Wellbeing of Older People Study (WOPS) - WAVE 2
Somkhele, South Africa
in collaboration with the WHO
Study on global AGEing and adult health (SAGE)

WOPS ID | | | | | |	Respondent's BSID | | | | | | Respondent's DSID | | | | | |
Interviewer code | | | | |	BS Owner: Surname, First name(s) Household Head: Surname, First name(s)
Date of Interview | Y | Y | Y | Y | / | M | M | / | D | D |	Respondent's Name Surname, First name(s) Location/Isigodi:
Start time of interview | H | H | : | M | I | N | S |	Date of Birth | Y | Y | Y | Y | / | M | M | / | D | D | Age | | | Sex: Male ○ Female ○

Section 1: Respondent and household characteristics

101	What is your relationship to the head of this household?	| | |
102	What is your current marital status?	| | |
103	What is your highest level of education attained? ***(Tick only one)***	Grade | | | or No formal education ○ Less than 1 year ○ Adult education only ○ Certificate ○ Diploma ○ Bachelor's degree ○ Honours/Masters+ ○ Don't know ○
104	Are you currently in employment?	Yes, Full time ○ Yes, Part time ○ Self-employed ○ Retired ○ No ○
105	What is the main source of drinking water for members of this household? ***(Tick only one)***	Piped - inside house/yard ○ Piped - public tap/kiosk ○ Borehole/Well ○ Rainwater ○ Neighbour's tap ○ Flowing river/stream ○ Dam/Stagnant water ○ Other, specify _____
106	What type of toilet facilities do members of your household mainly use? ***(Tick only one)***	Flush toilet ○ VIP ○ Ordinary Latrine ○ Bucket/Chemical toilet ○ No facilities (bush) ○ Neighbour's latrine ○ Other, specify _____
107	What type of fuel does your household mainly use for cooking? ***(Tick all mentioned)***	Electricity from generator ☐ Gas (LPG) ☐ Electricity from solar energy ☐ Wood ☐ Electricity from grid ☐ Coal / charcoal ☐ Kerosene/paraffin ☐ Other, specify _____
108	Is your house connected to an electricity grid (Eskom)?	Yes ○ No ○
109	Does anyone in your household have any of the following in good working condition….? ***(Tick all mentioned)***	Bicycle ☐ Gas cooker ☐ Radio ☐ Fridge/freezer ☐ Mobile/cellular telephone ☐ TV ☐ Video recorder/DVD player ☐ Sofa/sofa set ☐
110	Does your household have any of the following domestic animals/fowl? ***(Tick all mentioned)***	Cows ☐ Goats/sheep ☐ Pigs ☐ Chickens/ducks ☐ Rabbits ☐ Other, specify_____
111	[Please tell me] what is the main source of your household's income, by that I mean from which source does most of the money used in this household come from? ***(Tick only one)***	Self-employed, informal jobs, selling or trading ○ Wages/salary from formal job ○ Government grants ○ Income from rental property ○ Retirement fund ○ No source of income ○ Other, specify _____
112	Compared to 3 years ago would you say your financial situation is better or worse?	Better ○ About the same ○ Worse off ○

Section 2: Health State Description

Interviewer to read: Now we will ask questions specifically about your health. The first questions are about your overall health, including both your physical and your mental health.

201	In general, how would you rate your health today?	Very Good ○ Good ○ Moderate ○ Bad ○ Very Bad ○
202	Overall, in the last 30 days/month, how much difficulty did you have with work or household activities?	None ○ Mild ○ Moderate ○ Severe ○ Extreme/cannot do ○
203	How was your health during the last two weeks? ***If 'Very Good' or 'Good' skip to Q205***	Very Good ○ Good ○ Moderate ○ Bad ○ Very Bad ○
204	What signs of illness did you experience in the last two weeks? ***Tick all that respondent mentions then read the others and tick all that apply***	Bed sores ☐ Constipation ☐ Bowel/bladder control loss ☐ Dehydration ☐ Appetite loss ☐ Memory loss/forgetfulness ☐ Not able to sleep ☐ Mouth & throat discomfort ☐ Cough/chest pain ☐ Painful wounds ☐ Pain in the body ☐ Fatigue ☐ Dry/Itchy skin ☐ Nausea & vomiting ☐ Others Specify _____

Interviewer to read: 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/ month**, 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 an average, in the past one month, 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. Please answer this question taking into account any assistance you have available (answer this question the difficulty you might have when you do it without assistance).

Mobility

	Overall in the last 30 days/month … ***Read and show scale to respondent***	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do	6. N/A
205	….. how much difficulty did you have with moving around?	1.○	2.○	3.○	4.○	5.○	6.○
206	… how much difficulty did you have in vigorous activities (digging in the garden, lifting heavy objects such as a bag of potatoes)? (Vigorous activities require hard physical effort and cause large increases in breathing or heart rate)	1.○	2.○	3.○	4.○	5.○	

Self Care

207	….. how much difficulty did you have with self-care, such as bathing/washing or dressing yourself?	1.○	2.○	3.○	4.○	5.○
208	….. how much difficulty did you have in taking care of and maintaining your general appearance (for example grooming, looking neat and tidy)	1.○	2.○	3.○	4.○	5.○
209	…..how much difficulty did you have in staying by yourself for a few days (3 to 7 days)?	1.○	2.○	3.○	4.○	5.○

Pain and discomfort

210	….. how much of bodily aches or pains did you have?	1.○	2.○	3.○	4.○	5.○
211	….. how much bodily discomfort did you have?	1.○	2.○	3.○	4.○	5.○
	If Q210 AND Q211 are 'NONE' skip to Q213					
212	…..how much difficulty did you have in your daily life because of your aches pain or discomfort?	1.○	2.○	3.○	4.○	5.○

Cognition

	Read responses	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do
213	….. how much difficulty did you have with concentrating or remembering things?(e.g. cooking, bathing).	1.○	2.○	3.○	4.○	5.○
214	…..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

