

# Head of Household

Please complete the survey below.

Thank you!

Study ID \_\_\_\_\_

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## A. Informed Consent

A1. Namaste! My name is (interveiw name). May I speak with the head of the household?

We are researchers from Suswaastya Nepal representing the District Health Office. We are collecting census and health information to help improve services in your area. We would also like to ask questions about you and your family members.

We will take about 20 to 30 minutes to complete this interview. The information provided by you will be kept confidential and won't be shared with anyone other than the survey team. We will not record the interviews in neither audio nor video forms. It up to you to decide if you would like to be a part of this survey, however, I am hopeful for your participation. Your answers play a vital role.

If I happen to ask a question that you are not comfortable answering, please let me know immediately. I will move ahead to the next question. Or, you are free to end the interview at any point of time.

Do you have any questions regarding this survey?

A2. May I start the interview now?

- Yes  
 No  
(If no, end interview)

A3. Please confirm your consent by signing here.

\_\_\_\_\_

A4. Date of Interview

\_\_\_\_\_

A5. Interviewer ID #

\_\_\_\_\_

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## B. Household Details

B1. What is your ethnic group?

- Brahmin  
 Chettri  
 Tribal (Janajati)  
 Low Caste (Dalit)  
 Madhesi  
 Minority (Tharu, Adhibasi and Muslim)  
 Other  
 Not reported  
(if other please specify)

B1a. Specify "other" ethnic group

\_\_\_\_\_

B1b. Specify detail of Janajati.

- Tamang
  - Newar
  - Magar
  - Gurung
  - Other
  - Not reported  
(if other please specify)
- 

B1c. Specify "other" Janajati.

B2. Do you own your dwelling or is it rented/leased?

- Personally Owned
- Rented or Leased
- Don't Know
- Not reported

B3. What is the foundation of your dwelling made of?

- Mud
  - Cement
  - Concrete Pillar
  - Wood
  - Other
  - Don't Know
- 

B3a. Specify "other" foundation material.

B4. What is the outer wall of your dwelling made of?

- Mud
  - Bricks/stones
  - Cement bonded bricks/stones
  - Wood/planks
  - Bamboo
  - Unbaked bricks
  - Other
  - Don't Know
- 

B4a. Specify "other" wall material.

B5. What is the roof of your dwelling made of?

- Straw/thatch
  - Galvanized tin sheet
  - Tile/slate
  - Concrete/cement
  - Wood/planks
  - Earth/mud
  - Other
  - Don't Know
- 

B5a. Specify "other" roof material.

B6. How many stories is your dwelling?

- 1
- 2
- 3
- 4
- 5
- more than 5
- Don't Know

B7. What is the main source of drinking water for this household?

- Taps/Piped water supply
- Hand pump/tube well
- Covered well
- Open well
- Spring
- Stream/river
- Other
- Don't know  
(If other please specify)

B7a. Specify "other" water source

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B8. How long does it take to fetch water from the source every day?

- 0-10 minutes  
 10-20 minutes  
 20-30 minutes  
 30 minutes to one hour  
 greater than one hour  
 Don't know

B9. Do you filter your water?

- yes  
 no  
 Don't know

B9a. What are the basic water filtering techniques that you use?

- Boiling  
 Bleaching / chlorine  
 Cloth filter  
 Water filter (Ceramic / sand / pebbles filter)  
 Other  
 Don't know  
 (check all that apply)

B9b. Specify "other" filtration method

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B10. Do you have a separate kitchen in your house?

- Yes  
 No

B10a. Is there a window in the kitchen?

- Yes  
 No

B10b. Is there a chimney, fan or venting for cooking smoke?

- Yes  
 No

B11. What kind of fuel is most often used by your household for cooking?

- Firewood  
 Dung  
 Gas Cylinder  
 Kerosene  
 Biogas  
 Electricity  
 Other  
 Don't know  
 (If other please specify)

B11a. Specify "other" fuel

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B12. What type of cooking stove is most often used by your household?

- Manufactured cooking appliance  
 Traditional mud stove  
 Improvised stove  
 Other  
 Don't know  
 (if other please specify)

B12a. Specify "other" cooking stove.

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B13. How does your household dispose of its garbage?

- Buried  
 Burned  
 Piled somewhere and used for fertilizer  
 Dumped  
 Other  
 Don't know  
 (If other, please specify)

B13a. Specify "other" disposal method.

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B14. Do you separately manage decayable and non-decayable waste?

