



WHO Survey on Health and Health System Responsiveness

QUESTIONNAIRE SECTIONS

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WHO Survey on Health and Health System Responsiveness

COVERSHEET

Identification information

0001 Research Centre Number _____/_____/_____

0002 Respondent ID _____/_____/_____/_____/_____

0003 Is this the initial or retest interview? Initial (1) Retest (2)

0004 If retest interview, indicate number of days between initial and retest _____

0005 Interviewer ID _____/_____/_____

0006 Name of interviewer _____

0007 Sampling Frame Number _____/_____/_____/_____

0008 Setting: _____

0009 External Income level: _____

0010 Total calls: _____

0011 Date of final results: _____/_____/_____

0012 Final result code: _____

0013 Informed Consent Signed: Yes (1) No (5)

0014 Interview date: _____ (day) _____ (month) _____ (year)

Data entry

0015 Data entry information: _____/_____/_____ (1st date) _____/_____/_____ (2nd date)

Supervisor section

0016 Date of editing: _____ (day) _____ (month) _____ (year)

Signature of supervisor: _____

selected to be interviewed. Enter “R” in col. I. for this person

d) NO ELIGIBLE RESPONDENT (NO ONE AGE 18 OR OLDER IN HOUSEHOLD).

RECONTACT INFORMATION

RX1. Thank you very much for this interview. We value people like you who are willing to contribute their experiences to our research. We will be sending you a report of some of our findings as a way of expressing our appreciation for your cooperation. Our Regional Supervisor may also be calling or writing you to verify this interview. For these reasons I would like to verify your name and ask for your mailing address and telephone number.

RX1a. What is your full legal name? (IWER: VERIFY SPELLING OF R'S FULL NAME AND WRITE CLEARLY.)

NAME REFUSED TITLE: _____

FIRST NAME

MIDDLE INITIAL

LAST NAME

RX1b. What is your address?

1. STREET ADDRESS

2. CITY

3. COUNTRY

4. ZIP CODE

RX2. And, what is your telephone number? _____ NO TELEPHONE

RX3. Is your phone number listed in the current telephone directory?

1. YES, LISTED 5. NO, NOT LISTED 8. NOT SURE, DON'T KNOW

↓

GO TO RX4

RX3a. Is the phone listed in your name?

1. YES 5. NO → RX3b. In whose name is the phone listed?
(What relation is this person to you?)

NAME

RELATIONSHIP

RX4. If for any reason we should have difficulty contacting you, could you give me the name, address, and telephone number of two close friends or relatives who will know how to get in touch with you? (And what is this person's relationship to you?)

1. NAME: _____

RELATIONSHIP TO R: _____

ADDRESS: _____

TELEPHONE: _____

2. NAME: _____

RELATIONSHIP TO R: _____

ADDRESS: _____

TELEPHONE: _____

NON-INTERVIEW FORM

NX. To help us understand why this coversheet was coded as a Non-interview, please detail below each call attempt made at this HU. Please elaborate on the call record by focusing on the interactions you had with the HU member contacted at each call. Include the following information (Use additional paper as necessary):

- What the HU member said in resistance and the key phrases, using your words, that were used in response.
- Any (non-verbal) events that occurred or observations that you made which are relevant to the non-interview situation.
- Any other persuasion techniques used, including incentives offered, standard or special persuasion letters requested, and any particular issues addressed, including confidentiality, sampling issues, respondent payment, etc.
- Suggestions or ideas for other interviewers who may call on this HU again.

A. CALL #	B. DATE	C. INTERVIEWER ID	D. DESCRIPTION OF NON-INTERVIEW
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

CALL RECORD

Number of calls	CALL #1	CALL #2	CALL #3
A. Date	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
B. Day of week			
C. Exact time began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)
F. Mode of contact	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)
G. Tel. Number if obtained			
H. HU listing obtained	YES(1)/NO(5)	YES(1)/NO(5)	YES(1)/NO(5)
I. Detailed description of contact or attempt to contact			
J. Result code			

Number of calls	CALL #4	CALL #5	CALL #6
A. Date	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
B. Day of week			
C. Exact time began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)
F. Mode of contact	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)
G. Tel. Number if obtained			
H. HU listing obtained	YES(1)/NO(5)	YES(1)/NO(5)	YES(1)/NO(5)
I. Detailed description of contact or attempt to contact			
J. Result code			

Number of calls	CALL #7	CALL #8	CALL #9
A. Date	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
B. Day of week			
C. <u>Exact time</u> began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)	R(1)/INF(2)/NO ONE(3)
F. Mode of contact	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)	PERSONAL(1)/TEL(2)
G. Tel. Number if obtained			
H. HU listing obtained	YES(1)/NO(5)	YES(1)/NO(5)	YES(1)/NO(5)
I. Detailed description of contact or attempt to contact			
J. Result code			

Number of calls	CALL #10		
A. Date	DAY/MONTH/YEAR		
B. Day of week			
C. <u>Exact time</u> began			
D. IWER ID			
E. Contact with	R(1)/INF(2)/NO ONE(3)		
F. Mode of contact			
G. Tel. Number if obtained	PERSONAL(1)/TEL(2)		
H. HU listing obtained	YES(1)/NO(5)		
I. Detailed description of contact or attempt to contact			
J. Result code			

A. Demographics and Overall Review Time Begin: __ __: __ __

SOCIAL BACKGROUND

I would like to start by asking you some background questions before asking you questions on your health. This information is confidential and will only be used for research purposes.

1000. **Record sex as observed**

- Female..... **1**
- Male**2**

1001. How old are you?

- Years _____ (**Go to 1003**)
- Refuse**777**
- DK**888**

1002. If you don't know/don't want to tell me your age (**choose what is most appropriate**) could you tell me the age range if I read the different options to you? (**READ THE OPTIONS TO THE RESPONDENT**)

- 15-19 **1**
- 20-29**2**
- 30-39**3**
- 40-49**4**
- 50-59**5**
- 60-69**6**
- 70+**7**

1003. What is your weight?

- Weight _____
- Kilos.....**1**
- Pounds.....**2**
- Refuse**777**
- DK.....**888**

1004. What is your height?

- Height _____
- Feet/inches**1**
- Cm.....**2**
- Refuse**777**
- DK.....**888**

1005. What is your current marital status?

- Never married 1
- Currently married.....2
- Separated.....3
- Divorced.....4
- Widowed.....5
- Cohabiting.....6

1006. What is the highest level of education that you have completed?

- Less than primary school.....1
- Primary school..... 2
- Secondary school3
- High school (or equivalent).....4
- College / University.....5

1007. How many years of school, including higher education, have you completed?

- Number of years_____
- Refuse777
- DK.....888

1008. Which of the following best describes your main work status over the last 12 months?

- Government Employee.....1
- Non-government employee2
- Self-employed3
- Non paid (volunteer)4
- Student.....5
- Homemaker6
- Retired7
- Unemployed (able to work).....8
- Unemployed (unable to work).....9

1009. What is your (to substitute appropriate phrases for country) background?

- a) Ethnic group_____
- b) Racial group_____
- c) Cultural sub-group_____
- d) Others _____
- Refuse7
- DK.....8

Household income and expenditure

1100. Thinking over the past year, can you tell me what the average earnings of the household have been per week or per month or per year? Please tell me whichever time period that is easier for you.

_____ per week (Go to 1102)
_____ per month (Go to 1102)
_____ per year (Go to 1102)
Refuse..... -7
DK..... -8

1101. If you don't know or don't want to tell me the amount, would you please tell me the income range if I read some options to you? (to substitute 20, 40, 60, 80% of average national income distribution)

1101a. Is it less than WWW?
Yes 1
No..... 5(Go to 1101b)

1101b. Is it less than XXX?
Yes 1
No..... 5(Go to 1101c)

1101c. Is it less than YYY?
Yes 1
No..... 5(Go to 1101d)

1101d. Is it less than ZZZZ
Yes 1
No..... 5

1102. How much did the household spend on food last month?

_____ per month
Refuse..... -7
DK..... -8

1103. How much did the household spend on accommodation last month?

_____ per month
Refuse..... -7
DK..... -8

1104. Are you covered by any public or private health insurance funds ?

Only for inpatient care (where you stay overnight, usually hospitals) . 1
Only for outpatient care (all other types of care) 2
For both 3
For neither 4
DK 8

1105. How much did the household spend on health last month?

(Enter amount in local currency)

- a. Insurance ___/___/___/___/___
 - b. Medication ___/___/___/___/___
 - c. Visits to doctors ___/___/___/___/___
 - d. Other (specify) ___/___/___/___/___
- _____

1106. How much did the household spend on health in the past year?

(Enter amount in local currency)

- a. Insurance ___/___/___/___/___
 - b. Medication ___/___/___/___/___
 - c. Visits to doctors ___/___/___/___/___
 - d. Other (specify) ___/___/___/___/___
- _____

Housing

Now I would like to ask you questions about your house.

