



Demographic Research and Development Foundation, Inc.
Economic Research Institute for ASEAN and East Asia



2018 LONGITUDINAL STUDY OF AGEING AND HEALTH IN THE PHILIPPINES

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER _____

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

ENUMERATION AREA _____

URBAN/RURAL (URBAN=1, RURAL=2) _____

NAME OF RESPONDENT _____

ADDRESS _____

MOBILE NUMBER _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT	
DATE				DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
INTERVIEWER'S NAME				INTERVIEWER'S CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
RESULT*				RESULT* <input type="text"/> <input type="text"/>	
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS <input type="text"/>	
RESULT CODES	1 COMPLETED 2 NOT AT HOME 3 POSTPONED	4 REFUSED 5 PARTLY COMPLETED 6 OTHERS/SPECIFY _____			
LANGUAGE OF INTERVIEW	<input type="checkbox"/>				
	1 ENGLISH 2 TAGALOG	3 CEBUANO 4 WARAY			
INTERVIEWER	<input type="text"/> <input type="text"/>	SUPERVISOR	<input type="text"/> <input type="text"/>	EDITOR	<input type="text"/> <input type="text"/>
_____ Name and signature	_____ Date	_____ Name and signature	_____ Date	_____ Name and signature	_____ Date

HOUSEHOLD QUESTIONNAIRE

SECTION B. HOUSEHOLD ROSTER

Now, I would like to ask you some information about the people who usually live in your household or who are staying with you now.

LINE NUMBER	NAME	SEX	*RELATIONSHIP TO HOUSEHOLD HEAD	*RELATIONSHIP TO OLDER PERSON R	DATE OF BIRTH	*AGE	MARITAL STATUS	EDUCATION	EMPLOYMENT			
							*FOR 10 YEARS OLD AND OVER	*FOR 5 YEARS OLD AND OVER:	FOR 15 YEARS OLD AND OVER			
	Please give me the names of the persons who usually live in your household starting with the head of the household.	1 - Male 2 - Female	What is the relationship of ____ to the head of the household?	What is the relationship of ____ to the Older Person R?	In what month and year was ____ born? If don't know month, write "98"	What is ____'s age as of his/her last birthday?	Is ____ never married, currently married, living in, widowed, divorced/separated/annulled, or in a common-law/live-in arrangement?	What is ____'s highest grade completed?	During the past 6 months, did ____ have a job or business (occupation)? 1 - Yes 2 - No (GO TO HH14)	IF WORKING: What is ____'s present occupation?	*OFW: Was/Is ____ an OFW? 1 - Yes, currently within the last 12 months 2 - Yes, prior to the last 12 months 3 - No (GO TO NEXT ROW)	Where does he/she live or work? (SPECIFY COUNTRY)
HH1	HH2	HH3	HH4	HH7	HH8	HH9	HH10	HH11	HH12	HH13	HH14	HH15
1		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> MONTH <input type="text"/> YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> MONTH <input type="text"/> YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> MONTH <input type="text"/> YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> MONTH <input type="text"/> YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> MONTH <input type="text"/> YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	

HOUSEHOLD QUESTIONNAIRE

HH5 Are there any other persons such as Overseas Filipinos, small children, or infants that we have not listed?

YES → ENTER EACH IN TABLE NO

HH6 In addition, are there any other people who may not be members of your family, such as domestic helpers/lodgers or friend who usually live here?

YES → ENTER EACH IN TABLE NO → Continue asking HH7.

PUT AN X MARK IF CONTINUATION SHEET IS USED →

HOUSEHOLD QUESTIONNAIRE

CODES

***CODES FOR HH4**

(Relationship to Household Head)

- | | |
|----------------------------|----------------------|
| 01 - Household Head | 08 - Granddaughter |
| 02 - Spouse | 09 - Father |
| 03 - Son/Stepson | 10 - Mother |
| 04 - Daughter/Stepdaughter | 11 - Other Relative |
| 05 - Son-in-law | 12 - Non-relative |
| 06 - Daughter-in-law | 13 - Boarder |
| 07 - Grandson | 14 - Domestic Helper |

***CODES FOR HH7**

(Relationship to Older Person)

- | | |
|----------------------------|----------------------|
| 01 - Older person | 08 - Granddaughter |
| 02 - Spouse | 09 - Father |
| 03 - Son/Stepson | 10 - Mother |
| 04 - Daughter/Stepdaughter | 11 - Other Relative |
| 05 - Son-in-law | 12 - Non-relative |
| 06 - Daughter-in-law | 13 - Boarder |
| 07 - Grandson | 14 - Domestic Helper |

***CODES FOR HH9**

If less than 1 year old, write "00"

If less than 10 years old, prefix "0"

***CODES FOR HH10**

(Marital Status)

- | | |
|---------------------------------|-------------|
| 1 - Single | 5 - Widow |
| 2 - Currently married | 6 - Unknown |
| 3 - Living in | |
| 4 - Separated/Divorced/Annulled | |

***CODES FOR HH11**

(Grade/Year Currently Attending/Highest Educational Attainment)

- | | | |
|--------------------------|---------------------|---------------------------------------|
| 000 - No Grade Completed | <u>K to 12</u> | <u>Post-Secondary</u> |
| 010 - Preschool | 400 - Kindergarten | <u>(Non-degree Programs)</u> |
| | 410 - Grade 1 | 310 - 1st Year |
| | 420 - Grade 2 | 320 - 2nd Year |
| | 430 - Grade 3 | 330 - 3rd Year |
| | 440 - Grade 4 | 340 - PS Graduate |
| | 450 - Grade 5 | IF GRADUATE, |
| | 460 - Grade 6 | SPECIFY COURSE |
| | 470 - Grade 7 | |
| | 480 - Grade 8 | } JR. <u>College</u> |
| | 490 - Grade 9 | |
| | 500 - Grade 10 | } H.S. 710 - 1st Year |
| | 510 - Grade 11 | 720 - 2nd Year |
| | 520 - Grade 12 | } SR. <u>H.S.</u> |
| | 530 - K-12 Graduate | |
| | | 730 - 3rd Year |
| | | 740 - 4th Year |
| | | 750 - 5th Year |
| | | 760 - 6th Year |
| | | 770 - College Graduate |
| | | IF GRADUATE, |
| | | SPECIFY COURSE |
| | | |
| | | <u>Post baccalaureate</u> |
| | | 910 - Master's degree, not graduated |
| | | 920 - Master's degree graduate |
| | | 930 - Doctorate degree, not graduated |
| | | 940 - Doctorate degree, graduate |

HOUSEHOLD QUESTIONNAIRE

SECTION C. HOUSING CHARACTERISTICS			
NO.	QUESTIONS	CODING CATEGORIES	CODE
HH16	TYPE OF BUILDING/HOUSE RECORD OBSERVATION	SINGLE HOUSE 1 DUPLEX 2 APARTMENT/ACCESORIA CONDOMINIUM/ TOWNHOUSE 3 COMMERCIAL/INDUSTRIAL/ AGRICULTURAL BUILDING/HOUSE 4 OTHER HOUSING UNIT (E.G., CAVE, BOAT) 5 (SPECIFY)	<input type="checkbox"/>
HH17	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION	STRONG MATERIALS (GALVANIZED IRON, ALUMINUM, TILE, CONCRETE, BRICK, STONE, ETC.) 1 LIGHT MATERIALS (COGON, NIPA, ANAHAW) 2 SALVAGED/MAKESHIFT MATERIALS 3 MIXED BUT PREDOMINANTLY STRONG MATERIALS 4 MIXED BUT PREDOMINANTLY LIGHT MATERIALS 5 MIXED BUT PREDOMINANTLY SALVAGED MATERIALS 6 NOT APPLICABLE 7	<input type="checkbox"/>
HH18	MAIN MATERIAL OF THE OUTER WALL RECORD OBSERVATION	STRONG MATERIALS (GALVANIZED IRON, ALUMINUM, TILE, CONCRETE, BRICK, STONE, ETC.) 1 LIGHT MATERIALS (COGON, NIPA, ANAHAW) 2 SALVAGED/MAKESHIFT MATERIALS 3 MIXED BUT PREDOMINANTLY STRONG MATERIALS 4 MIXED BUT PREDOMINANTLY LIGHT MATERIALS 5 MIXED BUT PREDOMINANTLY SALVAGED MATERIALS 6 NOT APPLICABLE 7	<input type="checkbox"/>
HH19	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 MARBLE 36 OTHERS 96 (SPECIFY)	<input type="checkbox"/>
HH20	What is the tenure status of the housing unit and lot occupied by your household? <i>Ano po ang katayuan/kalagayan ninyo sa pag-okupa ng bahay at lupa na inyong tinitirahan?</i>	OWN HOUSE AND LOT OR OWNER-LIKE POSSESSION OF HOUSE AND LOT 1 RENT HOUSE/ROOM INCLUDING LOT 2 OWN HOUSE, RENT LOT 3 OWN HOUSE, RENT-FREE LOT WITH CONSENT OF OWNER 4 OWN HOUSE, RENT-FREE LOT WITHOUT CONSENT OF OWNER 5 RENT-FREE HOUSE AND LOT WITH CONSENT OF OWNER 6 RENT-FREE HOUSE AND LOT WITHOUT CONSENT OF OWNER 7 NOT APPLICABLE 8	<input type="checkbox"/>
HH21	Is there any electricity in the building/house? <i>Mayroon po bang kuryente sa gusali/bahay?</i>	YES 1 NO 2	<input type="checkbox"/>
HH22	Does your household own the following items? <i>Ang inyo po bang sambayanan ay nagmamay-ari</i>		

