DETAILED QUESTIONNAIRE FOR PEOPLE WITH DISABILITIES

IDENTIFICATION OF PERSON WITH DISABILITY

NAME AND CODE OF PROVINCE * _____ ☐

NAME OF DISTRICT _____

NAME OF CONSTITUENCY _____

NAME OF WARD _____

CSA NUMBER …….. ☐☐☐

SEA NUMBER …….. ☐☐

NAME OF VILLAGE/LOCALITY _____

HOUSEHOLD NUMBER :…….. ☐☐☐

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF
PERSON WITH DISABILITY _____

AGE OF PERSON WITH DISABILITY……. ☐☐

IS THE PERSON REPORTING THE PERSON WITH DISABILITY? [Do not read out. Code by observation] ☐

1 Yes
2 No (i.e. someone else is reporting for the person with disability)
3 Both

IF **NO**, WHO IS THE PERSON REPORTING? ☐☐
NAME AND LINE NUMBER OF PERSON _____

Date of Interview: Day: __ __ Month: __ __ Year: 2005

Time Started: _____ Time Completed: _____

SUPERVISOR	INTERVIEW STATUS	Did the enumerator have to return to the household	CHECKED by Supervisor	
NAME _____ ☐	1=COMPLETE 2=INCOMPLETE			
SIGNATURE _____	☐	☐	☐	☐

* CODES FOR PROVINCE		
1 = Copperbelt	4 = Lusaka	7 = North Western
2 = Central	5 = Northern	8 = Western
3 = Eastern	6 = Luapula	9 = Southern

ACTIVITY LIMITATIONS: **How difficult is it for you to perform this activity <u>without any</u> kind of assistance at all?** (That is, without the use of any assistive devices – either technical or personal). **PARTICIPATION RESTRICTIONS:** **Do you have any difficulty in performing this activity in your current environment?** (**Current environment* refers to the surroundings in which you live, work, and play etc for the majority of your time).	**Activity limitation score** **(A measure of Capacity)** 0 no difficulty 1 mild difficulty 2 moderate difficulty 3 severe difficulty 4 unable to carry out the activity 8 not applicable 9 not specified (level not known**)**	**Participation restriction** **(A measure of Performance in current environment)** 0 no problem 1 mild problem 2 moderate problem 3 severe problem 4 complete problem (unable to perform) 8 not applicable 9 not specified (level not known**)**
1a. SENSORY EXPERIENCES		
a. watching/looking/seeing		
b. listening/hearing		
1b. BASIC LEARNING & APPLYING KNOWLEDGE		
a. learning to read/write/count/calculate		
b. acquiring skills (manipulating tools, painting, carving etc.)		
c. thinking/concentrating		
d. reading/writing/counting/calculating		
e. solving problems		
2. COMMUNICATION		
a. understanding others (spoken, written or sign language)		
b. producing messages (spoken, written or sign language)		
c. communicating directly with others		
d. communicating using devices (phone/typewriter/computer/SMS)		
3. MOBILITY		
a. staying in one body position		
b. changing a body position (sitting/standing/bending/lying)		
c. transferring oneself (moving from one surface to another)		
d. lifting/carrying/moving/handling objects		
e. fine hand use (picking up/grasping/manipulating/releasing)		
f. hand & arm use (pulling/pushing/reaching/throwing/catching)		
g. walking		
h. moving around (crawling/climbing/running/jumping)		
i. using transportation to move around as a passenger		
j. driving a vehicle (car/boat/bicycle/or riding an animal)		
4. SELF CARE		
a. washing oneself		
b. care of body parts, teeth, nails and hair		
c. toileting		
d. dressing and undressing		
e. eating and drinking		