1200. What type of cooking stove is used in your house?

- Open fire/stove without chimney 1
- Open fire/stove under chimney/hood 2
- Closed stove with chimney/flue 3
- Other (specify) _____ 4

1201. Where is cooking usually done?

- In a room of the main house 1
- In a separate room used as kitchen 2
- In a separate shed/building used as a kitchen 3
- Outdoors..... 4(Go to 1201a)
- Other (specify) _____ 5

1201a. If outdoors, is the stove under a roof ?

- Yes 1
- No..... 5

1202. What type of fuel does your household mainly use for cooking?

- Gas 1(Go to 1202a)
- Electricity 2
- Kerosene..... 3
- Coal 4
- Charcoal 5
- Wood 6
- Agricultural/crop residues 7
- Animal dung..... 8
- Shrubs/grass 9
- Other (specify) _____ 10

1202a. If gas, which type:

- Bottled 1
- Piped..... 2
- Biogas..... 3

1203. What type of fuel does your household mainly use for heating?

- Gas1(Go to 1203a)
- Electricity 2
- Kerosene.....3
- Coal4
- Charcoal5
- Wood6
- Agricultural/crop residues7
- Animal dung.....8
- Shrubs/grass9
- Other (specify).....10

1203a. If gas, which type:

- Bottled1
- Piped.....2
- Biogas.....3

1204. Do you have a refrigerator in your household?

- Yes 1
- No.....5

Birth History

These questions are to be asked of all women of reproductive age (between the ages of 18-49 years).

1300. Now I would like to ask you about all the births you have had during your life.

Have you ever given birth?

Yes **1**

No..... **5**

(Go to Section B)

1301. Do you have any sons or daughters to whom you have given birth who are now living with you?

Yes **1**

No.....**5(Go to 1303)**

1302. How many children live with you?

Sons_____

Daughters_____

1303. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?

Yes **1**

No.....**5 (Go to 1305)**

1304. How many children are alive but do not live with you?

Sons_____

Daughters_____

1305. Have you ever given birth to a boy or a girl who was born alive but later died?

Yes **1**

No.....**5 (Go to 1307)**

1306. How many children have died?

Sons_____

Daughters_____

Sum answers to 1302, 1304 and 1306 and enter total _____

1307. To make sure I have this right, you have had in total_____ births during your life. Is that correct?

Yes **1**

No..... **5 (Probe and correct)**

B. Health State Descriptions

Overall health

The first questions are about your overall health, including both your physical health and your mental health.

2000. In general, would you rate your health today?

(READ AND SHOW SCALE TO RESPONDENT)

Very good.....	1
Good.....	2
Moderate	3
Bad	4
Very bad.....	5
Refuse	7
DK.....	8

Now I would like to review 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 an average, in the past 30 days, while doing the activity in the way that you usually do it. **(READ AND SHOW SCALE TO RESPONDENT)**
By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity.

2001. Overall in the last 30 days how much difficulty did you have with moving around?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme/Cannot do	5

2002. Overall in the last 30 days how much difficulty did you have with self-care, such as washing or dressing yourself?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme/Cannot do	5

2003. Overall in the last 30 days how much difficulty did you have with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2004. Overall in the last 30 days how much pain or discomfort did you have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

2005. Overall in the last 30 days how much distress, sadness or worry did you experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2006. Overall in the last 30 days how much difficulty did you have with concentrating or remembering things?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2007. Overall in the last 30 days how much difficulty did you have with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

Vision

2010. Do you wear glasses or contact lenses?

Yes **1**
No.....**5**

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

2011. Seeing and recognizing a person you know across the road (i.e. from a distance of about 20 meters)?

None **1**
Mild.....**2**
Moderate**3**
Severe.....**4**
Extreme/Cannot do**5**

2012. Seeing and recognizing an object at arm's length or in reading?

None **1**
Mild.....**2**
Moderate**3**
Severe.....**4**
Extreme/Cannot do**5**

Hearing

2020. Do you wear a hearing aid?

Yes **1**
No.....**5**

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

(READ AND SHOW SCALE TO RESPONDENT)

2021. Hearing someone talking on the other side of the room in a normal voice?

None **1**
Mild.....**2**
Moderate**3**
Severe.....**4**
Extreme/Cannot do**5**

2022. Hearing what is said in a conversation with one other person in a quiet room?

None **1**
Mild.....**2**
Moderate**3**
Severe.....**4**
Extreme/Cannot do**5**

Digestion

In the last 30 days, for how many days did you have a problem due to:

2040. Burning in the stomach?

Record number of days ___/___

2041. Loose stools 3 or more times a day?

Record number of days ___/___

Bodily excretions and continence

In the last 30 days, how much of a problem did you have with:

(READ AND SHOW SCALE TO RESPONDENT)

2050. Defecating, including constipation?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2051. Passing water (urinating) or in controlling urine (incontinence)?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

Fertility

To be asked to men and women of reproductive age between the ages of 18-49 years only.

2060. Did you and your spouse (or partner) try to have children in the past 2 years?

Yes..... **1**
No.....**5(Go to 2070)**

2061. Were you and your spouse (or partner) able to have children in the past 2 years?

Able to have a child..... **1**
Unable to have a child.....**5**
Refuse.....**7**
DK.....**8**
NA.....**9**

Skin and disfigurement

Now I would like to ask you some questions about your physical appearance.

(READ AND SHOW SCALE TO RESPONDENT)

2070. Have you had a problem with a skin defect of face, body, arms or legs?

- None..... 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

2071. Have you had a problem with your appearance due to missing or deformed or paralyzed arms, legs, feet?

- None..... 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

Breathing difficulty (dyspnea)

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

(READ AND SHOW SCALE TO RESPONDENT)

2080. Shortness of breath at rest?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

2081. Shortness of breath with mild exercise, such as climbing uphill for 20 meters or stairs (such as 12 steps)?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

2082. Coughing or wheezing for ten minutes or more at a time?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

Pain and discomfort

2090. In the last 30 days, how much bodily pain or discomfort did you have?

(READ AND SHOW SCALE TO RESPONDENT)

- None..... **1**
- (Go to 2100)**
- Mild.....**2**
- Moderate**3**
- Severe.....**4**
- Extreme**5**
- (Go to 2091)**

2091. Where did you have pain

Location	Yes=1 No=5	Record duration in days
2091a. Joints like arms, hands, legs, or feet		
2091b. Back pain		
2091c. Headaches		
2091d. Stomach or abdomen pain		
2091e. Chest pain		
2091f. Anywhere else? Specify _____ _____		

Affect

Again, I would like you to think about the last 30 days while answering this next set of questions, and how much of the time you had each of the following experiences.

(READ AND SHOW SCALE TO RESPONDENT)

How much of the time during the past month did you feel:

2100. Happy and cheerful?

- All of the time 1
- Most of the time2
- A good bit of the time3
- Some of the time4
- None of the time.....5

2101. Sad, empty, depressed?

- None of the time..... 1
- Some of the time2
- A good bit of the time3
- Most of the time4
- All of the time5

2102. Irritable or in a bad mood?

- None of the time..... 1
- Some of the time2
- A good bit of the time3
- Most of the time4
- All of the time5

2103. Feel worried a lot?

- None of the time..... 1
- Some of the time2
- A good bit of the time3
- Most of the time4
- All of the time5

Sleep

Now I would like to ask you about your sleeping pattern and the problems you have had with sleep in the last 30 days.

2110. On a typical night, how many hours do you usually sleep?

Number of hours _____

In the last 30 days, how much of the time did you have a problem with sleeping, such as:

(READ AND SHOW SCALE TO RESPONDENT)

2111. Falling asleep, waking up frequently during the night or waking up too early in the morning?

- None of the time..... 1
- Some of the time2
- A good bit of the time3
- Most of the time4
- All of the time5

Energy and vitality

These questions are about your energy and vitality in the last 30 days.