215	….. how much difficulty did you have with personal relationships or participation in the community?(eg attending ceremonies, meetings)	1.○	2.○	3.○	4.○	5.○
216	…..how much difficulty did you have in dealing with conflicts and tensions with others (e.g. family/community matters)?	1.○	2.○	3.○	4.○	5.○
217	….. how much difficulty did you have with making new friendships or maintaining current friendships?	1.○	2.○	3.○	4.○	5.○
218	…..how much difficulty did you have with dealing with strangers?	1.○	2.○	3.○	4.○	5.○

Sleep and energy

219	….. how much of a problem did you have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning or sleeping too much?	1.○	2.○	3.○	4.○	5.○
220	…..how much of a problem did you have due to not feeling rested and refreshed during the day?	1.○	2.○	3.○	4.○	5.○

Affect

221	... how much of a problem did you have with feeling sad, low or unhappy?	1.○	2.○	3.○	4.○	5.○
222	…..how much of a problem did you have with worry or anxiety (having the experience of receiving bad news and having fast heart beating)	1.○	2.○	3.○	4.○	5.○

Vision

223	Have you ever had your eyes examined by a medical professional? If yes, when was the last time? ***Interviewer: Enter years or months ago. Enter "00" if less than 1 year or 1 month ago.***	YES ○ NEVER ○ DON'T KNOW ○ If Yes when, years ☐☐ months ☐☐
224	Do you use eyeglasses or contact lenses to see far away (for example across the street)?	YES ○ NO ○
225	Do you use eyeglasses or contact lenses to see up close (for example at arm's length, like when you are reading)?	YES ○ NO ○

(If respondent normally wears glasses or contact lenses, should ask the following Qs as "Since starting to wear glasses/contact lenses….".)

226	…. how much difficulty did you have in seeing and recognizing an object or a person you know across the road (from a distance of about 20 metres)? ***INTERVIEWER: Indicate a spot that is similar distance for each respondent.***	1.○	2.○	3.○	4.○	5.○
227	…..how much difficulty did you have in seeing and recognizing an object at arm's length (for example, sorting beans, groundnuts or rice)? ***If Q226 & Q227are 'None' skip to Q229***	1.○	2.○	3.○	4.○	5.○
228	…..how much difficulty do you have fulfilling daily tasks because of not seeing properly? (e.g. cooking, washing)	1.○	2.○	3.○	4.○	5.○

Subjective wellbeing

Interviewer to read: Now, we would like to ask for your thoughts about your life and life situation. We want to know how you feel about your health and quality of life.

229	Do you have enough energy for everyday life? ***Read and show scale to respondent***	Completely ○	Mostly ○	Moderate ○	A little ○	None at all ○
230	Do you have enough money to meet your needs?	Completely ○	Mostly ○	Moderate ○	A little ○	None at all ○
		1. Very Satisfied	2. Satisfied	3. Neither satisfied nor dissatisfied	4. Dissatisfied	5. Very dissatisfied
231	How satisfied you are with your health?	1.○	2.○	3.○	4.○	5.○
232	How satisfied you are with yourself?	1.○	2.○	3.○	4.○	5.○
233	How satisfied you are with your ability to perform your daily living activities?	1.○	2.○	3.○	4.○	5.○
234	How satisfied you are with your personal relationships?	1.○	2.○	3.○	4.○	5.○
235	How satisfied you are with the conditions of your living place?	1.○	2.○	3.○	4.○	5.○
236	Taking all things together, how satisfied are you with your life as a whole these days?	1.○	2.○	3.○	4.○	5.○
237	How often have you felt that you were unable to control the important things in your life? **Read responses**	Never ○	Almost never ○	Sometimes ○	Fairly often ○	Very often ○
238	How often have you found that you could not cope with all the things that you had to do? **Read responses**	Never ○	Almost never ○	Sometimes ○	Fairly often ○	Very often ○
239	How would you rate your overall quality of life? **Read responses**	Very Good ○	Good ○	Moderate ○	Bad ○	Very Bad ○
240	Taking all things together, how would you say you are these days? **Read responses**	Very happy ○	Happy ○	Neither ○	Unhappy ○	Very unhappy ○

Functioning assessment

These 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 answer these questions thinking about how much difficulty you had doing the following activities.

INTERVIEWER: *For each question, please tick only one response.*

	In the last 30 days/month, how much difficulty did you have … ***Read responses***	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do	6. NAD
241	… in standing for long periods?	1.○	2.○	3.○	4.○	5.○	6.○
242	… in taking care of your household responsibilities?	1.○	2.○	3.○	4.○	5.○	6.○
243	… 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.○	6.○
244	… concentrating on doing something for 10 minutes?	1.○	2.○	3.○	4.○	5.○	6.○
245	… in walking a long distance such as a kilometre?	1.○	2.○	3.○	4.○	5.○	6.○
246	… in bathing/washing your whole body?	1.○	2.○	3.○	4.○	5.○	6.○
247	… in getting dressed?	1.○	2.○	3.○	4.○	5.○	6.○
248	… in your day to day work?	1.○	2.○	3.○	4.○	5.○	6.○
249	… with carrying things?	1.○	2.○	3.○	4.○	5.○	6.○
250	… with eating (including cutting up your food)?	1.○	2.○	3.○	4.○	5.○	6.○
251	… with getting up from lying down?	1.○	2.○	3.○	4.○	5.○	6.○

	In the last 30 days/month, how much difficulty did you have … ***Read responses***	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/cannot do	6. NAD
252	… with getting to and using the toilet?	1. ○	2. ○	3. ○	4. ○	5. ○	6. ○
253	…with control of your bowel or bladder functions?	1. ○	2. ○	3. ○	4. ○	5. ○	6. ○
254	… with getting where you want to go, using private or public transport if needed?	1. ○	2. ○	3. ○	4. ○	5. ○	6. ○
255	… getting out of your home?	1. ○	2. ○	3. ○	4. ○	5. ○	6. ○
256	In the last 30 days/month, how much have you been emotionally affected by your health condition(s)?	1. ○	2. ○	3. ○	4. ○	5. ○	6. ○
257	Overall, in the past 30 days, on how many days were these difficulties present?	Days ☐☐		Don't know ○		Never ○	

