

Module 3000A: ENVIRONMENTAL FACTORS

I am going to ask you some general questions about your environment and your social relationships. 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. **INTERVIEWER: USE show card B001.**

	1 Very easy	2	3	4	5 Very hard	8 Don't know	98 Not applicable
B3001	Do places where you socialize and engage in community activities make it easy or hard for you to do this?						
B3002	Do the shops, banks and post office in your neighborhood make it easy or hard for you to use them?						
B3003	Does the transportation you need or want to use make it easy or hard for you to use it?						
B3004	Does your dwelling, including the toilet, make it easy or hard for you to live there?						
B3005	Should you need help, how easy is it for you to get help from a close family member (including your partner)?						
B3006	Should you need help, how easy is it for you to get help from friends and co-workers?						
B3007	Should you need help, how easy is it for you to get help from neighbors?						
	1 Not at all	2	3	4	5 Completely		98 Not applicable
I want you to answer the following two questions on a scale from 1 to 5 where 1 is not at all and 5 means completely.							
B3008	Do you make your own choices about your day-to-day life? For example, where to go, what to do, what to eat.						
B3009	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?						

Module 4000: FUNCTIONING

In the next questions, 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 also arise because of the attitudes or behaviors 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 is it for you on a scale from 1 to 5. 1 means no problem and 5 means extreme problem.** Please take into account your health and people who help you, any assistive devices you use or any medication you take. **INTERVIEWER: USE show card B002.**

	1 None	2	3	4	5 Extreme	8 Don't know	98 Not applicable
B4001	How much of a problem is walking a kilometer for you?						
B4002	How much of a problem is getting where you want to go for you?						
B4003	How much of a problem is being clean and dressed?						
B4004	How much of a problem is toileting?						
B4005	How much of a problem is looking after your health, eating well, exercising or taking your medicines?						
B4006	How much of a problem is feeling tired and not having enough energy?						
B4007	How much of a problem is coping with all the things you have to do?						
B4008	How much of a problem is remembering to do the important things in your day-to-day life?						
B4009	How much of a problem do you have with getting your household tasks done?						
B4010	How much of a problem do you have with joining community activities, such as festivities, religious or other activities?						
B4011	How much of a problem is using public or private transportation?						
B4012	<i>INTERVIEWER: If the respondent is currently not working or in school, select 98, not applicable.</i>						
	How much of a problem is getting things done as required at work or school?						

Module 5000: CAPACITY & 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.		1 Very good	2 Good	3 Moderate	4 Bad	5 Very bad
B5001	I will start with a question about your overall health, including your physical and your mental health: In general, how would you <u>rate your health today</u> ?	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 5 where 1 means no difficulty and 5 means you cannot do the activity. Please answer these questions WITHOUT taking into account any help. INTERVIEWER: USE show card B002.		1 None	2	3	4	5 Extreme
B5002	How much difficulty do you have seeing things at a distance [without glasses]?	1	2	3	4	5
B5003	How much difficulty do you have hearing [without hearing aids]?	1	2	3	4	5
B5004	How much difficulty do you have walking or climbing steps?	1	2	3	4	5
B5005	How much difficulty do you have remembering or concentrating?	1	2	3	4	5
B5006	How much difficulty do you have washing all over or dressing?	1	2	3	4	5
B5007	How much difficulty do you have sleeping because of your health?	1	2	3	4	5
B5008	How much difficulty do you have doing household tasks because of your health?	1	2	3	4	5
B5009	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
B5010	How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	1	2	3	4	5
B5011	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
B5012	How much bodily aches or pain do you have?	1	2	3	4	5
B5013	Do you currently have any of these diseases or health problems? <i>INTERVIEWER: USE show card B003 and circle all mentioned diseases or health problems.</i>					
a)	Vision loss	g)	Arthritis or arthrosis	m)	Amputation	
b)	Hearing loss	h)	Chronic Bronchitis or Emphysema	n)	Trauma, <i>Interviewer: relates to road traffic accidents or events/accidents in the home or school that resulted in bodily injury limiting activities</i>	
c)	High Blood Pressure (Hypertension)	i)	Asthma, allergic respiratory disease	o)	Tinnitus (<i>ringing, roaring, or buzzing in your ears that lasts for 5 minutes or longer over the last 12 months</i>)	
d)	Heart disease, Coronary Disease, Heart Attack	j)	Back pain or disc problems	p)	Others	
e)	Stroke	k)	Depression			
f)	Diabetes	l)	Anxiety			

Module 3000B: PERSONAL ASSISTANCE AND ASSISTIVE PRODUCTS

B3010	Do you have someone to assist you with your day to day activities at home or outside?	1 YES	5 NO	If 5, go to B3012		
B3011	Do you think you need additional assistance with your day to day activities at home or outside?	1 YES	5 NO	Go to B3013		
B3012	Do you think you need someone to assist you?	1 YES	5 NO			
B3013	Do you currently use any of these assistive products? <i>INTERVIEWER: USE show card B004 and circle all mentioned products.</i>	If 1, go to B3015				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1) None 2) Canes or Sticks 3) Crutches, axillary or elbow 4) Orthoses, lower limb, upper limb or spinal 5) Pressure relief cushions 6) Prostheses, lower limb 7) Rollators 8) Standing frames, adjustable </td> <td style="width: 50%; border: none;"> 9) Therapeutic footwear; diabetic, neuropathic, orthopedic 10) Tricycles 11) Walking frames or walkers 12) Wheelchair 13) Spectacles; low vision, short distance, long distance, filters and protection 14) White cane 15) Hearing aids 16) Others </td> </tr> </table>	1) None 2) Canes or Sticks 3) Crutches, axillary or elbow 4) Orthoses, lower limb, upper limb or spinal 5) Pressure relief cushions 6) Prostheses, lower limb 7) Rollators 8) Standing frames, adjustable	9) Therapeutic footwear; diabetic, neuropathic, orthopedic 10) Tricycles 11) Walking frames or walkers 12) Wheelchair 13) Spectacles; low vision, short distance, long distance, filters and protection 14) White cane 15) Hearing aids 16) Others			
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B3014	In addition to what you use, do you think you need any other assistive products? Which ones? <i>INTERVIEWER: USE show card B004 and circle all mentioned products.</i>	End of survey				
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B3015	You told me you do not use assistive products. Do you think you need any of these? <i>INTERVIEWER: USE show card B004 and circle all mentioned products.</i>					
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