(READ AND SHOW SCALE TO RESPONDENT)

2120. How much of the time did you feel full of energy?

- All of the time 1
- Most of the time2
- A good bit of the time3
- Some of the time4
- None of the time.....5

2121. How much of the time did you feel tired?

- None of the time..... 1
- Some of the time2
- A good bit of the time3
- Most of the time4
- All of the time5

Understanding and interacting

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

(READ AND SHOW SCALE TO RESPONDENT)

2130. Concentrating on doing something for 10 minutes?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2131. Remembering to do important things?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2132. Analyzing and solving problems in day to day life?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2133. Learning a new task, for example, learning how to get to a new place?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

Communication

In the last 30 days, because of your physical and emotional health, how much difficulty did you have in:

(READ SCALE TO RESPONDENT)

2140. Generally understanding what people say?

- None..... 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2141. Starting and maintaining a conversation?

- None..... 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

Mobility and physical activity

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

(READ AND SHOW SCALE TO RESPONDENT)

2150. Standing up from sitting down?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2151. Moving around inside your home?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2152. Climbing several flights of stairs or walking up a steep hill?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2153. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

Dexterity and fine motor activity

(READ AND SHOW SCALE TO RESPONDENT)

2160. In the last 30 days, how much difficulty did you have in using your hands and fingers, such as picking up small objects or opening or closing containers?

- None **1**
- Mild.....**2**
- Moderate**3**
- Severe.....**4**
- Extreme/Cannot do**5**

Self care

In the last 30 days, because of your physical and emotional health, how much difficulty did you have in:

(READ AND SHOW SCALE TO RESPONDENT)

2170. Washing your whole body?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2171. Getting dressed?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2172. Staying by yourself for a few days?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

Interpersonal relationships

These questions are about the difficulties you have had in getting along with people in the last 30 days because of your physical and emotional health. In the last 30 days, how much difficulty did you have in:

(READ AND SHOW SCALE TO RESPONDENT)

2180. Maintaining a friendship?

- None 1
- Mild..... 2
- Moderate 3
- Severe..... 4
- Extreme/Cannot do 5

2181. Getting along with people who are close to you?

- None 1
- Mild..... 2
- Moderate 3
- Severe..... 4
- Extreme/Cannot do 5

2182. How much difficulty did you have with sexual activities?

- None 1
- Mild..... 2
- Moderate 3
- Severe..... 4
- Extreme/Cannot do 5
- Refuse 7
- NA..... 9

Usual activities and roles (work, home, school, etc)

Now I would like to ask you about your activities at home, such as cooking, cleaning, gardening, home maintenance, home finance, shopping, caring for others and caring for your belongings, and the difficulties you may have had because of your physical and emotional health. In the last 30 days, how much difficulty did you have in:

(READ AND SHOW SCALE TO RESPONDENT)

2190. Taking care of your household responsibilities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2191. Getting all the housework done that you needed to do?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2192. Being limited in the type of household work that you do?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2193. In the last 30 days, how many days were you completely unable to do any household work?

Record number of days ___/___

ASK THESE QUESTIONS ONLY IF THE RESPONDENT HAS WORKED OR IS A STUDENT

Now I would like to ask you about the limitations you may have in the type of work you do, whether you are remunerated for your work, self-employed (business, farming), are a student or do volunteer work because of your physical and emotional health. I would like you to think about the last 30 days.

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

2194. Your CCday to day work?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2195. Getting all the work done that you needed to do?



- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

2196. In the last 30 days, how many days were you completely unable to go to work?

Record number of days ___/___

Social functioning

In the last 30 days, because of your physical and emotional health:

(READ AND SHOW SCALE TO RESPONDENT)

2200. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as everyone else can?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

2201. To what extent did your physical health or emotional problems interfere with your normal social activities with family, friends, neighbours or groups?

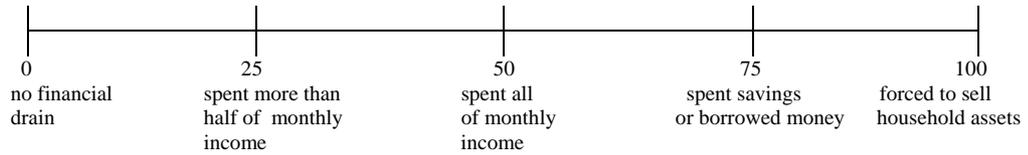
- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

Impact

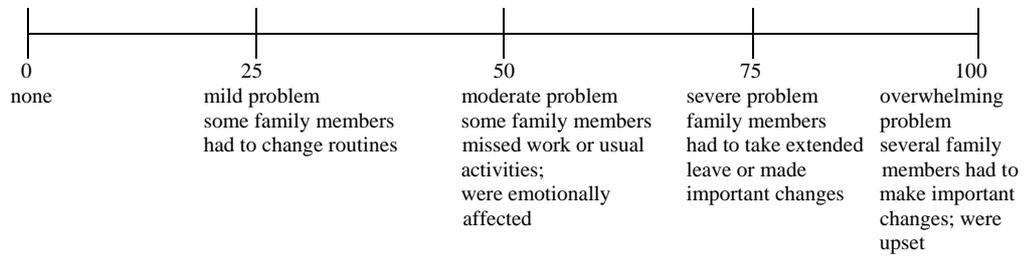
In the last 30 days:

(READ SCALE TO RESPONDENT)

2210. How much has your health been a drain on the financial resources of you or your family?



2211. How much of a problem did your family have because of your health problems?



Vignettes for Health State Descriptions

2300. **RECORD CARD SET:** _____
(record A, B, C, or D)

Circle one response per vignette

- | | | | | | |
|--------------------|---|---|---|---|---|
| 2301. Vignette 1: | 1 | 2 | 3 | 4 | 5 |
| 2302. Vignette 2: | 1 | 2 | 3 | 4 | 5 |
| 2303. Vignette 3: | 1 | 2 | 3 | 4 | 5 |
| 2304. Vignette 4: | 1 | 2 | 3 | 4 | 5 |
| 2305. Vignette 5: | 1 | 2 | 3 | 4 | 5 |
| 2306. Vignette 6: | 1 | 2 | 3 | 4 | 5 |
| 2307. Vignette 7: | 1 | 2 | 3 | 4 | 5 |
| 2308. Vignette 8: | 1 | 2 | 3 | 4 | 5 |
| 2309. Vignette 9: | 1 | 2 | 3 | 4 | 5 |
| 2310. Vignette 10: | 1 | 2 | 3 | 4 | 5 |
| 2311. Vignette 11: | 1 | 2 | 3 | 4 | 5 |
| 2312. Vignette 12: | 1 | 2 | 3 | 4 | 5 |
| 2313. Vignette 13: | 1 | 2 | 3 | 4 | 5 |
| 2314. Vignette 14: | 1 | 2 | 3 | 4 | 5 |
| 2315. Vignette 15: | 1 | 2 | 3 | 4 | 5 |
| 2316. Vignette 16: | 1 | 2 | 3 | 4 | 5 |

C. Health Conditions

3000. I want to ask you about diseases or health conditions you may have had during the last one year or longer. Have you suffered from any of the following:

(SHOW CARD TO RESPONDENT - circle 1 or 5)

	YES	NO
1. High Blood Pressure (Hypertension)	1	5
2. Diabetes	1	5
3. Arthritis, arthrosis	1	5
4. Heart disease, Coronary Disease, heart attack	1	5
5. Chronic Bronchitis/ emphysema	1	5
6. Asthma, allergic respiratory disease	1	5
7. Back pain/disc problems	1	5
8. Migraine (Recurrent Headaches)	1	5
9. Stroke (Cerebral bleeding)	1	5
10. Depression or Anxiety	1	5
11. Sleep problems	1	5
12. Hearing problems	1	5
13. Vision problems	1	5
14. Gastritis or ulcer	1	5
15. Tumour/cancer (including blood cancer)	1	5
16. Other (specify) _____	1	5

3001. Generic Probing for diseases endorsed in 3000. Insert the disease name in each question. Ask all questions for each disease.

In the last 12 months:

- a. Were you told by a doctor (or another health professional) that you have _____?
- b. Were you given any treatment or laboratory examinations or other tests for _____?
- c. Were you limited in your usual activities because of _____ ?

Disease	(a) Diagnosis		(b) Treatment/Lab exams/tests		(c) Limitation	
	Yes=1	No=5	Yes=1	No=5	Yes=1	No=5
1. High blood pressure						
2. Diabetes						
3. Arthritis, arthrosis						
4. Heart disease, Coronary Disease, heart attack						
5. Chronic Bronchitis, emphysema						
6. Asthma, allergic respiratory disease 						
7. Back pain/disc problems						
8. Migraine						
9. Stroke (cerebral bleeding)						
10. Depression or Anxiety						
11. Sleep problems						
12. Hearing problems						
13. Vision problems						
14. Gastritis or ulcer						
15. Tumour/cancer						
16. Other (specify)						

D. Mental Health & Substance Use

Depression screen

4000. In the last year, have you ever had a period lasting several days (or more) when most of the day you felt sad, empty or depressed?

