

STEP 1 Sensory Functions Module

Vision		
The next questions ask about your vision and hearing, problems with your vision and hearing and any care that you may have received for problems with your vision or hearing.		
Question	Response	Code
Do you have difficulty seeing objects in the distance even when wearing glasses or contact lenses? (e.g. driving or watching TV) [Insert country specific examples]	Yes 1 No 2	SF1a
Do you have difficulty seeing things up close even when wearing glasses? (e.g. reading)? [Insert country specific examples]	Yes 1 No 2	SF1b
Have you ever had your vision/eyes checked by a doctor or other health worker?	Yes 1 If yes, go to SF4 No 2	SF2
What is the main reason you have not had your vision/eyes checked?	Too expensive, could not afford 1 If yes, go to SF6 Service too far away 2 If yes, go to SF6 Unavailability of services 3 If yes, go to SF6 Not aware I needed to 4 If yes, go to SF6 Other (please specify) 5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Go to SF6	SF3
How long ago did you have your vision/eyes last checked by a doctor or other health worker?	Years 1 <input type="text"/> <input type="text"/> <input type="text"/> If known, go to SF5 OR Months 2 <input type="text"/> <input type="text"/> <input type="text"/> If known, go to SF5 OR Weeks 3 <input type="text"/> <input type="text"/> <input type="text"/> If known, go to SF5 OR Days 4 <input type="text"/> <input type="text"/> <input type="text"/> If known, go to SF5 Don't know 77	SF4
Have you ever been given a prescription by a doctor or other health worker for glasses or contact lenses?	Yes 1 No 2	SF5
Do you regularly wear glasses or contact lenses?	Yes 1 No 2 If No and SF5=1, go to SF8, otherwise go to SF9	SF6
What are the glasses or contact lenses for?	Distance (driving or watching TV) 1 If Yes, go to SF9 Near (reading or computer work) 2 If Yes, go to SF9 Both 3 If Yes, go to SF9	SF7
What is the main reason you are not wearing the glasses or contact lenses prescribed for you? (RECORD ONLY ONE)	Too expensive, could not afford 1 Shop/service provider too far away 2 Glasses/contact lenses not sold in the shop 3 Had laser surgery or other surgery to replace glasses or contact lenses 4 If Yes, go to SF10 Others (please specify) 5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SF8

Have you ever had laser surgery or other surgery to replace glasses or contact lenses?	Yes 1 No 2 <i>If No, go to SF11</i>	SF9
How long ago did you have laser surgery to replace glasses or contact lenses?	Years 1 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF11</i> OR Months 2 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF11</i> OR weeks 3 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF11</i> OR days 4 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF11</i> Don't know 77	SF10
Have you ever had cataract surgery?	Yes 1 No 2 <i>If No, go to SF14</i>	SF11
On which of your eyes did you have the cataract surgery performed?	Right 1 Left 2 Both 3	SF12
How long ago was your cataract surgery? If SF12=3, Asked for both eyes	Years 1 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF14</i> OR Months 2 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF14</i> OR Weeks 3 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF14</i> OR Days 4 <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	SF13

Hearing		
Question	Response	Code
Do you have difficulty in hearing without hearing aids?	None/no difficulty 1 Yes, minimal difficulty 2 Yes, moderate difficulty 3 Yes, a lot of difficulty 4 Yes, extreme difficulty 5	SF14
Have you ever had your hearing checked by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to SF19</i>	SF15
How long ago did you have your hearing last checked by a doctor or other health worker?	Years 1 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF17</i> OR Months 2 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF17</i> OR Weeks 3 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF17</i> OR Days 4 <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to SF17</i> Don't know 77	SF16
Were you told by a doctor or other health worker that you have hearing loss?	Yes 1 No 2 <i>If No, go to SF19</i> Don't know 77 <i>If DK, go to SF19</i>	SF17