- yes  
 no  
 Don't Know

B15. What type of toilet is used by your household?

- Toilet with flush (connected to community sewer)  
 Toilet with flush (connected to septic tank)  
 Open pit toilet  
 Communal toilet  
 No toilet  
 Other  
 Don't know  
 (if other, please specify)

B15a. Specify "other" toilet

\_\_\_\_\_

B16. What is the main source of power for lighting for your dwelling

- Electricity (public grid)  
 Kerosene  
 Biogas (other burnable substances)  
 Solar Panels  
 Other  
 No lighting  
 Don't know

B16a. Specify "other" power for lighting source

\_\_\_\_\_

B17. Which of the following are used in your dwelling?

- Radio  
 Television  
 Computer  
 Internet  
 Mobile phone  
 Refrigerator  
 Bicycle  
 Motorcycle  
 Tractor/ trolley  
 Motor (Car, jeep, bus, truck)  
 Other vehicles  
 None of the above  
 (Check all that apply)

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## C. Land Ownership

C1. Do you own any land?

- Yes  
 No

C1a. What is the total area of land your family members own?

C1a1. Bigha

\_\_\_\_\_

C1a2. Kattha

\_\_\_\_\_

C1a3. Ropani

\_\_\_\_\_

C1a4. Anna

\_\_\_\_\_

C2. Does your household currently own any agricultural livestock?

- Yes  
 No

C2a. Give details of livestock/animals your family owns (write quantity)

C2a1. Buffalo

\_\_\_\_\_

C2a2. Cow

\_\_\_\_\_

C2a3. Horse/Mule/Donkey

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C2a4. Goat

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C2a5. Sheep

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C2a6. Chicken/Duck

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C2a7. Pig

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**D. Family Working Abroad**

D1. Do you have any family members that live or work outside of Nepal?

 Yes  
 No

D1a. How many male family members are working outside of Nepal?

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D1b. How many female family members are working outside of Nepal?

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**D1c. For each family member working outside of Nepal: What is their level of education?**

	Lower Secondary	Less than SEE Level	SEE Pass	Higher Secondary	Bachelors or Above	Don't Know
Family Member 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**D1d. For each family member working outside of Nepal: How long have they been out of the country?**

	Less than one year	1-2 years	More than 2 years	More than 5 years	Don't Know
Family Member 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## E. Food Security

- E1. Does your household ever run out of money to buy food?  Yes  
 No
- E2. Do you ever rely on a limited number of foods to feed your children because you run out of money to buy food for a meal?  Yes  
 No
- E3. Do you ever skip meals because there is not enough money for food?  Yes  
 No
- E4. Do you ever eat less than you should because there is not enough money for food?  Yes  
 No
- E5. Do your children ever eat less than you feel they should because there is not enough money?  Yes  
 No
- E6. Do you ever cut the size of your children's meals or do they ever skip meals because there is not enough money to buy food?  Yes  
 No
- E7. Do any of your children ever go to bed hungry because there is not enough money to buy food?  Yes  
 No

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## F. Family Health

- F1. Were there any deaths that occurred in your immediate family during the last 12 months?  Yes  
 No
- F1a. How many? \_\_\_\_\_
- F1b. Please give us the details of the first deceased person.
- F1c. Were they male or female?  Male  
 Female
- F1d. What was the cause of death?  Chronic illness  
 Sudden illness  
 Accident (labor, farming, work related)  
 Accident (road, traffic, vehicle, motorbike)  
 Accident (home, other)  
 Suicide  
 Other  
 Don't Know
- F1e. What was their age at death? \_\_\_\_\_
- F1f. What was the women's condition at the time of her death?  Pregnant  
 Delivery  
 Death within 6 weeks of delivery  
 Other  
 Don't Know
- F2. Please give us the details of the second deceased person.
- F2a. Were they male or female?  Male  
 Female

F2b. What was the cause of death?

- Chronic illness  
 Sudden illness  
 Accident (labor, farming, work related)  
 Accident (road, traffic, vehicle, motorbike)  
 Accident (home, other)  
 Suicide  
 Other  
 Don't Know

F2c. What was their age at death?

\_\_\_\_\_

F2d. What was the women's condition at the time of her death?

