MODEL DISABILITY SURVEY

Module 0000: COVERSHEET		
H0001	RESEARCH CENTRE NUMBER	☐☐☐
H0002	HOUSEHOLD ID	☐☐☐☐☐
H0003	INTERVIEWER ID	☐☐☐
H0004	TOTAL NUMBER OF CALLS/VISITS	**1 2 3 4 5 6 7**
H0005	DATE OF FINAL RESULTS (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐
H0006	FINAL RESULT CODE HOUSEHOLD: FOR CODES SEE MODULE 0200: CONTACT RECORD, ITEM E.	☐☐
H0007	FINAL RESULT CODE INDIVIDUAL QUESTIONNAIRE: FOR CODES SEE MODULE 0000 OF THE INDIVIDUAL QUESTIONNAIRE: CONTACT RECORD, ITEM E.	☐☐
H0008	DATE DATA EDITING COMPLETED (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐
H0009	CODE OF SUPERVISOR	☐☐☐
H0010	SIGNATURE OF SUPERVISOR	
H0011	DATA ENTRY DATE (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐

Module 0100: SAMPLING INFORMATION		
PRIMARY SAMPLING UNIT (PSU)		
H0101a	PSU CODE:	
H0101b	NAME:	
SECONDARY SAMPLING UNIT (SSU)		
H0102a	SSU CODE:	
H0102b	NAME:	
TERTIARY SAMPLING UNIT (TSU)		
H0103a	TSU CODE:	
H0103b	NAME:	
ADDITIONAL INFORMATION		
H0104	SETTING (CIRCLE ONE)	**1 = Urban** **2 = Rural**
	AN URBAN AREA THAT HAS BEEN LEGALLY PROCLAIMED AS BEING URBAN. SUCH AREAS INCLUDE TOWNS, CITIES AND METROPOLITAN AREAS. ALL OTHER AREAS THAT ARE NOT CLASSIFIED AS BEING URBAN. THIS INCLUDES COMMERCIAL FARMS, SMALL SETTLEMENTS, RURAL VILLAGES AND OTHER AREAS WHICH ARE FURTHER AWAY FROM TOWNS AND CITIES.	

Module 0200: CONTACT RECORD			
CONTACT	**H0201 CALL #1**	**H0202 CALL #2**	**H0203 CALL #3**
A. DATE	Day ☐☐ Month ☐☐ Year ☐☐☐☐	Day ☐☐ Month ☐☐ Year ☐☐☐☐	Day ☐☐ Month ☐☐ Year ☐☐☐☐
B. TIME OF CONTACT	☐☐ : ☐☐	☐☐ : ☐☐	☐☐ : ☐☐
C. INTERVIEWER ID	☐☐☐	☐☐☐	☐☐☐

D. CONTACT WITH 1= SELECTED INDIVIDUAL RESPONDENT 2= OTHER HOUSEHOLD RESIDENT 3= NO ONE	☐	☐	☐
E. RESULT CODE	☐☐	☐☐	☐☐

INTERVIEWER: ***INSERT*** *final result code in* ***Module 0000****: coversheet,* ***q0006***

01 = COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED)
02 = PARTIAL INTERVIEW
03 = RESPONDENT CONTACTED-INITIAL REFUSAL
04 = RESPONDENT CONTACTED-UNCERTAIN ABOUT INTERVIEW
05 = RESISTANCE/REFUSAL BY RESPONDENT
06 = FINAL REFUSAL BY HOUSEHOLD INFORMANT
07 = FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER
08 = UNABLE TO LOCATE RESPONDENT
09 = NO INTERVIEW BECAUSE INDIVIDUAL RESPONDENT IS NOT ELIGIBLE: MENTALLY UNFIT OR TOO ILL.
10 = LANGUAGE BARRIER
11 = HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE)
12 = UNSAFE OR DANGEROUS AREA OR NO ACCESS TO HOUSEHOLD/INDIVIDUAL RESPONDENT
13 = DECEASED RESPONDENT
14 = INDIVIDUAL RESPONDENT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE

HOUSEHOLD QUESTIONNAIRE

Module 1000: HOUSEHOLD ROSTER

Time Begin ☐☐ : ☐☐

My name is _____ and I work for _____. I am contacting you because we are conducting a survey on health in [country] and I would like to ask you a number of questions. Let me assure you that whatever information you tell us is completely confidential and will only be used for research purposes. [*INTERVIEWER: Explain the objectives of the survey and the need for informed consent according to the manual.*]

In order to determine who to interview, I need to know who lives here. I mean those who share meals and usually live together for at least six months a year. Let me assure you again that any information you provide is strictly confidential. I also need to know who the main income provider is. And I need to know the age, sex and relationship to the main income provider of everyone who lives here. Please include people who may currently be in an institution due to their health for a short time (for example, in a hospital or a nursing institution). The main income provider could be either female or male. If two people are both main income providers, I just need to talk to the older one.

H1001	What is the total number of people who live here?	☐☐ Person(s)	
H1002	How many children under 18 live here?	☐☐ Child(ren)	If no number, go to H1006
H1003	Is this child / How many of these children are under age five?	☐☐ Child(ren)	
H1004	Is this child / How many of these children are between the ages of five and twelve?	☐☐ Child(ren)	
H1005	Is this child / How many of these children are between the ages of thirteen and seventeen?	☐☐ Child(ren)	

Please tell me the first name of all persons living here. First names will only be used to guide me and will be deleted afterwards. Again, I want to emphasize that all information you provide during the interview will be treated strictly confidentially. *INTERVIEWER: Collect all information about the main income provider (first column) and then proceed to all other members of the household filling in column after column.*		**Person (HH member) number**				
		01 (Main income provider)	02	03	04	05
H1006	First (given) name					
H1007	What is *[NAME]*'s relationship to the main income provider?					
	01 = SPOUSE		1	1	1	1
	02 = SON OR DAUGHTER		2	2	2	2
	03 = SON-IN-LAW OR DAUGHTER-IN-LAW		3	3	3	3
	04 = GRANDCHILD		4	4	4	4
	05 = PARENT		5	5	5	5
	06 = PARENT-IN-LAW		6	6	6	6
	07 = BROTHER OR SISTER		7	7	7	7
	08 = GRANDPARENT		8	8	8	8
	09 = OTHER RELATIVE		9	9	9	9
	10 = NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER)		10	10	10	10
	88 = DON'T KNOW		88	88	88	88
H1008	Is *[NAME]* a male or a female?					
	1 = MALE	1	1	1	1	1
	2 = FEMALE	2	2	2	2	2
H1009	How old is he/she? *INTERVIEWER: Enter age in years*					

There are people who need to be given care and assistance because of their health. This care includes both daily personal care such as help with eating, dressing, bathing, moving around in the house as well as assistance with their affairs outside the house such as transportation to see doctors, going to buy medicine, or managing the ill person's financial situation, health care, or emotional well-being.	01 (Main income provider)	02	03	04	05

H1010	Does *[NAME]* need financial care or support, such as money to pay for bills, fees, food or medicines?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)
H1011	Does *[NAME]* need physical care or support, such as help with eating, dressing, bathing, moving around the house or assistance outside the house such as for using transportation?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)
H1012	Does *[NAME]* need emotional care or support, such as comfort, advice or counseling?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)
H1013	Does *[NAME]* need support for health care, such as administering medicines, changing bandages or arranging for health care providers?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)
H1014	What is the highest level of education the main income provider completed? 1. No formal education 2. Less than primary school 3. Primary school completed 4. Secondary school completed 5. High school (or equivalent) completed 6. College/ pre-university / university completed 7. Post graduate degree completed 8. Don't know	[ ]				
H1015	What is the current working situation of the main income provider of the household? 1. Working for wages or salary with an employer (full- or part-time) 2. Working for wages, but currently on sick leave for more than three months 3. Being self-employed or an own-account worker 4. Working as unpaid family member (e.g. working in family business) 5. Is available and actively looking for work 6. Is engaged in training 7. Is engaged in home duties (including child care) 8. Is not working or seeking work because of a health condition or disability 9. Is not working or seeking work for other reasons 10. Is retired	[ ]				

Further Household Members									
		06	07	08	09	10	11	12	13	14
H1006	First (given) name									
H1007	What is *[NAME]*'s relationship to the main income provider?									
	01 = Spouse	01	01	01	01	01	01	01	01	01
	02 = Son Or Daughter	02	02	02	02	02	02	02	02	02
	03 = Son-In-Law Or Daughter-In-Law	03	03	03	03	03	03	03	03	03
	04 = Grandchild	04	04	04	04	04	04	04	04	04
	05 = Parent	05	05	05	05	05	05	05	05	05
	06 = Parent-In-Law	06	06	06	06	06	06	06	06	06
	07 = Brother Or Sister	07	07	07	07	07	07	07	07	07
	08 = Grandparent	08	08	08	08	08	08	08	08	08
	09 = Other Relative	09	09	09	09	09	09	09	09	09
	10 = Not Related (Friends, Servants, Boarders, Lodgers, Other)	10	10	10	10	10	10	10	10	10
	88 = Don't Know	88	88	88	88	88	88	88	88	88

