALOUD
	Very good 1	Yes 1	Severely 1	Don't know -99	Don't know -99	Too high 1	Vegetable oil 1	Never 1	Yes 1
	Good 2	No 2	Somewhat 2			Too low 2	Margarine 2	When the food is not salty enough 2	No 2
	Neither good 3	Refusal 97	Not limited 3			About right 3	Butter or similar 3		
	Bad 4		Refusal 97			Refusal 97	Lard or other 4	Almost always before tasting the food 3	
	Very bad 5					No fat at all 5			
	Refusal 97								
				CM	KG				A doctor Other health care personnel A family member Someone else Other
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23 GENERAL HEALTH

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
 RESPONDENT: SELF

ID CODE	(23.10)	(23.11)	(23.12)	(23.13)	(23.14)	
	During the last 12 months, have you been advised to increase your physical activity by any of the following? INTERVIEWER: READ EACH OPTION ALOUD	Over the past 12 months what changes have you made to your diet?	In the last 7 days, on how many days did you walk for at least 10 minutes at a time?	On days when you walk for at least 10 minutes at a time, how much time do you usually spend walking?	With regard to smoking cigarettes, cigars, or a pipe, which of the following applies to you? EXCLUDE CHEWING TOBACCO	
	Yes 1	More fruits and vegetables 1	Don't know -99	Don't -99	You currently smoke 1	
	No 2	Less meat 2			You used to smoke but have stopped 2 ▶ (23.23)	
		Less fat 3			You have never 3 ▶ (23.23)	
		Fewer calories 4			Refusal 97 ▶ (23.23)	
		Less salt 5				
		Less sugar 6				
		Other 96				
			DAYS	Hours (HH)	Minutes (MM)	
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23 GENERAL HEALTH

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
 RESPONDENT: SELF

ID CODE	(23.20)	(23.21)	(23.22)	(23.23)	(23.24)	(23.25)
	Have you tried to quit smoking in the last 12 months?	In your opinion, do you think smoking can cause the following diseases? INTERVIEWER: READ EACH OPTION ALOUD	PLEASE INDICATE whether you tend to agree or disagree with the following statement: *Smoking causes cancer and death*.	Do you use chewing tobacco?	In your opinion, do you think chewing tobacco can cause the following diseases or problems? INTERVIEWER: READ EACH OPTION ALOUD	PLEASE INDICATE whether you tend to agree or disagree with the following statement: *Chewing tobacco causes cancer and death*.
	Yes, once 1	Yes 1	Totally agree 1	Yes, every day 1	Yes 1	Totally agree 1
	Yes, between 2 and 5 times 2	No 2	Tend to agree 2	Yes, occasionally 2	No 2	Tend to agree 2
	Yes, more than 5 times 3	Don't know 3	Tend to disagree 3	No, not at all 3 ▶ (23.26)	Don't know 3	Tend to disagree 3
	No 4		Totally disagree 4			Totally disagree 4
	Refusal 97		Don't know 5			Don't know 5
		Cardiovascular diseases, including a heart attack			Cardiovascular diseases, including a heart attack	
		Stroke			Stroke	
		Lung cancer			Cancer	
		Bronchitis			Problems with teeth or gums (cavities or gum disease)	
		Diabetes				
		Impotence/in fertility				
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FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
 RESPONDENT: SELF

ID CODE	(24.01)										(24.02)			
	I am going to read out a series of possible tests or health check-ups. For each of them, please tell me if you had one in the last 12 months, whether or not as part of any consultation. (IF YES) Was it on your own initiative, at a doctor's initiative or as part of a screening program? INTERVIEWER: READ EACH OPTION ALOUD										In general, how satisfied are you with the quality of Tajikistan health care system?			
	Yes, own initiative	1											Very satisfied	1
	Yes, doctor's initiative	2											Satisfied	2
	Yes, screening program	3											Dissatisfied	3
	No	4											Very dissatisfied	4
	Don't know	5											Don't know	5
													OTHER, SPECIFY	96
	A dental check-up													
	A general health check-up													
	An x-ray, ultrasound or other scan													
	An eye test by an optician or eye doctor													
	A cholesterol test													
	A heart check-up													
	A blood pressure test (not including the one just given)													
	A colorectal cancer testing													
	A flu vaccine													
	MEN ONLY: A Prostate Specific Antigen (PSA) test													
	WOMEN ONLY: An osteoporosis examination													
	WOMEN ONLY: A breast examination by hand (by medical professional)													
	WOMEN ONLY: A breast examination by x-ray, that is, by mammography?													
	WOMEN ONLY: And a mammography in the last three years													
	WOMEN ONLY: A cervical smear test (that is, a pap smear)													
	WOMEN ONLY: And a pap smear in the last three years													
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FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
RESPONDENT: SELF