HOUSEHOLD QUESTIONNAIRE

NO.	QUESTIONS	CODING CATEGORIES	CODE																																																																																			
	<p><i>ng mga sumusunod:</i></p> <p>a) Car, jeep, van</p> <p>b) Motorcycle, tricycle</p> <p>c) Motorized boat/banca</p> <p>d) Aircon</p> <p>e) Washing Machine</p> <p>f) Stove with oven/Gas Range</p> <p>g) Refrigerator/Freezer</p> <p>h) Personal computer (desktop, laptop, netbook, ipad, tablet)</p> <p>i) Cellular phone or mobile phone</p> <p>j) Landline/Wireless Telephone</p> <p>k) Audio Component/Stereo Set</p> <p>l) Karaoke/Videoke/Magic Sing</p> <p>m) CD/VCD/DVD Player</p> <p>n) Television</p> <p>o) Radio/Radio Cassette Player</p> <p>p) Internet access</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">YES</th> <th style="width:10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) CAR, JEEP, VAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) MOTORCYCLE, TRICYCLE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) MOTORIZED BOAT/BANCA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) AIRCON</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) WASHING MACHINE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) STOVE WITH OVEN/GAS RANGE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) REFRIGERATOR/FREEZER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) PERSONAL COMPUTER/LAPTOP</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) CELLULAR PHONE/ MOBILE PHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) LANDLINE/WIRELESS TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) AUDIO COMPONENT/STEREO SET</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) KARAOKE/VIDEOKE/MAGIC SING</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) CD/VCD/DVD PLAYER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>n) TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>o) RADIO/RADIO CASSETTE PLAYER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>p) INTERNET ACCESS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) CAR, JEEP, VAN	1	2	b) MOTORCYCLE, TRICYCLE	1	2	c) MOTORIZED BOAT/BANCA	1	2	d) AIRCON	1	2	e) WASHING MACHINE	1	2	f) STOVE WITH OVEN/GAS RANGE	1	2	g) REFRIGERATOR/FREEZER	1	2	h) PERSONAL COMPUTER/LAPTOP	1	2	i) CELLULAR PHONE/ MOBILE PHONE	1	2	j) LANDLINE/WIRELESS TELEPHONE	1	2	k) AUDIO COMPONENT/STEREO SET	1	2	l) KARAOKE/VIDEOKE/MAGIC SING	1	2	m) CD/VCD/DVD PLAYER	1	2	n) TELEVISION	1	2	o) RADIO/RADIO CASSETTE PLAYER	1	2	p) INTERNET ACCESS	1	2	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>a.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>b.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>c.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>d.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>e.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>f.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>g.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>h.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>i.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>j.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>k.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>l.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>m.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>n.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>o.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>p.</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </tbody> </table>	a.		b.		c.		d.		e.		f.		g.		h.		i.		j.		k.		l.		m.		n.		o.		p.	
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<p>HH24</p>	<p>What is the main source of water used by your household for other purposes such as cooking and handwashing?</p> <p><i>Ano po ang pangunahing pinanggagalingan ng tubig na ginagamit ng inyong sambahayan para sa ibang gawain tulad ng pangluto at panghugas ng kamay?</i></p>	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td colspan="3">PIPED WATER</td></tr> <tr><td>PIPED INTO DWELLING</td><td></td><td style="text-align: right;">11</td></tr> <tr><td>PIPED TO YARD/PLOT</td><td></td><td style="text-align: right;">12</td></tr> <tr><td>PIPED TO NEIGHBOR</td><td></td><td style="text-align: right;">13</td></tr> <tr><td>PUBLIC TAP/STAND PIPE</td><td></td><td style="text-align: right;">14</td></tr> <tr><td>TUBED WELL/BOREHOLE</td><td></td><td style="text-align: right;">21</td></tr> <tr><td colspan="3">DUG WELL</td></tr> <tr><td>PROTECTED DUG WELL</td><td></td><td style="text-align: right;">31</td></tr> <tr><td>UNPROTECTED DUG WELL</td><td></td><td style="text-align: right;">32</td></tr> <tr><td colspan="3">SPRING</td></tr> <tr><td>PROTECTED SPRING</td><td></td><td style="text-align: right;">41</td></tr> <tr><td>UNPROTECTED SPRING</td><td></td><td style="text-align: right;">42</td></tr> <tr><td>RAINWATER</td><td></td><td style="text-align: right;">51</td></tr> <tr><td>TANKERTRUCK</td><td></td><td style="text-align: right;">61</td></tr> </tbody> </table>	PIPED WATER			PIPED INTO DWELLING		11	PIPED TO YARD/PLOT		12	PIPED TO NEIGHBOR		13	PUBLIC TAP/STAND PIPE		14	TUBED WELL/BOREHOLE		21	DUG WELL			PROTECTED DUG WELL		31	UNPROTECTED DUG WELL		32	SPRING			PROTECTED SPRING		41	UNPROTECTED SPRING		42	RAINWATER		51	TANKERTRUCK		61	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </tbody> </table>																																									
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PUBLIC TAP/STAND PIPE		14																																																																																				
TUBED WELL/BOREHOLE		21																																																																																				
DUG WELL																																																																																						
PROTECTED DUG WELL		31																																																																																				
UNPROTECTED DUG WELL		32																																																																																				
SPRING																																																																																						
PROTECTED SPRING		41																																																																																				
UNPROTECTED SPRING		42																																																																																				
RAINWATER		51																																																																																				
TANKERTRUCK		61																																																																																				

HOUSEHOLD QUESTIONNAIRE

NO.	QUESTIONS	CODING CATEGORIES	CODE
		CART WITH SMALL TANK 71 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81 OTHERS _____ 96 (SPECIFY)	
HH25	What kind of toilet facility do members of your household usually use? <i>Ano pong uri ng palikuran ang ginagamit ng miyembro ng inyong sambahayan?</i>	FLUSH/POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH TO DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/ HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHERS _____ 96 (SPECIFY)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
HH26	Are you or any member of your household recipient of the 4Ps Pantawid Pamilyang Pilipino Program or Conditional Cash Transfer Program? <i>Kayo ba o sinuman sa inyong sambahayan ay benepisyaryo ng 4Ps Pantamid Pamilyang Pilipino Program o Conditional Cash Transfer?</i>	YES 1 NO 2	
HH27	In the last 3 months, did it happen even once that your household experienced hunger and not have anything to eat? <i>Sa nakalipas ng 3 buwan, nakaranas ba kahit minsan ang inyong pamilya ng gutom o walang pagkain man lang?</i>	YES 1 NO 2	GO TO HH29
HH28	Did it happen only once, a few times, often, or always? <i>Nangyari ba ito ng minsan, mga ilang beses, madalas, o palagi?</i>	ONLY ONCE 1 A FEW TIMES 2 OFTEN 3 ALWAYS 4	

HOUSEHOLD QUESTIONNAIRE

SECTION D. CHILDREN OF OLDER PERSON RESPONDENT

Now, let's talk about the children of (OLDER PERSON R).

HH29 How many children does (OLDER PERSON R) have over his/her lifetime including adopted/stepchildren? _____ (IF 00, END OF INTERVIEW)

HH30 How many of (OLDER PERSON R)'s children are still alive? _____

HH31 How many of (OLDER PERSON R)'s children are dead? _____

HH32 Among those who are alive, how many are residing in this household? _____

HH33 Among those who are alive, how many are not residing in this household? _____

CO-RESIDENT CHILDREN														
L I N E N U M B E R	Name of coresident child	Relationship to Older Person R	*Sex	Age	*Residence	*Education	Employment of Child			Marital Status	Employment of Child's Spouse			Number of Children
	Please give me the names of the (OLDER PERSON R)'s children who currently reside in this household. (START WITH THE ELDEST) CO-RESIDENT CHILDREN	Is ____ (OLDER PERSON R)'S own child or step/adopted child? 1__Yes, own child 2__Yes, step/adopted	Is ____ male or female? 1-Male 2-Female	How old was ____ on last birthday?	*Where does he/she live?	FOR 5 YEARS OLD AND OVER	FOR 15 YEARS OLD AND OVER			FOR 10 YEARS OLD AND OVER	FOR 15 YEARS OLD AND OVER			How many children has ____ ever had? IF NO CHILDREN, WRITE "0"
						*What is ____'s highest grade completed? (IF CG, SPECIFY DEGREE)	IF WORKING: What is his/her present occupation? (RECORD VERBATIM RESPONSE AND INDICATE IF OFW) Use PSOC	*Is he/she living or working abroad? 1__Yes 2__No ↓ GO TO HH44	Where does he/she work? (SPECIFY COUNTRY)	What is ____'s marital status? 1__Single GO TO HH48 2__Currently married 3__Living in 4__Separated/Divorced/Annulled GO TO HH48 5__Widowed GO TO HH48	What is the occupation of ____'s spouse? (RECORD VERBATIM RESPONSE AND INDICATE IF OFW)	Is he/she living or working abroad? 1__Yes 2__No ↓ GO TO HH48	Where does he/she work? (SPECIFY COUN-TRY)	
HH34	HH35	HH36	HH37	HH38	HH39	HH40	HH41	HH42	HH43	HH44	HH45	HH46	HH47	HH48
R1														
R2														
R3														