H1008	Is *[NAME]* a male or a female?									
	1 = MALE	1	1	1	1	1	1	1	1	1
	2 = FEMALE	2	2	2	2	2	2	2	2	2
H1009	How old is he/she? *INTERVIEWER: Enter age in years*									
H1010	Does *[NAME]* need financial care or support, such as money to pay for bills, fees, food or medicines?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)
H1011	Does *[NAME]* need physical care or support, such as help with eating, dressing, bathing, moving around the house or assistance outside the house such as for using transportation?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)
H1012	Does *[NAME]* need emotional care or support, such as comfort, advice or counselling?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)
H1013	Does *[NAME]* need support for health care, such as administering medicines, changing bandages or arranging for health care providers?	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)	1 (yes) 5 (no)

Now I am going to ask you some questions about the income of your family.			
H1016	How many persons in the household work for a salary or wage?	[ ]	
H1017	Taking into account all persons living here who work for a salary or wage: what is the total income after taxes on average per month?	[ ]	
H1018	How many persons are there in the household who are not working and actively looking for paid work?	[ ]	
H1019	Suppose you sold everything you have and used that money to pay off all debts you had. What would your financial situation be? Your best estimate is fine.	1 WE WOULD HAVE MONEY LEFT OVER 2 WE WOULD STILL OWE MONEY 3 OUR DEBTS WOULD JUST ABOUT EQUAL ASSETS 8 DON'T KNOW 9 REFUSED	If 3, 8 or 9, go to H1021
H1020	How much? Again, your best estimate is fine. *INTERVIEWER: Show SHOWCARD 001* ***[Include card with country specific values]***	Letter ☐☐	
H1021	In the past 12 months, did your household have any financial problems paying bills, such as for electricity, central heating or phone?	1 (yes) 5 (no)	

H1022a	*INTERVIEWER: Who was the Household Informant? Please record the person (HH member) number given in the Household Roster.*	☐☐
H1022	*INTERVIEWER: Who is the selected person? Please write down the first (given) name.*	_____
H1023	*INTERVIEWER: Record the person (HH member) number given in the Household Roster.* *The Person number will be also recorded in I1001 in Module 1000.*	☐☐

INDIVIDUAL QUESTIONNAIRE

Module 0000: CONTACT RECORD

CONTACT	I0001 CALL #1	I0002 CALL #2	I0003 CALL #3
A. DATE	Day ☐☐ Month ☐☐ Year ☐☐☐☐	Day ☐☐ Month ☐☐ Year ☐☐☐☐	Day ☐☐ Month ☐☐ Year ☐☐☐☐
B. TIME OF CONTACT	☐☐ : ☐☐	☐☐ : ☐☐	☐☐ : ☐☐
C. INTERVIEWER ID	☐☐☐	☐☐☐	☐☐☐
D. CONTACT WITH 1= SELECTED INDIVIDUAL RESPONDENT 2= OTHER HOUSEHOLD RESIDENT 3= NO ONE	☐	☐	☐
E. RESULT CODE	☐☐	☐☐	☐☐

INTERVIEWER: ***INSERT*** *final result code in* ***Module 0000****: coversheet,* ***q0006****.*

01 = COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED)
02 = PARTIAL INTERVIEW
03 = RESPONDENT CONTACTED-INITIAL REFUSAL
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05 = RESISTANCE/REFUSAL BY RESPONDENT
06 = FINAL REFUSAL BY HOUSEHOLD INFORMANT
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Module 0100: ELEGIBILITY

I0101	*INTERVIEWER: DOES THE RESPONDENT HAVE OBVIOUS COGNITIVE LIMITATIONS THAT PREVENT HIM/HER FROM BEING INTERVIEWED?*	1 YES 5 NO	If 5, go to I0104
I0102	We would like to ask someone who knows the respondent a few questions about the respondent's health. *INTERVIEWER: Who is the proxy?*	1 SPOUSE 2 NON-SPOUSE	
I0103	*INTERVIEWER: Indicate who the 'Individual Respondent' is. Record the Person (HH member) number from the Household Roster. The Person number will be also recorded in I1001 in Module 1000.*	☐☐	
INTERVIEWER: GO TO PROXY CONSENT & QUESTIONNAIRE			
I0104	*INTERVIEWER: Was the Consent Form Agreed to and Signed / Agreed but Witness Signed or Refused?*	1 AGREED AND SIGNED 2 AGREED, BUT WITNESS SIGNED 3 REFUSED	

Module 1000: SOCIO-DEMOGRAPHIC CHARACTERISTICS

INTERVIEWER: Please select randomly one member of the household who is not a child (see procedure in manual)

Time Begin ☐☐ : ☐☐

I want to ask you some questions about you and the way you live your life.
Let me assure you that any information you provide is strictly confidential.

I1001	Person number of the adult recorded in HH roster.	[ ]	
I1002	What is your mother tongue? By mother tongue, I mean the language you learned first, the language that you can express yourself fully in, or voluntarily identify with.	1 Country-specific 1 2 Country-specific 2 3 Country-specific 3 4 … 7 Other, specify:	
I1003	*INTERVIEWER: record sex of the respondent*	1 MALE 2 FEMALE	
I1004	What day, month and year were you born? DD / MM / YYYY	☐☐ / ☐☐ / ☐☐☐☐ 00 / 0000 DON'T KNOW	If date is known, go to I1006
I1005	How old are you? *INTERVIEWER: this would be age at last birthday. If don't know - probe.*	☐☐☐ AGE IN YEARS	
I1006	In which country were you born? *INTERVIEWER: see list for country codes.*	**Country Code** 1 COUNTRY OF INTERVIEW ☐☐☐ 2 OTHER (SPECIFY ABOVE) 997 REFUSED 888 DON'T KNOW	If 1, go to I1008
I1007	How old were you when you first came to this country?	☐☐ **Years** 997 REFUSED 888 DON'T KNOW	
I1008	Are you a citizen of ***[country of the interview]***?	1 YES 5 NO 97 REFUSED 8 DON'T KNOW	
I1009	Do you have citizenship in another country?	1 YES 5 NO 97 REFUSED 8 DON'T KNOW	If 5, go to I1011
I1010	Which country? *INTERVIEWER: see list for country codes.*	**Country Code** ☐☐☐ 97 REFUSED 88 DON'T KNOW	
I1011	What is your current marital status?	1 NEVER MARRIED 2 MARRIED 3 COHABITING 4 SEPARATED/DIVORCED 5 WIDOWED	If 1, go to I1014 If 2 or 3 go to I1013 If 4 or 5 go to I1012
I1012	How many years have you been separated, divorced or widowed? *INTERVIEWER: if less than 1 year, enter "00"*	☐☐ **Number of years** 88 DON'T KNOW	Go to I1014
I1013	How many years have you been married or living together? *INTERVIEWER: if less than 1 year, enter "00"*	☐☐ **Number of years** 88 DON'T KNOW	

I1014	What is the highest level of education that you have completed? *INTERVIEWER: if the main income provider is being interviewed, skip this question.*	1 NO SCHOOLING OR NEVER COMPLETED ANY GRADE 2 ELEMENTARY EDUCATION 3 VOCATIONAL EDUCATION 4 SECONDARY SCHOOL 5 UNIVERSITY 6 POST-GRADUATE STUDIES 7 OTHER	If 1, go to I1016
I1015	How many years of school, including higher education have you completed?	☐☐ **Number of years** 88 DON'T KNOW	Go to I1018
I1016	Did you have to stop your education?	1 YES 5 NO	
I1017	What was the main reason for never attending or stopping your education?	1 NO SCHOOL AVAILABLE 2 FAILED EXAMINATIONS 3 WANTED TO START WORKING 4 TO GET MARRIED 5 PREGNANCY 6 PARENTS DID NOT WANT ME TO CONTINUE SCHOOLING 7 ECONOMIC REASONS (E.G. COULD NOT AFFORD, TOO POOR, NEEDED TO EARN MONEY TO SUPPORT FAMILY) 8 ACCESSIBILITY REASONS (E.G. SCHOOL NOT BARRIER FREE, SCHOOL TOO FAR AWAY, NO E-LEARNING POSSIBLE) 9 HEALTH CONDITION OR DISABILITY 10 OTHER	
I1018	What is your background or ethnic group?	1 Country-specific 1 2 Country-specific 2 3 Country-specific 3 4 … 87 Other	

Module 2000: WORK HISTORY AND BENEFITS

Now I will ask you some questions about any work you do now or have done in the past.
I will ask some questions about the type and amount of your current or past work, the benefits, if any, you receive or have received from your work, and the reasons why you are not working currently.

