



## WHO and INDEPTH

### STUDY ON GLOBAL AGEING AND ADULT HEALTH 2007

#### INDEPTH Short Summary Module – Set B



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Household or Respondent Identification Code: \_\_\_\_\_

Rotation code:  
(Circle one only)

**A B C D**

Interviewer ID: \_\_\_\_\_

## Section 1000: Health State Descriptions

Time Begin   :

*NOTE TO INTERVIEWERS: Where a 'DON'T KNOW' response category is listed as an option - do not read this category out to the respondent.*

I would like to ask you questions about your health and well-being. I know some of these questions may be sensitive or difficult to answer, but please try to provide an answer. I will ask about your overall health, including both your physical and your mental health. Some of the questions may sound similar or repetitive, but I need to ask all of the questions for the sake of completeness. This information is confidential and you will not be identified individually or without your consent.

|       |  |   |
|-------|--|---|
| Q1000 | In general, how would you <u>rate your health today</u> ?  | 1 Very good<br>2 Good<br>3 Moderate<br>4 Bad<br>5 Very bad        |
| Q1001 | Overall in the last 30 days, how much difficulty did you have with <u>work or household activities</u> ? | 1 None<br>2 Mild<br>3 Moderate<br>4 Severe<br>5 Extreme/cannot do |

Now I would like to review the different functions of your body. When answering these questions, I would like you to think about the last 30 days, 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 average, in the last 30 days, while doing the activity in the way that you usually do it. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. Please answer this question taking into account any assistance you have available.

*NOTE TO INTERVIEWER: Read and show scale to respondent.*

### MOBILITY

|       | Overall in the last 30 days...   | NONE | MILD | MODERATE | SEVERE | EXTREME /<br>CANNOT DO |
|-------|--|------|------|----------|--------|------------------------|
| Q1002 | ...how much difficulty did you have with <u>moving around</u> ?  | 1    | 2    | 3        | 4      | 5                      |
| Q1003 | ...how much difficulty did you have in <u>vigorous activities</u> (such as cycling or working in the fields)? 'Vigorous activities' require hard physical effort and cause large increases in breathing or heart rate. | 1    | 2    | 3        | 4      | 5                      |

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**SELF-CARE**

|       | Overall in the last 30 days, how much difficulty ...  | NONE | MILD | MODERATE | SEVERE | EXTREME /<br>CANNOT DO |
|-------|---|------|------|----------|--------|------------------------|
| Q1004 | ... did you have with <u>self-care</u> , such as washing/bathing or dressing yourself?  | 1    | 2    | 3        | 4      | 5                      |
| Q1005 | ... did you have in <u>taking care of and maintaining your general appearance</u> (for example, grooming, looking neat and tidy). | 1    | 2    | 3        | 4      | 5                      |
| Q1006 | ... did you have in <u>staying by yourself</u> for a few days (for example, 3 to 7 days)?   | 1    | 2    | 3        | 4      | 5                      |

**PAIN AND DISCOMFORT**

|   | Overall in the last 30 days...   | NONE | MILD | MODERATE | SEVERE | EXTREME /<br>CANNOT DO |
|---|--|------|------|----------|--------|------------------------|
| Q1007   | ...how much of <u>bodily aches or pains</u> did you have?                                    | 1    | 2    | 3        | 4      | 5                      |
| Q1008   | ...how much <u>bodily discomfort</u> did you have?   | 1    | 2    | 3        | 4      | 5                      |
| <i>If Q1007 and Q1008 are both = 1, "None"..... →</i> |  |      |      |          |        | Q1010                  |
| Q1009   | ... how much difficulty did you have in your <u>daily life</u> because of your <u>pain</u> ? | 1    | 2    | 3        | 4      | 5                      |

**COGNITION**

|       | Overall in the last 30 days, how much difficulty ...  | NONE | MILD | MODERATE | SEVERE | EXTREME /<br>CANNOT DO |
|-------|---|------|------|----------|--------|------------------------|
| Q1010 | ... did you have with <u>concentrating or remembering things</u> ?  | 1    | 2    | 3        | 4      | 5                      |
| Q1011 | ... did you have in <u>learning a new task</u> (for example, learning how to get to a new place, learning a new game, learning a new recipe)? | 1    | 2    | 3        | 4      | 5                      |

