



# STUDY ON GLOBAL AGEING AND ADULT HEALTH

## Wave 1

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### Individual Questionnaire – Set A



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**Contact Record – Individual or Proxy Respondent**

<p><b>Q1000A. INTERVIEWER I.D.</b></p>	
<p><b>Q1000B. CONTACT WITH:</b>          1=INDIVIDUAL RESPONDENT          2=PROXY RESPONDENT          3=NO ONE</p>	<p>1 2 3</p>
<p><b>Q1000c. RESULT CODE</b>          01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED – THIS INCLUDES INTERVIEW AND BODY MEASUREMENT, PERFORMANCE TESTS AND BLOOD SAMPLE)          02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE).          03=RESPONDENT CONTACTED-INITIAL REFUSAL          04=RESPONDENT CONTACTED-UNCERTAIN ABOUT INTERVIEW          05=RESISTANCE/REFUSAL BY RESPONDENT          06=FINAL REFUSAL BY RESPONDENT          07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER          08=UNABLE TO LOCATE RESPONDENT          09=NO INTERVIEW BECAUSE RESPONDENT IS NOT ELIGIBLE: LESS THAN 18, 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 RESPONDENT          13=DECEASED RESPONDENT          14=RESPONDENT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 13 14</p>
<p><b>INTERVIEWER: INSERT FINAL RESULT CODE IN SECTION 0000: COVERSHEET, Q0007B.</b></p>	

WHO Study on Global Ageing and Adult Health (SAGE)  
INDIVIDUAL Questionnaire A

**HYPERTENSION**

Q4060	Have you ever been diagnosed with high blood pressure (hypertension)?	1 YES 2 No .....	→	Q4062
Q4061	Have you been taking any <u>medications</u> or <u>other treatment</u> for it during ... (Other treatment might include weight loss program or change in eating habits.)			
	<b>Q4061a</b> ....the <u>last 2 weeks</u> ?	1 YES 2 No		
	<b>Q4061b</b> ....the <u>last 12 months</u> ?	1 YES 2 No		

**CATARACTS**

Q4062	In the <u>last 5 years</u> , were you diagnosed with a <u>cataract</u> in one or both of your eyes (a cloudiness in the lens of the eye)?	1 YES 2 No .....	→	Q4064
Q4063	In the last 5 years, have you had <u>eye surgery</u> to remove this cataract(s)?	1 YES 2 No		
	In the <u>last 12 months</u> have you experienced any of the following:...			
Q4064	...cloudy or blurry vision?	1 YES 2 No		
Q4065	...vision problems with light, such as glare from bright lights, or halos around lights?	1 YES 2 No		

**ORAL HEALTH**

Now I would like you to tell me about the condition of your mouth and teeth.

Q4066	Have you <u>lost all</u> of your natural teeth?	1 YES 2 No		
Q4067	During the <u>last 12 months</u> , have you had any problems with your mouth and/or teeth, including problems with swallowing?	1 YES 2 No .....	→	Q4069
Q4068	Have you received any <u>medications</u> or <u>treatment</u> from a dentist or other oral health specialist during...			
	<b>Q4068a</b> ... the <u>last 2 weeks</u> ?	1 YES 2 No		
	<b>Q4068b</b> ... the <u>last 12 months</u> ?	1 YES 2 No		

**INJURIES**

Q4069	In the <u>last 12 months</u> , have you been involved in a <u>road traffic accident</u> where you suffered from bodily injury? <i>PROBE: This could have been an accident in which you were involved either as the occupant of a motor vehicle, or when you were riding a motorcycle/scooter, rickshaw or bicycle or walking.</i>	1 YES (IF MORE THAN ONE ACCIDENT, SELECT THE MOST RECENT TO ASK ABOUT IN MORE DETAIL BELOW) 2 No .....	→	Q4073
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**WHS-SAGE**