- Pregnant  
 Delivery  
 Death within 6 weeks of delivery  
 Other  
 Don't Know

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**F3. How many members of your family have the following problems**

	1	2	3	4	5	6	7	8+	Don't Know
F3a. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3b. High blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3c. Paralysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3d. Mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3e. Difficulty breathing (wheezing/asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3f. Gastric pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3g. Joint pain that interferes with work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3h. Illness or injury that prevents the person from working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**F4. Of persons who usually live in your household, how many:**

	1	2	3	4	5	6	7	8+	Don't Know
F4a. have been to a healthpost for care in the last 2 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F4b. have been to a hospital for care within the last one year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F4c. Have spent one or more nights in a hospital for care in the last one year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F4d. Are currently taking medications given by a doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F5. How long would it take you to reach the nearest healthpost?

- Less than 10 minutes
- 10 minutes to 30 minutes
- 30 minutes to 1 hour
- 1 to 2 hours
- more than 2 hours
- more than 4 hours
- Don't Know

F6. How would you reach the nearest healthpost?

- Walking
- Ambulance
- Bus
- Motorbike
- Other
- Don't Know

F7. Are you aware of the health insurance program offered by the government? This program can provide up to 50,000nrs of medical assistance for you and up to 5 family members.

- Yes
- No
- Not Answered

F7a. Have you purchased this health insurance program from the government?

- Yes
- No
- Not Answered

F7b. Have you received services or care using the government health insurance program?

- Yes
- No
- Not Answered

F7c. What medical services have you or your family members received with this insurance program?

- General Health Checkup
  - Hospitalization 1- 3 nights
  - Hospitalization more than 3 nights
  - Surgery
  - Hearing Services
  - Eye Services
  - Dental Services
  - Medications
  - Other Service
  - Don't know
  - Not Answered
- (Check all that apply)

F7d. Are you satisfied with the medical services you or your family members have received with this insurance program?

- Yes, Satisfied
- Yes, Somewhat Satisfied
- No, Somewhat Dissatisfied
- No, Dissatisfied
- Don't know
- Not Answered

F7e. How easy was it to access services using this insurance program?

- Easy
- Somewhat Easy
- Somewhat Difficult
- Difficult
- Could Not Use The Service
- Don't know
- Not Answered



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**G. Family Census**

G1. Including yourself, how many adults and children normally live within this household? \_\_\_\_\_

G2. Including yourself, how many are 18 years or older? \_\_\_\_\_

G3. Beginning with yourself, please list all of the people, 18 years or older, who normally live in this household

G3a1. What is your full name? \_\_\_\_\_

G3a2. How old are you? \_\_\_\_\_

G3a3. INTERVIEWER: What is the sex of this family member?

- male  
 female

G3a4. How would you rate your overall health condition?

- excellent    good (average)  
 poor    very poor    Don't Know

G3a5. At the end of this survey, would you be available for some additional questions regarding your personal health?

- Yes    No

G3b1. What is the name of the next family member? \_\_\_\_\_

G3b2. What is the age of [census\_g3b1\_name]? \_\_\_\_\_

G3b3. What is the sex of [census\_g3b1\_name]?

- male  
 female

G3b4. Please rate the overall health condition of [census\_g3b1\_name].

- excellent    good (average)  
 poor    very poor    Don't Know

G3b5. Would [census\_g3b1\_name] be available for an interview?

- Yes    No

G3c1. What is the name of the second family member? \_\_\_\_\_

G3c2. What is the age of [census\_g3c1\_name]? \_\_\_\_\_

G3c3. What is the sex of [census\_g3c1\_name]?

- male  
 female

G3c4. Please rate the overall health condition of [census\_g3c1\_name].

- excellent    good (average)  
 poor    very poor    Don't Know

G3c5. Is [census\_g3c1\_name] available for an interview?

- Yes    No

G3d1. What is the name of the third family member? \_\_\_\_\_

G3d2. What is the age [census\_g3d1\_name]? \_\_\_\_\_

G3d3. What is the sex of [census\_g3d1\_name]?

- male  
 female

G3d4. Please rate the overall health condition of [census\_g3d1\_name].

- excellent    good (average)  
 poor    very poor    Don't Know

G3d5. Is [census\_g3d1\_name] available for an interview?

- Yes    No

G3e1. What is the name of the fourth family member?

\_\_\_\_\_

G3e2. What is the age of [census\_g3e1\_name]?

\_\_\_\_\_

G3e3. What is the sex of [census\_g3e1\_name]?

- male
- female

G3e4. Please rate the overall health condition of [census\_g3e1\_name].

- excellent
- good (average)
- poor
- very poor
- Don't Know

G3e5. Is [census\_g3e1\_name] available for an interview?

