

21 ACTIVITIES OF DAILY LIVING

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
RESPONDENT: SELF

| ID CODE | (21.01) | (21.02) | (21.03) | (21.04) | (21.05) | (21.06) |
|---------|---|---|---|--|--|----------------------------------|
| | If you had to carry a heavy load, such as a bucket of water, for 20 meters, could you do it easily, with some difficulty, with much difficulty or not at all? | How long have you had difficulty/been unable to carry a heavy load? | Why are you unable to carry a heavy load? | If you had to walk 5 km, could you do it easily, with some difficulty, with much difficulty or not at all? | How long have you had difficulty to walk 5 km? | Why are you unable to walk 5 km? |
| | EASILY 1 ► (21.04) | LESS THAN ONE WEEK 1 | DISABLED 01 PREGNANT 02 | EASILY 1 ► NEXT SECTION | LESS THAN ONE WEEK 1 | DISABLED 01 PREGNANT 02 |
| | WITH SOME DIFFICULTY 2 | 1 TO 4 WEEKS 2 | TOO WEAK 03 | WITH SOME DIFFICULTY 2 | 1 TO 4 WEEKS 2 | TOO WEAK 03 |
| | WITH MUCH DIFFICULTY 3 | 1 TO 6 MONTHS 3 | TOO SICK 04 | WITH MUCH DIFFICULTY 3 | 1 TO 6 MONTHS 3 | TOO SICK 04 |
| | | 6 TO 12 MONTHS 4 | TOO INJURED 05 | | 6 TO 12 MONTHS 4 | TOO INJURED 05 |
| | UNABLE TO DO 4 | MORE THAN 12 MONTHS 5 | OTHER(SPECIFY) 96 | UNABLE TO DO 4 | MORE THAN 12 MONTHS 5 | OTHER(SPECIFY) 96 |
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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 border="1"> <tr><td>ALL OF THE TIME</td><td>1</td></tr> <tr><td>MOST OF THE TIME</td><td>2</td></tr> <tr><td>MORE THAN HALF OF THE TIME</td><td>3</td></tr> <tr><td>LESS THAN HALF OF THE TIME</td><td>4</td></tr> <tr><td>SOME OF THE TIME</td><td>5</td></tr> <tr><td>AT NO TIME</td><td>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 |
| 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 | | | | | | | | | | | | | | | |
| | A. | B. | C. | D. | E. | | | | | | | | | | | |
| | I have felt cheerful and in good spirits | I have felt calm and relaxed | I have felt active and vigorous | I woke up feeling fresh and rested | My daily life has been filled with things that interest me | YES 1 NO 2 ► (22.04) | | YES 1 NO 2 | | | | | | | | |
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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 | Almost always before tasting the food 3 | <div>A doctor</div> <div>Other health care personnel</div> <div>A family member</div> <div>Someone else</div> <div>Other</div> | | | | | |
| | Bad 4 | | Refusal 97 | | | Refusal 97 | Lard or other 4 | | | | | | | |
| | Very bad 5 | | | | | No fat at all 5 | | | | | | | | |
| | Refusal 97 | | | | | | | | | | | | | |
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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 | | | | | | |
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5 / 20

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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7 / 20

FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
RESPONDENT: SELF

| ID CODE | (24.01) 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 | | | | | | | | | | | | | | (24.02) In general, how satisfied are you with the quality of Tajikistan health care system? | | |
|---------|---|---------------------------|------------------------------------|--|--------------------|------------------|--|-----------------------------|---------------|--|---|--|---|---|---|---|--|
| | 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 | Very satisfied Satisfied Dissatisfied Very dissatisfied Don't know OTHER, SPECIFY |
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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 | | | | | | | WASN'T 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 | | | | | | | | | POOR STAFF ATTITUDE 07 |
| | TRADITIONAL BIRTH ATTENDANT 8 | | | | | | | | | POOR STAFF KNOWLEDGE 08 |
| | Private doctor 9 | | | | | | | | | DON'T TRUST THE STAFF 09 |
| | PHARMACIST 10 | | | | | | | | | STAFF USUALLY ABSENT 10 |
| | TRADITIONAL HEALER 11 | | | | | | | | | HEALTH FACILITY CLOSED 11 |
| | Treat myself at home 12 | | | | | | | | | NO TRANSPORTATION 12 |
| | OTHER (SPECIFY) 96 | | | | | | | | | POOR QUALITY OF CARE 13 |
| | | | | | | | | | | INCONVENIENT HOURS 14 |
| | | | | | | | | | | LONG WAITING TIMES 15 |
| | | | | | | | | | | PREFER HOME CARE 16 |
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FOR ALL ADULT HOUSEHOLD MEMBERS OVER 40
RESPONDENT: SELF

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|---------|---|--|--|--|--|--|--|
| 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, CHILDREN) 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 STRUCTURE 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 STOCKED 06 | No, there was no such occasion 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 | <div>Private fees must be eliminated and doctors/health care staff should be penalized for requesting such fees</div> <div>The Government should increase salaries of health care staff and private fees will automatically be reduced</div> <div>Unofficial private fees should be made official and publicly announced</div> | | |
| | | 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 WORKERS 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 1 | Yes 1 | Yes 1 | Yes 1 ► (25.06) | Yes 1 | All of it 1 | Yes 1 |
| | 1 – 5 years ago 2 | No 2 | No 2 ► (25.07) | No 2 | No 2 ► (25.07) | Part of it 2 | No 2 ► (25.09) |
| | Not within the past 5 yrs or never 3 | Don't know 3 | Don't know 3 ► (25.07) | | | None of it 3 | |
| Don't know/do not remember 4 | | | | | | | |
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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 | No 2 | No 2 | No 2 | No 2 | No 2 | No 2 | No 2 | No 2 |
| | NOT APPLICABLE 3 | Don't know 3 | Don't know 3 | Don't know 3 | Don't know 3 | Don't know 3 | Don't know 3 | Don't know 3 | Don't know 3 | Don't know 3 |
| | To relieve pain | To reduce the chance of heart attack | To reduce the chance of a stroke | Other | | | | | Refusal 97 | Refusal 97 |
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