ACTIVITY LIMITATIONS: **How difficult is it for you to perform this activity <u>without any</u> kind of assistance at all?** (That is, without the use of any assistive devices – either technical or personal). **PARTICIPATION RESTRICTIONS:** **Do you have any difficulty in performing this activity in your current environment?** (**Current environment* refers to the surroundings in which you live, work, and play etc for the majority of your time).	**Activity limitation score** **(A measure of Capacity)** 0 no difficulty 1 mild difficulty 2 moderate difficulty 3 severe difficulty 4 unable to carry out the activity 8 not applicable 9 not specified (level not known**)**	**Participation restriction** **(A measure of Performance in current environment)** 0 no problem 1 mild problem 2 moderate problem 3 severe problem 4 complete problem (unable to perform) 8 not applicable 9 not specified (level not known**)**
5. DOMESTIC LIFE		
a. shopping (getting goods and services)		
b. preparing meals (cooking)		
c. doing housework (washing/cleaning)		
d. taking care of personal objects (mending/repairing)		
e. taking care of others		
6. INTERPERSONAL BEHAVIOURS		
a. making friends and maintaining friendships		
b. interacting with persons in authority (officials, village chiefs)		
c. interacting with strangers		
d. creating and maintaining family relationships		
e. making and maintaining intimate relationships		
7. MAJOR LIFE AREAS		
a. going to school and studying (education)		
b. getting and keeping a job (work & employment)		
c. handling income and payments (economic life)		
8. COMMUNITY, SOCIAL AND CIVIC LIFE		
a. clubs/organisations (community life)		
b. recreation/leisure (sports/play/crafts/hobbies/arts/culture)		
c. religious/spiritual activities		
d. political life and citizenship		

Inventory of Environmental Factors

Being an active, productive member of society includes participating in such things as working, going to school, taking care of your home, and being involved with family and friends in social, recreational and civic activities in the community. Many factors can help or improve a person's participation in these activities while other factors can act as barriers and limit participation.

First, please tell me how often each of the following has been a barrier to your own participation in the activities that matter to you. Think about the past year, and tell me whether each item on the list below has been a problem **daily, weekly, monthly, less than monthly, or never.** If the item occurs, then answer the question as to how big a problem the item is with regard to your participation in the activities that matter to you.
(Note: if a question asks specifically about **school or work** and you neither work nor attend school, check not applicable)

	1. always	2. often	3. seasonal	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1.little problem
1. In the past 12 months, how often has the availability/accessibility of transportation been a problem for you?									
When this problem occurs has it been a big problem or a little problem?									
2. In the past 12 months, how often has the natural environment – temperature, terrain, climate – made it difficult to do what you want or need to do?									
When this problem occurs has it been a big problem or a little problem?									
3. In the past 12 months, how often have other aspects of your surroundings – lighting, noise, crowds, etc – made it difficult to do what you want or need to do?									
When this problem occurs has it been a big problem or a little problem?									
4. In the past 12 months, how often has the information you wanted or needed not been available in a format you can use or understand?									
When this problem occurs has it been a big problem or a little problem?									
5. In the past 12 months, how often has the availability of health care services and medical care been a problem for you?									
When this problem occurs has it been a big problem or a little problem?									
6. In the past 12 months, how often did you need someone else's help in your home and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
7. In the past 12 months, how often did you need someone else's help at school or work and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									

	1. always	2. often	3. seasonal	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1.little problem
8. In the past 12 months, how often have other people's attitudes toward you been a problem at home?									
When this problem occurs has it been a big problem or a little problem?									
9. In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?									
When this problem occurs has it been a big problem or a little problem?									
10. In the past 12 months, how often did you experience prejudice or discrimination?									
When this problem occurs has it been a big problem or a little problem?									
11. In the past 12 months, how often did the policies and rules of businesses and organizations make problems for you?									
When this problem occurs has it been a big problem or a little problem?									
12. In the past 12 months, how often did government programs and policies make it difficult to do what you want or need to do?									
When this problem occurs has it been a big problem or a little problem?									

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM

		No	Some	A lot	Unable
a	Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
b	Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
c	Do you have difficulty walking or climbing steps?	1	2	3	4
d	Do you have difficulty remembering or concentrating?	1	2	3	4
e	Do you have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
f	Because of a physical, mental, or emotional health condition, do you have difficulty communicating, (for example understanding or being understood by others)?	1	2	3	4

2 NOW LET'S TALK ABOUT YOUR DISABILITY.

INSTRUCTION: ASK BOTH DIRECT & PROXY RESPONDENTS

2.1 Please describe your disability as it is without the use of assistive devices or any person helping you. *(Write down what respondent says in their own words.)*

_____

_____

_____

_____

2.2 What caused your disability?
[Write down what respondent says in their own words.]

_____

_____

2.3 How old were you when it started?
[Write down what respondent says in their own words.]

_____

2.4 If you were disabled as a child, who was responsible for your upbringing?
[Write down what respondent says in their own words.]

