# **Appendix B**

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

### **Section 2000: Health State Descriptions**

#### Time Begin

Now we will switch to questions specifically about your health. The first questions are about your overall health, including both your physical and your mental health. By difficulty in the second question, I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity.

|           |  | 1 | Very good         |
|-----------|--|---|-------------------|
|           | la consent la consentation de la consentación de la | 2 | Good              |
| 1 (12000) | In general, how would you <u>rate your health</u> <u>today</u> ?   | 3 | Moderate          |
|           | <u>oudy</u> .  | 4 | Bad               |
|           |  | 5 | Very bad          |
|           |  | 1 | None              |
|           | 0 11: 11 1 100 1 1 1 11:11:11  | 2 | Mild              |
| Q2001     | Overall in the last 30 days, how much difficulty did you have with work or household activities?   | 3 | Moderate          |
|           |  | 4 | Severe            |
|           |  | 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. Let me remind you, by difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity.

INTERVIEWER: Read and show scale to respondent.

#### **MOBILITY**

|       | Overall in the last 30 days, how much difficulty did you have  | None | MILD | Moderate | SEVERE | EXTREME /<br>CANNOT<br>DO |
|-------|--|------|------|----------|--------|---------------------------|
| Q2002 | with moving around?  | 1    | 2    | 3        | 4      | 5                         |
| Q2003 | in <u>vigorous activities</u> ('vigorous activities' require hard physical effort and cause large increases in breathing or heart rate)? | 1    | 2    | 3        | 4      | 5                         |

INTERVIEWER: Use Showcard if needed for mobility.

#### SELF-CARE

|       | Overall in the last 30 days, how much difficulty did you have   | None | MILD | MODERATE | Severe | EXTREME /<br>CANNOT<br>DO |
|-------|---|------|------|----------|--------|---------------------------|
| Q2004 | with <u>self-care</u> , such as bathing/washing or dressing yourself?                                     | 1    | 2    | 3        | 4      | 5                         |
| Q2005 | in taking care of and maintaining your general appearance (for example, grooming, looking neat and tidy)? | 1    | 2    | 3        | 4      | 5                         |
| Q2006 | in <u>staying by yourself</u> for a few days (3 to 7 days)?   | 1    | 2    | 3        | 4      | 5                         |

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#### PAIN AND DISCOMFORT

|        | Overall in the last 30 days,   | None | MILD | Moderate | Severe | EXTREME /<br>CANNOT<br>DO |
|--------|--|------|------|----------|--------|---------------------------|
| Q2007  | how much of <u>bodily aches or pains</u> did you have?                                   | 1    | 2    | 3        | 4      | 5                         |
| Q2008  | how much bodily discomfort did you have?   | 1    | 2    | 3        | 4      | 5                         |
| If Q20 | 07 and Q2008 are both = 1, "None"  |      |      |          |        | Q2010                     |
| Q2009  | how much <u>difficulty</u> did you have in your daily life because of your <u>pain</u> ? | 1    | 2    | 3        | 4      | 5                         |

#### **COGNITION**

|       | Overall in the last 30 days, how much   | None | MILD | MODERATE | SEVERE | EXTREME / CANNOT |
|-------|---|------|------|----------|--------|------------------|
|       | difficulty  |      |      |          |        | DO               |
| Q2010 | did you have with <u>concentrating or</u> <u>remembering things</u> ?   | 1    | 2    | 3        | 4      | 5                |
| Q2011 | 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 did you have,  | None | MILD | MODERATE | SEVERE | EXTREME /<br>CANNOT<br>DO |
|-------|---|------|------|----------|--------|---------------------------|
| Q2012 | with personal relationships or participation in the community?  | 1    | 2    | 3        | 4      | 5                         |
| Q2013 | in <u>dealing with conflicts and tensions</u> with others?      | 1    | 2    | 3        | 4      | 5                         |
| Q2014 | with making new friendships or maintaining current friendships? | 1    | 2    | 3        | 4      | 5                         |
| Q2015 | with dealing with strangers?                                    | 1    | 2    | 3        | 4      | 5                         |