- Yes
- No

G3f1. What is the name of the fifth family member?

\_\_\_\_\_

G3f2. What is the age of [census\_g3f1\_name]?

\_\_\_\_\_

G3f3. What is the sex of [census\_g3f1\_name]?

- male
- female

G3f4. Please rate the overall health condition of [census\_g3f1\_name].

- excellent
- good (average)
- poor
- very poor
- Don't Know

G3f5. Is [census\_g3f1\_name] available for an interview?

- Yes
- No

G3g1. What is the name of the sixth family member?

\_\_\_\_\_

G3g2. What is the age of [census\_g3g1\_name]?

\_\_\_\_\_

G3g3. What is the sex of [census\_g3g1\_name]r?

- male
- female

G3g4. Please rate the overall health condition of [census\_g3g1\_name].

- excellent
- good (average)
- poor
- very poor
- Don't Know

G3g5. Is [census\_g3g1\_name] available for an interview?

- Yes
- No

G3h1. What is the name of the seventh family member?

\_\_\_\_\_

G3h2. What is the age of [census\_g3h1\_name]?

\_\_\_\_\_

G3h3. What is the sex of [census\_g3h1\_name]?

- male
- female

G3h4. Please rate the overall health condition of [census\_g3h1\_name].

- excellent
- good (average)
- poor
- very poor
- Don't Know

G3h5. Is [census\_g3h1\_name] available for an interview?

- Yes
- No

G3i1. What is the name of the eighth family member?

\_\_\_\_\_

G3i2. What is the age of [census\_g3i1\_name]?

\_\_\_\_\_

G3i3. What is the sex of [census\_g3i1\_name]?

- male
- female

G3i4. Please rate the overall health condition of [census\_g3i1\_name].

- excellent
- good (average)
- poor
- very poor
- Don't Know

G3i5. Is [census\_g3i1\_name] available for an interview?

- Yes
- No

G3j1. What is the name of the ninth family member?

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G3j2. What is the age of [census\_g3j1\_name]?

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G3j3. What is the sex of [census\_g3j1\_name]?

- male  
 female

G3j4. Please rate the overall health condition of [census\_g3j1\_name].

- excellent    good (average)  
 poor    very poor    Don't Know

G3j5. Is [census\_g3j1\_name] available for an interview?

- Yes    No

G4. Thank you for your participation in this health survey. Can I proceed to the individual health questions? Also, may I contact your family members to ask them some questions as well?

G5. PROCEED TO INDIVIDUAL QUESTIONNAIRE

# Individual Questionnaire

Please complete the survey below.

Thank you!

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## A. Informed Consent

A1. Namaste! My name is.....We are researchers from Suswaastya Nepal representing the District Health Office. We are collecting health information to help improve services in your area. We would like to ask questions about your health and do a brief examination regarding your blood pressure, blood sugar, height and weight. This requires us to draw a small amount of blood through a finger prick. We will take about 20 to 30 minutes to complete this interview and exam. The information provided by you will be kept confidential and won't be shared with anyone other than the survey team. We will not record the interviews in neither audios nor videos forms.

ii.  It up to you to decide if you would like to be a part of this survey, however, I am hopeful for your participation. Your answers play a vital role. If I happen to ask a question that you are not comfortable answering, please let me know immediately. I will move ahead to the next question. Or, you are free to end the interview at any point of time.

iii.  Do you have any questions regarding this survey?

iv.  May I start this interview now?

A2. May i start the interview now?

Yes

No

A3. Please confirm your consent by signing here.

\_\_\_\_\_

A4. Interviewer serial number

\_\_\_\_\_

A5. Date/Time of Interview

\_\_\_\_\_

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## B. Individual Details

B1. Full Name

\_\_\_\_\_

B2. Sex

Male

Female

B3. What is your Month and Year of Birth?

B3a. Western Calendar Date

\_\_\_\_\_

B3b. Nepali Calendar Date

\_\_\_\_\_  
(Year and Month Only)

B4. What is your current age?

\_\_\_\_\_  
(reported)

B5. What is your ethnic group?

- Brahmin
- Chettri
- Tribal (Janajati)
- Low Caste (Dalit)
- Madhesi
- Minority (Tharu, Adhibasi and Muslim)
- Other
- Not reported

B5a. Specify "other" ethnic group.

\_\_\_\_\_

B5b. Specify detail of Janajati.

- Tamang
- Newar
- Magar
- Gurung
- Other
- Not reported

B5c. Specify "other" janajati.