HOUSEHOLD QUESTIONNAIRE

NON-CO-RESIDENT CHILDREN															
L I N E N U M B E R	Name of non-co-resident child	Relationship to Older Person R	*Sex	Age	*Residence	*Education	Employment of Child			Marital Status	Employment of Child's Spouse			Number of Children	
	Please give me the names of (OLDER PERSON R)'s children who do not reside in this household. (START WITH THE ELDEST) NON-CO-RESIDENT CHILDREN	Is ____ (OLDER PERSON R)'s own child or step/adopted child? 1__Yes, own child 2__Yes, step/adopted	Is ____ male or female? 1-Male 2-Female	How old was ____ on last birthday?	*Where does he/she live?	FOR 5 YEARS OLD AND OVER	FOR 15 YEARS OLD AND OVER			FOR 10 YEARS OLD AND OVER	FOR 15 YEARS OLD AND OVER			How many children has ____ ever had? IF NO CHILDREN, WRITE "0"	
						*What is ____'s highest grade completed? (IF CG, SPECIFY DEGREE)	IF WORKING: What is his/her present occupation? (RECORD VERBATIM RESPONSE AND INDICATE IF OFW) Use PSOC	*Is he/she living or working abroad? 1__Yes 2__No ↓ GO TO H44	Where does he/she work? (SPECIFY COUNTRY)	What is ____'s marital status? 1__Single GO TO HH48 2__Currently married 3__Living in 4__Separated/Divorced/Annulled GO TO HH48 5__Widowed GO TO HH48	What is the occupation of ____'s spouse? (RECORD VERBATIM RESPONSE AND INDICATE IF OFW)	Is he/she living or working abroad? 1__Yes 2__No ↓ GO TO HH48	Where does he/she work? (SPECIFY COUN-TRY)		
HH34	HH35	HH36	HH37	HH38	HH39	HH40	HH41	HH42	HH43	HH44	HH45	HH46	HH47	HH48	
N1															
N2															
N3															
CHILDREN WHO DIED															
L I N E N U M B E R	Please give me the names of all your children who died. (START WITH THE ELDEST) CHILDREN WHO DIED	Was ____ (OLDER PERSON R)'s own child or step/adopted	Is ____ male or female? 1-Male 2-Female	How old was ____ when he/she died?	In what month and year did ____ die?	*What was ____'s highest grade completed? (IF CG, SPECIFY DEGREE)	What was his/her occupation when he/she died? (RECORD VERBATIM RESPONSE) Use PSOC				What was ____'s marital status when he/she died? 1__Single 2__Married 3__Living in 4__Separated/Divorced/Annulled 5__Widowed				How many children has ____ ever had? IF NO CHILDREN, WRITE "0"
		1__Yes, own child 2__Yes, step/adopted													
	HH49	HH50	HH51	HH52	HH53	HH54	HH55	HH56			HH57				HH58
D1															
D2															
D3															

END OF INTERVIEW

HOUSEHOLD QUESTIONNAIRE

CODES

*CODES FOR HH37 AND HH52

(Sex)

- 1__Male
- 2__Female

*CODES FOR HH39

(Where does he/she live?)

- 2__Lives in same barangay
- 3__Lives in same municipality/city
- 4__Lives in same province
- 5__Lives in different province
- 6__Lives abroad

*CODES FOR H40 AND H55

(Grade/Year Currently Attending/Highest Educational Attainment)

000 - No Grade Completed	<u>K to 12</u>	<u>Post-Secondary</u>
010 - Preschool	400 - Kindergarten	(Non-degree Programs)
	410 - Grade 1	310 - 1st Year
	420 - Grade 2	320 - 2nd Year
<u>Elementary</u>	430 - Grade 3	330 - 3rd Year
110 - Grade 1	440 - Grade 4	340 - PS Graduate
120 - Grade 2	450 - Grade 5	IF GRADUATE,
130 - Grade 3	460 - Grade 6	SPECIFY COURSE
140 - Grade 4	470 - Grade 7	
150 - Grade 5	480 - Grade 8	<u>College</u>
160 - Grade 6	490 - Grade 9	710 - 1st Year
170 - Grade 7	500 - Grade 10	720 - 2nd Year
180 - Elementary Graduate	510 - Grade 11	730 - 3rd Year
	520 - Grade 12	740 - 4th Year
191 - SPED Elem., undergraduate	530 - K-12 Graduate	750 - 5th Year
		760 - 6th Year
192 - SPED Elem., graduate		770 - College Graduate
193 - SPED HS, undergraduate	<u>High School</u>	IF GRADUATE,
194 - SPED HS, graduate	210 - 1st Year	SPECIFY COURSE
	220 - 2nd Year	
	230 - 3rd Year	<u>Post baccalaureate</u>
	240 - 4th Year	910 - Master's degree, not graduated
	250 - H. S. Graduate	920 - Master's degree graduate
		930 - Doctorate degree, not graduated
		940 - Doctorate degree, graduate



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2018 LONGITUDINAL STUDY OF AGEING AND HEALTH IN THE PHILIPPINES

ANTHROPOMETRIC QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER _____

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

ENUMERATION AREA _____

URBAN/RURAL (URBAN=1, RURAL=2) _____

NAME OF OLDER PERSON _____

ADDRESS _____

MOBILE NUMBER _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME				INTERVIEWER'S CODE <input type="text"/> <input type="text"/> <input type="text"/>
RESULT*				RESULT* <input type="text"/> <input type="text"/>
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS <input type="text"/>
RESULT CODES	1 COMPLETED 2 NOT AT HOME 3 POSTPONED	4 REFUSED 5 PARTLY COMPLETED 6 OTHERS/SPECIFY _____		
LANGUAGE OF INTERVIEW	<input type="checkbox"/> 1 ENGLISH 3 CEBUANO 2 TAGALOG 4 WARAY			
INTERVIEWER	SUPERVISOR		EDITOR	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
_____ Name and signature	_____ Name and signature		_____ Name and signature	
_____ Date	_____ Date		_____ Date	

ANTHROPOMETRIC QUESTIONNAIRE

INTRODUCTION AND CONSENT

We would like to better understand certain aspects related to the health and physical status of persons your age. For this reason, we are going to take some measurements including your weight. If you have questions now or later, please do not hesitate to ask me. Is it okay to do the measurements now?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AA1	Indicate whether the respondent agreed to have his/her anthropometric measurements taken.	AGREE 1 DID NOT AGREE 2	END
AA2	NOTE TO INTERVIEWER: Observe and record if R	CAN STAND ON HIS/HER OWN 1 CAN STAND WITH ASSISTIVE DEVICE 2 CAN STAND WITH ASSISTANCE OF ANOTHER PERSON 3 UNABLE TO STAND AT ALL 4	
AA3	Now, I am going to weigh you.	WEIGHT (Kgs) <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 CAN'T STAND UP 997 REFUSED 999	
AA4	Height (standing)	HEIGHT (cm) <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 CAN'T STAND UP 997 REFUSED 999	
AA5	Waist circumference	WAIST (cm) <input type="text"/> <input type="text"/> <input type="text"/> DID NOT TRY 996 REFUSED 999	
AA6	Arms length	ARMS LENGTH (cm) TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
AA7	How many original teeth do you have?	NO. OF ORIGINAL TEETH <input type="text"/> <input type="text"/>	
AA8	How many pair of upper and lower teeth do you have?	NO. OF PAIRS OF FUNCTIONING TEETH <input type="text"/> <input type="text"/>	