Depression

Interviewer to read: Now I would like to ask you questions about your feelings of sadness or depression

258	Have you ever been diagnosed with depression? ***If 'NO' SKIP to Q261***	Yes ○	No ○
259	During the last 2 weeks have you been taking any medications or other treatment for it? (Other treatment can include attending therapy or counselling sessions.)	Yes ○	No ○
260	During the last 12 months have you been taking any medications or other treatment for it?	Yes ○	No ○
261	During the last 12 months, have you had a period lasting several days when you felt sad, empty or depressed?	Yes ○	No ○
262	During the last 12 months, have you had a period lasting several days when you lost interest in most things you usually enjoy such as personal relationships, work or hobbies/recreation?	Yes ○	No ○
263	During the last 12 months, have you had a period lasting several days when you have been feeling your energy decreased or that you are tired all the time?	Yes ○	No ○
	INTERVIEWER: IF ANY ONE OF Q261, Q262 OR Q263 IS "YES", CONTINUE TO Q264. IF ALL 3 ARE "NO", GO TO Q301		
264	Was this period [of sadness/loss of interest/low energy] for more than 2 weeks?	Yes ○	No ○
265	Was this period [of sadness/loss of interest/low energy] most of the day, nearly every day?	Yes ○	No ○
266	During this period, did you lose your appetite?	Yes ○	No ○
267	Did you notice any slowing down in your thinking?	Yes ○	No ○
268	Did you notice any problems falling asleep?	Yes ○	No ○
269	Did you notice any problems waking up too early?	Yes ○	No ○
270	During this period, did you have any difficulties concentrating; for example, listening to others, working, watching TV, listening to the radio?	Yes ○	No ○
271	Did you notice any slowing down in your moving around?	Yes ○	No ○
272	During this period, did you feel anxious and worried most days?	Yes ○	No ○
273	During this period, were you so restless or jittery nearly every day that you paced up and down and couldn't sit still?	Yes ○	No ○
274	During this period, did you feel negative about yourself or like you had lost confidence?	Yes ○	No ○
275	Did you frequently feel hopeless - that there was no way to improve things?	Yes ○	No ○
276	During this period, did your interest in sex decrease?	Yes ○	No ○
277	Did you think of death, or wish you were dead?	Yes ○	No ○
278	During this period, did you ever try to end your life?	Yes ○	No ○

Section 3: Chronic conditions and health service coverage

Interviewer: Now I would like to read to you questions about some health problems or health care needs that you may have experienced, and the treatment or medical care received

		HEART DISEASE Angina/angina pectoris	ARTHRITIS	STROKE	HYPER-TENSION	ASTHMA	DIABETES	CANCER
301	Have you ever been diagnosed with/told you have?	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○
302	How long ago was the diagnosis?	0-12 months ○ >12 months ○	0-12 months ○ >12 months ○	0-12 months ○ >12 months ○	0-12 months ○ >12 months ○	0-12 months ○ >12 months ○	0-12 months ○ >12 months ○	0-12 months ○ >12 months ○
303	Have you been taking medications or other treatment for……. during the last 2 weeks?	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○
304	……. during the last 12 months? INTERVIEWER: **inclusive of the last 2 weeks**	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○

Interviewer: Now I would like to ask you about some health symptoms you may have experienced, and the treatment or medical care received

Heart Disease/Angina

305	During the last 12 months have you experienced discomfort, pain, tightness or heaviness in chest, arm, or breastbone when walk uphill or in a hurry?	Yes ○ No ○
306	During the last 12 months/year have you experienced any pain or discomfort in your chest when you walk at ordinary pace on level ground?	Yes ○ No ○ ***If Q305 & 306 are 'NO' → Q313***
307	What do you do if you get the pain or discomfort when walking? ***(Tick only one)***	Stop/slow down ○ Carry on walking ○ Take pain relief medicine then carry on ○
308	If you stand still, what happens to the pain or discomfort?	Relieved ○ Not relieved ○
309	Have you experienced these symptoms in the last 2 weeks?	Yes ○ No ○
310	Have you been seeing a doctor or other health worker for these symptoms?	Yes ○ No ○
311	During the last 12 months/year have you seen a traditional healer for these symptoms?	Yes ○ No ○
312	Are you currently taking any herbal or traditional remedy for your symptoms?	Yes ○ No ○

Arthritis

313	During the last 12 months/year have you experienced pain, aching, stiffness or swelling in or around joints (arms, hands, feet) not related to injury & lasted for more than a month?	Yes ○ No ○
314	During the last 12 months/year have you experienced any stiffness in the joint in the morning after getting up from bed or after a long rest?	Yes ○ No ○ ***If Q313 & 314 are 'NO' → Q322***
315	How long does this stiffness last?	30 mins or less ○ More than 30 mins ○
316	Does this stiffness go away after exercise or movement in the joint?	Yes ○ No ○
317	Have you experienced these symptoms in the last 2 weeks?	Yes ○ No ○
318	Have you experienced back pain during the last month? On how many days if yes?	Yes ○ No ○ IF "YES", Days ☐☐
319	Have you been seeing a doctor or other health worker for these symptoms?	Yes ○ No ○
320	During the last 12 months/year have you seen a traditional healer for these symptoms?	Yes ○ No ○
321	Are you currently taking any herbal or traditional remedy for your symptoms?	Yes ○ No ○

Stroke

322	Have you ever suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours?	Yes ○ No ○
323	Have you ever had, for more than 24 hours, sudden onset of loss of feeling in one side of your body, without anything having happened to you immediately before?	Yes ○ No ○

Hypertension

324	During the last 12 months have you seen a traditional healer for raised blood pressure (hypertension)?	Yes ○ No ○ ***If 'NO' → Q327***
325	Are you currently taking any herbal or traditional remedy for your raised blood pressure (hypertension)?	Yes ○ No ○
326	Do you currently eat any special food for your raised blood pressure (hypertension)? Name the food, if yes	Yes ○ No ○ IF "YES" FOOD_____