I2001	As you know, some people take jobs for which they are paid in cash or kind. Other people sell things, have a small business, or work on the family farm or family business. Have you ever in your life done any of these things or any type of work?	1 YES 5 NO	If 1, go to I2003
I2002	What is the main reason you have never worked to earn an income?	1 HEALTH CONDITION OR DISABILITY 2 STILL ENGAGED IN TRAINING 3 PERSONAL FAMILY RESPONSIBILITIES 4 COULD NOT FIND SUITABLE WORK 5 DO NOT KNOW HOW OR WHERE TO SEEK WORK 6 NOT YET STARTED TO SEEK WORK 7 DO NOT HAVE THE ECONOMIC NEED 8 PARENTS OR SPOUSE DID NOT LET ME WORK 9 NO REASON GIVEN 10 OTHER	Go to I2009
I2003	At what age did you start working for pay?	☐☐ **Number of years** 88 DON'T KNOW	Go to I2005. If 88, go to I2004.
I2004	How many years ago did you start working?	☐☐ **Years ago**	
I2005	What is your current working situation?	1 NOT WORKING (FOR EXAMPLE HOUSEWIFE, ETC.) 2 WORKING FOR WAGES OR SALARY WITH AN EMPLOYER (FULL- OR PART-TIME) 3 WORKING FOR WAGES, BUT CURRENTLY ON SICK LEAVE FOR MORE THAN THREE MONTHS 4 SELF-EMPLOYED OR OWN-ACCOUNT WORKER 5 WORKING AS UNPAID FAMILY MEMBER (E.G. WORKING IN FAMILY BUSINESS) 6 RETIRED BECAUSE OF THE HEALTH CONDITION 7 RETIRED DUE TO AGE 8 EARLY RETIREMENT	If 1, go to I2006. If 4 or 5, go to I2012. Other, go to I2011.
I2006	What is the main reason you are not currently working?	1 HEALTH CONDITION OR DISABILITY 2 STILL ENGAGED IN TRAINING 3 PERSONAL FAMILY RESPONSIBILITIES 4 COULD NOT FIND SUITABLE WORK 5 DO NOT KNOW HOW OR WHERE TO SEEK WORK 6 DO NOT HAVE THE ECONOMIC NEED 7 PARENTS OR SPOUSE DID NOT LET ME WORK 8 NO REASON GIVEN 9 OTHER	
I2007	At what age did you stop working?	☐☐ **Number of years** 88 DON'T KNOW	Go to I2009. If 88, go to I2008.
I2008	How many years ago did you stop working?	☐☐ **Number of years** 88 DON'T KNOW	
I2009	Are you currently actively looking for work?	1 YES 5 NO	If I2009=5 and I2005=1, go to I2011. If I2009=5 and I2001=5, go to I2023.

I2010	What is the main reason you would like to work at present? *INTERVIEWER: only one answer allowed - read categories if needed*.	1 NEED THE INCOME 2 WANT TO OR NEED TO BE ACTIVE 3 WANT TO FEEL USEFUL 4 HELP MY FAMILY 7 OTHER, SPECIFY:	
Now I will ask you some questions about your current work or your most recent work.			
I2011	Who is/was your employer in your current/most recent MAIN job?	1 Public sector (government employee) 2 Private sector (for profit and not for profit) 3 Self-employed 4 Informal employment	
I2012	In the last 12 months, for your main job, what has been your main occupation? *INTERVIEWER: Write exactly what the respondent says - write in capital letters. For those who have stopped working, it should be the occupation for the most recent main job.*		
I2013	Do/did you usually work throughout the year, or do/did you work seasonally, or only once in a while for your main job?	1 Work throughout the year 2 Seasonally or part of the year 3 Once in a while	If 1, go to I2015.
I2014	On average, how many weeks in a year do/did you work in your main seasonal or occasional job?	☐☐ **Weeks**	
I2015	On average, how many days a week do/did you work in your main job?	☐☐ **Days**	
I2016	On average, how many hours a day do/did you work in your main job?	☐☐ **Hours**	
I2017	In this main job, do/did you receive any retirement or pension benefits in addition to your payment in cash or in kind?	1 YES 5 NO	
I2018	In this main job, do/did you receive any medical services or health care benefits in addition to your payment in cash or in kind?	1 YES 5 NO	
I2019	In this main job, do/did you receive any food or provisions benefits in addition to your payment in cash or in kind?	1 YES 5 NO	
I2020	In this main job, do/did you receive any cash bonuses benefits in addition to your payment in cash or in kind?	1 YES 5 NO	
I2021	In this main job, do/did you receive any further benefits in addition to your payment in cash or in kind?	1 YES 5 NO	
I2022	Have you worked at more than one job over the last 12 months?	1 YES 5 NO	
I2023	Do you receive a disability pension or other disability benefit?	1 YES 5 NO	

Module 3000A: ENVIRONMENTAL FACTORS

HINDERING OR FACILITATING ENVIRONMENT

I am going to ask you some general questions about your environment.

I would like to know if the environment makes it easy or hard for you to do things you need or want to do.
I want you to answer the following questions on a scale from 1 to 5, where 1 means very easy and 5 means very hard, shown on SHOWCARD 002.

To what extent…		1 Very easy	2	3	4	5 Very hard	8 Don't know	98 Not applicable
I3001	Does your workplace or educational institution make it easy or hard for you to work or learn?	1	2	3	4	5	8	98
I3002	Do health facilities you need regularly make it easy or hard for you to use them?	1	2	3	4	5	8	98
I3003	Do places where you socialize and engage in community activities make it easy or hard for you to do this?	1	2	3	4	5	8	98
I3004	Do the shops, banks and post office in your neighbourhood make it easy or hard for you to use them?	1	2	3	4	5	8	98
I3005	Do your regular places of worship make it easy or hard for you to worship?	1	2	3	4	5	8	98
I3006	Does the transportation you need or want to use make it easy or hard for you to use it?	1	2	3	4	5	8	98
I3007	Does your dwelling make it easy or hard for you to live there?	1	2	3	4	5	8	98
I3008	Does the toilet of your dwelling make it easy or hard for you to use it?	1	2	3	4	5	8	98
I3009	Do the temperature, terrain, and climate of the place you usually live make it easy or hard for you to live there?	1	2	3	4	5	8	98
I3010	Do the lighting, noise, and crowds in your surroundings make it easy or hard for you to live there?	1	2	3	4	5	8	98

ASSISTANCE, ASSISTIVE PRODUCTS AND MEDICINES

I3011	Do you have someone to assist you with your day to day activities at home or outside?	1 YES 5 NO	
I3012	Do you use any assistive products, such as glasses or a cane?	1 YES 5 NO	
I3013	Do you take medicines on a regular basis?	1 YES 5 NO	

SUPPORT AND RELATIONSHIPS

Now I would like to ask you some questions about your relationships.
Please answer these on a scale from 1 to 5 where 1 means it is very easy for you to get help and 5 means it is very difficult for you to get help.

Should you need help, how easy is it for you to get help from:		1 Very easy	2	3	4	5 Very hard	98 Not applicable
I3014	a close family member (including your partner)	1	2	3	4	5	98
I3015	friends and co-workers	1	2	3	4	5	98
I3016	neighbours	1	2	3	4	5	98

Now I am going to ask you questions about close relationships. By a close relationship I mean one in which you are comfortable talking about personal affairs, can get help from, or enjoy spending leisure time with. When answering these questions please tell me on a scale from 1 to 5 where 1 is very close and 5 is not at all close, how close is your relationship with…		**1 Very close**	**2**	**3**	**4**	**5 Not at all close**	**98 Not applicable**
I3017	Spouse or partner	1	2	3	4	5	98
I3018	Family members	1	2	3	4	5	98
I3019	Friends and co-workers	1	2	3	4	5	98
I3020	Neighbours	1	2	3	4	5	98
With how many people do you have a close relationship …							
I3021	in your family			Number _____			
I3022	among your friends and co-workers			Number _____			
I3023	among your neighbours			Number _____			
ATTITUDES OF OTHERS TO YOU							
Now I want to ask you some questions about the attitudes of people around you. When answering these questions please tell me on a scale from 1 to 5 where 1 is not at all and 5 means completely. *INTERVIEWER: USE SHOWCARD 3.*		**1 Not at all**	**2**	**3**	**4**	**5 Yes, completely**	**98 Not applicable**
I3024	Can you participate in family decisions?	1	2	3	4	5	98
I3025	Do you have problems getting involved in society because of the attitudes of people around you?	1	2	3	4	5	98
I3026	Do you feel that some people treat you unfairly?	1	2	3	4	5	98
I3027	Do you make your own choices about your day-to-day life? For example, where to go, what to do, what to eat.	1	2	3	4	5	98
I3028	Do you get to make the big decisions in your life? For example, like deciding where to live, or who to live with, how to spend your money.	1	2	3	4	5	98
I3029	Do you feel that other people accept you?	1	2	3	4	5	98
I3030	Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say?	1	2	3	4	5	98
I3031	Do you consider yourself a burden on society?	1	2	3	4	5	98
I3032	Do people around you tend to become impatient with you?	1	2	3	4	5	98
I3033	Do people around you not expect much from you?	1	2	3	4	5	98
I3034	Is living with dignity a problem for you because of the attitudes and actions of others?	1	2	3	4	5	98
ACCESSIBILITY TO INFORMATION							
I3035	Do you have access to the information you need or want?	1	2	3	4	5	98
I3035a	Do you have a mobile phone?	1 YES 5 NO					
I3035b	Do you use internet?	1 YES 5 NO					

Module 4000: FUNCTIONING

In this module I want to understand the kinds of problems you experience in your life. By problems I mean not getting things done in the way you want to or not getting them done at all. These problems may arise because of your health or because of the environment in which you live. They may arise because of the attitudes or behaviours of people around you.

Please think about the last 30 days, taking both good and bad days into account. For each question, please tell me how much of a problem it is for you on a scale from 1 to 5. 1 means no problem and 5 means extreme problem.