_____

2.5 If you were disabled as a child, where were you brought up?
[Write down what respondent says in their own words.]

_____

2.6 Have you ever been injured as a consequence of the following kinds of violence?

	Yes	No
a. war	1	2
b. domestic (violence in the home)	1	2
c. non-domestic (violence outside the home)	1	2
d. political violence	1	2
If No to all of the above: Go to 2.8		

2.7 Was the injury you suffered the cause of your disability?

Yes	1
No	2
Don't know	8

2.8 Have you ever experienced violence because of your disability?

Yes	1
No	2
Don't know	8

2.9 Have you ever lived in an institution or special home for people with disabilities?

Yes	1
No	2
Don't know	8

3 SERVICES YOU ARE AWARE OF AND HAVE NEEDED AND/OR RECEIVED FOR YOUR DISABILITY (LIKE HEALTH, REHABILITATION, WELFARE & OTHER SUCH SERVICES).

3.1 Which services, if any, are you *aware* of and have ever *needed/received*?
[Read out; Enter the appropriate code for each column of each row]

	Aware of service 1=Yes 2=No	Needed service 1=Yes 2=No	Received service 1=Yes 2=No
	(1)	(2)	(3)
a. Medical rehabilitation (e.g. physiotherapy, occupational therapy, speech and hearing therapy etc)			
b. Assistive devices service (e.g. Sign language interpreter, wheelchair, hearing/visual aids, Braille etc.)			
c. Educational services (e.g. remedial therapist, special school, early childhood stimulation, regular schooling, etc.)			
d. Vocational training (e.g. employment skills training, etc)			
e. Counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor etc)			
f. Counselling for parent/family			
g. Welfare services (e.g. social worker, disability grant, etc)			
h. Health services (e.g. at a primary health care clinic, hospital, home health care services etc.)			
i. Traditional healer/faith healer			

If no services received, i.e. all 2 = ”No” for column (3) above, then go to Section 4.

3.2 Think of ALL services you have received. if you are no longer getting the service, why did you stop? *[Read out and Circle ALL that apply]*

	Reason stopped Code 1-8
a. Medical rehabilitation	
b. Assistive devices service	
c. Educational services	
d. Vocational training	
e. Counselling for person with disability	
f. Counselling for parent/family	
g. Welfare services	
h. Health services	
i. Traditional healer/faith healer	

Coding
1. It was too expensive
2. It was too far or you had no transport
3. It was not helping you anymore
4. I reached the level of functioning I set as goal?
5. The services were no longer available
6. I was not satisfied with services
7. There was a communication/language barrier
8. Other

4 EDUCATION

CHECK PAGE 1 – AGE OF PERSON WITH DISABILITY – AND ASK ONLY PEOPLE WHO ARE 18 YEARS OR OLDER.

4.1 Are you 18 years or older?

Yes	1	[**go to 4.2**]
No	2	[**go to 4.4**]

4.2 Have you received a formal primary education?

Yes	1	[**go to 4.4**]
No	2	[**go to 4.3**]
Don't know/Don't remember	8	[**go to 4.4**]

4.3 If you have NOT received a formal primary education, have you ever attended classes to learn to read and write as an adult?

Yes	1
No	2
Don't know/Don't remember	8

4.3.1 If YES, where: _____ | | |

CHECK PAGE 9 (QUESTION 2.3) AND ASK ONLY PEOPLE WHO WERE DISABLED BEFORE 18 YEARS OF AGE (AGE 17 YEARS OR YOUNGER).