Asthma

327	During the last 12 months/year have you experienced any attacks of wheezing or whistling breathing?	Yes ○ No ○
328	During the last 12 months/year have you experienced any attacks of wheezing that came on after you stopped exercising or some physical activity?	Yes ○ No ○
329	During the last 12 months/year have you experienced any feeling of tightness in your chest?	Yes ○ No ○
330	Have you woken up with a feeling of tightness in your chest in the morning or any other time?	Yes ○ No ○
331	Have you experienced shortness of breath that came on without obvious cause when you were not exercising or doing some physical activity?	Yes ○ No ○
332	***Go to Q336 if Q327, 328, 329, 330 & 331 are all 'NO'*** Have you experienced any of these symptoms you describe in the last 2 weeks?	Yes ○ No ○
333	Have you been seeing a doctor or other health worker for these symptoms?	Yes ○ No ○
334	During the last 12 months/year have you seen a traditional healer for these symptoms?	Yes ○ No ○
335	Are you currently taking any herbal or traditional remedy for your symptoms?	Yes ○ No ○

Diabetes

336	During the last 12 months/year have you been taking insulin or other blood sugar lowering medications?	Yes ○ No ○
337	During the last 2 weeks have you been taking insulin or other blood sugar lowering medications?	Yes ○ No ○
338	Have you been following a special diet, exercise regime or weight control program for diabetes during the last 2 weeks?	Yes ○ No ○
339	In last 12 months have you seen a traditional healer for your sugar problems?	Yes ○ No ○
340	Are you currently taking any herbal or traditional remedy for your sugar problems?	Yes ○ No ○

Cataract/Eye problems

341	In the last 5 years were you diagnosed with a cataract (cloudiness in the lens of the eye) in one or both of your eyes?	Yes ○ No ○ ***If 'NO'*** → ***Q343***
342	In the last 5 years have you had eye surgery to remove this cataract(s)?	Yes ○ No ○
343	In last 12 months have you experienced cloudy or blurry vision?	Yes ○ No ○
344	In last 12 months have you experienced vision problems with light, such as glare from bright lights or rings around lights?	Yes ○ No ○
345	Have you ever gone to the clinic because of eye problems?	Yes ○ No ○

Oral Health

346	Have you lost all your natural teeth?	Yes ○ No ○
347	During the last 12 months have you had any troubles with your mouth and/or teeth (this includes problems with swallowing)?	Yes ○ No ○ ***If 'NO'*** → ***Q351***
348	Have you received medication or treatment from a dentist during the last 12 months for mouth/teeth problems?	Yes ○ No ○
349	In last 12 months have you seen a traditional healer for your mouth/teeth problems (including problems with swallowing?	Yes ○ No ○
350	Are you currently taking any herbal or traditional remedy for your problems with mouth or teeth?	Yes ○ No ○

Falls/Injuries

351	During the last 12 months did you have an injury?	Yes ○ No ○ ***If 'NO'*** → ***Q357***
352	How did the injury happen? Was it an accident?	It was an accident self-inflicted) ○ Someone else caused it deliberately (intentional) ○ I did it to myself (self-inflicted) ○
353	Did you suffer a physical disability as a result of being injured?	Yes ○ No ○ ***If 'NO'*** → ***Q357***
354	In what way were you physically disabled or injured? ***(Tick only one)***	Unable to use hand/arm ☐ Walk with a limp ☐ Inability to chew ☐ Hip fracture ☐ Fractured hand ☐ Fractured leg ☐ OTHER, SPECIFY _____
355	What caused the injury? ***(Tick all mentioned)***	Stabbed ○ Gunshot ○ Fire or burn ○ Near-drowning ○ Poisoning ○ struck/hit by person/object ○ Animal bite ○ Electric shock ○ OTHER, SPECIFY _____
356	Did you receive medical treatment for the injury?	Yes ○ No ○
357	During the last 12 months did you slip, trip or stumble, and fall to the ground? How many falls to the ground did you have?	Yes ○ No ○ ***If 'NO'*** → ***Q360*** ***Number of falls*** ☐☐☐
358	Did you suffer a physical disability or injury as a result of the fall?	Yes ○ No ○ ***If 'NO'*** → ***Q360***
359	Did you receive medical treatment for any falls?	Yes ○ No ○

Breast cancer (For women only)

360	When was the last time you had a mammography? **Interviewer explain: Mammography is a special x-ray to detect lumps in the breasts**	Years ☐☐ NEVER ○