ANTHROPOMETRIC QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																									
AA9	Blood pressure <table border="1" data-bbox="280 300 1333 426"> <thead> <tr> <th>Measurement #</th> <th>Time of reading</th> <th>Systolic Reading</th> <th>Diastolic Reading</th> <th>Pulse</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>: am/pm</td> <td>mmHg</td> <td>mmHG</td> <td>P</td> </tr> <tr> <td>2</td> <td>: am/pm</td> <td>mmHg</td> <td>mmHG</td> <td>P</td> </tr> <tr> <td>3</td> <td>: am/pm</td> <td>mmHg</td> <td>mmHG</td> <td>P</td> </tr> </tbody> </table>	Measurement #	Time of reading	Systolic Reading	Diastolic Reading	Pulse	1	: am/pm	mmHg	mmHG	P	2	: am/pm	mmHg	mmHG	P	3	: am/pm	mmHg	mmHG	P						
Measurement #	Time of reading	Systolic Reading	Diastolic Reading	Pulse																							
1	: am/pm	mmHg	mmHG	P																							
2	: am/pm	mmHg	mmHG	P																							
3	: am/pm	mmHg	mmHG	P																							
AA10	Which arm was used to conduct the measurements?	LEFT ARM 1 RIGHT ARM 2																									
AA11	How compliant was R during this measurement?	R WAS FULLY COMPLIANT 1 R WAS PREVENTED FROM FULLY COMPLYING DUE TO ILLNESS, PAIN OR OTHER SYMPTOMS OF DISCOMFORT 2 R WAS NOT FULLY COMPLIANT, BUT NO OBVIOUS REASONS FOR THIS 3																									
AA12	What was R's position for this test?	SITTING 1 LYING DOWN 2																									
AA13	Did R smoke, exercise, consume alcohol or food within 30 minutes prior to completing the blood pressure test?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>SMOKE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>EXERCISE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DRINK ALCOHOL</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>EAT</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	SMOKE	1	2	EXERCISE	1	2	DRINK ALCOHOL	1	2	EAT	1	2										
	YES	NO																									
SMOKE	1	2																									
EXERCISE	1	2																									
DRINK ALCOHOL	1	2																									
EAT	1	2																									
AA14	Are you a left-handed or right-handed or ambidextrous?	LEFT-HANDED 1 RIGHT-HANDED 2 AMBIDEXTRIOUS 3																									
AA15	Grip strength	<table border="0"> <tr> <td>1ST TRIAL</td> <td></td> </tr> <tr> <td>LEFT HAND</td> <td align="center">□ □</td> </tr> <tr> <td>RIGHT HAND</td> <td align="center">□ □</td> </tr> <tr> <td>2ND TRIAL</td> <td></td> </tr> <tr> <td>LEFT HAND</td> <td align="center">□ □</td> </tr> <tr> <td>RIGHT HAND</td> <td align="center">□ □</td> </tr> <tr> <td>3RD TRIAL</td> <td></td> </tr> <tr> <td>LEFT HAND</td> <td align="center">□ □</td> </tr> <tr> <td>RIGHT HAND</td> <td align="center">□ □</td> </tr> <tr> <td>TRIED, BUT COULDN'T DO IT</td> <td align="center">995</td> </tr> <tr> <td>DID NOT TRY</td> <td align="center">996</td> </tr> <tr> <td>REFUSED</td> <td align="center">999</td> </tr> </table>	1ST TRIAL		LEFT HAND	□ □	RIGHT HAND	□ □	2ND TRIAL		LEFT HAND	□ □	RIGHT HAND	□ □	3RD TRIAL		LEFT HAND	□ □	RIGHT HAND	□ □	TRIED, BUT COULDN'T DO IT	995	DID NOT TRY	996	REFUSED	999	
1ST TRIAL																											
LEFT HAND	□ □																										
RIGHT HAND	□ □																										
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LEFT HAND	□ □																										
RIGHT HAND	□ □																										
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RIGHT HAND	□ □																										
TRIED, BUT COULDN'T DO IT	995																										
DID NOT TRY	996																										
REFUSED	999																										

ANTHROPOMETRIC QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AA16	Functional reach	REGULAR REACH (cm) <input type="text"/> <input type="text"/> <input type="text"/> FUNCTIONAL REACH (cm) <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
AA17	Position during the functional reach	STANDING 1 SITTING 2	
AA18	Balance test	FEET TOGETHER (sec) <input type="text"/> <input type="text"/> <input type="text"/> SEMI TANDEM (sec) <input type="text"/> <input type="text"/> <input type="text"/> TANDEM (sec) <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
AA19	Gait speed (Comfortable speed)	GAIT SPEED (sec) <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
AA20	Use of assistive device during the measurement of Gait speed	WITH ASSISTIVE DEVICE 1 WITHOUT ASSISTIVE DEVICE 2	
AA21	Peak flow	1ST TRIAL 2ND TRIAL 3RD TRIAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
TANITA SEGMENTAL BODY COMPOSITION MONITOR			
AA22	Do you have any electronic medical implant such as pacemaker and/or knee replacement implant?	YES 1 NO 2	
AA23	Temperature (Room)	Celcius <input type="text"/> <input type="text"/> . <input type="text"/>	
AA24	Humidity (Room)	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	

ANTHROPOMETRIC QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
WEIGHT AND BODY FAT READINGS			
AA25 to AA47	TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	} END INTERVIEW	
AA25	Body weight		Kilogram <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
AA26	BMI		
AA27	Body fat %	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
AA28	Total body water %	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
AA29	Muscle mass	Kilogram <input type="text"/> <input type="text"/> . <input type="text"/>	
AA30	Physique rating		
AA31	Bone mass	Kilogram <input type="text"/> . <input type="text"/>	
AA32	BMR	Kcal <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AA33	Energy in food	Kjol <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AA34	Metabolic age	Age <input type="text"/> <input type="text"/>	
AA35	Visceral fat level	Level <input type="text"/> <input type="text"/> . <input type="text"/>	
READING OF EACH SEGMENT: MUSCLE MASS			
AA36	Whole	Kilogram <input type="text"/> <input type="text"/> . <input type="text"/>	
AA37	Right arm	Kilogram <input type="text"/> <input type="text"/> . <input type="text"/>	
AA38	Left arm	Kilogram <input type="text"/> <input type="text"/> . <input type="text"/>	
AA39	Trunk	Kilogram <input type="text"/> <input type="text"/> . <input type="text"/>	

ANTHROPOMETRIC QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AA40	Right leg	Kilogram <input type="text"/> <input type="text"/> . <input type="text"/>	
AA41	Left leg	Kilogram <input type="text"/> <input type="text"/> . <input type="text"/>	
READING OF EACH SEGMENT: BODY FAT %			
AA42	Whole	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
AA43	Right arm	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
AA44	Left arm	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
AA45	Trunk	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
AA46	Right leg	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
AA47	Left leg	Percent <input type="text"/> <input type="text"/> . <input type="text"/>	
END OF INTERVIEW			



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2018 LONGITUDINAL STUDY OF AGEING AND HEALTH IN THE PHILIPPINES

MAIN QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER _____

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

ENUMERATION AREA _____

URBAN/RURAL (URBAN=1, RURAL=2) _____

NAME OF OLDER PERSON RESPONDENT _____

ADDRESS _____

MOBILE NUMBER _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME				YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER'S CODE <input type="text"/> <input type="text"/>
RESULT*		w		RESULT* <input type="text"/> <input type="text"/>
NEXT VISIT: DATE				TOTAL NO. OF VISITS <input type="text"/>
NEXT VISIT: TIME				

RESULT CODES 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED
 3 POSTPONED 6 OTHERS/SPECIFY _____

LANGUAGE OF INTERVIEW

1 ENGLISH 3 CEBUANO
 2 TAGALOG 4 WARAY

INTERVIEWER <input type="text"/> <input type="text"/>	SUPERVISOR <input type="text"/> <input type="text"/>	EDITOR <input type="text"/> <input type="text"/>
_____ Name and signature _____ Date	_____ Name and signature _____ Date	_____ Name and signature _____ Date

MAIN QUESTIONNAIRE

SQ1. Can R be interviewed?

1__Yes **GO TO L1** 2__No

SQ2. Reason Older Person R cannot be interviewed:

1. Older Person R has been hospitalized, sick, or incapacitated.
2. Older Person R has difficulty hearing (Older Person R is hearing impaired, etc.).
3. Older Person R has difficulty speaking (Older Person R is experiencing verbal difficulties).
4. Older Person R has experienced psychological disorder such as memory loss, confusion or loss of consciousness, dementia, etc.

SQ3. Name of Proxy: _____

SQ4. What is your relationship with (Name of Older Person R)?

01__Spouse 04__ Daughter-in-law 07__Relative other
02__Son 05__Son-in-law than the aforementioned
03__Daughter 06__Grandchild 96__Other. Specify: _____

GO TO BLOCK A.

L1. What is your name?

First name: _____
Last name: _____

L7. What is your home address?

House number: _____
Street Name/Barangay: _____
City/Municipality: _____
Province: _____
Zip: _____

AA9. Blood Pressure

Measurement #	Time of reading	Systolic Reading	Diastolic Reading	Pulse
1	: am/pm	mmHg	mmHG	P
2	: am/pm	mmHg	mmHG	P
3	: am/pm	mmHg	mmHG	P

AA10. Which arm was used to conduct the measurements?

1__ Left arm
2__ Right arm

AA11. How compliant was R during this measurement?

1__ Older Person R was fully compliant
2__ Older Person R prevented from fully complying due to illness, pain or other symptoms of discomfort
3__ Older Person R was not fully compliant, but no obvious reasons for this

AA12. What was R's position for this test?

1__ Sitting
2__ Lying down

MAIN QUESTIONNAIRE

AA13. Did Older Person R smoke, exercise, consume alcohol or food with the 30 minutes prior to completing the blood pressure test?

- | | | |
|------------------|---------|--------|
| 1. Smoke | 1__ Yes | 2__ No |
| 2. Exercise | 1__ Yes | 2__ No |
| 3. Drink alcohol | 1__ Yes | 2__ No |
| 4. Eat | 1__ Yes | 2__ No |

AA14. Are you a left-handed or right handed or ambidextrous?