\_\_\_\_\_

## C. General Health

C1. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Reported

C2. In general, would you say your quality of life is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Reported

C3. In general, how would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Reported

C4. In general, how would you rate your mental health, including your mood and your ability to think?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Reported

C5. OBJECTIVE: We would like to measure your Hip and Waist to help assess your health. Would that be okay?

- Yes
- No

C5a. Hip Measurement (measure circumference of the hip at the widest part in centimeters)

\_\_\_\_\_ (measure against the skin)

C5b. Waist Measurement (measure circumference of waist at the level of the umbilicus in centimeters)

(measure against the skin)

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## D. Quality of Life

D1. In general, how would you rate your satisfaction with your social activities and relationships?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Reported

D2. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Reported

D3. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all
- Don't Know
- Not Reported

D4. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

- Never
- Rarely
- Sometimes
- Often
- Always
- Don't Know
- Not Reported

D5. How would you rate your fatigue on average?

- None
- Mild
- Moderate
- Severe
- Very severe
- Don't Know
- Not Reported

D6. How would you rate your pain on average?

- None
- Mild
- Moderate
- Severe
- Very severe
- Don't Know
- Not Reported

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**E. Alcohol and Tobacco Use**

E1. Do you currently smoke tobacco?

- Yes  
 No  
 Don't Know  
 Not Reported

E1a. How many cigarettes do you smoke per day?

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E1b. How many years have you been smoking?

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E2. Did you smoke tobacco in the past?

- Yes  
 No  
 Don't Know  
 Not Reported

E2a. How many cigarettes did you smoke per day at that time?

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E2b. How many years did you smoke before you quit?

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E3. Do you (or did you) chew tobacco?

- Yes  
 No  
 I did but I quit  
 Don't Know  
 Not Reported

E3a. How often do you (or did you) chew tobacco?

- Many times/day  
 Once per day  
 Several times per week  
 Occasionally  
 Don't Know  
 Not Reported

E3b. How many years (have you been chewing tobacco) or (did you chew tobacco)?

---

E4. Do you drink alcohol?

- Yes  
 No  
 I did but I quit  
 Don't Know  
 Not Reported

E4a. How much alcohol do you (or did you) drink?

- Many servings per day  
 One serving per day  
 Several servings per week  
 Occasional  
 Don't Know  
 Not Reported

E4b. Has your use alcohol ever been a problem in your life?

- Yes  
 No

E4c. Is it currently a problem?

- Yes  
 No

E4d. Have you ever been hospitalized for alcohol use?

- Yes  
 No

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**F. Medical Care Access**

F1. Have you ever seen a doctor or taken medications for any of the following:

- High blood pressure
  - Blood sugar
  - Paralysis
  - Mental illness
  - Difficulty breathing (wheezing/asthma)
  - Gastric pain
  - Joint pain that interfered with work
  - Illness or injury that prevented you from working
  - None of the above
  - Don't Know
  - Not Reported
- (choose all that apply)

F2. Have you been to a healthpost or hospital for care within the last 2 weeks?

- Yes
- No

F2a. How many times?

\_\_\_\_\_

F2b. What was the problem(s)?

- Fever/Illness
  - Injury/Accident
  - Gastric
  - Blood Pressure
  - Blood Sugar
  - Paralysis
  - Breathing Difficulty
  - Skin Condition
  - Eye Condition
  - Joint Pain interfering with work
  - Joint Pain not interfering with work
  - Other
  - Don't Know
  - Not Reported
- (select all that apply)

F2c. Specify "other" problem

\_\_\_\_\_

F3. Have you been to a regional hospital for care within the last one year?

- Yes
- No

F3a. How many times?

\_\_\_\_\_

F3b. What was the problem(s)?

- Fever/Illness
  - Injury/Accident
  - Gastric
  - Blood Pressure
  - Blood Sugar
  - Paralysis
  - Breathing Difficulty
  - Skin Condition
  - Eye Condition
  - Joint Pain interfering with work
  - Joint Pain not interfering with work
  - Other
  - Don't Know
  - Not Reported
- (select all that apply)

F3c. Specify "other" problem

\_\_\_\_\_

F4. Have you spent one or more nights in a hospital for care in the last year (12 months)?

- Yes
- No



F4a. How many nights?

\_\_\_\_\_

F4b. What was the problem(s)?