Section 4: Health care utilization & risk factors and behaviours

401	When was the last time that you needed health care? ***"Needed" - respondent felt they had a health problem that required a health professional.***	Years ___ Months ___ Never ○ ***If 'Never' → Q411***
402	During the last 3 years, where did you go most often when you felt sick or needed to consult someone about your health? ***Tick all that apply***	Traditional healer/herbalist/shrine ☐ Pharmacy/chemist/shop ☐ Government clinic/health centre ☐ Government hospital ☐ Private clinic ☐ Private hospital ☐ Others Specify _____
403	The last time you needed health care, did you get the health care?	Yes ○ No ○ ***If 'Yes' → Q405***
404	Which reason(s) best explains why you did not get the needed health care? ***Tick all that apply***	Had no transport available/could not afford cost ☐ You did not know where to go ☐ You tried but were denied health care ☐ You were previously badly treated ☐ Had work or other commitments ☐ You thought you were not sick enough ☐ Drugs from health centre not effective ☐ Could not afford medical fees ☐ *Other, specify:*_____
405	What was the main reason you needed care, even if you did not get care? ****See options at end of section. Specify only one (main reason).***	Specify reason needed health care:_____
406	In the 12 months have you had any health problems or symptoms? ****See list of health problems at end of section. Specify only one (most severe symptom)***	Yes ○ ***If 'Yes', Specify***_____ NONE ○ ***If 'None' → Q411***
407	For those symptoms, what did you do….? ***Tick all that apply***	Visited government clinic ☐ Visited private clinic ☐ Used own herbal medicine ☐ Saw a traditional healer/ herbalist ☐ Took medicine (self-treatment) ☐ Visited the Pharmacy/chemist/shop ☐ Admitted to a government hospital ☐ Admitted to a private hospital ☐ Did nothing about the symptoms ☐ Other Specify _____
408	Where did you go first? ***Tick only one***	Traditional healer/herbalist/shrine ○ Pharmacy/chemist/shop ○ Government clinic/health centre ○ Government hospital ○ Private clinic ○ Private hospital ○ Others Specify _____
409	Did you have to pay for consultation and/or drugs?	Yes ○ No ○ ***If 'NO' → Q411***
410	Who paid for the consultation and/or drugs?	Son/daughter ○ Spouse ○ Self ○ Other relative ○ Was free ○ Other Specify _____
411	During the last 12 months, how often have you visited a clinic or hospital?	Not at all ○ Once or twice ○ Three to six times ○ More than six times ○ Don't know ○
412	When you visit the clinic or hospital how long, do you usually have to wait before it is your turn to be seen by a nurse or doctor?	Not long ○ Quite long ○ Very long ○
413	When you visit the clinic or hospital, do the health professionals usually give you enough time to explain to them what your health problem is?	Always ○ Sometimes ○ Never ○
414	When you visit the clinic or hospital, do the health professionals usually take the time to explain your health problem and treatment in a way that you understand?	Always ○ Sometimes ○ Never ○
415	Overall, are you satisfied with the services?	Satisfied ○ Indifferent ○ Dissatisfied ○
416	Do you ever go to traditional healers for treatment?	Yes ○ Never goes to traditional healer ○ ***If 'Never….' skip to Q418***
417	What are the reason(s) that you go to the traditional healers for treatment? ***Tick all that apply***	Traditional healers allow you to pay in goods ☐ Closer distance to homestead ☐ Traditional healers will wait for your payment ☐ Traditional healers are cheaper ☐ Traditional healers give better treatment ☐ Other Specify _____

Health centre/clinic, hospital stays

418	Were you ever hospitalized in the last year? If so, how many times?	Yes ◯ **If 'Yes', Number of admissions** ☐☐☐ No ◯ ***If 'NO' skip to Q450***
419	What type of hospital was it the last time you were hospitalized?	Public hospital ◯ Private hospital ◯ Other Specify _____
420	Which reason best describes why you were last hospitalized? ***See options at end of section.***	Specify reason hospitalized: _____
421	Who paid for this hospitalization?	Son/daughter ◯ Spouse ◯ Self ◯ Other relative ◯ Insurance ◯ Was free ◯ Other, Specify _____
	* 1= communicable diseases, infections, malaria, infection TB, HIV; 2= nutritional deficiencies 3= acute conditions, (diarrhoea, flu, headaches, fever, cough and others); 4= injury; 5= surgery; 6= sleep problem; 7= occupational /work related condition/injury; 8= chronic pain in joints/arthritis (joints, back, neck); 9= diabetes or related complications; 10= problems with heart including unexplained pain in chest; 11= problems with mouth, teeth, swallowing; 12= problems with breathing; 13= high blood pressure, hypertension; 14= stroke/ sudden paralysis of one side of body; 15= generalized pain(stomach, muscle or other nonspecific pain); 16= depression, anxiety; 17= cancer; 87= Other, specify	

Section 4.5: Risk factors and preventive health behaviours

Tobacco use

450	Have you ever smoked tobacco or used smokeless tobacco?	Yes ◯ No ◯ ***If 'NO' skip to Q454***
451	Do you currently use (smoke, sniff or chew) any tobacco products such as cigarettes, cigars, pipes, chewing tobacco or snuff?	Yes, daily ◯ Yes, but not daily ◯ No, not at all ◯ ***If 'Yes, not daily' OR 'No, not at all' SKIP TO Q454***
452	For how long have you been smoking or using tobacco daily?	Number of years _____
453	On average, how many cigarettes or pipes do you smoke or use each day?	Number of cigarettes _____

Alcohol

454	Have you ever consumed a drink that contains alcohol (such as beer, spirits, wine, etc.?)	Yes ◯ No ◯ ***If 'NO' skip to Q458***
455	Have you consumed alcohol in the last 30 days/month?	Yes ◯ No ◯ ***If 'NO' skip to Q458***
456	During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?	Number of drinks ☐☐
457	In the last 12 months, how frequently [on how many days] on average have you had at least one alcoholic drink?	Less than once a month ◯ 1 to 7 days per month ◯ 1 to 4 days per week ◯ 5 or more days per week ◯

Nutrition

458	How many servings of fruit do you eat on a typical day?	Servings ☐☐ DONT KNOW ◯
459	How many servings of vegetables do you eat on a typical day?	Servings ☐☐ DONT KNOW ◯
460	In the last 12 months, how often did you eat less than you felt you should because there wasn't enough food?	Never ◯ Only in 1 or 2 months ◯ Almost every month ◯ Some months, but not every month ◯ Every month ◯
461	In the last 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?	Never ◯ Only in 1 or 2 months ◯ Almost every month ◯ Some months, but not every month ◯ Every month ◯

Section 5: Anthropometric measurements

Interviewer to read: Now we would like to ask you to participate in a few tests to determine your health status. We would like to measure a few things, like your blood pressure, your weight, height and vision. We will start with taking your blood pressure.

INTERVIEWER: Ask the respondent to release the arm and relax.

501	**Time 1:** Systolic ___ Diastolic ___ Pulse rate ___
	INTERVIEWER: Ask the respondent to release the arm and relax. Wait for one minute before time 2. Do not ask the respondent questions.
502	**Time 2:** Systolic ___ Diastolic ___ Pulse rate ___
	INTERVIEWER: Again, remind the respondent to relax and wait.
503	**Time 3:** Systolic ___ Diastolic ___ Pulse rate ___

504	***Interviewer: Can respondent stand up?***	Yes ○ No ○
Interviewer to read: I would now like to measure how tall you are. To measure your height I need you to please take off your shoes. Put your feet and heels close together, stand straight and look forward standing with your back, head and heels touching the wall. Look straight ahead		
505	Measured height in centimetres	Height ___ Not able to measure ○ refused ○
Now we want to measure your weight – could you please keep your shoes off and step on the scale.		
506	Measured weight in kilograms	Weight ___.___ Not able to measure ○ refused ○

Vision Test

Interviewer to read: We are now going to test your distance and near vision.