ID CODE	(24.03)	(24.04)	(24.05)	(24.06)	(24.07)
	In general, if you have been feeling unwell for a few days, who do you contact first when you become ill?	And how likely do you think it is that patients could be harmed by non-hospital care in this country? By non-hospital care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or from a pharmacy.	In general, for each of the following medical services, would you expect to pay in cash or in kind for use? INTERVIEWER: READ EACH OPTION ALOUD	During the past 12 months, was there any time when, in your opinion, you personally needed a medical examination or treatment for a health problem but did not receive it?	What was the main reason for not receiving it? SINGLE ANSWER
	Family doctor 1		Yes, a significant amount 1	Yes, there was at least one occasion 1	TOO EXPENSIVE 01
	FAMILY NURSE 2	Very likely 1	Yes, but just a 2	No, there was no such 2 ▶ (24.08)	TOO FAR 02
	Feldsher 3	Fairly likely 2	No, not at all 3	Refusal 97 ▶ (24.08)	TOO BUSY (WORK, CHILDREN) 03
	Hospital doctor 4	Not very likely 3	Don't know 4		WASNT SICK ENOUGH 04
	Specialist at PHC 5	Not at all likely 4			FACILITY HAS POOR STRUCTURE 05
	Obstetrician/Gynecol 6	Don't know 5			FACILITY POORLY STOCKED 06
	MIDWIFE 7		Ambulance		POOR STAFF ATTITUDE 07
	TRADITIONAL BIRTH ATTENDANT 8		Health check-up with a doctor		POOR STAFF KNOWLEDGE 08
	Private doctor 9		X-ray		DON'T TRUST THE STAFF 09
	PHARMACIST 10		Lab test		STAFF USUALLY ABSENT 10
	TRADITIONAL HEALER 11		Visit to emergency ward		HEALTH FACILITY CLOSED 11
	Treat myself at home 12		Prescription drugs		NO TRANSPORTATION 12
	OTHER (SPECIFY) 96				POOR QUALITY OF CARE 13
01					INCONVENIENT HOURS 14
02					LONG WAITING TIMES 15
03					PREFER HOME CARE 16
04					SHORTAGE OF HEALTH WORKERS 17
05					OTHER (SPECIFY) 96
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FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
RESPONDENT: SELF

