

DIFFICULTY WITH ACTIVITIES

Please tell me if you have any difficulty in doing each of the daily activities that I am going to read. Don't include difficulties that you believe will last less than three months.

	YES	NO	CAN'T DO	DOESN'T DO	RF	DK	
H.1 Because of a health problem, do you have difficulty with walking several blocks?	1 GOTO H.3	2	6 GOTO H.3	7 GOTO H.3	8 GOTO H.3	9 GOTO H.3	<input type="checkbox"/>
H.2 Because of a health problem, do you have difficulty with running or jogging one kilometer?	1 GOTO H.4	2 GOTO H.4	6 GOTO H.4	7 GOTO H.4	8 GOTO H.4	9 GOTO H.4	<input type="checkbox"/>
H.3 Because of a health problem, do you have difficulty with walking one block?	1	2	6	7	8	9	<input type="checkbox"/>
H.4 Because of a health problem, do you have difficulty with sitting for about 2 hours?	1	2	6	7	8	9	<input type="checkbox"/>
H.5 Because of a health problem, do you have difficulty with getting up from a chair after sitting for long periods?	1	2	6	7	8	9	<input type="checkbox"/>
H.6 Because of a health problem, do you have difficulty with climbing several flights of stairs without resting?	1	2 GOTO H.8	6	7	8	9	<input type="checkbox"/>
H.7 Because of a health problem, do you have difficulty with climbing one flight of stairs without resting?	1	2	6	7	8	9	<input type="checkbox"/>
H.8 Because of a health problem, do you have difficulty with stooping, kneeling, or crouching?	1	2	6	7	8	9	<input type="checkbox"/>
H.9 Because of a health problem, do you have difficulty with reaching or extending your arms above shoulder level?	1	2	6	7	8	9	<input type="checkbox"/>
H.10 Because of a health problem, do you have difficulty with pulling or pushing large objects like a living-room chair?	1	2	6	7	8	9	<input type="checkbox"/>
H.11 Because of a health problem, do you have difficulty with lifting or carrying objects weighing over 5 kg, like a heavy bag of groceries?	1	2	6	7	8	9	<input type="checkbox"/>
H.12 Because of a health problem, do you have difficulty with picking up a 1 peso coin from the table?	1	2	6	7	8	9	<input type="checkbox"/>
H.13 Because of a health problem, do you have difficulty with dressing including putting on shoes and socks?	1 PASS TO H.14	2 GO TO FILTER IN THE NEXT PAGE	6 PASS TO H.14	7 PASS TO H.14	8 GO TO H.15	9 GO TO H.15	<input type="checkbox"/>

H.14 Does anyone ever help you get dressed?

YES 1
 NO 2
 RF 8
 DK 9

ACTIVITIES OF DAILY LIVING

FILTER: INTERVIEWER : LOOK AT THE COLUMN "NO" ON THE PREVIOUS PAGE, AND IF THE RESPONSE TO H.1 THROUGH H.13 WAS ALWAYS "NO=2" (EXCLUDING SHADED AREAS (H.2 AND H.6)), GO TO H.26

	WALK	BATH	EAT	BED	TOILET
<p>Please tell me if you have any difficulty with each of the activities I mention. If you do not do any of the following activities, simply tell me. Do not include difficulties that you believe will last less than three months.</p> <p style="text-align: center;">↓</p>	<p>H.15 ...with walking across a room?</p> <p style="text-align: center;">↓</p>	<p>H.16 ...with bathing or showering?</p> <p style="text-align: center;">↓</p>	<p>H.17 ...with eating, such as cutting your food?</p> <p style="text-align: center;">↓</p>	<p>H.18 ...with getting into or out of bed?</p> <p style="text-align: center;">↓</p>	<p>H.19 ...with using the toilet, including getting on and off the toilet or squatting?</p> <p style="text-align: center;">↓</p>
<p>A. Because of a health problem, do you have any difficulty...</p> <p>↓</p> <p>YES 1 NO 2 CAN'T DO 6 DOESN'T DO 7</p> <p>RF 8 DK 9</p>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<p>B. Do you ever use equipment or devices such as a cane, walker or wheelchair...</p> <p>↓</p> <p>YES 1 NO 2</p> <p>RF 8 DK 9</p>	<input type="checkbox"/>	X	X	<input type="checkbox"/>	X
<p>IF RESPONDENT DOESN'T HAVE DIFFICULTY (A.=2) WITH THE ACTIVITY, GO TO NEXT COLUMN</p> <p>IF RESPONDENT IS <u>NOT</u> MARRIED/IN A UNION, GO TO D.</p> <p>C. Does your spouse help you...?</p> <p>↓</p> <p>YES 1 NO 2</p> <p>RF 8 DK 9</p>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<p>D. Does anyone (else) ever help you...?</p> <p>YES 1 NO 2</p> <p>RF 8 DK 9</p> <p style="margin-left: 200px;">} → Go to next column or pass to H.20</p>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

H.20 INTERVIEWER: MARK IF IN QUESTION D. THE RESPONDENT RECEIVES HELP (YES=1) WITH AT LEAST ONE ACTIVITY IN H.15 A H.19

YES, AT LEAST ONE 1 → Pass to H.21

NO, NONE 2 → Go to H.26

HELP WITH ACTIVITIES OF DAILY LIVING

H.21 Please tell me who helps you with these activities? We will begin with a list of your children, son/daughter-in-laws, grandchildren and other people.