- Yes.....1(Go to 4000a)
- No5
- Refuse.....7
- DK8
- NA9

4000a. Was this period also present in the last month?

- Yes.....1
- No5

4001. In the last year, have you ever had a period lasting several days when you lost interest in most things you usually enjoy such as hobbies, personal relationships or work?

- Yes.....1(Go to 4001a)
- No5
- Refuse.....7
- DK8
- NA9

4001a. Was this period also present in the last month?

- Yes.....1
- No5

4002. In the last year, have you ever had a period lasting several days when you have been feeling your energy decreased or that you are tired all the time?

- Yes.....1(Go to 4002a)
- No5
- Refuse.....7
- DK8
- NA9

4002a. Was this period also present in the last month?

- Yes.....1
- No5

**If R has answered YES to any of the above questions, ask the next questions.
If R has answered NO to the three questions, Go to Substance Use (4100)**

4003. Was this period [of DEPRESSION OR EQUIVALENT: loss of interest/low energy] more than 2 weeks?

Yes 1
 No.....5

4004. Was this period [of depression/ loss of interest/low energy] most of the day, nearly every day?

Yes 1
 No.....5
 Refuse7
 DK.....8

**If R has answered YES to questions 4003 and 4004, ask the next questions.
 If R has answered NO to any of the two questions, Go to Substance Use (4100)**

4005. During this period, did you experience any problems falling asleep?

Yes 1
 No.....5
 Refuse7
 DK.....8

4006. During this period, did you experience any problems waking up too early?

Yes 1
 No.....5
 Refuse7
 DK.....8

4007. During this period, did you lose your appetite?

Yes 1
 No.....5
 Refuse7
 DK.....8

4008. During this period, did you eat much more than usual?

Yes 1
 No.....5
 Refuse7
 DK.....8

4009. During this period did you have any difficulties concentrating; for example, listening to others, working, watching TV, listening to the radio?

Yes 1
 No.....5
 Refuse7
 DK.....8

4010. During this period, did you notice any slowing down in your thinking?

Yes 1
No.....5
Refuse7
DK.....8

4011. During this period, did you notice any slowing down in your moving around?

Yes 1
No.....5
Refuse7
DK.....8

4012. During this period, did you feel anxious and worried most days?

Yes 1
No.....5
Refuse7
DK.....8

4013. During this period, were you so restless or jittery nearly every day that you paced up and down and couldn't sit still?

Yes 1
No.....5
Refuse7
DK.....8

4014. During this period, did you feel negative about yourself or lost confidence?

Yes 1
No.....5
Refuse7
DK.....8

4015. During this period, did you frequently feel hopeless – that there was no way to improve things?

Yes 1
No.....5
Refuse7
DK.....8

4016. During this period, did your interest in sex decrease?

Yes **1**
No.....**5**
Refuse**7**
DK.....**8**

4017. During this period, did you think of death, wished you were dead?

Yes **1**
No.....**5**
Refuse**7**
DK.....**8**

4018. During this period, did you ever try to end your life?

Yes **1**
No.....**5**
Refuse**7**
DK.....**8**

4019. When did this period of Depression [or EQ] start?

Record date in weeks ___/___

4020. When did this period of Depression [or EQ] end?

Record date in weeks ___/___

Substance use

• **Alcohol**

4100. Have you ever had a drink that contains alcohol?

Yes1
No.....5 (Go to 4200)

If YES:

Now I am going to ask you some questions about your use of alcoholic beverages during the past year (that is the last 12 months). Because alcohol use can affect many areas of health, it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as accurate as you can. By alcoholic beverages we mean wine, beer, spirits etc.

SHOW ALCOHOL CARD TO RESPONDENT

For the following questions I would like you to think of the last 12 months.

4101. How often have you had a drink that contains alcohol within the last 12 months?

Monthly or less1
Weekly2
Daily.....3

4102. How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1-21
3-42
5-63
7-94
10 or more5

If R has answered option 1 to 4101 and 4102, Go to 4200.

If R has answered options 2-3-4-5 to 4101 or 4102, Go to 4103 and ask the following questions.

4103. How often have you had six or more drinks on one occasion?

Never.....1
Less than monthly2
Monthly.....3
Weekly4
Daily or almost daily.....5

4104. Have you ever been unable to stop, reduce or control your drinking?

Yes1
No.....5

In the past 12 months:

4105. Did you ever find that you had to drink more than usual to get the same effect?

Yes1(Go to 4107)
No.....5

4106. Did you ever find that the same amount of alcohol had less effect on you than before?

Yes1
No.....5

4107. Has a relative or friend, or a doctor or other mental health professional ever been concerned about your drinking or suggested that you reduce the amount?

Yes, but not in the last year1
Yes, during the last year2
No5

4108. Did stopping or reducing your drinking ever cause you problems such as:

	Yes	No
a. the <u>shakes</u> (hands tremble)	1	5
b. being <u>unable to sleep</u>	1	5
c. <u>sweating</u>	1	5
d. your <u>heart beating fast</u>	1	5
e. <u>stomach aches</u>	1	5
f. <u>headaches</u>	1	5
g. <u>weakness</u>	1	5
h. <u>seeing or hearing things</u> that weren't really there	1	5
i. or fits or <u>seizures</u>	1	5

4109. Did you ever take a drink to keep from having problems or to make any of these problems go away?

Yes1
No.....5

4110. There are several health problems that can result from drinking. Because of drinking did you ever:

	Yes	No
a. have liver disease or <u>yellow jaundice?</u>	1	5
b. have <u>stomach disease</u> or vomit blood?	1	5
c. feel your <u>feet tingle</u> or feel numb?	1	5
d. <u>have memory problems even when you weren't drinking?</u>	1	5
e. have <u>emotional problems?</u>	1	5

If R has answered YES to any of the items for 4110 (a-e), Go to 4111.

If R has answered NO to all of the items for 4110 (a-e), Go to 4112.

In the past 12 months:

4111. Did you continue to drink after you realized it was causing you any of these problems?

Yes1
No.....5

4112. Did you have a strong desire to drink that you could not resist taking a drink or found it difficult to think of anything else?

Yes1
No.....5

4113. Did you have periods of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?

Yes1
No.....5

4114. Did you have a period of a month or longer when you gave up or greatly reduced important activities because of your drinking – like sports, work, or seeing friends and family?

Yes1
No.....5

• **Drugs**

4200. Have you ever used drugs either on prescription or on your own?

Yes1(Go to 4201)
No.....5(Go to Section E)

Now I would like to ask you if in the past 12 months you have used any of the following even once:

4201. Medical drugs known as “nerve pills” “uppers or downers” (benzodiazepines, barbiturates)?

Yes1
No.....5

4202. Marijuana or hashish?

Yes1
No.....5

4203. Cocaine and derivatives?

Yes1
No.....5

4204. Heroin, opium, morphine etc?

Yes1
No.....5

4205. Glue, thinners, inhalants?

Yes1
No.....5

4206. Other drugs such as hallucinogens?

Yes1
No.....5

E. Health State Valuations

5000. RECORD CARD SET _____

The questions I am going to ask you now are about different states of health. I will present several different states, and I want you to try to imagine what it would be like to live in those states for the rest of your life.

SPREAD OUT CARDS IN FRONT OF RESPONDENT, IN RANDOM ORDER. THESE SHOULD INCLUDE 10 HEALTH STATES BUT NOT THE CARD FOR OWN HEALTH STATE.

If you look at these cards you will see that each card describes one health state. Let me begin by reading each card out loud. (**READ EACH CARD AND HAND IT TO RESPONDENT**). Now, for each state, I am going to ask you to describe what you imagine that state would be like in terms of different aspects of health.

5001. RECORD CODE OF FIRST STATE _____

5002. The first state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None..... 1
Mild.....2
Moderate3
Severe.....4
Extreme/Cannot do5

5003. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None..... 1
Mild.....2
Moderate3
Severe.....4
Extreme/Cannot do5

5004. ... with work or household activities?