- 1__ Left-handed
 2__ Right-handed
 3__ Ambidextrous

SQ5 to SQ15: SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ)

Sometimes people have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. If you do know the answers, the question may seem obvious.

QUESTIONS	ANSWER (TYPE CORRECT ANSWER)	INCORRECT ANSWER
SQ5. What are the month, date, and year today?		
SQ6. What is the day of the week?		
SQ7. What is the name of this place?		
SQ8. What is your phone number? If no telephone, ask "what is the name of your street?"		
SQ9. How old are you?		
SQ10. When were you born?		
SQ11. Who is the current president?		
L18. Who is the current vice president?		
SQ12. Who was the president before him?		
SQ13. What was your mother's maiden name?		
SQ14. Can you count backward from 20 by 3's?		
SQ15. Number of incorrect answers		

Highest educational attainment of Older Person R

SQ16. What was the highest educational level you completed?	<p><i>(Grade/Year Currently Attending/Highest Educational Attainment)</i></p> 000 - No Grade Completed 010 - Preschool <u>Elementary</u> 110 - Grade 1 120 - Grade 2 130 - Grade 3 140 - Grade 4 150 - Grade 5 160 - Grade 6 170 - Grade 7 180 - Elementary Graduate
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MAIN QUESTIONNAIRE

<p><u>Post-Secondary</u> <u>(Non-degree Programs)</u> 310 - 1st Year 320 - 2nd Year 330 - 3rd Year 340 - PS Graduate IF GRADUATE, SPECIFY COURSE: _____</p> <p><u>K to 12</u> 400 - Kindergarten 410 - Grade 1 420 - Grade 2 430 - Grade 3 440 - Grade 4 450 - Grade 5 460 - Grade 6 470 - Grade 7 480 - Grade 8 490 - Grade 9 500 - Grade 10 510 - Grade 11 520 - Grade 12 530 - K-12 Graduate</p> <p style="margin-left: 150px;">} JR. H.S.</p> <p style="margin-left: 150px;">} SR. H.S.</p>	<p>191 - SPED Elem., undergraduate 192 - SPED Elem., graduate 193 - SPED HS, undergraduate 194 - SPED HS, graduate</p> <p><u>High School</u> 210 - 1st Year 220 - 2nd Year 230 - 3rd Year 240 - 4th Year 250 - H. S. Graduate</p> <p><u>College</u> 710 - 1st Year 720 - 2nd Year 730 - 3rd Year 740 - 4th Year 750 - 5th Year 760 - 6th Year 770 - College Graduate IF GRADUATE, SPECIFY COURSE: _____</p> <p><u>Post baccalaureate</u> 910 - Master's degree, not graduated 920 - Master's degree graduate 930 - Doctorate degree, not graduated 940 - Doctorate degree, graduate</p>
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Scoring:

Highest educational attainment	(Check SQ16) Educational attainment	(Check SQ15) Number of incorrect answers	SPMSQ Cutoff Score
Elementary level or lower	1		5 or less
High school level	2		4 or less
College level or higher	3		3 or less

SQ17. Eligibility

1__Eligible **GO TO BLOCK A** 2__Not eligible/proxy interview

SQ18. Name of Proxy: _____

SQ19. What is your relationship with (Name of Older Person R)?

- | | | |
|---------------|----------------------|-------------------------|
| 01__ Spouse | 04__ Daughter-in-law | 07__ Relative other |
| 02__ Son | 05__ Son-in-law | than the aforementioned |
| 03__ Daughter | 06__ Grandchild | 96__ Other. SPECIFY: |

MAIN QUESTIONNAIRE

Time Started: _____

BLOCK A SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

First, you will be asked questions about yourself.

A1 What is your date of birth? **GET MONTH, DAY AND YEAR OF BIRTH**

_____ Month _____ Day _____ Year

A2 How old are you now? _____ Years old

A3 Gender **TO BE FILLED IN BY THE INTERVIEWER**

1__ Male 2__ Female

A4 What is your religion?

- | | |
|-----------------------|---|
| 0__ None | 6__ Jehovah's Witness |
| 1__ Roman Catholic | 7__ Born Again Christian (Fundamentalist) |
| 2__ Iglesia ni Cristo | 8__ Islam |
| 3__ 7th day Adventist | 9__ El Shaddai |
| 4__ Protestant | 96__ Others (SPECIFY) _____ |
| 5__ Aglipay | |

These questions are about your parents.

Relationship with subject	Own Father	Own Mother
Is your ____ alive?	A5 1__ Alive A6 How old is your father? ____ years → GO TO A9 2__ Deceased ↓ A7 How old was your father at death? ____ years	A10 1__ Alive A11 How old is your mother? ____ years → GO TO A14 2__ Deceased ↓ A12 How old was your mother at death? ____ years
What was the cause of ____ passing away? (ONLY FOR NATURAL PARENTS)	A8 1__ Cancer 2__ Heart disease (heart attack, etc.) 3__ Cerebrovascular ailments (stroke, cerebral thrombosis) 4__ Old age (frailty caused by ageing) 96__ Other. SPECIFY _____ 97__ Not sure	A13 1__ Cancer 2__ Heart disease (heart attack, etc.) 3__ Cerebrovascular ailments (stroke, cerebral thrombosis) 4__ Old age (frailty caused by ageing) 96__ Other. SPECIFY _____ 97__ Not sure
What is/was your ____ highest educational attainment?	A9 0__ No schooling 1__ Elementary 2__ High School 3__ College 7__ DK GO TO NEXT COLUMN "OWN MOTHER"	A14 0__ No schooling 1__ Elementary 2__ High School 3__ College 7__ DK

MAIN QUESTIONNAIRE

Subject Information

A15. How many siblings do you have?	___ No. of siblings
A16. How many of your siblings are still living?	___ No. of living siblings a. ___ Brothers b. ___ Sisters
A17. What type of community did you live in when you were growing up (from birth to age 12)? Was it a city, poblacion, rural, or abroad?	1___ City 3___ Rural 2___ Poblacion 4___ Abroad
A18. Are you currently working?	1___ Working GO TO A22 2___ Stopped working completely GO TO A19 3___ Not working but looking for work GO TO A21 4___ Not working and not looking for work GO TO A21
A19 Why did you stop working permanently?	1___ Retired formally 2___ Ill health/health reasons 96___ Others. SPECIFY: _____
A20 At what age did you stop working completely?	___ years GO TO A26
A21 Did you ever work before?	1___ Yes GO to A26 2___ No GO to A27
A22. What is your current occupation? RECORD VERBATIM RESPONSE	_____ _____ PSOC ___ ___
A23 Are you working full time or part time?	1___ Yes, full time 2___ Yes, part-time
A24 Before this current job, did you retire from any job because you reached the retirement age?	1___ Yes 2___ No GO TO A26
A25 If yes, why are you still working?	1___ To earn for daily needs/to augment income 2___ Want to work as long as health allows 3___ To while away the time/leisure 96___ Others. SPECIFY: _____
A26. Which occupation were you engaged in the longest? RECORD VERBATIM RESPONSE	_____ _____ PSOC ___ ___

A27. What is your current marital status? Are you never married, currently married, living in, separated/divorced/annulled, or widowed?

- 1___ Never married **GO TO A42**
- 2___ Currently married (includes being separated from the spouse due to the hospitalization of spouse, living in an institution or living in another area for business reasons)
- 3___ Live-in (includes being separated from the spouse due to the hospitalization of spouse, living in an institution or living in another area for business reasons)
- 4___ Separated/Divorced/Annulled
- 5___ Widowed
- 7___ Not sure **GO TO A42**

A28. How many times have you been in union, that is formally married or living in? _____

MAIN QUESTIONNAIRE

A29. In what month and year did you first officially marry/start living together? (Reference is first partner)

_____ Month _____ Year 9997__DK

A30. How would you rate your relationship with your first partner?

- 1__ Very good
- 2__ Good
- 3__ So-so
- 4__ Not good

IF A28 = 1, GO TO A33. IF A28 > 1, CONTINUE.

A31. In what month and year did you last officially marry/start living together?

_____ Month _____ Year 9997__DK

A32. FOR (separated/divorced/annulled, widowed): How would you rate your relationship with your last partner?
FOR (currently married): How would you rate your relationship with your current partner?

- 1__ Very good
- 2__ Good
- 3__ So-so
- 4__ Not good

IF A27 = 1, 2, 3 OR 4, GO TO A37. IF A27 = 5, CONTINUE.

A33. How old was your husband/wife when he/she passed away? (Reference is the last partner) _____ Yrs. old

A34. In what month and year did he/she die? _____ Month _____ Year 9997__DK

A35. What was the cause of his/her death? _____

IF CAUSE OF DEATH IN A35 IS ILLNESS, CONTINUE. OTHERWISE, GO TO A37.

A36. How long was he/she ill before he/she died? _____ Months _____ Years

**REFER TO CURRENT SPOUSE FOR CURRENTLY MARRIED OR LIVE IN (A27=2 OR 3).
REFER TO LAST PARTNER FOR SEPARATED/DIVORCED/ANNULLED (A27=4) AND WIDOWED (A27=5).**

The next are a few questions about your spouse.