**INTERPERSONAL ACTIVITIES**

|       | Overall in the last 30 days, how much difficulty...   | NONE | MILD | MODERATE | SEVERE | EXTREME /<br>CANNOT DO |
|-------|---|------|------|----------|--------|------------------------|
| Q1012 | ... did you have with <u>personal relationships or participation in the community</u> ?         | 1    | 2    | 3        | 4      | 5                      |
| Q1013 | ...did you have in <u>dealing with conflicts and tensions</u> with others?                      | 1    | 2    | 3        | 4      | 5                      |
| Q1014 | ... did you have with <u>making new friendships</u> or <u>maintaining current friendships</u> ? | 1    | 2    | 3        | 4      | 5                      |
| Q1015 | ...did you have with <u>dealing with strangers</u> ?  | 1    | 2    | 3        | 4      | 5                      |

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**SLEEP AND ENERGY**

|       | Overall in the last 30 days, how much of a problem ...   | NONE | MILD | MODERATE | SEVERE | EXTREME / CANNOT DO |
|-------|--|------|------|----------|--------|---------------------|
| Q1016 | ... did you have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or waking up <u>too early</u> in the morning? | 1    | 2    | 3        | 4      | 5                   |
| Q1017 | ... did you have due to not <u>feeling rested and refreshed</u> during the day (for example, feeling tired or not having energy)?                          | 1    | 2    | 3        | 4      | 5                   |

**AFFECT**

|       | Overall in the last 30 days, how much of a problem ...       | NONE | MILD | MODERATE | SEVERE | EXTREME / CANNOT DO |
|-------|--|------|------|----------|--------|---------------------|
| Q1018 | ... did you have with <u>feeling sad, low or depressed</u> ? | 1    | 2    | 3        | 4      | 5                   |
| Q1019 | ... did you have with <u>worry or anxiety</u> ?              | 1    | 2    | 3        | 4      | 5                   |

**VISION (if respondent normally wears glasses or contact lenses, should answer questions below as when wearing glasses/contact lenses.)**

|       |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|
| Q1020 | When was the last time you had your eyes examined by a medical professional?<br><br><i>INTERVIEWER: ENTER YEARS AGO. ENTER "00" IF LESS THAN 1 YEAR.</i> | <input type="text"/> <input type="text"/> years ago<br>-8 Don't know<br>98 Never |  |  |  |  |
| Q1021 | Do you use eyeglasses or contact lenses to <u>see far away</u> (for example across the street)?  | 1 YES<br>2 NO  |  |  |  |  |
| Q1022 | Do you use eyeglasses or contact lenses to <u>see up close</u> (for example at arms length, like when you are reading)?                                  | 1 YES<br>2 NO  |  |  |  |  |

|       | Overall in the last 30 days...  | NONE | MILD | MODERATE | SEVERE | EXTREME / CANNOT DO |
|-------|---|------|------|----------|--------|---------------------|
| Q1023 | ... how much difficulty did you have in <u>seeing and recognising a person or object you know across the road</u> (from a distance of about 20 meters)? | 1    | 2    | 3        | 4      | 5                   |
| Q1024 | ... how much difficulty did you have in seeing and recognising <u>an object at arm's length</u> (for example reading)?                                  | 1    | 2    | 3        | 4      | 5                   |

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**FUNCTIONING ASSESSMENT**

These next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the last 30 days and answer these questions thinking about how much difficulty you had doing the following activities.

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

|       | <b>In the last 30 days, how much difficulty did you have ...</b>  | None | Mild | Moderate | Severe | Extreme/<br>cannot do | N/A |
|-------|---|------|------|----------|--------|-----------------------|-----|
| Q1025 | ... in standing for long periods ?  | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1026 | ... in taking care of your household responsibilities?  | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1027 | ... in joining in community activities [ <i>for example, festivities, religious or other activities</i> ] in the same way as anyone else can? | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1028 | ... concentrating on doing something for 10 minutes?  | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1029 | ... in walking a long distance such as a kilometer?   | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1030 | ... in washing (bathing) your whole body?   | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1031 | ... in getting dressed?   | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1032 | ... in your day to day work?  | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1033 | ... how much have you been emotionally affected by your health condition(s)?  | 1    | 2    | 3        | 4      | 5                     | 9   |
| Q1034 | Overall, how much did these difficulties interfere with your life?  | 1    | 2    | 3        | 4      | 5                     | 9   |

|       |   |               |
|-------|---|---------------|
| Q1035 | Besides any vision (eyeglasses, contact lenses) or hearing aids, do you use any other assistive devices (such as a cane, walker, or other) for any difficulties you experience? | 1 YES<br>2 NO |
|-------|---|---------------|

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**VIGNETTES FOR HEALTH STATE DESCRIPTIONS**

This next section will require additional concentration. I will read to you some stories about people with varying levels of difficulties in different areas of health. I want you to think about these people's experiences as if they were your own. Once I have finished reading each story, I will ask you to rate what happened in the story.