None..... 1
Mild.....2
Moderate3
Severe.....4
Extreme/Cannot do5

5005. How much pain or discomfort would somebody in this state have?

None..... 1
Mild.....2
Moderate3
Severe.....4
Extreme5

5006. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5007. How much difficulty would this person have with concentrating or remembering things ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5008. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5011. **RECORD CODE OF SECOND STATE** _____

5012. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5013. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5014. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5015. How much pain or discomfort would somebody in this state have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

5016. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5017. How much difficulty would this person have with concentrating or remembering things?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5018. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5021. **RECORD CODE OF THIRD STATE** _____

5022. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5023. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5024. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5025. How much pain or discomfort would somebody in this state have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

5026. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5027. How much difficulty would this person have with concentrating or remembering things ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5028. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5031. **RECORD CODE OF FOURTH STATE** _____

5032. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5033. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5034. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5035. How much pain or discomfort would somebody in this state have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

5036. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5037. How much difficulty would this person have with concentrating or remembering things ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5038. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5041. **RECORD CODE OF FIFTH STATE** _____

5042. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5043. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5044. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5045. How much pain or discomfort would somebody in this state have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme.....5

5046. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5047. How much difficulty would this person have with concentrating or remembering things ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5048. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5051. **RECORD CODE OF SIXTH STATE** _____

5052. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5053. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5054. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5055. How much pain or discomfort would somebody in this state have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

5056. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5057. How much difficulty would this person have with concentrating or remembering things ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5058. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5061. **RECORD CODE OF SEVENTH STATE** _____

5062. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5063. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5064. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5065. How much pain or discomfort would somebody in this state have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme.....5

5066. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5067. How much difficulty would this person have with concentrating or remembering things ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5068. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5071. **RECORD CODE OF EIGHTH STATE** _____

5072. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5073. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5074. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5075. How much pain or discomfort would somebody in this state have?

None.....	1
Mild.....	2
Moderate.....	3
Severe.....	4
Extreme.....	5

5076. How much distress, sadness or worry would they experience?

None.....	1
Mild.....	2
Moderate.....	3
Severe.....	4
Extreme/Cannot do.....	5

5077. How much difficulty would this person have with concentrating or remembering things ?

None.....	1
Mild.....	2
Moderate.....	3
Severe.....	4
Extreme/Cannot do.....	5

5078. ... with personal relationships or participation in the community ?

None.....	1
Mild.....	2
Moderate.....	3
Severe.....	4
Extreme/Cannot do.....	5

5081. **RECORD CODE OF NINTH STATE** _____

5082. The next state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None.....	1
Mild.....	2
Moderate.....	3
Severe.....	4
Extreme/Cannot do.....	5

5083. How much difficulty would someone in this state have with self-care, such as washing or dressing?

None.....	1
Mild.....	2
Moderate.....	3
Severe.....	4
Extreme/Cannot do.....	5

5084. ... with work or household activities?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme/Cannot do	5

5085. How much pain or discomfort would somebody in this state have?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme	5

5086. How much distress, sadness or worry would they experience?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme/Cannot do	5

5087. How much difficulty would this person have with concentrating or remembering things ?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme/Cannot do	5

5088. ... with personal relationships or participation in the community ?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme/Cannot do	5

5091. **RECORD CODE OF TENTH STATE** _____

5092. The final state I'd like you to consider is (**read complete state label**). How much difficulty do you think a person in this state would have with moving around?

None	1
Mild.....	2
Moderate	3
Severe.....	4
Extreme/Cannot do	5

5093. How much difficulty would someone in this state have with self-care, such as washing or dressing?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5094. ... with work or household activities?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5095. How much pain or discomfort would somebody in this state have?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme5

5096. How much distress, sadness or worry would they experience?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5097. How much difficulty would this person have with concentrating or remembering things ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

5098. ... with personal relationships or participation in the community ?

- None 1
- Mild.....2
- Moderate3
- Severe.....4
- Extreme/Cannot do5

Now that you have described the ten states on these cards, what I would like you to do is to compare each card to the others and rank them according to how desirable each state would be if you were to live in that state for the rest of your life. For this part, we will add one more card, which is for your own health today.

I will read through the cards again, and as I read them, please think carefully about which state would be most desirable and which would be least desirable. **(READ EACH CARD TO RESPONDENT AND HAND HIM THE CARD. REMEMBER TO INCLUDE CARD FOR “YOUR OWN HEALTH TODAY” IN THIS PART).**

Now, of all of these states, please pick the one that you think would be the most desirable to live with for the rest of your life **(LET RESPONDENT PICK)**. We will put this card at the top. And which state would you consider the least desirable? **(LET RESPONDENT PICK)**. We will put this card at the bottom. Now, I would like for you to place the rest of the cards in order from the most desirable to the least desirable state.

Write the code from each card next to the rank, starting with rank 1 as most desirable (top card), to rank 11 as least desirable (bottom card). Keep the cards in the order they have been ranked, and hand them back to the respondent after they are recorded.

5100. RANK 1	— — — —
5101. RANK 2	— — — —
5102. RANK 3	— — — —
5103. RANK 4	— — — —
5104. RANK 5	— — — —
5105. RANK 6	— — — —
5106. RANK 7	— — — —
5107. RANK 8	— — — —
5108. RANK 9	— — — —
5109. RANK 10	— — — —
5110. RANK 11	— — — —

HAVE THERMOMETER SCALE AND SAMPLE MATERIALS READY.

Now I would like to ask you to use this thermometer-type scale to indicate just how desirable or undesirable you find each of these health states. The scale is marked from 0 to 100, where 0 indicates a health state that is as undesirable as death, and 100 indicates the most desirable health state you can imagine.

I want you to decide where each state belongs on this scale, thinking carefully about how much space you place between different states, including the best and worst states that we have marked at the ends of the scale. States that you think would be similarly attractive should be placed close to each other, and states that differ very much should be far apart from each other.

For each of the cards that you have ranked, please think about the value you would place on that state, and then write the name of the state with an arrow pointing to that exact mark on the scale. Please mark the scale like this.

Demonstrate on the sample scale by writing “state x” to the left of the scale and drawing an arrow that touches the scale exactly at point 76, then allow the respondent to complete this task.

This is how your valuations for all 11 states look. **DISPLAY THE VALUATIONS.**

Are you satisfied that these values show how desirable you think each of these conditions would be if you had to live in that state for the rest of your life?

Allow respondent to revise valuations if necessary. Record code for each state and the exact scale value, starting from the top of the scale.

	STATE CODE	VALUE
5111.	— — — —	— — — —
5112.	— — — —	— — — —
5113.	— — — —	— — — —
5114.	— — — —	— — — —
5115.	— — — —	— — — —
5116.	— — — —	— — — —
5117.	— — — —	— — — —
5118.	— — — —	— — — —
5119.	— — — —	— — — —
5120.	— — — —	— — — —
5121.	— — — —	— — — —

INTERVIEWER REFERENCE
HEALTH STATE CODES – SET A

OWN	Your own health today
BKO	Below the knee amputation in one leg
MDV	Moderate vision problems
BIP	Bipolar disorder
BKB	Below the knee amputation in both legs
BLD	Total blindness
MVI	Mild vision problems
QUA	Quadriplegia
MDP	Moderate depression
CBR	Chronic bronchitis
INS	Insomnia

INTERVIEWER REFERENCE
HEALTH STATE CODES – SET B

OWN	Your own health today
DEF	Deafness
DMT	Dementia
WDR	Watery diarrhoea
HEM	Hemiparesis: paralysis on one side of the body
MHE	Mild hearing problems
MVI	Mild vision problems
QUA	Quadriplegia
TBA	Two broken arms in stiff casts
ART	Arthritis
PAR	Paraplegia

INTERVIEWER REFERENCE
HEALTH STATE CODES – SET C

OWN	Your own health today
PBH	Paralysis in both hands
INF	Infertility
PAN	Panic disorder
MAJ	Major depression
URI	Loss of control over urination
MVI	Mild vision problems
QUA	Quadriplegia
RVF	Recto-vaginal fistula
POH	Paralysis in one hand
DRU	Drug dependence

INTERVIEWER REFERENCE
HEALTH STATE CODES – SET D

OWN	Your own health today
MBK	Moderate chronic lower back pain
FEV	Severe fevered state
VIT	Skin discolorations on face
ALC	Alcohol dependence
MOV	Movement disorder
MVI	Mild vision problems
QUA	Quadriplegia
ULC	Pain in stomach, as in ulcer
PSY	Psychosis
SBK	Severe chronic lower back pain

F. Health System Responsiveness

Read all options to the respondent except for Refuse and Don't Know (DK). If a question does not apply to the respondent, circle the option Not Applicable (NA).

These questions are about your experiences in getting health care in the last 12 months. This may be from a doctor's consulting room, a clinic, a hospital or a health care provider may have visited you at home.