	SPOUSE
A37.	<i>(Grade/Year Currently Attending/Highest Educational Attainment)</i>
For currently married or live in: What is the highest educational attainment of your spouse/partner?	000 - No Grade Completed 010 - Preschool
For separated/divorced/annulled: What is the highest educational attainment of your last spouse/partner?	<u>Elementary</u> 110 - Grade 1 120 - Grade 2 130 - Grade 3 140 - Grade 4 150 - Grade 5 160 - Grade 6 170 - Grade 7 180 - Elementary Graduate
<u>Post-Secondary</u> <u>(Non-degree Programs)</u> 310 - 1st Year 320 - 2nd Year 330 - 3rd Year 340 - PS Graduate IF GRADUATE, SPECIFY COURSE: _____	

MAIN QUESTIONNAIRE

<p><u>K to 12</u></p> <p>400 - Kindergarten</p> <p>410 - Grade 1</p> <p>420 - Grade 2</p> <p>430 - Grade 3</p> <p>440 - Grade 4</p> <p>450 - Grade 5</p> <p>460 - Grade 6</p> <p>470 - Grade 7</p> <p>480 - Grade 8</p> <p>490 - Grade 9</p> <p>500 - Grade 10</p> <p>510 - Grade 11</p> <p>520 - Grade 12</p> <p>530 - K-12 Graduate</p> <p style="margin-left: 150px;">} JR. H.S.</p> <p style="margin-left: 150px;">} SR. H.S.</p>	<p>191 - SPED Elem., undergraduate</p> <p>192 - SPED Elem., graduate</p> <p>193 - SPED HS, undergraduate</p> <p>194 - SPED HS, graduate</p> <p><u>High School</u></p> <p>210 - 1st Year</p> <p>220 - 2nd Year</p> <p>230 - 3rd Year</p> <p>240 - 4th Year</p> <p>250 - H. S. Graduate</p> <p><u>College</u></p> <p>710 - 1st Year</p> <p>720 - 2nd Year</p> <p>730 - 3rd Year</p> <p>740 - 4th Year</p> <p>750 - 5th Year</p> <p>760 - 6th Year</p> <p>770 - College Graduate</p> <p>IF GRADUATE, SPECIFY COURSE: _____</p> <p><u>Post baccalaureate</u></p> <p>910 - Master's degree, not graduated</p> <p>920 - Master's degree graduate</p> <p>930 - Doctorate degree, not graduated</p> <p>940 - Doctorate degree, graduate</p>
<p>IF SEPARATED/DIVORCED/ANNULLED (A27=4) AND WIDOWED (A27=5), GO TO A42. OTHERWISE CONTINUE.</p>	
<p>A38. Is your spouse currently working?</p>	<p>1___ Working</p> <p>2___ Stopped working completely GO TO A41</p> <p>3___ Never worked GO TO A42</p>
<p>A39. What type of work is your spouse currently engaged in?</p> <p>RECORD VERBATIM RESPONSE</p>	<p>_____</p> <p>_____</p> <p>PSOC ____</p>
<p>A40. Which occupation did your spouse engage in the longest?</p> <p>RECORD VERBATIM RESPONSE</p>	<p>_____</p> <p>_____</p> <p>PSOC ____</p>
<p>A41. At what age did your spouse start working?</p>	<p>_____ years old</p> <p>97_____ DK</p>

MAIN QUESTIONNAIRE

Residence and migration history

A42. How long have you lived here in this house continuously?

- _____ Years
- 94 ___ Less than one (1) year
- 95 ___ Since birth **GO TO A44**
- 97 ___ DK
- 98 ___ NI

A43. Before you moved to this house, where were you residing?

- _____ Barangay
- _____ City/Municipality
- _____ Province
- _____ Country

A44. Do you expect to move in the next 2 years?

- 1 ___ Yes
 - 2 ___ No
 - 3 ___ Maybe
 - 4 ___ Yes, not sure
 - 7 ___ DK
 - 8 ___ NI
- } **GO TO A46**

A45. Where do you expect to move?

- _____ Barangay
- _____ City/Municipality
- _____ Province
- _____ Country

A46. If you could choose, in what type of place do you want to live? Would you like to live in a city, población, barrio/rural area, or abroad?

- 1 ___ City
- 2 ___ Poblacion
- 3 ___ Barrio/Rural
- 4 ___ Abroad

END OF BLOCK A. GO TO BLOCK B.

MAIN QUESTIONNAIRE

**BLOCK B
HEALTH STATUS**

IF PROXY INTERVIEW, ASK ALL EXCEPT B1, B2, B16 TO B22, AND B26 TO B29.

The next questions will be regarding your health and health care behavior.

IF PROXY INTERVIEW, PROCEED TO B3.

B1. In general, how would you describe your state of health? **SHOW FLASHCARD**

- 1__ Very healthy
- 2__ Healthier than average
- 3__ Of average health
- 4__ Somewhat unhealthy
- 5__ Very unhealthy
- 7__ Not sure

B2. Consider your health while you were growing up, from birth to age 16. Would you say that during that time you were: **SHOW FLASHCARD**

- 1__ Very healthy
- 2__ Healthier than average
- 3__ Of average health
- 4__ Somewhat unhealthy
- 5__ Very unhealthy
- 7__ Not sure

B3. For the past 6 months or more, have you been limited because of a health problem in activities people usually do? Would you say you have been: **SHOW FLASHCARD**

- 1__ Yes, severely limited
- 2__ Yes, limited but not severely
- 3__ Not limited at all

The next questions will be about your experience of physical illnesses.

ASK ABOUT THE FOLLOWING ILLNESSES AND RECORD RESPONSES IN TABLE BELOW. IF THE RESPONDENT ANSWERS POSITIVELY, CONTINUE TO ASK OTHER QUESTIONS.

ILLNESSES	B4. Have you been told by a doctor that you have _____? 1__ Yes 2__ No } GO TO NEXT ILLNESS 7__DK }	B5. At what age did you start to have this condition? 995__ Since birth	B6. At present do you take any medicine for _____? 1__ Yes 2__ No (IF THE ANSWER IN #5 AND #6 IS "NO", GO TO #7)	B7. Do you get medicine for _____ from the health center? 1__ Yes, all the time 2__ Yes, some of the time 3__ No
1. Angina, myocardial infarction, etc.				
2. Cancer				
3. Cerebrovascular disease (hemorrhage, infarction, stroke, etc.)				
4. Dementia (only to be asked to the proxy)				
5. High blood pressure				
6. Diabetes				
7. Respiratory illness (chronic, such as asthma, emphysema)				
8. Digestive illness (stomach or intestinal)				
9. Renal or urinary tract ailments/kidney				

MAIN QUESTIONNAIRE

ILLNESSES	B4. Have you been told by a doctor that you have _____? 1__Yes 2__No } GO TO NEXT 7__DK }	B5. At what age did you start to have this condition? 995__ Since birth	B6. At present do you take any medicine for _____? 1__Yes 2__No (IF THE ANSWER IN #5 AND #6 IS "NO", GO TO #7)	B7. Do you get medicine for ____ from the health center? 1__Yes, all the time 2__Yes, some of the time 3__No
10. Ailments of the liver or gallbladder				
11. Arthritis, neuralgia or rheumatism				
12. Chronic back pain				
13. Osteoporosis				
14. Tuberculosis				
15. Cataracts				
16. Glaucoma				
RECORD ONLY THE MOST RECENT INCIDENCE OF FRACTURES FOR (18) AND (19) BELOW.				
17. Fractures of the hip, thigh and pelvis/broken hip				
18. Other fractures (Specify _____)				
19. Slipped disc				

B8. What supplements are you currently taking for your health (e.g., vitamins, etc.)? **SHOW FLASHCARD**

- A__ Multivitamin/Multimineral supplements (e.g., Nature's Plus, Centrum)
- B__ Antioxidants (e.g., Glutathione, Resveratrol)
- C__ Creatine (e.g., MET-Rx, Creatine Capsules, MP Musclepharm Creatine Strength and Power Amplifier)
- D__ Omega-3 Fatty acids (e.g., Solgar Omega 3 Fish Oil, GNC Triple Strength Fish Oil)
- X__ Others. SPECIFY: _____
- Y__ NONE

B9. Have you ever had a heart attack?

- 1__Yes **GO TO B10**
- 2__No **GO TO B12**

B10. At what age did you experience a heart attack? _____ years old

B11. At present, do you take any medicine for your heart condition?

- 1__Yes
- 2__No

B12. Since you were 60 years old, who usually takes care of you whenever you get sick?

- 00__ None/Self
- 01__ Spouse
- 02__ Son
- 03__ Daughter
- 04__ Daughter-in-law
- 05__ Son-in-law
- 06__ Grandchild
- 07__ Relative other than the aforementioned
- 96__ Other. SPECIFY: _____

MAIN QUESTIONNAIRE

The following questions are related to oral health.

B13. Do you have dentures?

- 1___Yes **CONTINUE**
2___No **GO TO B16**

B14. Do you use your denture(s) when you eat?

- 1___Yes 2___Sometimes 3___No

B15. Are you satisfied with your dentures?