ID CODE	(24.08)	(24.09)	(24.10)	(24.11)	(24.12)				
	During the past 12 months, was there any time when you needed to be hospitalized following a recommendation from a doctor, either as an inpatient or a day patient, but were not?	What was the main reason for not being hospitalized? SINGLE ANSWER	During the past 12 months, was there any time when you were given a prescription for medication by a doctor, but you did not have it filled?	What was the main reason for not having it filled? SINGLE ANSWER	Which one of the following statements do you agree with in terms of unofficial, private out-of-pocket fees paid at health facilities in Tajikistan?				
		TOO EXPENSIVE 01		TOO EXPENSIVE 01	Totally agree 1				
		TOO FAR 02		TOO FAR 02	Tend to agree 2				
		TOO BUSY (WORK, CHILDRE 03		TOO BUSY (WORK, CHILDREN) 03	Tend to Disagree 3				
		WASNT SICK ENOUGH 04		WASNT SICK ENOUGH 04	Totally disagree 4				
	Yes, there was at least one occasion 1	FACILITY HAS POOR STRUC 05	Yes, there was at least one occasion 1	FACILITY HAS POOR STRUCTURE 05	Don't know 5				
	No, there was no such occasion 2 ▶ (24.10)	FACILITY POORLY STOCKEI 06	No, there was no such 2 ▶ (24.12)	FACILITY POORLY STOCKED 06					
	Refusal 97 ▶ (24.10)	POOR STAFF ATTITUDE 07	Refusal 97 ▶ (24.12)	POOR STAFF ATTITUDE 07					
		POOR STAFF KNOWLEDGE 08		POOR STAFF KNOWLEDGE 08		Private fees must be eliminated and doctors/health care staff should be penalized for requesting such fees The Government should increase salaries of health care staff and private fees will automatically be reduced Unofficial private fees should be made official and publicly announced			
		DON'T TRUST THE STAFF 09		DON'T TRUST THE STAFF 09					
		STAFF USUALLY ABSENT 10		STAFF USUALLY ABSENT 10					
		HEALTH FACILITY CLOSED 11		HEALTH FACILITY CLOSED 11					
		NO TRANSPORTATION 12		NO TRANSPORTATION 12					
		POOR QUALITY OF CARE 13		POOR QUALITY OF CARE 13					
		INCONVENIENT HOURS 14		INCONVENIENT HOURS 14					
		LONG WAITING TIMES 15		LONG WAITING TIMES 15					
		PREFER HOME CARE 16		PREFER HOME CARE 16					
		SHORTAGE OF HEALTH WO 17		SHORTAGE OF HEALTH WORKERS 17					
		OTHER (SPECIFY) 96		OTHER (SPECIFY) 96					
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25 HIGH CHOLESTEROL AND OTHER HEALTH CONDITIONS

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40

RESPONDENT: SELF

ID CODE	(25.01)	(25.02)	(25.03)	(25.04)	(25.05)	(25.06)	(25.07)
	When was your blood cholesterol last measured by a health professional?	Have you recently changed your way of life in order to lower your blood cholesterol?	Have you ever been told by a doctor or other health professional that you have high cholesterol?	Did the doctor prescribe medication for your high cholesterol?	Do you take any medicine without doctor's prescription to lower your cholesterol?	In the last 24 hours, did you take this medication to lower your cholesterol?	Do you take aspirin on a regular basis – that is, every day or every other day?
	Within the past 12 months	Yes	Yes	Yes	Yes	All of it	Yes
	1 – 5 years ago	No	No	No	No	Part of it	No
	Not within the past 5 yrs or never	Don't know	Don't know	Don't know	None of it		
Don't know/do not remember							
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25 HIGH CHOLESTEROL AND OTHER HEALTH CONDITIONS

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
RESPONDENT: SELF

ID CODE	(25.08)				(25.09)		(25.10)	(25.11)	(25.12)	(25.13)	(25.14)	(25.15)	(25.16)	(25.17)
	Why do you take aspirin on a regular basis? MULTIPLE ANSWERS POSSIBLE				Do you have, or have you ever had, chronic bronchitis or emphysema?		During the past 12 months, have you ever been admitted to a hospital primarily as a result of your chronic bronchitis or emphysema?	Do you have, or have you ever had, diabetes?	During the past 12 months, have you ever been admitted to a hospital primarily as a result of diabetes?	Do you have, or have you ever had, long-standing problems with your muscles, bones and joints (rheumatism,	Do you have, or have you ever had, a peptic ulcer (gastric or duodenal ulcer)?	Do you have, or have you ever had, cancer?	Have you ever had a heart attack?	Have you ever had a stroke/cerebral hemorrhage?
	Yes 1				Yes 1		Yes 1	Yes 1	Yes 1	Yes 1	Yes 1	Yes 1	Yes 1	Yes 1
	No 2				No 2 ▶ (25.11)		No 2	No 2 ▶ (25.13)	No 2	No 2	No 2	No 2	No 2	No 2
NOT APPLICABLE 3				Don't know 3 ▶ (25.11)		Don't know 3	Don't know 3 ▶ (25.13)	Don't know 3	Don't know 3	Don't know 3	Don't know 3	Don't know 3	Don't know 3	
												Refusal 97	Refusal 97	Refusal 97
				To relieve pain										
				To reduce the chance of heart attack										
				To reduce the chance of a stroke										
				Other										
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