6000. Have you received any health care in the last 12 months?

- Yes **1**
- No.....**5 (Go to 6600)**

6001. In the last 12 months, did you get any health care at an outpatient health facility or did a health care provider visit you at home? An outpatient health facility is a doctor's consulting room, a clinic or a hospital outpatient unit – any place outside your home where you did not stay overnight.

- Yes, at a facility or visited at home..... **1**
- No.....**5 (Go to 6300)**

6002. In the last 12 months, did you get most of your health care at a health facility or most of it from a health provider who visited you in your home?

- Mostly at a health facility **1**
- Mostly from a health provider in my home ...**2 (Go to 6200)**
- Equally from both**3**

6003. When was your last visit to a health facility or provider? Was it...

- In the last 30 days?..... **1**
- In the last 3 months?**2**
- In the last 6 months**3**
- Between 6 months and 12 months ago**4**
- Don't remember**5**

6004. What was the name of the health care facility?
(Please fill in name of facility, e.g. Oxford Clinic. Only fill in the name of the provider if the facility does not have another name.)

Name: _____

6005. Was [name provided in 6004] your usual place of care?

- Yes **1**
- No.....**5**

Go to 6100.

Prompt attention

The next questions are about how promptly you got care.

6100. In the last 12 months, how long did you usually have to wait from the time that you wanted care to the time that you received care?

- _____ minutes
- _____ hours
- _____ days
- _____ weeks
- _____ months

6101. In the last 12 months, when you wanted care, how often did you get care as soon as you wanted?

- Always **1**
- Usually **2**
- Sometimes..... **3**
- Never..... **4**

6102. In the last 12 months have you needed any laboratory tests or examinations? Some examples of tests or special examinations are blood tests, scans or X-rays.

- Yes **1**
- No..... **5(Go to 6104)**

6103. Generally, how long did you have to wait before you could get the laboratory tests or examinations done?

- Got them same day **1**
- 1-2 days..... **2**
- 3-5 days..... **3**
- 6-10 days..... **4**
- More than 10 days
(specify)_____ **5**

6104. Now, overall, how would you rate your experience of getting prompt attention at the health services in the last 12 months? Prompt attention means ... **(Read the prompt attention card to the respondent).**

- Very good..... **1**
- Good..... **2**
- Moderate **3**
- Bad **4**
- Very bad..... **5**

Dignity

The next questions are about the dignity with which you were treated when you sought health care.

6110. In the last 12 months, when you sought health care, how often did doctors, nurses or other health care providers treat you with respect?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6111. In the last 12 months, how often did the office staff, such as receptionists or clerks there, treat you with respect?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6112. In the last 12 months, how often were your physical examinations and treatments done in a way that your privacy was respected?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6113. Now, overall, how would you rate your experience of getting treated with dignity at the health services in the last 12 months? Dignity means ...
(Read the dignity card to the respondent).

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Communication

The next questions are about how health care providers communicated with you when you sought health care.

6120. In the last 12 months, how often did doctors, nurses or other health care providers listen carefully to you?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6121. In the last 12 months, how often did doctors, nurses or other health care providers, explain things in a way you could understand?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6122. In the last 12 months, how often did doctors, nurses, or other health care providers give you time to ask questions about your health problem or treatment?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6123. Now, overall, how would you rate your experience of how well health care providers communicated with you in the last 12 months? Communication means **(Read the communication card to the respondent)**.

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Autonomy

As part of your care, decisions are made about which treatments or tests to give. The next questions are your involvement in decisions about the care and treatment you received in the last 12 months.

6130. In the last 12 months, when you went for health care, were any decisions made about your care, treatment (giving you drugs, for example) or tests?

- Yes 1
- No.....5(Go to 6132)

6131. In the last 12 months, how often did doctors, nurses or other health care providers there involve you as much as you wanted be in deciding about the care, treatment or tests?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6132. In the last 12 months, how often did doctors, nurses or other health care providers there ask your permission before starting the treatment or tests?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6133. Now, overall, how would you rate your experience of getting involved in making decisions about your care or treatment as much as you wanted in the last 12 months? Being involved in decision making means ... **(Read the autonomy card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Confidentiality of Information

The next questions are about your experience of confidentiality of information in the health services.

6140. In the last 12 months, how often were talks with your doctor, nurse or other health care provider done privately so other people who you did not want to hear could not overhear what was said?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6141. In the last 12 months, how often did your doctor, nurse or other health care provider keep your personal information confidential? This means that anyone whom you did not want informed could not find out about your medical conditions.

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6142. Now, overall, how would you rate your experience of the way the health services kept information about you confidential in the last 12 months? Confidentiality of information means ... **(Read the confidentiality card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Choice

The next questions are about the choice of health care providers you have.

6150. Over the last 12 months, with the doctors, nurses and other health care providers available to you how big a problem, if any, was it to get to a health care provider you were happy with?

- No problem1
- Mild problem2
- Moderate problem.....3
- Severe problem4
- Extreme problem.....5

6151. Over the last 12 months, how big a problem, if any, was it to get to use other health services other than the one you usually went to?

- No problem1
- Mild problem2
- Moderate problem.....3
- Severe problem4
- Extreme problem.....5
- NA – never tried9

6152. Now, overall, how would you rate your experience of being able to use a health care provider or service of your choice over the last 12 months? Choice means ... **(Read the choice card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Quality of Surroundings or Environment

The next questions are about the environment or the surroundings at the places you go to for health care.

6160. Thinking about the places you visited for health care in the last 12 months, how would you rate the basic quality of the waiting room, for example, space, seating and fresh air?

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

6161. Thinking about the places you visited for health care over the last 12 months, how would you rate the cleanliness of the place?

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

6162. Now, overall, how would you rate the overall quality of the surroundings, for example, space, seating, fresh air and cleanliness of the health services you visited in the last 12 months? Quality of surroundings means ... **(Read the surroundings or environment card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Go to 6300: Inpatient Care

6200. Home Care

Now for all the following questions on health care you receive at home, I would like you to think about all the health care providers who visited you at home over the last 12 months.

The next questions are about how promptly you received care. Sometimes you need care right away for an injury or illness and sometimes you do not need it right away, but can wait for an appointment. The next questions ask about those two different kinds of situations and how promptly you got care.

Prompt Attention

The next questions are about how promptly you got care.

6200. In the last 12 months, how long did you usually have to wait from the time that you wanted care to the time that you received care?

- _____ minutes
- _____ hours
- _____ days
- _____ weeks
- _____ months

6201. In the last 12 months, when you wanted care, how often did you get care as soon as you wanted?

- Always **1**
- Usually **2**
- Sometimes..... **3**
- Never..... **4**

6202. In the last 12 months, have you needed any laboratory tests or examinations? Some examples of tests or special examinations are blood tests, scans or X-rays.?

- Yes **1**
- No..... **5(Go to 6204)**

6203. How long did you have to wait before you could get the laboratory tests or examinations done?

- Got them same day **1**
- 1-2 days..... **2**
- 3-5 days..... **3**
- 6-10 days..... **4**
- More than 10 days
(specify)_____ **5**

6204. Now, overall, how would you rate your experience of getting prompt attention at your home in the last 12 months? Prompt attention means ... **(Read the prompt attention card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Dignity

The next questions are about the dignity with which you were treated when you were treated in your home visit.

6210. In the last 12 months, when you were visited at home, how often did doctors, nurses or other health care providers treat you with respect?

Always1
Usually2
Sometimes.....3
Never.....4

6211. In the last 12 months, how often were your physical examinations and treatments conducted during your home visit done in such a way that they ensured that your privacy was respected?

Always1
Usually2
Sometimes.....3
Never.....4

6212. Now, overall, how would you rate your experience of getting treated with dignity by the health services in the last 12 months? Dignity means ... (**Read the dignity card to the respondent**).

Very good.....1
Good.....2
Moderate3
Bad4
Very bad.....5

Communication

The next questions are about how health care providers communicated with you when they visited you at home.

6220. In the last 12 months, how often did doctors, nurses or other health care providers who visited you listen carefully to you?

Always1
Usually2
Sometimes.....3
Never.....4

6221. In the last 12 months, how often did doctors, nurses or other health care providers, explain things in a way you could understand?

Always1
Usually2
Sometimes.....3
Never.....4

6222. In the last 12 months, how often did doctors, nurses, or other health care providers give you time to ask questions about your health problem or treatment?

Always1
Usually2
Sometimes.....3
Never.....4

6223. Now, overall, how would you rate your experience of how well health care providers communicated with you in the last 12 months? Communication means ... (**Read the communication card to the respondent**).