- 1___Yes 2___No 7___Not sure

IF PROXY INTERVIEW, GO TO B23.

B16. The following foods are ordered from hardest to softest to chew. What is the hardest group you are able to bite and chew? If you are using dentures, please respond as if you were eating with your dentures. **SHOW FLASHCARD AND ENCIRCLE ONE ONLY**

- 1___ Dry Squid (fried) or Daing na Bisugo
2___ Dilis (fried), fresh Carrots, or Pilipit
3___ Singkamas, red Tomato, or Nata de coco
4___ Rice, boiled stringbeans, or fried Fish Ball
5___ Banana, ripe Mango, boiled Mongo, or hard-boiled egg

Sleep

B17. On average, approximately how much do you sleep per night?

- _____ Hrs. _____ Mins. 97___ Not sure

B18. Are you satisfied with your sleep?

- 1___Yes 2___No 7___Not sure

B19. How often do you have trouble falling asleep? Would you say most of the time, sometimes, or rarely or never? **SHOW FLASHCARD**

- 1___Most of the time 2___Sometimes 3___Rarely 4___Never 7___DK

B20. How often do you have trouble with waking up during the night? Would you say most of the time, sometimes, or rarely or never? **SHOW FLASHCARD**

- 1___Most of the time 2___Sometimes 3___Rarely 4___Never 7___DK

B21. How often do you have trouble with waking up too early and not being able to fall asleep again? Would you say most of the time, sometimes, or rarely or never? **SHOW FLASHCARD**

- 1___Most of the time 2___Sometimes 3___Rarely 4___Never 7___DK

B22. How often do you feel really rested when you wake up in the morning? Would you say most of the time, sometimes, or rarely or never? **SHOW FLASHCARD**

- 1___Most of the time 2___Sometimes 3___Rarely 4___Never 7___DK

B23. In the past two weeks, have you taken any medications or used other treatments to help you sleep?

- 1___Yes 2___No 7___DK

MAIN QUESTIONNAIRE

B24. Do you take naps?

- 1 ___ Yes, regularly
- 2 ___ Yes, not regularly
- 3 ___ No
- 7 ___ DK

GO TO B26
GO TO B26

B25. How long do you take naps? _____Hrs. _____Mins.

ASK AVERAGE DURATION OF

NAPS

IF PROXY INTERVIEW, PROCEED TO B30.

Pain

B26. Are you often troubled with pain?

- 1 ___ Yes
- 2 ___ No GO TO B30
- 7 ___ DK

B27. How bad is the pain most of the time: mild, moderate or severe?

- 1 ___ Mild
- 2 ___ Moderate
- 3 ___ Severe
- 7 ___ DK

B28. Does the pain make it difficult for you to do your usual activities such as household chores or work?

- 1 ___ Yes
- 2 ___ No
- 7 ___ DK

B29. In what parts of your body did you feel pain? **MULTIPLE RESPONSE**

- A ___ Head
- B ___ Neck
- C ___ Shoulders
- D ___ Back
- E ___ Lower back
- F ___ Joints of the hands/arms
- G ___ Hip joint
- H ___ Knees
- I ___ Ankle
- J ___ Feet
- X ___ Others. SPECIFY: _____

History of fall

B30. Have you fallen in the past 12 months?

- 1 ___ Yes
- 2 ___ No GO TO B33
- 7 ___ DK

B31. How many times have you fallen in the past 12 months?

_____ Number of times 97 ___ DK

B32. In that fall/In any of those falls, did you injure yourself seriously enough to need medical treatment?

- 1 ___ Yes
- 2 ___ No
- 7 ___ DK

MAIN QUESTIONNAIRE

B33. The Washington Group Short Set on Functioning (WG-SS)

The next questions ask about difficulties you may have doing certain activities because of a health problem. **SHOW FLASHCARD**

Questions	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all
1 Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
2 Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
3 Do you have difficulty walking or climbing steps?	1	2	3	4
4 Do you have difficulty remembering or concentrating?	1	2	3	4
5 Do you have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
6 Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?	1	2	3	4

END OF BLOCK B. PROCEED TO BLOCK C.

**MAIN QUESTIONNAIRE
BLOCK C
PHYSICAL ABILITY AND DISABILITY**

NAGI Functioning Measures

The next questions will be on your physical ability and agility. Please indicate which of the following actions you find difficult to perform alone without the assistance of a person or physical prop or aid. **FOR THOSE THAT REPLY "DIFFICULT," ASK TO WHAT EXTENT AND FROM WHAT AGE THE ACTION BECAME DIFFICULT. ASK (1) THROUGH (10), ONE AT A TIME.**

ACTIVITY	C1. Do you find it difficult to ___ alone without the assistance of a person or physical prop or aid?	C2. To what extent?	C3. From what age did this become difficult?
1. Walk 200 to 300 meters	1__ Yes 2__ No 7__ Not sure } GO TO # 2	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
2. Climb 10 steps without resting	1__ Yes 2__ No 7__ Not sure } GO TO # 3	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
3. Stand (go without sitting) for 2 hours	1__ Yes 2__ No 7__ Not sure } GO TO # 4	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
4. Continue to sit for 2 hours	1__ Yes 2__ No 7__ Not sure } GO TO # 5	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
5. Stoop or bend your knees	1__ Yes 2__ No 7__ Not sure } GO TO # 6	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
6. Raise your hands above your head	1__ Yes 2__ No 7__ Not sure } GO TO # 7	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
7. Extend arms out in front of you as if to shake Hands	1__ Yes 2__ No 7__ Not sure } GO TO # 8	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
8. Grasp with your fingers or move your fingers Easily	1__ Yes 2__ No 7__ Not sure } GO TO # 9	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
9. Lift an object weighing approximately 10 kg	1__ Yes 2__ No 7__ Not sure } GO TO C4	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure

MAIN QUESTIONNAIRE

ACTIVITY	C1. Do you find it difficult to ____ alone without the assistance of a person or physical prop or aid?	C2. To what extent?	C3. From what age did this become difficult?
10. Lift an object weighing approximately 5 kg	1__ Yes 2__ No 7__ Not sure } GO TO C4	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure

Activities of Daily Living

The next questions are concerning your ability to perform daily activities. Please respond to what extent you find each of the following activities difficult to perform alone without the assistance of a person or assistive device. **FIRST ASK C4, THEN C5. CONTINUE WITH C6 THROUGH C7, IF APPLICABLE.**

ACTIVITIES OF DAILY LIVING	C4 Do you find it difficult to ____ alone without the assistance of a person or assistive device due to your health or physical state?	C5 How difficult do you find it to ____ by yourself?	C6 When did you begin to experience this condition? IF IT HAS BEEN LESS THAN ONE YEAR, RECORD IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, RECORD IN YEARS.	C7 Do you need assistance to _____?
1. Take a bath/shower by yourself	1__ Yes 2__ No 7__ Not sure } GO TO # 2	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO #2	____ mo. ____ yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure
2. Dress	1__ Yes 2__ No 7__ Not sure } GO TO # 3	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO #3	____ mo. ____ yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure
3. Eat	1__ Yes 2__ No 7__ Not sure } GO TO # 4	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO #4	____ mo. ____ yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure

MAIN QUESTIONNAIRE

ACTIVITIES OF DAILY LIVING	C4 Do you find it difficult to _____ alone without the assistance of a person or assistive device due to your health or physical state?	C5 How difficult do you find it to _____ by yourself?	C6 When did you begin to experience this condition? IF IT HAS BEEN LESS THAN ONE YEAR, RECORD IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, RECORD IN YEARS.	C7 Do you need assistance to _____?
4. Stand up from a bed or chair; sit down on a chair	1__ Yes 2__ No 7__ Not sure } GO TO # 5	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO #5	____mo. ____yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure
5. Walk (around the house)	1__ Yes 2__ No 7__ Not sure } GO TO # 6	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO #6	____mo. ____yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure
6. Go outside (leave the house)	1__ Yes 2__ No 7__ Not sure } GO TO # 7	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO #7	____mo. ____yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure
7. Using the toilet	1__ Yes 2__ No 7__ Not sure } GO TO C8	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO C8	____mo. ____yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure

MAIN QUESTIONNAIRE

IF THE RESPONDENT REPORTED DIFFICULTY IN ANY OF ITEMS 1 TO 7 IN C4 ABOVE, ASK THE FOLLOWING. OTHERWISE, GO TO C9.

C8. What is the cause of the difficulty? Please pick the first and second most important cause of the difficulty from the following:
MULTIPLE RESPONSE

ILLNESSES	C8. CHECK ALL MENTIONED	C8A. First	C8B. Second
A. Angina, myocardial infarction, etc.			
B. Cancer			
C. Cerebrovascular disease (hemorrhage, infarction, stroke, etc.)			
D. Dementia (only to be asked to the proxy)			
E. High blood pressure			
F. Diabetes			
G. Respiratory illness (chronic, such as asthma, emphysema)			
H. Digestive illness (stomach or intestinal)			
I. Renal or urinary tract ailments/kidney			
J. Ailments of the liver or gallbladder			
K. Arthritis, neuralgia or rheumatism			
L. Chronic back pain			
M. Osteoporosis			
N. Tuberculosis			
O. Cataracts			
P. Glaucoma			
Q. Fractures of the hip, thigh and pelvis/Broken hip			
R. Other fractures			
S. Slipped disc			
T. Old Age			
U. Accident			
X. Others. SPECIFY: _____			
Y. Not sure			

C9. Do you experience loss of bladder or bowel movement control?