I would like to know how you view each story and rate how much of a problem or difficulty the person described has in that area of health in the same way that you described your own health to me earlier. While giving the rating, think of the person in the story as someone who is of your age and background.

*Interviewer: 'vigorous activities' require hard physical effort and cause large increases in breathing or heart rate?*

**Set B Pain and Personal Relationships**

[Elizabeth] has difficulty climbing up and down the stairs and walking. She is not able to go out as much as she would like to but has many friends who come and visit her at home. Her friends find her a source of great comfort.

|       | Overall in the last 30 days, how much difficulty...                                    | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
|-------|--|------|------|----------|--------|-----------------------|
| Q2101 | ...did [Elizabeth] have with personal relationships or participation in the community? | 1    | 2    | 3        | 4      | 5                     |
| Q2102 | ...did [Elizabeth] have in dealing with conflicts and tensions with others?            | 1    | 2    | 3        | 4      | 5                     |

[Markus] has pain in his knees, elbows, wrists and fingers, and the pain is present almost all the time. It gets worse during the first half of the day. Although medication helps, he feels uncomfortable when moving around, holding and lifting things.

|       | Overall in the last 30 days, ...                        | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
|-------|---|------|------|----------|--------|-----------------------|
| Q2103 | ...how much of bodily aches or pains did [Markus] have? | 1    | 2    | 3        | 4      | 5                     |
| Q2104 | ...how much bodily discomfort did [Markus] have?        | 1    | 2    | 3        | 4      | 5                     |

[Nobu] is blind and lives in a remote rural area. His family does not allow him to leave the house because they fear he will get hurt. His family tells him that he is a burden to them. Their criticism upsets him and he cries.

|       | Overall in the last 30 days, how much difficulty...                               | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
|-------|---|------|------|----------|--------|-----------------------|
| Q2105 | ...did [Nobu] have with personal relationships or participation in the community? | 1    | 2    | 3        | 4      | 5                     |
| Q2106 | ...did [Nobu] have in dealing with conflicts and tensions with others?            | 1    | 2    | 3        | 4      | 5                     |

[Laura] has a headache once a month that is relieved one hour after taking a pill. During the headache she can carry on with her day to day affairs.

|       | Overall in the last 30 days, ...                       | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
|-------|--|------|------|----------|--------|-----------------------|
| Q2107 | ...how much of bodily aches or pains did [Laura] have? | 1    | 2    | 3        | 4      | 5                     |
| Q2108 | ... how much bodily discomfort did [Laura] have?       | 1    | 2    | 3        | 4      | 5                     |