INTERVIEWER: USE SHOWCARD 04.

		1 None	2	3	4	5 Extreme	8 Don't know
MOBILITY							
I4001	How much of a problem is standing up from sitting down for you?	1	2	3	4	5	8
I4002	How much of a problem is standing for long periods such as 30 minutes for you?	1	2	3	4	5	8
I4003	How much of a problem is getting out of your home for you?	1	2	3	4	5	8
I4004	How much of a problem is walking a short distance such as a 100m for you?	1	2	3	4	5	8
I4005	How much of a problem is walking a kilometre for you?	1	2	3	4	5	8
I4006	How much of a problem is engaging in vigorous activities for you, such as ***[add country specific examples]***?	1	2	3	4	5	8
I4007	How much of a problem is getting where you want to go for you?	1	2	3	4	5	8
HAND AND ARM USE							
I4008	How much of a problem is doing things that require the use of your hands and fingers, such as picking up small objects or opening a container?	1	2	3	4	5	8
I4009	How much of a problem is raising a 2 litre bottle of water from waist to eye level?	1	2	3	4	5	8
SELF-CARE							
I4010	How much of a problem is being clean and dressed?	1	2	3	4	5	8
I4011	How much of a problem is eating? *Please take into account your health and people who help you, any assistive devices you use or any medication you take.*	1	2	3	4	5	8
I4012	How much of a problem is toileting?	1	2	3	4	5	8
I4013	How much of a problem is cutting your toenails?	1	2	3	4	5	8
I4014	How much of a problem is looking after your health, eating well, exercising or taking your medicines?	1	2	3	4	5	8
Please take into account your health and people who help you, any assistive devices you use or any medication you take.							
SEEING							
I4015	How much of a problem do you have with seeing at a distance?	1	2	3	4	5	8
I4016	How much of a problem do you have with seeing at arm's length?	1	2	3	4	5	8
HEARING							
I4017	How much of a problem do you have with hearing what is said in a conversation with another person in a quiet room?	1	2	3	4	5	8
I4018	How much of a problem do you have with hearing what is said in a conversation with another person in a noisy room?	1	2	3	4	5	8
PAIN							
I4019	How much of a problem is having pain in your day-to-day life for you?	1	2	3	4	5	8
ENERGY AND DRIVE							
I4020	How much of a problem do you have with sleep?	1	2	3	4	5	8

I4021	How much of a problem is feeling tired and not having enough energy?	1	2	3	4	5	8
BREATHING							
I4022	How much of a problem do you have with shortness of breath?	1	2	3	4	5	8
I4023	How much of a problem do you have with coughing or wheezing?	1	2	3	4	5	8
AFFECT (DEPRESSION AND ANXIETY)							
I4024	How much of a problem do you have with feeling sad, low or depressed?	1	2	3	4	5	8
I4025	How much of a problem do you have with felling worried, nervous or anxious?	1	2	3	4	5	8
Please continue taking into account your health and people who help you, any assistive devices you use or any medication you take.							
INTERPERSONAL RELATIONSHIPS							
I4026	How much of a problem is getting along with people who are close to you, including your family and friends?	1	2	3	4	5	8
I4027	How much of a problem is dealing with people you do not know?	1	2	3	4	5	8
I4028	How much of a problem is initiating and maintaining friendships?	1	2	3	4	5	8
I4029	How much of a problem do you have with intimate relationships?	1	2	3	4	5	8
HANDLING STRESS							
I4030	How much of a problem is handling stress, such as controlling the important things in your life?	1	2	3	4	5	8
I4031	How much of a problem is coping with all the things you have to do?	1	2	3	4	5	8
Please remember to take into account your health and people who help you, any assistive devices you use or any medication you take.							
COMUNICATION							
I4032	How much of a problem do you have with being understood, using your usual language?	1	2	3	4	5	8
I4033	How much of a problem do you have with understanding others, using your usual language?	1	2	3	4	5	8
COGNITION							
I4034	How much of a problem is forgetfulness for you?	1	2	3	4	5	8
I4035	How much of a problem is remembering to do the important things in your day-to-day life?	1	2	3	4	5	8
I4036	How much of a problem is finding solutions to day-to-day problems that you might have?	1	2	3	4	5	8
HOUSEHOLD TASKS							
I4037	How much of a problem do you have with getting your household tasks done?	1	2	3	4	5	8
I4038	How much of a problem do you have with managing the money you have?	1	2	3	4	5	8
COMMUNITY AND CITIZENSHIP PARTICIPATION							
I4039	How much of a problem do you have with doing things for relaxation or pleasure?	1	2	3	4	5	8
I4040	How much of a problem do you have with joining community activities, such as festivities, religious or other activities?	1	2	3	4	5	8
I4041	How much of a problem do you have in engaging in local or national politics and in civil society organizations, such as ***[add country specific examples]***?	1	2	3	4	5	8
I4042	How much of a problem did you have with voting in the last elections?	1	2	3	4	5	8
Please remember to take into account your health and people who help you, any assistive devices you use or any medication you take.							

CARING FOR OTHERS		1 None	2	3	4	5 Extreme	8 Don't know	98 Not applicable
I4043	How much of a problem do you have providing care or support for others?	1	2	3	4	5	8	98
WORK & SCHOOLING		**1 None**	**2**	**3**	**4**	**5 Extreme**	**8 Don't know**	**98 Not applicable**
I4044	How much of a problem do you have with applying for and getting a job?	1	2	3	4	5	8	98
I4045	*INTERVIEWER: If the respondent is currently not working, select the response option 98, Not applicable.* How much of a problem is getting things done as required at work?	1	2	3	4	5	8	98
I4046	How much of a problem do you have getting a formal or informal education?	1	2	3	4	5	8	98
I4047	*INTERVIEWER: If the respondent is currently not receiving education, select the response option 98, Not applicable.* How much of a problem is getting things done as required at school?	1	2	3	4	5	8	98
I4048	How much of a problem is using public or private transportation?	1	2	3	4	5	8	98

Module 5000: HEALTH CONDITIONS

I have asked you many questions about kinds of problems you experience in your life.
The next questions ask about difficulties you may have doing certain activities only because of your HEALTH.
Please think about the last 30 days taking both good and bad days into account.
Now thinking only about your health I want you to answer these questions **WITHOUT taking into account any help**.

		1 Very good	2 Good	3 Moderate	4 Bad	5 Very bad
I5001	I will start with a question about your overall health, including your physical and your mental health: In general, how would you rate your health today?	1	2	3	4	5

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. I want you to answer the following questions on a scale from 1 to 4 where 1 means no difficulty and 4 means you cannot do the activity.		1 No, no difficulty	2 Yes, some difficulty	3 Yes, a lot of difficulty	4 Cannot do at all
WG1	Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
WG2	Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
WG3	Do you have difficulty walking or climbing steps?	1	2	3	4
WG4	Do you have difficulty remembering or concentrating?	1	2	3	4
WG5	Do you have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
WG6	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	1	2	3	4

I want you to answer the following questions on a scale from 1 to 5 where 1 means no difficulty and 5 means extreme difficulty or you are unable to do the activity.

INTERVIEWER: USE SHOWCARD 04.

		1 None	2	3	4	5 Extreme or unable
I5002	How much difficulty do you have moving around because of your health?	1	2	3	4	5
I5003	How much difficulty do you have learning a new task because of your health?	1	2	3	4	5
I5004	Because of your health, how much difficulty do you have toileting?	1	2	3	4	5
I5005	Because of your health, how much difficulty do you have on starting, sustaining and ending a conversation?	1	2	3	4	5
I5006	Because of your health, how much difficulty do you have doing things that require the use of your hands and fingers, such as picking up small objects or opening a container?	1	2	3	4	5
I5007	How much difficulty do you have sleeping because of your health?	1	2	3	4	5
I5008	How much difficulty do you have with shortness of breath because of your health?	1	2	3	4	5
I5009	How much difficulty do you have doing household tasks because of your health?	1	2	3	4	5
I5010	How much difficulty do you have providing care or support for others because of your health?	1	2	3	4	5
I5011	Because of your health, how much difficulty do you have with joining community activities, such as festivities, religious or other activities?	1	2	3	4	5

I5012	*INTERVIEWER: If the respondent is not working or receiving education, select the response option 98, Not applicable*. How much difficulty do you have with your day-to-day work or school because of your health?	1	2	3	4	5
I5013	To what extent do you feel sad, low or depressed because of your health?	1	2	3	4	5
I5014	To what extent do you feel worried, nervous or anxious because of your health?	1	2	3	4	5
I5015	Because of your health, how much difficulty do you have getting along with people who are close to you, including your family and friends?	1	2	3	4	5
I5016	Because of your health, how much difficulty do you have coping with all the things you have to do?	1	2	3	4	5
I5017	How many bodily aches or pains do you have?	1	2	3	4	5