IF PERSON WAS DISABLED AFTER 18 YEARS OF AGE (18 YEARS OR OLDER), SKIP THIS PART AND GO TO SECTION (5)

4.4 Were you disabled before 18 years of age?

Yes	1	[**go to 4.5**]
No	2	[**go to Section 5**]

4.5 What type of school do or did you *mainly* attend in pre-school, primary school and secondary school? *[Do not read out; Circle only **one** answer for each line]*

	Mainstream/ Regular school	Special school	Special class in mainstream/ regular school	Did not go to school or N/A
Pre-school/early childhood development services	1	2	3	4
Primary school	1	2	3	4
Secondary school	1	2	3	4
Tertiary education	1	2	3	4
Vocational training	1	2	3	4

4.6 Have you ever been refused entry into a school or pre-school because of your disability? *[Circle only **one** answer for each line]*

	Yes	No	Not applicable
Regular pre-school	1	2	3
Regular primary school	1	2	3
Regular secondary school	1	2	3
Special school (any level)	1	2	3
Special class (remedial)	1	2	3

4.7 How old were you when you *first* started regular or special school?

years old. [Enter "97" if not applicable or "98" for "Don't know"]

4.8 Did you study as far as you planned? *[Do not read out; Circle only **one** answer]*

Yes	1
No	2
Still studying	3
Not applicable	4
Don't know	8

4.9 [*Ask only respondents who are no longer studying*] Has your level of education helped you find any work at all? *[Do not read out; Circle only **one** answer]*

Yes	1
No	2
Not applicable	3
Don't know	8

5 EMPLOYMENT AND INCOME

ASK ALL PERSONS WITH DISABILITIES 15 YEARS OF AGE OR OLDER: INFORMATION MUST BE ABOUT THE PERSON WITH DISABILITY WHO IS 15 YEARS AND OLDER.
IF YOUNGER THAN 15 YEARS GO TO SECTION (6)

5.1 Are you 15 years or older?

Yes	1	**[go to 5.2]**
No	2	**[go to Section 6]**

5.2 Are you currently working? (includes casual labourers, part-time work and those who are self-employed). Circle only **one** answer.

Yes, currently working	1
No, but have been employed previously	2
No, never been employed	3
I am a housewife	4

If "never been employed" (code=3) or "housewife" (code=4), skip to Section (5.4).

5.3 What type of job do you have? If unemployed, what was your last job?
[Write down what respondent says in their own words.]

_____ | | |

5.4 ***If 5.2 = 2, No but have been employed previously:***
If you are currently unemployed, why did you stop working?
Circle only **one** answer.

Retired	1
Retrenched (due to cut backs)	2
Fired	3
Injury/accident at work	4
Illness	5
Because of disability	6
Other (specify) _____	7
Not applicable (employed)	8
Don't know	9

5.5 Are you currently receiving social security, a disability grant or any other form of pension?

Yes	1	[**go to 5.6**
No	2	[**go to Section 6**]
Don't know	8	[**go to Section 6**]

5.6 What type of grant or pension is it?
*[Do not read out; circle **all** that apply. Enter amount per month **OR** lump sum, then go to 5.7]*

Type of grant or pension	Code (1)	Amount per month (2)	Lump sum (3)
a. Disability grant	1		
b. Social Security	2		
c. Workman's Compensation	3		
d. Private insurance/pension	4		
e. Old age pension	5		
f. Other (specify) _____	6		
g. Don't know	8		

5.7 What are the TWO MAIN THINGS that the money from your disability grant or pension money is spent on? [*Do not read out; **circle only TWO** answers*]

Item	Choice
a. Household necessities i.e. food, groceries etc.	01
b. Clothing	02
c. Rent/accommodation	03
d. Recreation/entertainment	04
e. Transport	05
f. Education	06
g. Water and electricity	07
h. Rehabilitation and health care services	08
i. Assistive devices	09
j. Personal assistant/carer (care for self)	10
k. Other (specify) _____	11
l. Don't know	98

5.8 Are you the one who *mainly* decides how to spend your disability grant or pension?

Yes	1
No	2
Don't know	8

6 YOUR SURROUNDINGS AND HOW EASY IT IS FOR YOU TO GET AROUND. IF YOU USE ONE OR MORE ASSISTIVE DEVICES OR SOMEONE IS HELPING YOU, ANSWER AS IF YOU ARE USING THEM.