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|   |   |      |      |          |        |                       |
|---|---|------|------|----------|--------|-----------------------|
| [Isabelle] has pain that radiates down her right arm and wrist during her day at work. This is slightly relieved in the evenings when she is no longer working on her computer.   |   |      |      |          |        |                       |
|   | Overall in the last 30 days, ...  | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
| Q2109   | ...how much of bodily aches or pains did [Isabelle] have?                           | 1    | 2    | 3        | 4      | 5                     |
| Q2110   | ... how much bodily discomfort did [name of person] have?                           | 1    | 2    | 3        | 4      | 5                     |
| [Johanna] gets on well with the people she knows but has no close friends. She has not spoken to her mother in 5 years and does not want to see her. Because of this tension, her family usually excludes her from family gatherings. |   |      |      |          |        |                       |
|   | Overall in the last 30 days, how much difficulty...                                 | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
| Q2111   | ...did [Johanna] have with personal relationship or participation in the community? | 1    | 2    | 3        | 4      | 5                     |
| Q2112   | ...did [Johanna] have in dealing with conflicts and tensions with others?           | 1    | 2    | 3        | 4      | 5                     |
| [Amala] suffered a stroke three months ago. Her friends do not come and visit anymore as Amala cannot communicate with them. She is constantly upset and shouts at her family members which causes them to avoid her.                 |   |      |      |          |        |                       |
|   | Overall in the last 30 days, how much difficulty...                                 | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
| Q2113   | ...did [Amala] have with personal relationship or participation in the community?   | 1    | 2    | 3        | 4      | 5                     |
| Q2114   | ...did [Amala] have in dealing with conflicts and tensions with others?             | 1    | 2    | 3        | 4      | 5                     |
| [Nadia] cannot remember when she last felt pain as this has not happened for the last several years now. She does not experience any pain even after hard physical labor or exercise.   |   |      |      |          |        |                       |
|   | Overall in the last 30 days, ...  | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
| Q2115   | ...how much of bodily aches or pains did [Nadia] have                               | 1    | 2    | 3        | 4      | 5                     |
| Q2116   | ...how much bodily discomfort did [Nadia] have?                                     | 1    | 2    | 3        | 4      | 5                     |
| [Charlie] can join in any community activities that interest him, whenever he wants to, without any restrictions. He gets on well with everybody and enjoys meeting new people.   |   |      |      |          |        |                       |
|   | Overall in the last 30 days, how much difficulty...                                 | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
| Q2117   | ...did [Charlie] have with personal relationship or participation in the community? | 1    | 2    | 3        | 4      | 5                     |
| Q2118   | ...did [Charlie] have in dealing with conflicts and tensions with others?           | 1    | 2    | 3        | 4      | 5                     |

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[Steve] has pain in the neck radiating to the arms that is not relieved by any medicines or other treatment. The pain is sharp at all times and keeps him awake most of the night. During the day the pain has made him completely incapacitated. It has necessitated complete confinement to the bed and often makes him think of ending his life.

|       | Overall in the last 30 days, ...                       | None | Mild | Moderate | Severe | Extreme/<br>Cannot do |
|-------|--|------|------|----------|--------|-----------------------|
| Q2119 | ...how much of bodily aches or pains did [Steve] have? | 1    | 2    | 3        | 4      | 5                     |
| Q2120 | ...how much bodily discomfort did [Steve] have?        | 1    | 2    | 3        | 4      | 5                     |

**Time End**  :



## Section 2000: Subjective Wellbeing and Quality of Life

Time Begin   :

Now, we'd like to ask for your thoughts about your life and life situation.

|       |   |   |
|-------|---|---|
| Q2001 | Do you have enough energy for everyday life?<br><i>Read responses</i> | 1 Completely<br>2 Mostly<br>3 Moderately<br>4 A little<br>5 None at all |
| Q2002 | Do you have enough money to meet your needs?<br><i>Read responses</i> | 1 Completely<br>2 Mostly<br>3 Moderately<br>4 A little<br>5 None at all |

Please tell us how satisfied you are with the following issues.

|       |  | VERY<br>SATISFIED   | SATISFIED | NEITHER<br>SATISFIED NOR<br>DISSATISFIED | DISSATISFIED | VERY<br>DISSATISFIED |
|-------|--|---|-----------|--|--------------|----------------------|
| Q2003 | How satisfied are you with your health?  | 1   | 2         | 3  | 4            | 5                    |
| Q2004 | How satisfied are you with yourself?   | 1   | 2         | 3  | 4            | 5                    |
| Q2005 | How satisfied are you with your ability to perform your daily living activities?           | 1   | 2         | 3  | 4            | 5                    |
| Q2006 | How satisfied are you with your personal relationships?                                    | 1   | 2         | 3  | 4            | 5                    |
| Q2007 | How satisfied are you with the conditions of your living place?                            | 1   | 2         | 3  | 4            | 5                    |
| Q2008 | Taking all things together, how satisfied are you with your life as a whole these days?    | 1   | 2         | 3  | 4            | 5                    |
| Q2009 | How would you rate your overall quality of life?<br><i>Read responses</i>                  | 1 Very Good<br>2 Good<br>3 Moderate<br>4 Bad<br>5 Very Bad<br>8 DON'T KNOW                            |           |  |              |                      |
| Q2010 | Taking all things together, how would you say you are these days?<br><i>Read responses</i> | 1 Very happy<br>2 Happy<br>3 Neither happy nor unhappy<br>4 Unhappy<br>5 Very unhappy<br>8 DON'T KNOW |           |  |              |                      |

Time End   :