***INTERVIEWER*:** Invite the respondent to sit again – in a chair positioned so that the respondent's head will be 4 meters from the eye chart. Make sure the person does not lean in closer to the chart during the test. To measure acuity in the left eye, the right eye is covered with right palm or an eye patch and the subject is asked to respond to each "E" in a row slowly, letter by letter, with your guidance. Only one reading of a given "E" is allowed. When the subject has difficulty, he or she is encouraged to guess. Responses can be verbal (Up, Down, Left, Right) or the respondent can indicate with a finger. The right eye can then be tested in the same way.

Distance Vision

INTERVIEWER: Start with the distance vision chart – using the 4 meters. If the respondent makes two errors or more in one row, the result is read as the previous row.
Interviewer read: We will start with your distance vision – and with your left eye. Would you please cover your right eye with the palm of your right hand. Please read…

507	Distance Vision-Left Eye	DISTLEEY ____
Now cover your left eye with your left hand so we can test your right eye		
508	Distance Vision –Right Eye	DISTRIEY ____

Near Vision

INTERVIEWER: Have the person place the end of the cord attached to the near vision chart between forefinger and middle finger. Then place the palm over the eye with the same hand. The free hand is used to hold the chart. Responses will be verbal (Up, Down, Left, Right).

Interviewer read: Okay, now we would like to test your near vision – starting again with your left eye – please cover your right eye with your right hand. Indicate if the "E" is facing Up, Down, Left or Right. Please record…..

509	Near Vision-Left Eye	NEARLEEY ☐☐☐☐	510	Near Vision-Right Eye	NEARRIEY ☐☐☐☐

Grip strength

INTERVIEWER: Make sure you fit the dynamometer to the respondent's hand size. If respondent has obvious problem with hand/arm, skip that side. If problems with both hands/arms DO NOT TEST

Interviewer to read: We are now going to test the strength in your hands.

511	Have you had any surgery on your left arm, hand or wrist in the last 3 months OR arthritis or pain your left hand or wrist?	*Yes* ○ ➔*DO NOT TEST* *No* ○	NOTESTLE
512	Have you had any surgery on your right arm, hand or wrist in the last 3 months OR arthritis or pain your right hand or wrist?	*Yes* ○ ➔*DO NOT TEST* *No* ○	NOTESTRI
513	Which hand do you consider your dominant hand?	*Left* ○ *Right* ○	TESTRILE

I**nterviewer read: ***

- Remain sitting and let your hand drop to your side. Keep your upper arm against your body and bend your elbow to 90 degrees with palm facing in (like shaking hands). Keep your elbow pressed against your side.

INTERVIEWER: DEMONSTRATE

- Then grab the two pieces of metal together like this.

INTERVIEWER: DEMONSTRATE

- I will ask you to do this two times in each hand. Let's start with your left hand, please take this in your left hand. If you feel any pain or discomfort, tell me and we will stop.
- When I say "squeeze", squeeze as hard as you can.

INTERVIEWER: Check positioning and grip to make sure it is correct. WHEN HE OR SHE BEGINS, SAY: SQUEEZE, SQUEEZE, SQUEEZE!
Interviewer read: **Ready? Squeeze, squeeze, squeeze!**

514	First test left hand	GRIPLEH Kilograms ☐☐☐	515	Second test left hand	GRIPRIH Kilograms ☐☐☐

Interviewer read: Okay, now let's do the same on the other side. Hold the device in your right hand, so we can test your strength on this side also.

INTERVIEWER: *Check positioning and grip to make sure it is correct.*
Interviewer read: Ready? Squeeze, squeeze, squeeze

516	First test right hand	GRIPLEH Kilograms ☐☐☐	517	Second test right hand	GRIPRIH Kilograms ☐☐☐

Section 6: Care giving

Interviewer read: Now we would like to talk about people who live with you here in your household (resident); we mean those who share meals and usually stay here for at least four months a year. Please include people who may presently be in an institution due to their health (for example, in hospital) for a short time. Let us start by talking about resident adults (18-49 years) to whom you may have provided care.

6.1: Physical, nursing care and financial assistance to resident adults and children

	Interviewer: First ask Q602 to Q612 for care giving to adults and then start again from Q602 to Q612 for care giving to children		**Care giving to adults (18 - 49 years)**	**Care giving to children (less than 18 years)**
601	Do you provide any *adults/children* resident in your household with care/ assistance such as with….? ***Read and tick all that apply*** ***If 'NO' to All skip to Q604***	Bathing (washing *adult/child*'s body) Eating (assist *adult/child* with eating but not cooking) Dressing (putting on or taking off *adult/child's* clothing) Toileting (getting to and using the toilet) Moving around (within or outside dwelling) Incontinence (help with hygiene problems) Preparing and giving medicines Taking care of wounds Fetching water Cooking Taking to clinic or traditional healer Other	Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Had no medicines ○ Yes ○ No ○ Had no wounds ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Specify_____	Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Had no medicines ○ Yes ○ No ○ Had no wounds ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Specify_____
602	How many *adults/children* resident in your household are you providing physical or nursing care to?		Number ☐☐	Number ☐☐
603	Do you provide any *adults/children* resident in your household with financial assistance such as……? ***Read and tick all that apply***	Paying for medicines Paying doctor or clinic or hospital fees Paying for food Paying for clothing Paying for transportation Paying for school expenses (of sick person's children) Other	Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ SPECIFY: _____	Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No ○ SPECIFY: _____
604	How many *adults/children* resident in your household are you providing financial assistance to?		Number ☐☐	Number ☐☐
605	Are there any *adults/children* often sick and need to be cared for?		Yes ○ No ○ ***If 'NO' skip to Q612***	Yes ○ No ○ ***If 'NO' skip to Q612***
606	Can you tell me for what the *adults/children* need care? ***If not 'HIV/AIDS RELATED' skip to Q608***		HIV/AIDS related ○ Health related reason, ○ Specify _____ Other Specify, ○ _____ Don't Know ○	HIV/AIDS related ○ Health related reason, ○ Specify _____ Other Specify, ○ _____ Don't Know ○
607	***Interviewer: Ask only If HIV/AIDS is mentioned in Q606*** How many *adults/children* with HIV infection do you take care of? ***If more than one adult or child needs care, ask the next questions about the adult or child in most need of care***		Number ☐☐	Number ☐☐