Very good.....1
Good.....2
Moderate3
Bad4
Very bad.....5

Autonomy

As part of your care, decisions are made about which treatments or tests to give. The next questions are your involvement in decisions about the care and treatment you received in the last 12 months.

6230. In the last 12 months, when you were visited at home, were any decisions made about your care, treatment (giving you drugs, for example) or tests?

- Yes 1
- No.....5(Go to 6232)

6231. In the last 12 months, how often did doctors, nurses or other health care providers involve you as much as you wanted be in deciding about the care, treatment or tests?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6232. In the last 12 months, how often did doctors, nurses or other health care providers ask your permission before starting the treatment or tests?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6233. Now, overall, how would you rate your experience of getting involved in making decisions about your care or treatment as much as you wanted in the last 12 months? Being involved in decision making means ... **(Read the autonomy card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Confidentiality of Information

The next questions are about your experience of confidentiality of information in the health services.

6240. In the last 12 months, how often were talks with your doctor, nurse or other health care provider in your home visits done privately so other people who you did not want to hear could not overhear what was said?

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6241. In the last 12 months, how often did your doctor, nurse or other health care provider keep your personal information confidential? This means that anyone whom you did not want informed could not find out about your medical conditions.

- Always1
- Usually2
- Sometimes.....3
- Never.....4

6242. Now, overall, how would you rate your experience of the way the health services kept information about you confidential in the last 12 months? Confidentiality means ... **(Read the confidentiality of information card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Choice

The next questions are about the choice of health care providers you have.

6250. Over the last 12 months, with the doctors, nurses and other health care providers available to you how big a problem, if any, was it to get to a health care provider you were happy with?

- No problem1
- Mild problem2
- Moderate problem.....3
- Severe problem4
- Extreme problem5

6251. Over the last 12 months, how big a problem, if any, was it to get to use other health services other than the one you usually went to?

- No problem1
- Mild problem2
- Moderate problem.....3
- Severe problem4
- Extreme problem5
- NA9

6252. Now, overall, how would you rate your experience of being able to use a health care provider or service of your choice over the last 12 months? Choice means ... **(Read the choice card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Go to 6300: Inpatient Care

6300. Inpatient Care

Now I would like to ask you some questions about getting health care from a place where you stay over night, which in most cases are hospitals.

6300. Have you stayed overnight in a health care centre or hospital in the last 12 months?

Yes **1**
No.....**5 (Go to 6400)**

6301. What was the name of the hospital you stayed in most recently?
(Please fill in name of facility, e.g. Oxford Hospital)

Name: _____

6302. Did you get your hospital care as soon as you wanted?

Yes **1**
No.....**5**

6303. When you were in the hospital, how often did you get attention from doctors and nurses as quickly as you wanted?

Always **1**
Usually **2**
Sometimes **3**
Never..... **4**

6304. Now, overall, how would you rate your experience of getting prompt attention at the hospital in the last 12 months? Prompt attention means ... **(Read the prompt attention card to the respondent).**

Very good..... **1**
Good..... **2**
Moderate **3**
Bad **4**
Very bad..... **5**

6305. Overall, how would you rate your experience of getting treated with dignity at the hospital in the last 12 months? Dignity means ... **(Read the dignity card to the respondent).**

Very good..... **1**
Good..... **2**
Moderate **3**
Bad **4**
Very bad..... **5**

6306. Overall, how would you rate your experience of how well health care providers communicated with you during your stay in the hospital in the last 12 months? Communication means ... **(Read the communication card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

6307. Overall, how would you rate your experience of getting involved in making decisions about your care or treatment as much as you wanted when you were in hospital in the last 12 months? Being involved in decision making means ... **(Read the autonomy card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

6308. Overall, how would you rate your experience of the way the hospital kept personal information about you confidential in the last 12 months. Confidentiality means ... **(Read the confidentiality of information card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5
- DK8

6309. Overall, how would you rate your experience of being able to use a hospital of your choice over the last 12 months? Choice means ... **(Read the choice card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

6310. Overall, how would you rate the overall quality of the surroundings, for example, space, seating, fresh air and cleanliness of the health services you visited in the last 12 months? Quality of surroundings means ... **(Read the surroundings or environment card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

6311. In the last 12 months, when you stayed in a hospital, how big a problem, if any, was it to get the hospital to allow your family and friends to take care of your personal needs, such as bringing you your favourite food, soap etc..?

- No problem1
- Mild problem2
- Moderate problem.....3
- Severe problem4
- Extreme problem.....5

6312. During your stay in the hospital, how big a problem, if any, was it to have the hospital allow you to practice religious or traditional observances if you wanted to? Would you say it was:

- No problem1
- Mild problem2
- Moderate problem.....3
- Severe problem4
- Extreme problem.....5

6313. Now, overall, how would you rate your experience of how the hospital allowed you to interact with family, friends and to continue your social and/ or religious customs during your stay over the last 12 months? Social support means ... **(Read the social support card to the respondent).**

- Very good.....1
- Good.....2
- Moderate3
- Bad4
- Very bad.....5

Go to 6400: Other Aspects of the Health System

6400. Other Aspects of the Health System

6400. In the last 12 months were you treated badly by the health system or services in your country because of your: **(Check all that apply)**

	Yes	No	Refuse
1. Nationality	1	5	7
2. Social class	1	5	7
3. Lack of private insurance	1	5	7
4. Ethnicity	1	5	7
5. Colour	1	5	7
6. Sex	1	5	7
7. Language	1	5	7
8. Religion	1	5	7
9. Political/other beliefs	1	5	7
10. Health status	1	5	7
11. Lack of wealth	1	5	7
12. Other (specify) _____	1	5	7

This question is only to be asked to women.

6401. In the last 12 months when you used health services in this country, did you feel that you were treated worse because you were a woman?

Yes **1**
 No.....**5**
 Refuse**7**

6500. Utilization

I will read you a list of different types of places you can get health services. Please can you indicate the number of times you went to each of them in the last 30 days.

Times

- 6500 _____ General Practitioners (doctors)
- 6501 _____ Dentists
- 6502 _____ Specialists
- 6503 _____ Chiropractors
- 6504 _____ Traditional Healers
- 6505 _____ Clinics (staffed mainly by nurses, run separately from hospital)
- 6506 _____ Hospital outpatient unit
- 6507 _____ Hospital inpatient services
- 6508 _____ Pharmacy (where you talked to someone about your care and did not only purchase medicine)
- 6509 _____ Home health care services
- 6510 _____ Other (specify) _____

6511. What was the main reason that you went to the health care provider for your most recent visit? I will read through a list. Please indicate all that apply. **(Check all that apply).**

	Yes	No	DK	NA
1. You needed a check up for a chronic, ongoing problem	1	5	8	9
2. You needed care because my chronic, ongoing problem flared up	1	5	8	9
3. You needed care because of an injury or illness that had just happened	1	5	8	9
4. You needed to follow up with the provider after having an operation or treatment for an injury	1	5	8	9
5. You were not sick, you went for a general exam or preventive care	1	5	8	9
6. Other (specify)_____	1	5	8	9

6512. What services were provided at your most recent visit? Again, I will read through a list. Please indicate all that apply **(Check all that apply).**

	Yes	No	DK	NA
1. You were examined	1	5	8	9
2. You received tests	1	5	8	9
3. The health care provider gave you treatment	1	5	8	9
4. The health care provider talked with you about your health problem	1	5	8	9
5. The health care provider talked to you about your health in general	1	5	8	9
6. You picked up medicine or a prescription	1	5	8	9
7. Other (specify)_____	1	5	8	9

Go to 6600: Review of Health System

6600. Review of Health System

6600. In the last 12 months, were you ever refused health care because you could not afford it?

Yes **1**

No.....**5**

6601. In the last 12 months, did you not seek health care because you could not afford it?

Yes **1**

No.....**5**

Ask the respondent to read the cards below or read the cards to the respondent if he/she would prefer. These are descriptions of some different ways the health care services in your country show respect for people and make them the centre of care. Please write the code in the space provided.

Thinking about what is on these cards and about the whole health system, which is the most important and the least important to you?