ASK BOTH DIRECT & PROXY REPORTERS. PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DISABILITY.

6.1 Let's look at your home first. Are the rooms and toilet accessible? By accessible we mean that you can get there <u>easily</u> and use the facility most of the time.
*[Read out; Circle only **one** answer for each line]*

Home	Yes (accessible)	No (not accessible)	Have none
a. Kitchen	1	2	3
b. Bedroom	1	2	3
c. Living room	1	2	3
d. Dining room	1	2	3
e. Toilet	1	2	3

6.2 Now let's look at various places you might go to. Think of getting in and out of the places, and tell me for each place whether it is generally accessible to you or not. [*Read out; Circle only **one** answer for each line*]

Place	YES (Accessible)	NO (Not accessible)	Never go*	None available
a. The place where you work	1	2	3	4
b. The school you attend	1	2	3	4
c. The shops that you go to most often	1	2	3	4
d. Place of worship	1	2	3	4
e. Recreational facilities (e.g. cinema, theatre, pubs, etc) – think of the last three months	1	2	3	4
f. Sports facilities	1	2	3	4
g. Police station	1	2	3	4
h. Magistrates office/Traditional courts	1	2	3	4
i. Post office	1	2	3	4
j. Bank	1	2	3	4
k. Hospital	1	2	3	4
l. Primary Health Care Clinic	1	2	3	4
m. Public transportation (bus, taxi, train)	1	2	3	4
n. Hotels	1	2	3	4
o. Other (specify) _____	1	2	3	4

***Never go (code =3) means that this is not relevant for you. If you "never go" because the place is inaccessible to you, then code NO (code = 2).**

7 ASSITIVE DEVICES:

Whether you have any; how useful they are; problems you experience etc.

ASK BOTH DIRECT & PROXY RESPONDENTS: PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DISABILITY

7.1 Do you use any medication or traditional medicine for pain that is caused by your disability?

Yes	1
No	2

7.1.1 If YES, what type of medication or traditional medicine?

_____

7.2 Do you use an assistive device? [*For examples, see 7.3 below*]

Yes	1	**[go to 7.3]**
No	2	**[go to Section 8]**

7.3 Please specify which assistive devices you use.
*[Read out; Circle **one** answer for each row]*

Device	Device category	Examples:	Yes	No	Not applicable (don't need it)
1	**Information**	eye glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Braille	1	2	3
2	**Communication**	sign language interpreter, fax, portable writer, computer	1	2	3
3	**Personal mobility**	wheelchairs, crutches, walking sticks, white cane, guide, standing frame	1	2	3
4	**Household items**	Flashing light on doorbell, amplified telephone, vibrating alarm clock	1	2	3
5	**Personal care & protection**	special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids	1	2	3
6	**For handling products & goods**	gripping tongs, aids for opening containers, tools for gardening	1	2	3
7	**Computer assistive technology**	keyboard for the blind	1	2	3
8	**Other**	specify:	1	2	3

7.4 Is the assistive device(s) mentioned above in good working condition/order?

*[If more than one device in one category, choose **most important** device - List device by **name**]*

Name of Device:	Good working condition?
a.	
b.	
c.	

CODING
1 = Yes
2 = No
9 = Don't know

7.5 Where did you get the assistive device(s)?

*[Read out; Record only **one** answer for each line]*

*[If more than one device in one category, choose **most important** device - List device by **name**]*

Name of Device:	Where did you get the device?*	Can you give an estimate of the cost of the device?
a.		
b.		
c.		

*CODING
1 = Private
2 = Government health service
3 = Other government service (not health)
4 = NGO
5 = Other (specify)
8 = Don't know

7.6 Who, if any, maintains or repairs your assistive device(s)?

*[Do not read out: record only **one** answer for each line]*

*[If more than one device in one category, choose **most important** device - List device by **name**]*

Name of Device:	Maintenance /Repair
a.	
b.	
c.	

CODING
1 = Self
2 = Government
3 = Family
4 = Employer
5 = NGO
6 = Other (specify)
7 = Not maintained
8 = Cannot afford to maintain or repair it
9 = Don't know

7.7 Were you given any information or help on how to use your device(s)?

Name of Device:	Information or help
a.	
b.	
c.	