		Care giving to adults (18 - 49 years)	Care giving to children (less than 18 years)
608	Does (NAME) need to take daily medication/ treatment from the clinic?	Yes ○ No ○ ***If 'NO' skip to ➔ Q612***	Yes ○ No ○ **If 'NO' skip to ➔ *Q612***
609	Do you need to remind (NAME) to go for their medical appointments and/or to take their medicines?	Yes ○ No ○	Yes ○ No ○
610	Do you accompany (NAME) going to the clinic/ hospital for follow up or medical appointments?	Yes ○ No ○	Yes ○ No ○
611	Before (NAME) became ill, was s/he contributing to your household in cash or in kind or labour?	Yes ○ No ○	Yes ○ No ○
612	Overall, how difficult would you say it is for you to provide nursing care, physical assistance or financial assistance to *adults/children*?	Very difficult ○ A little difficult ○ Not difficult ○	Very difficult ○ A little difficult ○ Not difficult ○

6.2 Care-giving to adults (18 - 49 years) who have died in the last 24 months (2 years) or in 2008/9 (for group 4)?

613	Has any adult resident member(s) of this household died in the last 24 months / in 2008/9 ***(for group 3)***? ***Interviewer: If 'NO' deaths skip to Q701***	Yes ○ No ○ Number of deaths if Yes ☐☐☐
614	Of the resident adults who died in the last 24 months, how many were contributing an income/in cash or in kind to the household?	Number of adults contributing ☐☐☐
615	Were any of the persons who died the main income earner for your household?	Yes ○ No ○ Don't know ○
616	Did you provide care to any of the adults who died in the last 24 months? ***Interviewer: if provided care to more than one adult member, ask the next questions about the most recent death.***	Yes ○ No ○ ***If 'NO' go to Q701***
617	What was the SEX of the person who died?	Sex: Male ○ Female ○
618	How old was (NAME) when they died?	Age in years ☐☐☐
619	What was your relationship to (NAME)?	Relationship type ☐☐☐
620	For how long was (NAME) sick before he/she died?	Number of months ☐☐

6.3 Assessment of satisfaction with care-givers role

Interviewer read: Now I am going to ask whether you <u>faced some problems related to your health and well-being</u> the time you provided care and support to adult resident members who died in this household in the last 24 months or in 2008/9 (for group 3)

621	During the time that you provided care how much difficulty did you have with…..? ***(Read responses and tick all that apply)***	Having enough energy to do extra work	Very much ○ Some ○ None ○
		Taking care of your own ailments (if exist)	Very much ○ Some ○ None ○
		Knowing the correct care to give for health problems	Very much ○ Some ○ None ○
		Visiting family and relatives and friends	Very much ○ Some ○ None ○
		Sharing feelings about care giving responsibility	Very much ○ Some ○ None ○
		Knowing how to protect <u>yourself</u> from getting the illness/ disease	Very much ○ Some ○ None ○
		Stigma or problems as a result of or associated with illness or death	Very much ○ Some ○ None ○
622	Did the care you gave to adult household members give you the following …? ***(Read and tick all that apply)***	A chance to keep busy and occupied	Yes ○ Somewhat ○ No ○
		A chance to do things that makes use of your abilities	Yes ○ Somewhat ○ No ○
		A chance to feel a sense of accomplishment despite the difficulties	Yes ○ Somewhat ○ No ○
		A chance to do something useful for your sick household member	Yes ○ Somewhat ○ No ○

Section 7: Receiving care

Interviewer to read: Now we will continue asking questions about the assistance and care you might have needed and received.

FINANCIAL ASSISTANCE

701	Do you receive financial assistance for……? ***Read and record all that apply*** ***If all answers are 'NO' skip to Q705***	Paying for medicines Yes ○ No ○ Paying doctor or clinic or hospital fees Yes ○ No ○ Paying for food Yes ○ No ○ Paying for clothing Yes ○ No ○ Paying for transportation Yes ○ No ○ Paying school expenses (for offspring) Yes ○ No ○ Other SPECIFY _____
702	Who is/are the provider(s) of this financial assistance to you? ***Record all answers given***	Parent ☐ Spouse ☐ Son/daughter ☐ Grandson ☐ Granddaughter ☐ Community/Neighbour/Church ☐ Son/daughter-in-law ☐ Other Specify _____
703	For how long have you been receiving this assistance?	Years ☐☐ Months ☐☐
704	Overall, how difficult would you say it has/ had been to receive financial assistance?	Very difficult ○ A little difficult ○ Not difficult ○
705	In the past, before you became ill, were you contributing to the household in cash or in kind or labour?	Yes ○ No ○ ***If 'No' Skip to Q707***
706	Were you the main provider of cash or labour for the household?	Yes ○ No ○

GOVERNMENT GRANTS

707	Are you receiving any government grant meant for your use? ***Tick only one. If 'No, none' Skip to Q709.***	Yes, Care Dependency ○ Yes, Disability ○ Yes, Old Age Pension ○ No, None ○ Other Specify _____
708	On what do you mainly use this grant you receive? ***Tick only one***	Own upkeep ○ Care and support another household ○ Household expenses ○ Given to adult member of household ○ Other Specify_____
709	Are you receiving any government grant on behalf of some other member of your household? ***Record all answers given***	Yes, Care Dependency ☐ Yes, Disability ☐ Yes, Old Age Pension ☐ Yes, Foster Care ☐ Yes, Child Support ☐ No, none ☐ Other Specify _____