6602. **MOST IMPORTANT** _____ ¹Most important

6603. **LEAST IMPORTANT** _____ ⁸Least important

DIGNITY **CODE = DIG**

- ◆ being shown respect
- ◆ having physical examinations conducted in privacy

CONFIDENTIALITY OF INFORMATION **CODE = CI**

- ◆ having your medical history kept confidential
- ◆ having talks with health providers done so that other people who you don't want to have hear you can't overhear you

CHOICE **CODE = CH**

- ◆ being able to choose your doctor or nurse or other person usually providing your health care
- ◆ being able to go to another place for health care if you want to

PROMPT ATTENTION **CODE = PA**

- ◆ there is a reasonable distance and travel time from your home to the health care provider
- ◆ you get fast care in emergencies
- ◆ you have short waiting times for appointments and consultations, and get tests done quickly
- ◆ short waiting lists for non-emergency surgery

AUTONOMY **CODE = AUT**

- ◆ being involved in deciding on your care or treatment if you want to
- ◆ having the provider ask your permission before starting treatments or tests

SURROUNDINGS OR ENVIRONMENT **CODE = ENV**

- ◆ having enough space, seating and fresh air in the waiting room
- ◆ having a clean facility (including clean toilets)
- ◆ having healthy and edible food

SOCIAL SUPPORT **CODE = SS**

- ◆ the provision of food and other gifts by relatives
- ◆ freedom of religious practices

COMMUNICATION **CODE = COM**

- ◆ the provider listens to you carefully
- ◆ the provider explains things so you can understand
- ◆ you have time to ask questions

6604. **Did the respondent read the cards him/herself?** Yes....1 / No.....5

Vignettes for Health System Responsiveness

6700. **RECORD CARD SET:** _____
(record A, B, C, or D)

Circle one response per vignette

6701. Vignette 1:	1	2	3	4	5
6702. Vignette 2:	1	2	3	4	5
6703. Vignette 3:	1	2	3	4	5
6704. Vignette 4:	1	2	3	4	5
6705. Vignette 5:	1	2	3	4	5
6706. Vignette 6:	1	2	3	4	5
6707. Vignette 7:	1	2	3	4	5
6708. Vignette 8:	1	2	3	4	5
6709. Vignette 9:	1	2	3	4	5
6710. Vignette 10:	1	2	3	4	5
6711. Vignette 11:	1	2	3	4	5
6712. Vignette 12:	1	2	3	4	5
6713. Vignette 13:	1	2	3	4	5
6714. Vignette 14:	1	2	3	4	5

G. Deaths in the Household Over the Last 24 months

These questions must be asked of the head of household or his/her representative.

7000. Has any member of this household died in the last 24 months (2 years)?

Yes**1**

No.....**5(Go to 8000)**

7001. How many deaths were there in the household in the last 24 months?

_____ deaths

	7002 Name of deceased	7003 Sex of deceased	7004 Month of death (1-12)	7005 Year of death (e.g., 98 for 1998)	7006 Age at death	7007 Relationship to head of household *	7008 Cause of death according to head of household or respondent															
a		Female (1) Male (2)	---	---	---	---	1. _____ 2. _____ 3. _____															
b		Female (1) Male (2)	---	---	---	---	1. _____ 2. _____ 3. _____															
c		Female (1) Male (2)	---	---	---	---	1. _____ 2. _____ 3. _____															
d		Female (1) Male (2)	---	---	---	---	1. _____ 2. _____ 3. _____															
e		Female (1) Male (2)	---	---	---	---	1. _____ 2. _____ 3. _____															
<p>* Codes for question 7008</p> <table> <tr> <td>02 = WIFE OR HUSBAND</td> <td>03 = SON OR DAUGHTER</td> <td>04 = SON OR DAUGHTER-IN-LAW</td> <td>05 = GRAND CHILD</td> <td>06 = PARENT</td> </tr> <tr> <td>07 = PARENT-IN-LAW</td> <td>08 = BROTHER OR SISTER</td> <td>09 = CO-WIFE</td> <td>10 = ADOPTED/FOSTER CHILD</td> <td></td> </tr> <tr> <td>11 = OTHER RELATIVE</td> <td>12 = NOT RELATED</td> <td>13 = DON'T KNOW (DK)</td> <td></td> <td></td> </tr> </table>								02 = WIFE OR HUSBAND	03 = SON OR DAUGHTER	04 = SON OR DAUGHTER-IN-LAW	05 = GRAND CHILD	06 = PARENT	07 = PARENT-IN-LAW	08 = BROTHER OR SISTER	09 = CO-WIFE	10 = ADOPTED/FOSTER CHILD		11 = OTHER RELATIVE	12 = NOT RELATED	13 = DON'T KNOW (DK)		
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Time Completed: __ __:__ __ **END OF INTERVIEW**

H. Calibration tests

8000. Verbal Fluency

Instructions to respondent: I am going to give you one minute and I want to see how many animals you can name.

8000a. TOTAL SCORE (number of animals named correctly):

8000b. NUMBER OF ERRORS:

8001. Verbal Recall

Initial trial: **Instructions to respondent:** I am now going to read you a list of words. Listen to them carefully and try to remember as many of them as you can not necessarily in order. I will ask you to repeat them after some time.

Repeat trial: **Instructions to respondent:** I read you a list of words about 20 minutes ago. Could you please repeat to me as many of them as you can?

List of words:

<i>Trial 1</i> (immediate recall)	<i>Recalled</i>	<i>Trial 2</i> (delayed recall)
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Arm
Bed
Plane
Dog
Clock
Bike
Ear
Hammer
Chair
Cat

8001a. NUMBER OF WORDS RECALLED CORRECTLY AT TRIAL 1

(immediate recall):

NUMBER OF WORDS THAT R FAILED TO RECALL AT TRIAL 1:

NUMBER OF WORDS SUBSTITUTED AT TRIAL 1:

8001b. NUMBER OF WORDS RECALLED CORRECTLY AT TRIAL 2:

(delayed recall):

NUMBER OF WORDS THAT R FAILED TO RECALL AT TRIAL 2:

NUMBER OF WORDS SUBSTITUTED AT TRIAL 2:

8002. **Cancellation test**

Instructions to respondent: Show card and say:

Task 1: Cross out all the red circles as quickly as you can as shown below. Please tell me when you have finished.

Task 2: Cross out all the big red circles as quickly as you can as shown below. Please tell me when you have finished.

Task 3: Cross out all the small blue squares as quickly as you can as shown below. Please tell me when you have finished.

TASK	a. No. of CORRECT cancellations	b. ERRORS in cancellation (including missed and wrong cancellations)	c. TIME in seconds
8002 1a. Red Circles			
8002 2a. Big Red Circles			
8002 3a. Small Blue Squares			

8003. **Posturo-locomotion-manual test**

Instructions to respondent: I would now like to see if you have any difficulties with moving around. Please sit down on this chair. When I signal, stand up as quickly as you can, step forward and then pick up this object that is kept on the floor next to you, carry it to this point (**show the stand where object is to be placed**) and place it on this stand.

After this I would like you to pick it up again, turn around and walk back to your chair, place it on the ground, step back to your chair and sit down. I would like you to do this 3 times as quickly as you can.

8003a. RECORD TIME TAKEN IN SECONDS TO STAND UP:

8003b. RECORD TIME TAKEN TO COMPLETE ENTIRE TEST: Trial 1:
 Trial 2:
 Trial 3:

8004. **Visual Acuity**

8004a. Visual acuity will be assessed using the standard Snellen’s E charts under standard illumination (subject in the shade with the chart illuminated in natural light). The best level of binocular vision (**with glasses if respondent usually wears glasses**) will be noted. 6/ _____

8004b. Visual acuity for near vision will be assessed. _____

I. Interviewer Observations and Report

	No	Yes	Can't assess
9000...have a hearing problem?	5	1	8
9001...have a vision problem?	5	1	8
9002...use a wheelchair?	5	1	8
9003...use cane/crutches/walker?	5	1	8
9004...have any difficulties walking?	5	1	8
9005...have paralysis in the arms, hands or legs?	5	1	8
9006...cough continually?	5	1	8
9007...have shortness of breath?	5	1	8
9008...have a mental health problem?	5	1	8

Did the respondent have difficulties understanding the questions in:

	No difficulties	Yes, some difficulties	Yes, a lot of difficulties	Can't assess
9009. Section A. Demographics	5	1	2	8
9010. Section B. Health State Descriptions	5	1	2	8
9011. Section C. Health Conditions	5	1	2	8
9012. Section D. Screening				
9013. Section E. Health State Valuations	5	1	2	8
9014. Section F. Health System Responsiveness	5	1	2	8
9015. Section G. Adult Mortality	5	1	2	8
9016. Section H. Calibration Tests	5	1	2	8

General impressions and comments

9017. Respondent's cooperation was:

Excellent 1	Very good 2	Good 3	Fair 4	Poor 5
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9018. Overall, how would rate the accuracy and completeness of the respondent's answers?

Very high 1	High 2	Average 3	Low 4	Very low 5
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9019. Any unusual circumstances or happenings during the interview

9020. Any other comments