#### **SLEEP AND ENERGY**

|       | Overall in the last 30 days, how much of a problem did you  | None | MILD | MODERATE | Severe | EXTREME /<br>CANNOT<br>DO |
|-------|---|------|------|----------|--------|---------------------------|
| Q2016 | have with sleeping, such as <u>falling asleep</u> ,<br>waking up <u>frequently during the nigh</u> t or<br>waking <u>up too early</u> in the morning? | 1    | 2    | 3        | 4      | 5                         |
| Q2017 | have due to <u>not feeling rested and</u> <u>refreshed</u> during the day (for example, feeling tired, not having energy)?                            | 1    | 2    | 3        | 4      | 5                         |

#### AFFECT

|       | Overall in the last 30 days, how much of a problem did you have | None | MILD | Moderate | SEVERE | EXTREME / CANNOT DO |
|-------|---|------|------|----------|--------|---------------------|
| Q2018 | with feeling sad, low or depressed?                             | 1    | 2    | 3        | 4      | 5                   |
| Q2019 | with worry or anxiety?  | 1    | 2    | 3        | 4      | 5                   |

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VISION (Respondent should answer, as when wearing glasses/contact lenses if used)

|       |   |    | ,                   |
|-------|---|----|---------------------|
| Q2020 | When was the last time you had your eyes examined by a medical professional?      |    | YEARS AGO           |
|       | INTERVIEWER: ENTER YEARS AGO. ENTER "00" IF                                       | -8 | Don't know          |
|       | LESS THAN 1 YEAR.   | 98 | Never               |
| 00001 | Do you use eyeglasses or contact lenses to  | 1  | YES                 |
| Q2021 | street)?  | 2  | No                  |
| 00000 | Do you use eyeglasses or contact lenses to  | 1  | YES                 |
| Q2022 | 2022 see <u>up close</u> (for example at arms length, like when you are reading)? |    | No                  |
|       |   | 1  | None                |
| Q2023 | In the last 30 days, how much difficulty did                                      | 2  | MILD                |
|       | you have in seeing and recognising an object                                      | 3  | Moderate            |
|       | or a person you know <u>across the road</u> (from a distance of about 20 meters)? |    | Severe              |
|       |   | 5  | EXTREME / CANNOT DO |
|       |   | 1  | None                |
| Q2024 | In the last 30 days, how much difficulty did                                      | 2  | MILD                |
|       | you have in seeing and recognising an object                                      | 3  | Moderate            |
|       | at arm's length (for example, reading)?   | 4  | Severe              |
|       |   | 5  | EXTREME / CANNOT DO |

#### **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 <u>last 30 days</u> and answer these questions thinking about how much difficulty you had doing the following activities. Some of these questions may seem repetitive, but we do need your attention and it is important to give us answers to each question.

INTERVIEWER: For each question, please circle only one response. 'N/A' means 'not applicable'.

|       | In the last 30 days, how much difficulty                                      |      |      |          | ,,     | Extreme/     |     |
|-------|---|------|------|----------|--------|--------------|-----|
|       | did you have  | None | Mild | Moderate | Severe | cannot<br>do | N/A |
| Q2025 | in sitting for long periods?  | 1    | 2    | 3        | 4      | 5            | 9   |
| Q2026 | in walking 100 meters?  | 1    | 2    | 3        | 4      | 5            | 9   |
| Q2027 | in standing up from sitting down?   | 1    | 2    | 3        | 4      | 5            | 9   |
| Q2028 | in standing for long periods?   | 1    | 2    | 3        | 4      | 5            | 9   |
| Q2029 | with climbing one flight of stairs without resting?                           | 1    | 2    | 3        | 4      | 5            | 9   |
| Q2030 | with stooping, kneeling or crouching?   | 1    | 2    | 3        | 4      | 5            | 9   |
| Q2031 | picking up things with your fingers (such as picking up a coin from a table)? | 1    | 2    | 3        | 4      | 5            | 9   |
| Q2032 | in taking care of your household responsibilities?                            | 1    | 2    | 3        | 4      | 5            | 9   |