I want to ask you now about diseases or health conditions you currently have. **a. Do you have *[DISEASE NAME]*?** *INTERVIEWER: Proceed with questions b, c and d only for diseases endorsed in question a.* **b. Have you ever been told by a doctor (or another health professional) that you have *[DISEASE NAME]*?** **c. In the last 12 months, have you been given any medication for *[DISEASE NAME]*?** **d. In the last 12 months, have you been given any other treatment for *[DISEASE NAME]*?** ***(Show SHOWCARD 05 TO RESPONDENT – circle 1 or 5)***		(a) Presence Yes = 1 No = 5	(b) Diagnosis Yes = 1 No = 5	(c) Medication Yes = 1 No = 5	(d) Treatment Yes = 1 No = 5
I5018	Vision loss	1 5	1 5	1 5	1 5
I5019	Hearing loss	1 5	1 5	1 5	1 5
I5020	High blood pressure (Hypertension)	1 5	1 5	1 5	1 5
I5021	Diabetes	1 5	1 5	1 5	1 5
I5022	Arthritis, arthrosis	1 5	1 5	1 5	1 5
I5023	Heart disease, coronary disease, heart attack	1 5	1 5	1 5	1 5
I5024	Chronic bronchitis or Emphysema	1 5	1 5	1 5	1 5
I5025	Asthma, allergic respiratory disease	1 5	1 5	1 5	1 5
I5026	Back pain or disc problems	1 5	1 5	1 5	1 5
I5027	Migraine (recurrent headaches)	1 5	1 5	1 5	1 5
I5028	Stroke, e.g. cerebral bleeding	1 5	1 5	1 5	1 5
I5029	Depress	1 5	1 5	1 5	1 5
I5030	Anxiety				
I5031	Leprosy	1 5	1 5	1 5	1 5
I5032	Amputation	1 5	1 5	1 5	1 5
I5033	Polio	1 5	1 5	1 5	1 5
I5034	Gastritis or Ulcer	1 5	1 5	1 5	1 5
I5035	Tumour or Cancer (including blood cancer)	1 5	1 5	1 5	1 5
I5036	Trauma *Interviewer: Trauma relates to road traffic accidents or events/accidents in the home or school that resulted in bodily injury limiting activities*	1 5	1 5	1 5	1 5
I5037	Dementia	1 5	1 5	1 5	1 5

I5038	Kidney diseases	1	5	1	5	1	5	1	5
I5039	Skin diseases, e.g. Psoriasis	1	5	1	5	1	5	1	5
I5040	Tuberculosis	1	5	1	5	1	5	1	5
I5041	Mental (psychiatric) or behavioural disorders	1	5	1	5	1	5	1	5
I5042	Sleep problems	1	5	1	5	1	5	1	5
I5043	Tinnitus (ringing, roaring, or buzzing in your ears that lasts for 5 minutes or longer over the last 12 months)	1	5	1	5	1	5	1	5
I5044	Other (specify) _____	1	5	1	5	1	5	1	5
I5045	Other (specify) _____	1	5	1	5	1	5	1	5
I5046	Other (specify) _____	1	5	1	5	1	5	1	5

Module 3000B: PERSONAL ASSISTANCE, ASSISTIVE PRODUCTS AND FACILITATORS

Personal Assistance

INTERVIEWER: If I3011=1 (yes) go to I3036; if I3011=5 (no) go to I3039.

I3036	You told me that there are people assisting you. How many of these people are paid or belong to charity organizations?	[ ]	
I3037	How many of these people are not paid, such as family members, friends or volunteers?	[ ]	
I3038	You told me that there are people assisting you. Do you think you need additional assistance with your day to day activities at home or outside?	1 Yes 5 No	Go to I3040
I3039	You told me that there are no people assisting you. Do you think you need someone to assist you?	1 Yes 5 No	

ASSISTIVE PRODUCTS AND MODIFICATIONS

MOBILITY & SELF-CARE

INTERVIEWER: If I3012=1 (yes) go to I3040; if I3012=5 (no) go to I3043.

I3040	You told me that you use assistive products. Do you use any assistive products to get around, to do self-care or to support (parts of) your body?	1 Yes 5 No	If 1 go to I3041; If 5 got to I3043

I3041 Which ones do you use?

INTERVIEWER: SHOWCARD 06. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list below.

1	Canes or Sticks	8	Therapeutic footwear; diabetic, neuropathic, orthopaedic
2	Crutches, axillary or elbow	9	Tricycles
3	Orthoses, lower limb, upper limb or spinal	10	Walking frames/walkers
4	Pressure relief cushions	11	Wheelchair
5	Prostheses, lower limb	12	Incontinence products, absorbent
6	Rollators	13	Other assistive product
7	Standing frames, adjustable		

I3042	In addition to these, do you think you need other assistive products to get around, to do self-care or to support (parts of) your body? *INTERVIEWER: Show SHOWCARD 06. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*	Go to I3045

1	Canes or Sticks	8	Therapeutic footwear; diabetic, neuropathic, orthopaedic
2	Crutches, axillary or elbow	9	Tricycles
3	Orthoses, lower limb, upper limb or spinal	10	Walking frames/walkers
4	Pressure relief cushions	11	Wheelchair
5	Prostheses, lower limb	12	Incontinence products, absorbent
6	Rollators	13	Other assistive product
7	Standing frames, adjustable		

I3043	You told me you do not assistive products to get around, to do self-care or to support (parts of) your body? Do you think you need any?	1 Yes 5 No	If 5 go to I3045

I3044 Which are the assistive products you need to get around, to do self-care or to support (parts of) your body?

INTERVIEWER: Show SHOWCARD 06 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.

1	Canes or Sticks	8	Therapeutic footwear; diabetic, neuropathic, orthopaedic
2	Crutches, axillary or elbow	9	Tricycles
3	Orthoses, lower limb, upper limb or spinal	10	Walking frames/walkers
4	Pressure relief cushions	11	Wheelchair
5	Prostheses, lower limb	12	Incontinence products, absorbent
6	Rollators	13	Other assistive product
7	Standing frames, adjustable		

SEEING

INTERVIEWER: If I3012=1 (yes) go to I3045; if I3012=5 (no) go to I3048.

I3045	Do you use any assistive products to help you manage seeing problems?	1 Yes 5 No	If 1 go to I3046; If 5 go to I3048
I3046	Which ones do you use? *INTERVIEWER: Show SHOWCARD 07. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 Audioplayers with DAISY capability 2 Braille displays (note takers) 3 Braille writing equipment/braillers 4 Magnifiers, digital hand-held 5 Magnifiers, optical 6 Screen readers		7 Spectacles; low vision, short distance, long distance, filters and protection 8 Watches talking/touching 9 White canes 10 Guide Dog 11 Other assistive product	
I3047	In addition to these, do you think you need any other assistive product to help you manage seeing problems? *INTERVIEWER: Show SHOWCARD 07 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		Go to I3050
1 Audioplayers with DAISY capability 2 Braille displays (note takers) 3 Braille writing equipment/braillers 4 Magnifiers, digital hand-held 5 Magnifiers, optical 6 Screen readers		7 Spectacles; low vision, short distance, long distance, filters and protection 8 Watches talking/touching 9 White canes 10 Guide Dog 11 Other assistive product	
I3048	You told me you do not use anything to help you manage seeing problems. Do you think you need any assistive product, such as glasses?	1 Yes 5 No	If 5 go to I3050
I3049	Which are the assistive products for seeing that you need? *INTERVIEWER: Show SHOWCARD 07 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 Audioplayers with DAISY capability 2 Braille displays (note takers) 3 Braille writing equipment/braillers 4 Magnifiers, digital hand-held 5 Magnifiers, optical 6 Screen readers		7 Spectacles; low vision, short distance, long distance, filters and protection 8 Watches talking/touching 9 White canes 10 Guide Dog 11 Other assistive product	
HEARING & COMMUNICATION			
INTERVIEWER: If I3012=1 (yes) go to I3050; if I3012=5 (no) go to I3053.			
I3050	Do you use any assistive products to help you hear or communicate better?	1 Yes 5 No	If 1 go to I3051; If 5 got to I3053
I3051	Which ones do you use? *INTERVIEWER: Show SHOWCARD 08 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 Alarm signallers with light/sound/vibration 2 Deafblind communicators 3 Closed captioning TV 4 Gesture to voice technology 5 Hearing aids digital and batteries 6 Hearing loops or FM systems		7 Video communication devices 8 Communication boards/books/cards 9 Communication software 10 Keyboard and mouse emulation software 11 Other assistive product	
I3052	In addition to these, do you think you need other assistive products to help you hear and communicate better? *INTERVIEWER: Show SHOWCARD 08 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		Go to I3055
1 Alarm signallers with light/sound/vibration 2 Deafblind communicators 3 Closed captioning TV 4 Gesture to voice technology 5 Hearing aids digital and batteries 6 Hearing loops or FM systems		7 Video communication devices 8 Communication boards/books/cards 9 Communication software 10 Keyboard and mouse emulation software 11 Other assistive product	