CODING
1 = Complete/full information
2 = Some information
3 = No information
9 = Don't know/ Can't remember

8 HOW YOU FEEL AND WHAT YOU THINK ABOUT BEING A PERSON WITH A DISABILITY. LET'S START WITH YOUR ROLE WITHIN THE HOUSEHOLD AND YOUR FAMILY.

ASK BOTH DIRECT & PROXY RESPONDENTS: PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DISABILITY.

8.1 Which of the following, if any, do people in the household or family help you with?
*[Read out; Circle **one** answer for each row]*
[NB: Do not include assistance provided by person paid to care for the person or things you would not normally do because of your age or your culture]

	Yes	Some times	No	Not applicable or not necessary
a. Dressing	1	2	3	4
b. Toileting	1	2	3	4
c. Bathing	1	2	3	4
d. Eating/Feeding	1	2	3	4
e. Cooking	1	2	3	4
f. Shopping	1	2	3	4
g. Moving around	1	2	3	4
h. Finances	1	2	3	4
i. Transport	1	2	3	4
j. Studying	1	2	3	4
k. Emotional support	1	2	3	4
l. Other (specify) _____	1	2	3	4

8.2 I'm going to ask you some questions about your involvement in different aspects of family and social life. Please listen to each one and answer yes, no, sometimes or not applicable.
*[Read out and circle **one** answer for each row]*

	Yes	No	Sometimes	Not applicable	Don't know
a. Are you consulted about making household decisions?	1	2	3	4	8
b. Do you go with the family to events such as family gatherings, social events etc.	1	2	3	4	8
c. Do you feel involved and part of the household or family?	1	2	3	4	8
d. Does the family involve you in conversations?	1	2	3	4	8
e. Does the family help you with daily activities/tasks?	1	2	3	4	8
f. **If YES,** do you appreciate it or like the fact that you get this help?	1	2	3	4	8
g. Do/did you take part in your own traditional practices (e.g. initiation ceremonies)	1	2	3	4	8
h. Are you aware of Organisations for people with disabilities (DPO)?	1	2		4	8
i. Are you a member of a DPO?	1	2		4	8

- **ONLY ASK DISABLED RESPONDENTS WHO ARE 15 YEARS OF AGE OR OLDER AND REPORTING FOR THEMSELVES.**
- **IF THE RESPONDENT IS A PROXY REPORTER FOR A PERSON WITH DISABILITY 15 YEARS OR OLDER, THEN ASK THEM TO ANSWER ABOUT THE PERSON WITH DISABILITY.**
- **IF PERSON WITH DISABILITY IS YOUNGER THAN 15 YEARS THEN GO TO SECTION 9**

Circle one answer	YES	NO
Is the person with disability 15 years of age or older?	**1**	**2**
	[go to 8.3]	**[go to section 9]**

8.3 Do you make important decisions about your own life?
*[Read out; circle only **one** answer]*

All the time	1
Sometimes	2
Never	3
Don't know	8

8.4 Are you married or involved in a relationship?

Yes	1	**[go to 8.5]**
No	2	**[go to 8.6]**
Don't know	8	**[go to 8.6]**

8.5 Does your spouse/partner have a disability?

Yes	1	**[go to 8.6]**
No	2	**[go to 8.6]**
Don't know	8	**[go to 8.6]**

8.6 Do you have children?

Yes	1	**[go to 8.6.1]**
No	2	**[go to 9]**

8.6.1 If Yes, how many?

☐☐ **Children**

8.7 Who MAINLY takes care or helps you take care of your children?
*[Do not read out; circle only **one** answer]*

I take care of them myself	1
My spouse/partner	2
My parent	3
A family member (brother, sister, cousin, aunt, etc.)	4
A friend	5
Person with disability pays someone	6
Children are old enough and take care of themselves	7
Other (specify) _____	8

9 HEALTH AND GENERAL WELL-BEING

9.1 Thinking about the important <u>negative life events</u> listed below, please indicate the number of times you, a close family member or a close friend has experienced each of these during the past 6 months. NB THIS REFERS TO THE NUMBER OF EVENTS, NOT THE DURATION. (Enter 0 if NONE).