- Fever/Illness
  - Injury/Accident
  - Gastric
  - Blood Pressure
  - Blood Sugar
  - Paralysis
  - Breathing Difficulty
  - Skin Condition
  - Eye Condition
  - Joint Pain interfering with work
  - Joint Pain not interfering with work
  - Other Pain Condition
  - Mental Illness
  - Alcohol or drug problem
  - Other (specify below)
  - Don't Know
  - Not Reported
- (select all that apply)

F4c. Specify "other" problem

\_\_\_\_\_

F5. Are you currently taking medications given by a doctor?

- Yes
- No

F5a. How many medications are you currently taking?

- 1
- 2
- 3 or more
- Don't Know
- Not Reported

F5b1. Medication Name (1)

\_\_\_\_\_

F5c1. Dosing (Medication 1)

\_\_\_\_\_

(mg, ml, tablets etc.)

F5d1. Frequency (Medication 1)

\_\_\_\_\_

(1x/day. 2x/day, as needed, etc)

F5e1. Duration (Medication 1)

\_\_\_\_\_

(How long have they been taking this medication?)

F5f1. What is Medication (1) for?

- Fever/Illness
  - Injury/Accident
  - Gastric
  - Blood Pressure
  - Blood Sugar
  - Paralysis
  - Breathing Difficulty
  - Skin Condition
  - Eye Condition
  - Joint Pain interfering with work
  - Joint Pain not interfering with work
  - Other Pain Condition
  - Mental Illness
  - Alcohol or drug problem
  - Other (specify below)
  - Don't Know
  - Not Reported
- (select all that apply)

F5g1. Specify "other" problem (Medication 1)

\_\_\_\_\_

F5b2. Medication Name (2) \_\_\_\_\_

F5c2. Dosing (Medication 2) \_\_\_\_\_  
(mg, ml, tablets etc.)

F5d2. Frequency (Medication 2) \_\_\_\_\_  
(1x/day. 2x/day, as needed, etc)

F5e2. Duration (Medication 2) \_\_\_\_\_  
(How long have they been taking this medication?)

F5f2. What is Medication (2) for?  
 Fever/Illness  
 Injury/Accident  
 Gastric  
 Blood Pressure  
 Blood Sugar  
 Paralysis  
 Breathing Difficulty  
 Skin Condition  
 Eye Condition  
 Joint Pain interfering with work  
 Joint Pain not interfering with work  
 Other Pain Condition  
 Mental Illness  
 Alcohol or drug problem  
 Other (specify below)  
 Don't Know  
 Not Reported  
(select all that apply)

F5g2. Specify "other" problem (Medication 2) \_\_\_\_\_

F5b3. Medication Name (3) \_\_\_\_\_

F5c3. Dosing (Medication 3) \_\_\_\_\_  
(mg, ml, tablets etc.)

F5d3. Frequency (Medication 3) \_\_\_\_\_  
(1x/day. 2x/day, as needed, etc)

F5e3. Duration (Medication 3) \_\_\_\_\_  
(How long have they been taking this medication?)

F5f3. What is Medication (3) for?  
 Fever/Illness  
 Injury/Accident  
 Gastric  
 Blood Pressure  
 Blood Sugar  
 Paralysis  
 Breathing Difficulty  
 Skin Condition  
 Eye Condition  
 Joint Pain interfering with work  
 Joint Pain not interfering with work  
 Other Pain Condition  
 Mental Illness  
 Alcohol or drug problem  
 Other (specify below)  
 Don't Know  
 Not Reported  
(select all that apply)

F5g3. Specify "other" problem (Medication 3) \_\_\_\_\_

F6. Have you received acupuncture care within the last year (12 months)?

- Yes  
 No

F6a. How many visits?

- 1-2  
 3-10  
 10 or more

F6b. Why did you receive acupuncture care?

- Fever/Illness  
 Injury/Accident  
 Gastric  
 Blood Pressure  
 Blood Sugar  
 Paralysis  
 Breathing Difficulty  
 Skin Condition  
 Eye Condition  
 Joint Pain interfering with work  
 Joint Pain not interfering with work  
 Other Pain Condition  
 Mental Illness  
 Alcohol or drug problem  
 Other (specify below)  
 Don't Know  
 Not Reported  
(select all that apply)

F6c. Specify "other" problem

---

F6d. Do you think the acupuncture helped your condition?

- Yes, it cured my condition  
 Yes, it helped me a lot  
 Yes, a little  
 No, it didn't help me

F7. Are you currently able to work to support your family?