I3053	You told me you do not use assistive products for hearing and communication. Do you think you need any, such as a visual or vibrating alarm?	1 Yes 5 No	If 5 go to I3055
I3054	Which are the assistive products for hearing and communication you need? *INTERVIEWER: Show SHOWCARD 08 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 Alarm signallers with light/sound/vibration 2 Deafblind communicators 3 Closed captioning TV 4 Gesture to voice technology 5 Hearing aids digital and batteries 6 Hearing loops or FM systems		7 Video communication devices 8 Communication boards/books/cards 9 Communication software 10 Keyboard and mouse emulation software 11 Other assistive product	
COGNITION			
INTERVIEWER: If I3012=1 (yes) go to I3055; if I3012=5 (no) go to I3058.			
I3055	Do you use any assistive products to help you staying oriented or managing memory and attention problems?	1 Yes 5 No	If 5 go to I3058
I3056	Which ones do you use? *INTERVIEWER: Show SHOWCARD 09 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 Fall detectors 2 Global positioning system (GPS) locators 3 Personal digital assistant 4 Personal emergency alarm systems (PDA) 5 Pill organizers		6 Recorders 7 Simplified mobile phones 8 Time management products 9 Travel aids, portable 10 Other assistive products	
I3057	In addition to these, do you think you need other assistive products to help you staying oriented or managing memory and attention problems? *INTERVIEWER: Show SHOWCARD 09 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		Go to I3060
1 Fall detectors 2 Global positioning system (GPS) locators 3 Personal digital assistant 4 Personal emergency alarm systems (PDA) 5 Pill organizers		6 Recorders 7 Simplified mobile phones 8 Time management products 9 Travel aids, portable 10 Other assistive products	
I3058	You told me you do not use assistive products for staying oriented or managing memory and attention problems. Do you think you need any, such as pill organizers or recorders?	1 Yes 5 No	If 5 go to I3060
I3059	Which are the assistive products you need for staying oriented or managing memory and attention problems? *INTERVIEWER: Show SHOWCARD 09 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 Fall detectors 2 Global positioning system (GPS) locators 3 Personal digital assistant 4 Personal emergency alarm systems (PDA) 5 Pill organizers		6 Recorders 7 Simplified mobile phones 8 Time management products 9 Travel aids, portable 10 Other assistive products	
OTHER FACILITATORS			
WORK			
INTERVIEWER: The question is stated only if the respondent is working (question I2005 = 2, 3, 4 or 5). *If else, select Not Applicable and go to I3065.*			
I3060	Are there any assistive products or modifications that make it easier for you to work, such as a computer with large print or voice recognition, adjustable height desks or modified working hours?	1 Yes 5 No 98 Not Applicable	If 5 got to I3063

I3061	Which ones do you use? *INTERVIEWER: Show SHOWCARD 10 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers 2 a computer with Braille, large print, voice recognition, or a scanner 3 communication aids, such as Braille or large print 4 reading material or recording equipment 5 a special chair or back support 6 job redesign (modified or different duties) 7 modified hours or days or reduced work hours		8 human support, such as a reader, sign language interpreter, job coach or personal assistant 9 a modified or ergonomic workstation 10 handrails, ramps 11 appropriate parking 12 a barrier free elevator 13 barrier free washrooms 14 barrier free transportation 15 other assistive product or modification	
I3062	In addition to these, do you think there are any other things that would make it easier for you to work? *INTERVIEWER: Show SHOWCARD 10 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		Go to I3065
1 technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers 2 a computer with Braille, large print, voice recognition, or a scanner 3 communication aids, such as Braille or large print 4 reading material or recording equipment 5 a special chair or back support 6 job redesign (modified or different duties) 7 modified hours or days or reduced work hours		8 human support, such as a reader, sign language interpreter, job coach or personal assistant 9 a modified or ergonomic workstation 10 handrails, ramps 11 appropriate parking 12 a barrier free elevator 13 barrier free washrooms 14 barrier free transportation 15 other assistive product or modification	
I3063	You told me you have no assistive products or modifications that make it easier for you to work. Do you think you need any assistive product or modification?	1 Yes 5 No	If 5 go to I3065
I3064	Which are the assistive products or modifications for work you need? *INTERVIEWER: Show SHOWCARD 10 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers 2 a computer with Braille, large print, voice recognition, or a scanner 3 communication aids, such as Braille or large print 4 reading material or recording equipment 5 a special chair or back support 6 job redesign (modified or different duties) 7 modified hours or days or reduced work hours		8 human support, such as a reader, sign language interpreter, job coach or personal assistant 9 a modified or ergonomic workstation 10 handrails, ramps 11 appropriate parking 12 a barrier free elevator 13 barrier free washrooms 14 barrier free transportation 15 other assistive product or modification	
EDUCATION			
INTERVIEWER: The question is stated only if the respondent is receiving education (question I2002 = 2). *If else, select Not Applicable and go to I3070.*			
I3065	Are there any assistive products or modifications that make it easier for you to get an education, such as portable spell checkers, extra time for exams or accessible classrooms?	1 Yes 5 No 98 Not Applicable	If 5 got to I3068
I3066	Which ones do you use? *INTERVIEWER: Show SHOWCARD 11 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		

1 portable spelling checkers 2 recording equipment 3 talking books 4 a pocket organizer 5 a home computer 6 a scanner or printer 7 spelling or grammar checking software 8 voice recognition software 9 software organizational tools 10 a laptop or notebook computer		11 barrier free classrooms, washrooms and residences 12 barrier free buildings, excluding residences 13 barrier free transportation 14 human support, such as a reader, sign language interpreter or other interpreter, e.g. lip-reader 15 adjustments to the curriculum, extra time for exams or reschedule exams 16 extended deadlines for assignments 17 other assistive product or modification	
I3067	In addition to these, do you think there are any other things that would make it easier for you to get an education? *INTERVIEWER: Show SHOWCARD 11 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		Go to I3070
1 portable spelling checkers 2 recording equipment 3 talking books 4 a pocket organizer 5 a home computer 6 a scanner or printer 7 spelling or grammar checking software 8 voice recognition software 9 software organizational tools 10 a laptop or notebook computer		11 barrier free classrooms, washrooms and residences 12 barrier free buildings, excluding residences 13 barrier free transportation 14 human support, such as a reader, sign language interpreter or other interpreter, e.g. lip-reader 15 adjustments to the curriculum, extra time for exams or reschedule exams 16 extended deadlines for assignments 17 other assistive product or modification	
I3068	You told me you have no assistive products or modifications that make it easier for you to get an education. Do you think you need any assistive products or modifications that make it easier for you to get an education?	1 Yes 5 No	If 5 go to I3070
I3069	Which are the assistive products or modifications you need? *INTERVIEWER: Show SHOWCARD 11 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 portable spelling checkers 2 recording equipment 3 talking books 4 a pocket organizer 5 a home computer 6 a scanner or printer 7 spelling or grammar checking software 8 voice recognition software 9 software organizational tools 10 a laptop or notebook computer		11 barrier free classrooms, washrooms and residences 12 barrier free buildings, excluding residences 13 barrier free transportation 14 human support, such as a reader, sign language interpreter or other interpreter, e.g. lip-reader 15 adjustments to the curriculum, extra time for exams or reschedule exams 16 extended deadlines for assignments 17 other assistive product or modification	
AT HOME			
I3070	Are there any modifications that make it easier for you to be at home, such as ramps, grab bars, or any other accessibility features?	1 Yes 5 No	If 5 got to I3073
I3071	Which ones do you use? *INTERVIEWER: Show SHOWCARD 12 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 ramps 2 street level entrances 3 automatic doors 4 easy to open doors (includes lever handles) 5 widened doorways or hallways 6 elevator or lift device 7 visual alarms or audio warning devices		8 Hand rails or grab bars 9 Chairs for shower or bath or toilet 10 a bath lift (in the bathroom) 11 lowered counters in the kitchen 12 pressure relief mattresses 13 other assistive products or modifications features	

I3072	In addition to these, do you think there are any other things that would make it easier for you at home? *INTERVIEWER: Show SHOWCARD 12 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		Go to I3075
1 ramps 2 street level entrances 3 automatic doors 4 easy to open doors (includes lever handles) 5 widened doorways or hallways 6 elevator or lift device 7 visual alarms or audio warning devices		8 Hand rails or grab bars 9 Chairs for shower or bath or toilet 10 a bath lift (in the bathroom) 11 lowered counters in the kitchen 12 pressure relief mattresses 13 other assistive products or modifications features	
I3073	You told me you have no assistive products or modifications that make it easier for you to be at home. Do you think you need any modifications?	1 Yes 5 No	If 5 go to I3075
I3074	Which are the modifications that you need at home? *INTERVIEWER: Show SHOWCARD 12 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 ramps 2 street level entrances 3 automatic doors 4 easy to open doors (includes lever handles) 5 widened doorways or hallways 6 elevator or lift device 7 visual alarms or audio warning devices		8 Hand rails or grab bars 9 Chairs for shower or bath or toilet 10 a bath lift (in the bathroom) 11 lowered counters in the kitchen 12 pressure relief mattresses 13 other assistive products or modifications features	
IN THE COMMUNITY			
I3075	Are there any modifications that make it easier for you to participate in community activities such as accessible public transportation or accessible public toilets?	1 Yes 5 No	If 5 got to I3078
I3076	Which ones do you use? *INTERVIEWER: Show SHOWCARD 13 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 barrier free buildings open to public, e.g. shops, cinemas or worship place 2 barrier free public buildings, e.g. city hall or post office 3 barrier free signage and way finding		4 barrier free public toilets 5 barrier free public transportation 6 barrier free roads, paths, trails 7 Other assistive accessibility features	
I3077	In addition to these, do you think there are any other things that would make it easier for you to participate in community activities? *INTERVIEWER: Show SHOWCARD 13 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		Go to I6001
1 barrier free buildings open to public, e.g. shops, cinemas or worship place 2 barrier free public buildings, e.g. city hall or post office 3 barrier free signage and way finding		4 barrier free public toilets 5 barrier free public transportation 6 barrier free roads, paths, trails 7 Other assistive accessibility features	
I3078	You told me you have no modifications that make it easier for you to participate in the community. Do you think you need any modifications to make it easier to participate in community activities?	1 Yes 5 No	If 5 go to I6001
I3079	Which are the modifications you need? *INTERVIEWER: Show SHOWCARD 13 and read aloud the items in the list. More than one option can be selected. If the respondent has difficulties answering, read aloud the items in the list.*		
1 barrier free buildings open to public, e.g. shops, cinemas or worship place 2 barrier free public buildings, e.g. city hall or post office 3 barrier free signage and way finding		4 barrier free public toilets 5 barrier free public transportation 6 barrier free roads, paths, trails 7 Other assistive accessibility features	

Module 6000: HEALTH CARE UTILISATION

I would now like to know about your recent experiences with obtaining health care from health care workers, hospitals, clinics and the health care system. I want to know if you needed health care recently, and if so, why you needed health care and what type of health care provider you received care from.