NEGATIVE LIFE EVENT	# of times during last 6 months
death	
injury	
illness	
loss of employment	
displacement	
separation	
divorce	
theft/robbery	
accusation of witchcraft	
conviction for a crime/imprisonment	
Other (specify) _____	

9.2 Thinking about the important <u>positive life events</u> listed below, please indicate the number of times you, a close family member or a close friend has experienced each of these during the past 6 months. (Enter 0 if NONE).

POSITIVE LIFE EVENT	# of times during last 6 months
a birth	
marriage	
employment	
other financial gain	
athletic/scholastic/political achievements	
initiation ceremonies	
Other (specify) _____	

9.3 Thinking about your general <u>physical health</u> (things like: sickness, illness, injury, disease etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall physical health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

9.4 Thinking about your general <u>mental health</u> (things like: anxiety, depression, fear, fatigue, tiredness, hopelessness etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall mental health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

9.5 Below is a list of various feelings that you may have experienced. I'd like to know how often, during the past month, you have experienced each of these. (Check one box for each problem)

How often, during the past month, have you…:	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. …felt nervous?						
2. …felt so down in the dumps, nothing could cheer you up?						
3. …felt calm and peaceful?						
4. …felt down-hearted and depressed?						
5. …been happy?						

9.6 Health information.
We would like know about your understanding of some common diseases in Zambia and whether you have access to information about them.

	Do you know about this disease?	Do you have access to information about this disease?	Do you know how to prevent this disease?	Have you ever had this disease?
HIV-AIDS				
Malaria				
TB				

Coding
1 = Yes
2 = No
9 = Don't know

9.7 EQ-5D Health Questionnaire

By placing a tick in one box in each group below, please indicate which statements best describe your own state of health TODAY.

1 Mobility

I have no problems in walking about	❑
I have some problems in walking about	❑
I am confined to bed	❑

2 Self-Care

I have no problems with self-care	❑
I have some problems washing or dressing myself	❑
I am unable to wash or dress myself	❑

3 Usual Activities (*e.g. work, study, housework, family or leisure activities)*

I have no problems with performing my usual activities	❑
I have some problems with performing my usual activities	❑
I am unable to perform my usual activities	❑

4 Pain/Discomfort

I have no pain or discomfort	❑
I have moderate pain or discomfort	❑
I have extreme pain or discomfort	❑

5 Anxiety/Depression

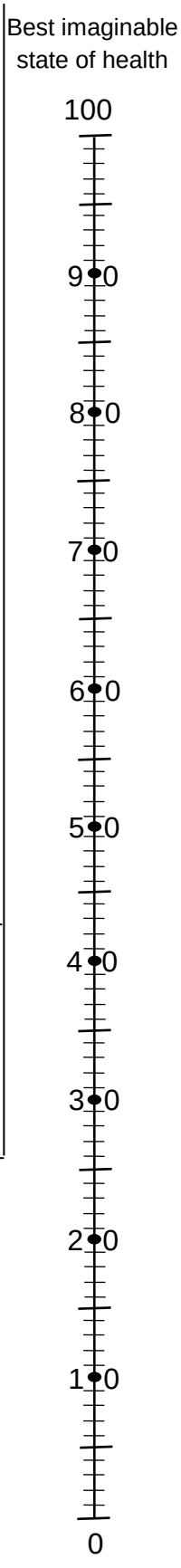
I am not anxious or depressed	❑
I am moderately anxious or depressed	❑
I am extremely anxious or depressed	❑

6 Compared with my general level of health over the past 12 months, my state of health today is:

Better	❑	PLEASE TICK
Much the same	❑	ONE
Worse	❑	BOX

7 To help people say how good or bad their state of health is, we have drawn a scale on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale, in your opinion, how good or bad your own health is **<u>today</u>**. Please do this by placing an X on the scale to the right →



END OF INTERVIEW

Thank the respondent and close the interview. Mention that another person may come back to do a brief check of the questionnaire.