Please indicate what your doctor or other health worker recommended or prescribed to aid your hearing as a result of your hearing assessment.	<div>Hearing Aid 1</div> <div>Surgical hearing implant 2</div> <div>Personal sound amplification products (PSAPs) 3</div> <div>No recommendation for hearing aid/implant 4 <i>If Yes, go to end of section</i></div> <div>Other (please specify) 5 <input type="text"/></div> <div>Don't know 77</div>	SF18
Do you currently use a device to assist your hearing such as a hearing aid or cochlear implant?	<div>Yes 1 <i>If Yes, go to SF21</i></div> <div>No 2 <i>If No and SF18=1,2 or 3, go to SF20, otherwise go to end of section</i></div>	SF19
What is the main reason you are not using a device such as a hearing aid or implant to assist your hearing?	<div>Too expensive, could not afford 1 <i>Go to end of section</i></div> <div>No shop/service provider nearby 2 <i>Go to end of section</i></div> <div>Hearing devices not sold in the shop 3 <i>Go to end of section</i></div> <div>Other (please specify reason) 4 <input type="text"/></div>	SF20
Please indicate the type of hearing device you currently use.	<div>Hearing aid 1</div> <div>Cochlear implant 2</div> <div>Personal sound amplification products (PSAPs) 3</div> <div>Other (please specify) 4 <input type="text"/></div>	SF21
On/in which ear do you use the hearing device?	<div>Right 1</div> <div>Left 2</div> <div>Both 3</div>	SF22
How long have you been using hearing device/s?	<div>Years 1 <input type="text"/> <i>If known, go to SF24</i></div> <div>OR Months 2 <input type="text"/> <i>If known, go to SF24</i></div> <div>OR Weeks 3 <input type="text"/> <i>If known, go to SF24</i></div> <div>OR Days 4 <input type="text"/> <i>If known, go to SF24</i></div> <div>Don't know 77</div>	SF23
Since you started using your hearing device, how much has it helped you to hear better (for example in watching TV, listening to radio, conversing with people etc?) (READ OUT OPTIONS)	<div>Helped very much 1</div> <div>Helped quite a lot 2</div> <div>Helped moderately 3</div> <div>Helped slightly 4</div> <div>Helped not at all 5</div>	SF24

Step 2 Physical Measurements

CORE: Visual Acuity Assessment			
Question	Response		Code
Interviewer ID	_____		VH1
Device ID (SNELLEN VISUAL ACUITY CHART/SMART PHONE APP)	_____		VH2
Uncorrected Distance visual acuity <i>[Relevant to all participants]</i>	Right eye	fraction _____ / _____ decimal _____ . _____	VH3a
	Left eye	fraction _____ / _____ decimal _____ . _____	VH3b
Visual acuity with spectacles or contact lenses (if applicable) <i>[If spectacles or contact lenses for distance vision are worn to the assessment, visual acuity is measured with the person wearing them]</i>	Right eye	fraction _____ / _____ decimal _____ . _____	VH4a
	Left eye	fraction _____ / _____ decimal _____ . _____	VH4b
Pinhole Assessment <i>[ONLY Relevant to participants whose presenting visual acuity (i.e. uncorrected visual acuity or visual acuity with spectacles or contact lenses for distance vision are worn to the assessment) is <6/12 in one or both eyes]</i>			
Device ID Pinhole Occluder	_____		VH5
Distance visual acuity using Pinhole Occluder	Right eye	Improve to ≥6/12 1 Does not improve to ≥6/12 2	VH6a
	Left eye	Improve to ≥6/12 1 Does not improve to ≥6/12 2	VH6b
Near Visual Acuity Assessment (ONLY participants aged ≥35 years old)			
Device ID: Device/chart to test for near visual acuity/SMART PHONE APP	_____		VH7
Uncorrected near visual acuity at 40cm. <i>[Relevant to all participants aged 35 years and over]</i>	Right eye	Yes, can see N6 1 No, cannot see N6 2	VH8a
	Left eye	Yes, can see N6 1 No, cannot see N6 2	VH8b
Near visual acuity at 40 cm with spectacles (if applicable) <i>[Relevant to participants aged 35 years and over who present to the examination with spectacles for near vision]</i>	Right eye	Yes, can see N6 1 No, cannot see N6 2	VH9a
	Left eye	Yes, can see N6 1 No, cannot see N6 2	VH9b

CORE: Hearing Assessment		
Interviewer ID	<input type="text"/>	VH10
Device ID	<input type="text"/>	VH11
Hearing test using automated hearing screener (hearWHO) <i>Record score in percentages</i>	<input type="text"/> %	VH12