- Yes  
 No

F7a. Is this due to a medical condition?

- Yes  
 No

F7a1. What was the problem?

- Fever/Illness  
 Injury/Accident  
 Gastric  
 Blood Pressure  
 Blood Sugar  
 Paralysis  
 Breathing Difficulty  
 Skin Condition  
 Eye Condition  
 Joint Pain interfering with work  
 Joint Pain not interfering with work  
 Other Pain Condition  
 Mental Illness  
 Alcohol or drug problem  
 Other (specify below)  
 Don't Know  
 Not Reported  
(select all that apply)

F7a2. Specify "other" problem

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## G. Paralysis

G1. Do you have any paralysis?

- Yes  
 No

G1a. When did this condition begin?

- Less than one year ago  
 1-10 years  
 More than 10 years ago

G1b. What is your level of disability?

- I cannot take care of myself  
 I can take care of my own basic needs but cannot work  
 I can work in a limited way  
 I can work fine, but have other limitations (specify below)  
 I don't have any limitations due to paralysis

G1c. Specify "other" limitations

\_\_\_\_\_

G1d. Please list the areas that you can not move properly due to paralysis?

- Face  
 Upper Limb  
 Lower Limb

G1d1. Facial Paralysis is:

- One sided  
 Both sided  
 I cannot move this area at all  
 I can move this area a little  
 This area feels numb or tingling  
 I cannot feel this area at all  
 I can talk without difficulty  
 I have difficulty with speech  
 I cannot speak at all  
 I have difficulty swallowing/chewing  
 I don't know

G1d2. Upper Limb Paralysis is:

- One sided  
 Both sided  
 I cannot move the limb(s) at all  
 I can move the limb(s) a little  
 Limb(s) feel(s) numb or tingling  
 I cannot feel the limb(s) at all  
 I can use the limb(s) for basic tasks  
 I cannot use this limb at all

G1d3. Lower Limb Paralysis is:

- One sided  
 Both sided  
 I cannot move the limb(s) at all  
 I can move the limb(s) a little  
 Limb(s) feel(s) numb or tingling  
 I cannot feel the limb(s) at all  
 I can use the limb(s) for basic tasks  
 I cannot use this limb at all

G1d3a. With this lower limb paralysis:

- I can walk unassisted
  - I can walk only with assistance
  - I cannot walk
  - I cannot stand on my own
  - I can walk without any limitations
  - I can walk only on flat or hard surfaces
  - I can walk less than 10 minutes
  - I can walk more than 10 minute but less than 1 hour
  - I can walk more than 1 hour
- (Check all that apply )

---

## H. Chronic Pain

H1. Do you have any problems with chronic pain conditions?

- Yes
- No

H1a. In the last 7 days how much did pain interfere with your day to day activities?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

H1b. How much did pain interfere with work around the home?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

H1c. How much did pain interfere with your ability to participate in social activities?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

H1d. How much did pain interfere with your household chores?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

H1e. How much did pain interfere with the things you usually do for fun?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

H1f. How much did pain interfere with your enjoyment of social activities?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

H1g. How much did pain interfere with your enjoyment of life?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

H1h. How much did pain interfere with your family life?

- Not at all  
 A little bit  
 Somewhat  
 Quite a bit  
 Very much

## I. Diabetes

I1. Do have have elevated blood sugar?

- Yes  
 No  
 I don't know

I2. Have you ever seen a doctor for the condition?

- Yes  
 No

I2a. When was the last time you saw a doctor about this condition?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

I2b. Are you currently taking any medication for this condition?

- Yes  
 No

I2b1. What medications are you taking for this?

- Metformin  
 Insulin  
 Gliclazide, Glipizide, etc  
 Other  
 Don't Know

I2b2. Specify "Other" medication

\_\_\_\_\_

I2b3. How long have you been taking this (these) medication(s)?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

I3. OBJECTIVE: We would like to measure your blood sugar now by drawing a small amount of blood from your finger.

- Yes  
 No

Would that be okay?

I3a. RBG reading

\_\_\_\_\_

I3b. Second RBG reading

\_\_\_\_\_

(If doing a second reading, take on opposite hand.)

I3c. INTERVIEWER: Your blood sugar levels are abnormal. You should go to the healthpost soon to have this tested further.

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## J. High Blood Pressure

J1. Do you have High Blood Pressure?

- Yes  
 No  
 I don't know

J2. Have you ever seen a doctor for the condition?