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**INJURIES continued...**

Q4070	How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?	1 IT WAS AN ACCIDENT (UNINTENTIONAL) 2 SOMEONE ELSE DID IT TO ME DELIBERATELY (INTENTIONAL) 3 I DID IT TO MYSELF DELIBERATELY (SELF-INFLICTED) 8 DON'T KNOW	
Q4071	Did you receive any <u>medical care or treatment</u> for your injuries?	1 YES 2 NO	
Q4072	Did you suffer a physical disability as a result of being injured? <i>INTERVIEWER: Disability is any restriction or lack of ability to perform an activity as before the injury.</i>	1 YES 2 No .....→	Q4073
	Q4072a. In what ways were you physically disabled?  <i>INTERVIEWER: CIRCLE ALL THAT RESPONDENT SELECTS.</i>	1 Unable to use hand or arm 2 Difficulty to use hand or arm 3 Walk with a limp 4 Loss of hearing 5 Loss of vision 6 Weakness or shortness of breath 7 Inability to remember things 8 Inability to chew 87 Other, specify:	
Q4073	In the <u>last 12 months</u> , have you had any other event where you suffered from bodily injury? <i>INTERVIEWER: If more than one, ask respondent to think of the most recent event.</i>	1 YES (IF MORE THAN ONE EVENT, SELECT THE MOST RECENT TO ASK ABOUT IN MORE DETAIL BELOW) 2 No .....→	Q4078
	<b>Q4073a.</b> Where were you when you were injured?	1 Home 2 School 3 Work 7 Other, specify : 8 Don't know	
Q4074	What was the cause of this injury?	1 Fall 2 Struck/hit by person or object 3 Stabbed 4 Gun shot 5 Fire, flames or heat (burn) 6 Drowning or near-drowning 7 Poisoning 8 Animal bite 9 Electricity shock 87 Other, specify: 88 Don't know	
Q4075	How did the injury happen? Was it an accident, did someone else do this to you, or did you do this to yourself?	1 IT WAS AN ACCIDENT (UNINTENTIONAL) 2 SOMEONE ELSE DID IT TO ME DELIBERATELY (INTENTIONAL) 3 I DID IT TO MYSELF DELIBERATELY (SELF-INFLICTED) 8 DON'T KNOW	
Q4076	Did you receive any <u>medical care or treatment</u> for your injuries?	1 YES 2 NO	

**WHS-SAGE**

WHO Study on Global Ageing and Adult Health (SAGE)  
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*INJURIES continued...*

Q4077	Did you suffer a physical disability as a result of being injured? <i>INTERVIEWER: disability is any restriction or lack of ability to perform an activity as before the injury.</i>	1 YES 2 No .....→	Q4078
	<b>Q4077a.</b> In what ways were you physically disabled?  <i>INTERVIEWER: CIRCLE ALL THAT RESPONDENT INDICATES.</i>	1 UNABLE TO USE HAND OR ARM 2 DIFFICULTY TO USE HAND OR ARM 3 WALK WITH A LIMP 4 LOSS OF HEARING 5 LOSS OF VISION 6 WEAKNESS OR SHORTNESS OF BREATH 7 INABILITY TO REMEMBER THINGS 8 INABILITY TO CHEW 87 OTHER, SPECIFY:	

**CERVICAL CANCER AND BREAST CANCER SCREENING (WOMEN ONLY)**

*Questions to be asked to FEMALE respondents only.*

FEMALE .....→ Q4078

MALE .....→ GO TO NEXT SECTION

Now I would like to ask you about some of the kinds of medical care or tests that you may have received.

Q4078	When was <u>the last time</u> you had a <u>pelvic examination</u> , if ever? (By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?) <i>ENTER "00" IF LESS THAN 1 YEAR AGO.</i>	YEARS AGO 98 NEVER HAD EXAM .....→	Q4080
Q4079	The last time you had the pelvic examination, did you have a PAP smear test? (By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?)	1 YES 2 NO	
Q4080	When was the last time you had a mammography, if ever? (That is, an x-ray of your breasts taken to detect breast cancer at an early stage.) <i>ENTER "00" IF LESS THAN 1 YEAR AGO.</i>	YEARS AGO 98 NEVER HAD EXAM	

**Time End**

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