I6001	How long ago was the last time you needed health care? *INTERVIEWER: This can be inpatient or outpatient care. If less than one month ago, enter "00" for years and "00" for months.*	☐☐ years ago……go to ☐☐ months ago……go to 98 never……go to 88 don't know……go to	I6003 I6003 I7001 I6002
I6002	Was it more than 3 years ago?	1 Yes 5 No	If 1 go to I7001
I6003	Thinking about health care you needed in the last 3 years, where did you go most often when you felt sick or needed to consult someone about your health? *INTERVIEWER: Only one answer allowed.*	1 PRIVATE DOCTOR'S OFFICE 2 PRIVATE CLINIC OR HEALTH CARE FACILITY 3 PRIVATE HOSPITAL 4 PRIVATE REHABILITATION FACILITY 5 PUBLIC CLINIC OR HEALTH CARE FACILITY 6 PUBLIC HOSPITAL 7 PUBLIC REHABILITATION FACILITY 8 CHARITY OR CHURCH RUN CLINIC 9 CHARITY OR CHURCH RUN HOSPITAL 10 TRADITIONAL HEALER *[USE LOCAL TERM]* 11 PHARMACY OR DISPENSARY OTHER, SPECIFY:	

INPATIENT CARE

The next two questions ask about any overnight stay in a hospital, rehabilitation facility or other health care facility you have had in the last 3 years

I6004	In the last 3 years, have you ever stayed overnight in a hospital, rehabilitation facility or long-term care facility?	1 Yes, a hospital 2 Yes, a rehabilitation facility 3 Yes, long term care facility 4 All 5 No .....➔	If 5, go to I6010
I6005	When was the last overnight stay in a hospital, rehabilitation facility or long-term care facility? *INTERVIEWER: Please enter month and year. If less than one month ago, enter "00" for years and "00" for months.*	☐☐ years ago ☐☐ months ago 88 Don't know	If 88 or more than 3 years ago, go to I6010

Now I would like to know about more recent times - if you've had any overnight stays in a hospital or other type of health care facility in the last 12 months.

I6006	Over the last 12 months, how many different times were you a patient in a hospital, rehabilitation facility or long-term care facility for at least one night?	☐☐ times 888 Don't know	If "00" (no overnight stays), go to I6010
I6007	In the last 12 months, has there been a time when you needed to stay overnight in a health care facility but did not get that care?	Yes = 1 No = 5.....➔	If 5, go to I6010
I6008	What was the main reason you needed care, but did not get care? *INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD 14. Enter the number of the option selected.*	☐☐	

1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)	*10 DIABETES OR RELATED COMPLICATIONS*
2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)	*11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST*
3 NUTRITIONAL DEFICIENCIES	*12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING*
4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)	*13 PROBLEMS WITH YOUR BREATHING*
5 INJURY (NOT WORK RELATED, SEE 8 BELOW)	*14 HIGH BLOOD PRESSURE / HYPERTENSION*
6 SURGERY	*15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY*
7 SLEEP PROBLEMS	*16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)*
8 OCCUPATION/WORK RELATED CONDITION/INJURY	*17 DEPRESSION OR ANXIETY*
9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)	*18 CANCER*
	87 OTHER, SPECIFY:

I6009	Which reason(s) best explains why you did not get health care? *INTERVIEWER: Circle all that the respondent indicates.*	1 COULD NOT AFFORD THE COST OF THE VISIT 2 NO TRANSPORT AVAILABLE 3 COULD NOT AFFORD THE COST OF TRANSPORT 4 YOU WERE PREVIOUSLY BADLY TREATED 5 COULD NOT TAKE TIME OFF WORK OR HAD OTHER COMMITMENTS 6 THE HEALTH CARE PROVIDER'S DRUGS OR EQUIPMENT WERE INADEQUATE 7 THE HEALTH CARE PROVIDER'S SKILLS WERE INADEQUATE 8 YOU DID NOT KNOW WHERE TO GO 9 YOU TRIED BUT WERE DENIED HEALTH CARE 10 YOU THOUGHT YOU WERE NOT SICK ENOUGH 87 OTHER, SPECIFY:

OUTPATIENT CARE AND CARE AT HOME

Now I will shift away from questions about overnight stays to questions about health care you received that did not include an overnight hospital stay. The following questions are about care you received at a hospital, rehabilitation facility, health centre, clinic, private office or at home, from a health care worker, but where you did not stay overnight.

I6010	Over the last 12 months, did you receive any health care NOT including an overnight stay in hospital, rehabilitation facility or long-term care facility?	Yes = 1 No = 5…..➔	If 5, go to I6021
I6011	In total, how many times did you receive health care or consultation in the last 12 months?	☐☐ times	
I6012	Thinking about your last visit to a health care facility in the last 12 months: Which facility did you visit? *INTERVIEWER: Read out responses, circle one option only.*	1 Private doctor's office 2 private clinic or health care facility 3 private hospital 4 private rehabilitation facility 5 public clinic or health care facility 6 public hospital 7 public rehabilitation facility 8 charity or church run hospital 9 home visit OTHER, SPECIFY:	
I6013	What was the name of this health care facility?		
I6014	Thinking about your last visit to a health care provider in the last 12 months: Who was the health care provider you visited? *INTERVIEWER: After this question substitute the type of health care provider selected by the patient when you see [health care provider] in brackets.*	1 MEDICAL DOCTOR (INCLUDING SURGEON, GYNAECOLOGIST, PSYCHIATRIST, OPHTHALMOLOGIST, ETC.) 2 NURSE/MIDWIFE 3 DENTIST 4 PHYSIOTHERAPIST OR CHIROPRACTOR 5 PSYCHOLOGIST 6 TRADITIONAL MEDICINE PRACTITIONER (USE LOCAL NAME) 7 PHARMACIST, DRUGGIST 8 HOME HEALTH CARE WORKER 88 DON'T KNOW	
I6015	What was the sex of the ***[health care provider]***?	1 Male 2 Female	

I6016	Was this visit to *[health care provider]* for a chronic (ongoing) condition, new condition, both or routine check-up?	1 Chronic 2 New 3 Both 4 Routine check-up	
I6017	Which reason best describes why you needed this visit? *INTERVIEWER: Respondent can select only ONE main reason for visit. USE SHOWCARD 14. Enter the number of the option selected.*	☐☐	

1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)	*10 DIABETES OR RELATED COMPLICATIONS*
2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)	*11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST*
3 NUTRITIONAL DEFICIENCIES	*12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING*
4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)	*13 PROBLEMS WITH YOUR BREATHING*
5 INJURY (NOT WORK RELATED, SEE 8 BELOW)	*14 HIGH BLOOD PRESSURE / HYPERTENSION*
6 SURGERY	*15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY*
7 SLEEP PROBLEMS	*16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)*
8 OCCUPATION/WORK RELATED CONDITION/INJURY	*17 DEPRESSION OR ANXIETY*
9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)	*18 CANCER*
	87 OTHER, SPECIFY:

I6018	In the last 12 months, was there a time when you needed health care that did not require overnight stay in a health care facility, but did not get care?	Yes = 1 No = 5…..➔	If 5, go to I6021
I6019	What was the main reason you needed care, even if you did not get care? *INTERVIEWER: Respondent can select ONLY one main reason for visit. USE SHOWCARD 14. Enter the number of the option selected.*	☐☐	