- Yes  
 No

J2a. When was the last time you saw a doctor about this condition?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

J2b. Are you currently taking any medication for this condition?

- Yes  
 No

J2c. What medications are you taking for this?

- Amlodipine (Such As Amlod-5)  
 Atenolol (Such as Amlot-AT, A-Card)  
 Losartan  
 Propranolol  
 Other  
 Don't Know

(Medications may be combination drugs. Be sure to read the label if possible and check all that apply.)

J2d. Specify "Other" medication

\_\_\_\_\_

J2e. How long have you been taking this (these) medication(s)?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

J3. OBJECTIVE: We would like to measure your blood pressure now by putting this device on your arm.

- Yes  
 No

Would that be okay?

J3a. Systolic

\_\_\_\_\_

J3b. Diastolic

\_\_\_\_\_

J3c. 2nd Systolic

\_\_\_\_\_

(If doing a second reading, take on opposite hand (arm))

L3d. 2nd Diastolic

\_\_\_\_\_

J3e. INTERVIEWER: Your blood pressure levels are abnormal. You should go to the healthpost soon to have this tested further.

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## K. Breathing Difficulties

K1. Do you have Difficulties Breathing?

- Yes  
 No  
 I don't know

K2. Have you ever seen a doctor for the condition?

- Yes  
 No

K2a. When was the last time you saw a doctor about this condition?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

K2b. Are you currently taking any medication for this condition?

- Yes  
 No

K2c. What medications are you taking for this?

- Albuterol (Asthalin)  
 Salbutamol (Vent)  
 Fluticasone/Salmeterol (Seroflo)(Esiflo)  
 Theophylline (Theo)(E -Fin)  
 Other  
 Don't Know

K2d. Specify "Other" medication

\_\_\_\_\_

K2e. How long have you been taking this (these) medication(s)?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

K3. OBJECTIVE: We would like to measure your lung function now by putting this device on your finger.

- Yes  
 No

Would that be okay?

K3a. SpO2

\_\_\_\_\_

K3b. Pulse Rate

\_\_\_\_\_

K3c. Respiration Rate

\_\_\_\_\_

K3d. Second SpO2

\_\_\_\_\_ (Take on opposite hand)

K3e. Second Pulse Rate

\_\_\_\_\_

K3f. Second Respiration Rate

\_\_\_\_\_

K3g. INTERVIEWER: Your lung function maybe abnormal. You should go to the healthpost soon to have this tested further.



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**L. Mental health**

L1. Do you have Mental Health or Memory difficulties?

- Yes  
 No  
 I don't know

L2. Are you currently under the care of a doctor for this condition?

- Yes  
 No

L2a. When was the last time you saw a doctor about this condition?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

L2b. Are you currently taking any medication for this condition?

- Yes  
 No

L2c. Please list any medications you are taking for this condition

L2d. How long have you been taking this (these) medication(s)?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years
- 

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**L3.**

	Never (Once)	Rarely	Sometimes (Two or three times)	Often (About once a day)	Very often (Several times a day)	Don't Know
In the last 7 days... My thinking has been slow	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 7 days... It has seemed like my brain was not working as well as usual	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 7 days... I have had to work harder than usual to keep track of what I was doing	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 7 days... I have had trouble shifting back and forth between different activities that require thinking	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L4. Do you have any difficulties with Anger or Sadness?

- Yes  
 No  
 I don't know

L4a. Have you ever seen a doctor for this condition?

- Yes  
 No

L4b. When was the last time you saw a doctor about this condition?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

L4c. Are you currently taking any medication for this condition?

- Yes  
 No

L4d. Please list any medications you are taking for this condition

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L4e. How long have you been taking this (these) medication(s)?

- Less than 1 month ago  
 Between 1 month and 6 months  
 Between 6 months and 1 year  
 More than 1 year  
 More than 3 years

L4f. Has your anger or sadness EVER been a problem in your life?

- Yes  
 No

L4g. Is it currently a problem?

- Yes  
 No

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### M. Health Needs

What is needed for keeping yourself and your family healthy?

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### N. Interviewer Validation

N1. Do you feel the you were able to collect accurate and valid information?

- Yes  
 No

N1a. If no please choose from the following (select all that apply)

- Person was unable to answer questions due to mental limitation  
 Person was unable to answer question due to physical limitation  
 Person was uncooperative or gave deceptive answers.  
 Could not communicate accurately due to a language limitation.  
 Other (Please specify)

N1b. Specify "Other" reason

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