PHYSICAL ASSISTANCE

710	Do you receive any physical assistance such as……? ***Read and tick all that apply*** ***If all answers to Q710 are 'NO' skip to Q713***	Buying food Yes ○ No ○ Agricultural work Yes ○ No ○ Fetching water Yes ○ No ○ Cooking Yes ○ No ○ Going to clinic or traditional healer Yes ○ No ○ Other SPECIFY_____

711	Who is/are the provider(s) of this assistance to you? ***TICK ALL THAT APPLY***	Parent ☐ Spouse ☐ Son/daughter ☐ Grandson ☐ Granddaughter ☐ Community/Neighbour/Church ☐ Son/daughter-in-law ☐ Other Specify _____
712	For how long have you been receiving this assistance?	Years ☐☐ Months ☐☐

NURSING CARE AND SUPPORT

713	Do you know your HIV Status?	Yes ○ No ○
714	Do you receive care/assistance with...? ***Read and record all that apply*** ***If all answers to Q714 are 'NO' skip to Q718***	Bathing (washing one's body) Yes ○ No ○ Eating (assistance with eating but not cooking) Yes ○ No ○ Dressing (putting on or taking off clothing) Yes ○ No ○ Toileting (getting to and using the toilet) Yes ○ No ○ Moving around (within or outside dwelling) Yes ○ No ○ Hygiene problems (bowel and bladder control) Yes ○ No ○ Preparing and taking medicines Yes ○ No ○ Had no medicines ○ Taking care of wounds Yes ○ No ○ Had no wounds ○
715	Could you tell us why you need care/assistance? ***Do not read the response categories. Tick only one.*** ***Complete next section as well if 'HIV/AIDS related' is mentioned***	HIV/AIDS related ○ TB related ○ Health related reason, Specify _____ Other reason, Specify _____ Don't know ○ Refused ○
716	Overall how satisfied are you with the care/assistance you have received?	Satisfied ○ Indifferent ○ Not satisfied ○
717	Overall, how difficult would you say it has been for you to arrange this care/assistance?	Very difficult ○ A little difficult ○ Not difficult ○
718	Is there anything else you would like to tell us about care-giving or -receiving?	Yes ○ No ○
a.	**Record verbatim:**	

Interviewer: If 'HIV/AIDS related' was mentioned in Q715 Go to Q801, otherwise thank the respondent and end interview.

Section 8: HIV Experiences

EXPERIENCES OF LIVING WITH HIV/AIDS (only for respondents who know they are HIV infected)

Interviewer read: Now I would like to continue asking questions for this study about your health but the questions we will ask are now related to HIV and ARV treatment. We are asking these questions to get a better understanding about how this HIV affects older people but also the experience older people have with the ARV treatment.

801	How long ago did you learn that you have HIV?	Years ☐☐ Months ☐☐
802	How was your health at the time you tested HIV positive?	Good ○ Moderate ○ Bad ○ ***IF 'Good' Skip to Q804***
803	For how long had you been sick before you learnt that you have HIV?	Years ☐☐ Months ☐☐
804	Since knowing that you have HIV, have you changed residence?	Yes ○ No ○ ***If 'NO' SKIP TO 806***
805	Did you move dwellings because of ….? ***Read and record all that apply***	Needed care Yes ○ No ○ Fail to pay rent Yes ○ No ○ Stigma Yes ○ No ○ Feeling better Yes ○ No ○ Other (specify)_____
806	During the last 3 months how would you say your health was?	Good ○ Moderate ○ Bad ○ ***IF 'Good' Skip to Q808***
807	What signs of illness did you experience during the last 3 months? ***Read responses and tick all that apply***	Herpes zoster ☐ Night sweats ☐ Bed sores ☐ Constipation ☐ Dehydration ☐ Appetite loss ☐ Not able to sleep ☐ Fatigue ☐ Cough/chest pain ☐ Dry/Itchy skin ☐ Painful wounds ☐ Pain in the body ☐ Mouth & throat discomfort ☐ Nausea & vomiting ☐ Memory loss/forgetfulness ☐ Bowel/bladder control loss ☐ Others Specify _____
808	Before taking ARVs did you need any personal/nursing care?	Yes ○ No ○ Not yet on ARVs ○ ***If 'Not yet on ARVs' End interview***
809	Do you experience any of these problems with taking the ARVs? ***Read and record all that apply***	Has side effects ☐ Sometimes forgets ☐ Needs certain kinds of food ☐ Other specify_____
810	Did you experience any serious side effects after starting ARV such as..? ***Read and record all that apply*** ***If did not experience <u>any</u> side effects, Skip to Q814***	Skin conditions Yes ○ No ○ Yellow eyes Yes ○ No ○ Muscle weakness Yes ○ No ○ Pain in the muscle Yes ○ No ○ Nausea/ vomiting Yes ○ No ○ Diarrhoea Yes ○ No ○ Hallucinations Yes ○ No ○ Bad dreams Yes ○ No ○ Self-hate Yes ○ No ○ Fears Yes ○ No ○ Sadness Yes ○ No ○ Unreasonable/irritable Yes ○ No ○ Other specify_____
811	How many weeks did these side effects last?	Weeks ☐☐
812	Are you still experiencing these side effects?	Yes ○ No ○
813	Have you changed ARVs because of side effects?	Yes ○ No ○
814	Has your health improved since taking ARVs?	Very much ○ Same as before ○ Is worse ○
815	Does anyone living in the household ever remind you to take ARVs on time? ***Tick only one***	Daily or almost daily ○ Several times a week ○ Only once in a while ○ Rarely or never ○ At first but not now ○ Other Specify _____
816	Does anyone accompany you when you go for follow up visits?	Yes, always ○ Yes, sometimes ○ Only when feeling sick ○ No ○ ***If 'No' End interview***
817	Who usually accompanies you for follow up (and/or resupply) visit?	Family member ○ Friend ○ Community volunteer ○

End time of interview ☐☐ **Hours** ☐☐ **Mins**

End of interview. Thank the respondent.