H.21	H.22	H.23	H.24	H.25
NAME ↓	RELATION CHILD 1 CHILD-IN-LAW 2 GRANDCHILD 3 PARENT 4 OTHER RELATIVE 5 OTHER PERSON 6 PAID PERSON 7 RF 8 DK 9 →	IF THE PERSON IS INCLUDED IN ANY ROSTER, NOTE THE ROSTER REGISTRATION NUMBER. [IF CHILD-IN-LAW/ GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD HE/SHE IS RELATED TO] [IF PERSON IS NOT IN ANY ROSTER NOTE 666] →	During the past month, about how many days did (NAME) help you? EVERY DAY 30 →	On those days that (NAME) helps you, about how many hours does he/she help you? LESS THAN 1 HOUR 01 →
NAME	RELATIONSHIP	REGISTRATION NUMBER	DAYS	HOURS
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INSTRUMENTAL ACTIVITIES OF DAILY LIVING

	MEAL	SHOPPING	MEDICINES	MONEY
<p>Now I am going to mention other activities. Please tell me if you have any difficulty with the activities that I mention to you. If you do not do any of the following activities, simply tell me. Do not include difficulties that you believe will last less than three months.</p> <p style="text-align: center;">↓</p>	<p>H.26 ...with preparing a hot meal?</p> <p style="text-align: center;">↓</p>	<p>H.27 ...with shopping for groceries?</p> <p style="text-align: center;">↓</p>	<p>H.28 ...with taking medications (if you take any or needed to do so)?</p> <p style="text-align: center;">↓</p>	<p>H.29 ...managing your money?</p> <p style="text-align: center;">↓</p>
<p>A. Because of a health problem, do you have any difficulty...</p> <p>YES 1 → Pass to B.</p> <p>NO 2 → Go to next column or to H.30</p> <p>CAN'T DO 6 DOESN'T DO 7 } → Pass to B.</p> <p>RF 8 DK 9 } → Go to next column or to H.30</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. Is this because of a health problem?</p> <p>↓</p> <p>YES 1 NO 2</p> <p>RF 8 DK 9</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>IF RESPONDENT DOESN'T HAVE DIFFICULTY (A.=2) WITH THE ACTIVITY, GO TO NEXT COLUMN</p> <p>IF RESPONDENT IS <u>NOT</u> MARRIED/IN A UNION, GO TO D.</p> <p>C. Does your spouse help you...?</p> <p>↓</p> <p>YES 1 NO 2</p> <p>RF 8 DK 9</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D. Does anyone (else) ever help you...?</p> <p>YES 1 NO 2 } → Go to next column or to H.30</p> <p>RF 8 DK 9</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H.30 INTERVIEWER:
MARK IF IN QUESTION D. THE RESPONDENT RECEIVES HELP (YES=1) WITH AT LEAST ONE ACTIVITY IN H.26 A H.29

YES, AT LEAST ONE 1 → Pass to H.31

NO, NONE 2 → Go to H.36

HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING

H.31 Please tell me who helps you with these activities? We will begin with a list of your children, son/daughter-in-laws, grandchildren and other people.

H.31	H.32	H.33	H.34	H.35
NAME ↓	RELATION CHILD 1 CHILD-IN-LAW 2 GRANDCHILD 3 PARENT 4 OTHER RELATIVE 5 OTHER PERSON 6 PAID PERSON 7 RF 8 DK 9 →	IF THE PERSON IS INCLUDED IN ANY ROSTER, NOTE THE ROSTER REGISTRATION NUMBER. [IF CHILD-IN-LAW/ GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD HE/SHE IS RELATED TO] [IF PERSON IS NOT IN ANY ROSTER NOTE 666] →	During the past month, about how many days did (NAME) help you? EVERY DAY 30 →	On those days that (NAME) helps you, about how many hours does he/she help you? LESS THAN 1 HOUR 01 →
NAME	RELATIONSHIP	REGISTRATION NUMBER	DAYS	HOURS
	□	□□□□□	□□□	□□□
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H.36 **INTERVIEWER:**
WITH WHAT FREQUENCY DID THE RESPONDENT NEED HELP TO ANSWER SECTION H. FUNCTIONALITY AND HELP?

- NEVER 1
- A FEW TIMES 2
- MOST OF THE TIME 3

□

FINISH TIME: □:□:□

PASS TO SECTION I