1 COMMUNICABLE DISEASE (INFECTIONS, MALARIA, TUBERCULOSIS, HIV)	*10 DIABETES OR RELATED COMPLICATIONS*
2 MATERNAL AND PERINATAL CONDITIONS (PREGNANCY)	*11 PROBLEMS WITH YOUR HEART INCLUDING UNEXPLAINED PAIN IN CHEST*
3 NUTRITIONAL DEFICIENCIES	*12 PROBLEMS WITH YOUR MOUTH, TEETH OR SWALLOWING*
4 ACUTE CONDITIONS (DIARRHOEA, FEVER, FLU, HEADACHES, COUGH, OTHER)	*13 PROBLEMS WITH YOUR BREATHING*
5 INJURY (NOT WORK RELATED, SEE 8 BELOW)	*14 HIGH BLOOD PRESSURE / HYPERTENSION*
6 SURGERY	*15 STROKE/SUDDEN PARALYSIS OF ONE SIDE OF BODY*
7 SLEEP PROBLEMS	*16 GENERALIZED PAIN (STOMACH, MUSCLE OR OTHER NONSPECIFIC PAIN)*
8 OCCUPATION/WORK RELATED CONDITION/INJURY	*17 DEPRESSION OR ANXIETY*
9 CHRONIC PAIN IN YOUR JOINTS/ARTHRITIS (JOINTS, BACK, NECK)	*18 CANCER*
	87 OTHER, SPECIFY:

I6020	Which reason(s) best explains why you did not get health care? *INTERVIEWER: Circle all that the respondent indicates.*	*1 Could not afford the cost of the visit* *2 No transport available* *3 Could not afford the cost of transport* *4 You were previously badly treated* *5 Could not take time off work or had other commitments* *6 The health care provider's drugs or equipment were inadequate* *7 The health care provider's skills were inadequate* *8 You did not know where to go* *9 You tried but were denied health care* *10 You thought you were not sick enough* *87 Other, specify:*

RESPONSIVENESS OF HEALTH CARE SYSTEM

Now I would like you to think about your most recent visit again. I want to know your impressions of your most recent visit for health care. I would like you to rate your experiences using the following questions.

INTERVIEWER: USE SHOWCARD 15.

For your last visit to a health care provider, how would you rate the following:		Very good	Good	Neither good nor bad	Bad	Very bad
I6021	... the amount of time you waited before being attended to?	1	2	3	4	5
I6022	...your experience of being treated respectfully?	1	2	3	4	5
I6023	…how clearly health care providers explained things to you?	1	2	3	4	5
I6024	…your experience of being involved in making decisions for your treatment?	1	2	3	4	5
I6025	...the way the health services ensured that you could talk privately to providers?	1	2	3	4	5
I6026	...the ease with which you could see a health care provider you were happy with?	1	2	3	4	5
I6027	...the cleanliness in the health facility?	1	2	3	4	5
We would like to finish this Module by asking you two questions about your satisfaction with the health system in your country. *INTERVIEWER: USE SHOWCARDS 15 and 16.*						
I6028	In general, how satisfied are you with how the health care services are run in your country [in your area] – are you very satisfied, satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, or very dissatisfied?	1 Very satisfied	2 Satisfied	3 Neither satisfied nor dissatisfied	4 Dissatisfied	5 Very dissatisfied
I6029	How would you rate the way health care in your country involves you in deciding what services it provides and where it provides them?	1 Very good	2 Good	3 Neither good nor bad	4 Bad	5 Very bad

Module 7000: WELL-BEING

QUALITY OF LIFE

I will now ask you questions about how you rate your quality of life in general and in other areas of your life. Please think about your life in the past 30 days. Please keep in mind your standards, hopes, pleasures and concerns.

INTERVIEWER: USE SHOWCARDS 15 and 16.

I7001	In the past 30 days, how would you rate your quality of life?	1 Very good	2 Good	3 Neither good nor bad	4 Bad	5 Very bad
		1 Very satisfied	**2 Satisfied**	**3 Neither satisfied nor dissatisfied**	**4 Dissatisfied**	**5 Very Dissatisfied**
I7002	How satisfied are you with your health?	1	2	3	4	5
I7003	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
I7004	How satisfied are you with yourself?	1	2	3	4	5
I7005	How satisfied are you with your personal relationships?	1	2	3	4	5
I7006	How satisfied are you with the conditions of your living place?	1	2	3	4	5
		1 Not at all	**2**	**3**	**4**	**5 Completely**
I7007	Do you have enough energy for everyday life?	1	2	3	4	5
I7008	Do you have enough money to meet your needs?	1	2	3	4	5
The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.		**1 I never feel this way**	**2**	**3**	**4**	**5 I often feel this way**
I7009	How alone do you feel in your life?	1	2	3	4	5
I7010	How often do you feel that you lack companionship?	1	2	3	4	5
I7011	How often do you feel left out?	1	2	3	4	5
I7012	How often do you feel isolated from others?	1	2	3	4	5

Now, we would like you to think about yesterday. What did you do yesterday and how did you feel?

INTERVIEWER: USE SHOWCARD 16

I7013	To begin, please tell me what time you woke up yesterday? *INTERVIEWER: Enter the time using four digits, using the convention from 00 to 24.*	☐☐ : ☐☐
I7014	And what time did you go to sleep yesterday? *INTERVIEWER: Enter the time using four digits, using the convention from 00 to 24.*	☐☐ : ☐☐

Now please take a few quiet seconds to recall your activities and experiences yesterday. Now I have questions about your experiences yesterday.

INTERVIEWER: Repeat "yesterday" and read response categories at least twice.

		1 Not at all	**2**	**3**	**4**	**5 Very much**
I7015	Yesterday, did you feel happy? Would you say not at all, a little, somewhat, quite a bit, or very happy?	1	2	3	4	5
I7016	Yesterday, did you feel enthusiastic? Would you say not at all, a little, somewhat, quite a bit, or very enthusiastic?	1	2	3	4	5
I7017	Yesterday, did you feel content?	1	2	3	4	5
I7018	Yesterday, did you feel angry?	1	2	3	4	5
I7019	Yesterday, did you feel frustrated?	1	2	3	4	5

I7020	Yesterday, did you feel tired?	1	2	3	4	5
I7021	Yesterday, did you feel sad?	1	2	3	4	5
I7022	Yesterday, did you feel stressed?	1	2	3	4	5
I7023	Yesterday, did you feel lonely?	1	2	3	4	5
I7024	Yesterday, did you feel worried?	1	2	3	4	5
I7025	Yesterday, did you feel bored?	1	2	3	4	5
I7026	Yesterday, did you feel pain?	1	2	3	4	5

Module 8000: EMPOWERMENT

To what extent would you agree with the following statement about you? *INTERVIEWER: USE SHOWCARD 17.*		**1 Disagree strongly**	**2 Disagree a little**	**3 Neither agree nor disagree**	**4 Agree a little**	**5 Agree strongly**
I8001	To what extent would you agree with the statement that you are a reserved person?	1	2	3	4	5
I8002	To what extent would you agree with the statement that you are a generally trusting person?	1	2	3	4	5
I8003	To what extent would you agree with the statement that you tend to be a lazy person?	1	2	3	4	5
I8004	To what extent would you agree with the statement that you are a relaxed person, a person that handles stress well?	1	2	3	4	5
I8005	To what extent would you agree with the statement that you are a person who has few artistic interests?	1	2	3	4	5
I8006	To what extent would you agree with the statement that you are an outgoing, sociable person?	1	2	3	4	5
I8007	To what extent would you agree with the statement that you are a person who tends to find fault with others?	1	2	3	4	5
I8008	To what extent would you agree with the statement that you are a person who does a thorough job?	1	2	3	4	5
I8009	To what extent would you agree with the statement that you are a person who gets nervous easily?	1	2	3	4	5
I8010	To what extent would you agree with the statement that you are a person who has an active imagination?	1	2	3	4	5

Now I would like to ask some questions about how you see yourself. *INTERVIEWER: USE SHOWCARD 18.*		**1 Not at all**	**2**	**3**	**4**	**5 Completely**
I8011	To what extent are you confident you can find the means and ways to get what you want if someone opposes you?	1	2	3	4	5
I8012	To what extent are you confident that you could deal efficiently with unexpected events?	1	2	3	4	5
I8013	Do you think that the problems you have told me about have made you a stronger person?	1	2	3	4	5
I8014	Do you think that the problems you have told me about have made you more determined to reach your goals?	1	2	3	4	5
I8015	Do you need someone to stand up for you when you have problems?	1	2	3	4	5
I8016	Do you worry about what might happen to you in the future? For example, thinking about not being able to look after yourself, or being a burden to others in the future.	1	2	3	4	5
I8017	Do you feel in control of your life? For example, do you feel in charge of your life?	1	2	3	4	5
I8018	Are you satisfied with your ability to communicate with other people? For example, how you say things or get your point across, the way you understand others, by words or signs.	1	2	3	4	5

I8019	Are you satisfied with the opportunities you get for social activities? For example, with the chances you get to meet friends, go out for a meal, go to a party, etc.	1	2	3	4	5
I8020	Do you feel that you will be able to achieve your dreams, hopes, and wishes?	1	2	3	4	5

Module 9000: INTERVIEWER OBSERVATIONS

I9001	WAS SOMEONE ELSE PRESENT DURING THE INTERVIEW?					1 Yes 5 No
I9002	WHAT IS YOUR EVALUATION OF THE ACCURACY OF THE INFORMANT'S ANSWERS?	1 Very high	2 High	3 Average	4 Low	5 Very low
I9003	WHAT IS YOUR ASSESSMENT OF THE RESPONDENT'S COOPERATION?	1 Very high	2 High	3 Average	4 Low	5 Very low
I9004	COMMENTS:					