- 1__ Loss of both bladder control and bowel movement
- 2__ Loss of bladder control only
- 3__ Loss of bowel movement control only
- 4__ No loss of control **GO TO C11**
- 7__ DK

C10 How often?

- 1__ Very often
- 2__ Often
- 3__ Sometimes
- 4__ Seldom
- 5__ Very seldom

MAIN QUESTIONNAIRE

Instrumental Activities of Daily Living

Next is a question regarding slightly more complex physical capacities. How difficult is it for you to perform the tasks that I am about to read without help from other people or without using some form of technical aid. **ASK PER ACTIVITY**

Instrumental Activities of Daily Living	C11 Do you find it difficult _____ due to your health or physical state?	C12 How difficult do you find it to _____ by yourself?	C13 When did you begin to experience this condition? IF IT HAS BEEN LESS THAN ONE YEAR, PLEASE RESPOND IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, PLEASE RESPOND IN YEARS.	C14 Do you need assistance to _____?
1. Prepare own meals	1__Yes 2__No 3__Unable to perform activity due to another reason 7__Not sure } GO TO #2	1__Somewhat difficult 2__Very difficult 3__Unable to perform activity 7__Not sure } GO TO #2	____mo. ____yrs. 97__Not sure 95__Since birth	1__Yes 2__No 7__Not sure
2. Leave the home to purchase necessary items or medication	1__Yes 2__No 3__Unable to perform activity due to another reason 7__Not sure } GO TO #3	1__Somewhat difficult 2__Very difficult 3__Unable to perform activity 7__Not sure } GO TO #3	____mo. ____yrs. 97__Not sure 95__Since birth	1__Yes 2__No → 7__Not sure
3. Take care of financial matters such as paying utilities (electricity, water)	1__Yes 2__No 3__Unable to perform activity due to another reason 7__Not sure } GO TO #4	1__Somewhat difficult 2__Very difficult 3__Unable to perform activity 7__Not sure } GO TO #4	____mo. ____yrs. 97__Not sure 95__Since birth	1__Yes 2__No 7__Not sure
4. Use the telephone	1__Yes 2__No 3__Unable to perform activity due to another reason 7__Not sure } GO TO #5	1__Somewhat difficult 2__Very difficult 3__Unable to perform activity 7__Not sure } GO TO #5	____mo. ____yrs. 97__Not sure 95__Since birth	1__Yes 2__No 7__Not sure
5. Dust, cleanup and other light housework	1__Yes 2__No 3__Unable to perform activity due to another reason 7__Not sure } GO TO #6	1__Somewhat difficult 2__Very difficult 3__Unable to perform activity 7__Not sure } GO TO #6	____mo. ____yrs. 97__Not sure 95__Since birth	1__Yes 2__No 7__Not sure

MAIN QUESTIONNAIRE

Instrumental Activities of Daily Living	C11 Do you find it difficult _____ due to your health or physical state?	C12 How difficult do you find it to _____ by yourself?	C13 When did you begin to experience this condition? IF IT HAS BEEN LESS THAN ONE YEAR, PLEASE RESPOND IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, PLEASE RESPOND IN YEARS.	C14 Do you need assistance to _____?
6. Take the bus or the jeepney or public transport to leave home	1__ Yes 2__ No 3__ Unable to perform activity due to another reason 7__ Not sure } GO TO #7	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO #7	_____mo. _____yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure
7. Take medication as prescribed	1__ Yes 2__ No 3__ Unable to perform activity due to another reason 7__ Not sure } GO TO C15	1__ Somewhat difficult 2__ Very difficult 3__ Unable to perform activity 7__ Not sure } GO TO C15	_____mo. _____yrs. 97__ Not sure 95__ Since birth	1__ Yes 2__ No 7__ Not sure

MAIN QUESTIONNAIRE

Personal Habits

C18. Do you currently smoke cigarettes/cigar?

1__Yes →

C19 On the average, how many cigars/cigarettes do you usually smoke in one day?

_____ stick/s

C20 How old were you when you started smoking? (about)

_____ years old **GO TO C25**

2__No →

C21 Did you use to smoke? 1__Yes 2__No **GO TO C25**

C22 How many sticks per day? _____Stick/s

C23 How old were you when you started smoking? (about) __years old

C24 How old were you when you stopped smoking? (about) __years old

C25. Do you currently drink alcohol?

1__Yes →

C26 On the average, how often do you drink alcohol?

1__ (almost) every day

5__ Less than once a month

2__ Once every two or three days

6__ Occasional

3__ Once a week

7__ DK

4__ Once or twice a month

8__ NI

C27 How old were you when you started drinking regularly? (about) _____ years old.

GO TO BLOCK D

2__No →

C28 Did you use to drink?

1__Yes

2__No **GO TO BLOCK D**

C29 How old were you when you started drinking regularly? (about) _____ years old

C30 How old were you when you stopped drinking regularly? (about) _____ years old

END OF BLOCK C. PROCEED TO BLOCK D.

MAIN QUESTIONNAIRE

BLOCK D MENTAL HEALTH

IF PROXY INTERVIEW, DO NOT ASK THE ENTIRE BLOCK. GO TO BLOCK E.

CES-D Scale

During the past 7 days, to what extent has the following been true to you? There may be some questions for which you have no answer or which seem the same as another question, but the same questions are used internationally in studies and tests. We ask for your full cooperation.

ASK ALL OF QUESTIONS 1 THROUGH 12.

D1. During the past 7 days, to what extent has the following been true to you? Is it not at all/rarely, sometimes, or often? SHOW FLASHCARD	Rarely/ Not at all	Sometimes	Often
1. Your appetite was poor	1	2	3
2. You felt depressed	1	2	3
3. You felt that everything you did was an effort	1	2	3
4. Your sleep was restless	1	2	3
5. You felt happy	1	2	3
6. You felt lonely	1	2	3
7. You felt people were unfriendly	1	2	3
8. You enjoyed life	1	2	3
9. You felt sad	1	2	3
10. You felt that people dislike (do not like) you	1	2	3
11. You could not get "going"	1	2	3
12. You felt hopeful about the future	1	2	3

Self-rated Memory

D2. How would you rate your memory at the present time? Would you say it is excellent, very good, good, fair, or poor?

- 1__ Excellent
- 2__ Very good
- 3__ Good
- 4__ Fair
- 5__ Poor

D3. Compared with two years ago, would you say your memory is better now, about the same, or worse now than it was then?

- 1__ Better now
- 2__ About the same
- 3__ Worse now than it was then

D4. Are you satisfied with your present life? **READ OUT RESPONSES**

- 1 __ Yes, Very satisfied
- 2 __ Yes, Somewhat satisfied
- 3 __ No, Not satisfied

D5. How much do you feel that your family, relatives, or friends are willing to listen when you need to talk about your worries or problems? **READ OUT RESPONSES**

- 1 ____ A great deal
- 2 ____ Quite a bit
- 3 ____ Some
- 4 ____ Very little
- 5 ____ Not at all
- 6 ____ Keep to myself
- 7 ____ DK

END OF BLOCK D. PROCEED TO BLOCK E.

MAIN QUESTIONNAIRE

BLOCK E
HEALTH UTILIZATION

IF PROXY INTERVIEW, ASK ALL EXCEPT E30 TO E33.

In-patient Utilization

E1. In the past 12 months, have you ever stayed overnight in a hospital or any other medical facility because of an illness or accident?

- 1__ Yes
2__ No
7__ DK } **GO TO E10**

E2. How many times in the past 12 months did you stay at least overnight in a hospital or medical facility? _____ times

E3. The last time you were hospitalized, what type of facility did you use?

- 01__ Municipal hospital 06__ Public specialty hospitals (Heart Center, Lung Center, Kidney Institute, etc.)
02__ District hospital 07__ Private clinic
03__ Provincial/City hospital 08__ Private hospital
04__ Regional hospital 96__ Others. SPECIFY: _____
05__ Public/national hospitals (PGH, East Avenue Medical Hospital, etc.)

E4. What was/were the reason(s) why you were hospitalized? **MULTIPLE RESPONSE**

- A__ Diarrhea
B__ Headache
C__ Diabetes/Increase in blood sugar level
D__ High blood pressure
E__ Stroke
F__ Asthma attack
X__ Others. SPECIFY: _____

E5. Who paid the most for your hospitalization? **CHOOSE ONE ONLY**

- 01__ Respondent 05__ Other relatives
02__ Spouse 06__ Friends
03__ Children 96__ Others. SPECIFY: _____
04__ Grandchildren

E6. Did you avail of PhilHealth benefits?

- 1__ Yes, as Philhealth member
2__ Yes, as Philhealth dependent
3__ No, not a PhilHealth member or dependent of a PhilHealth member
7__ DK
9__ Not applicable

E7. Did you avail of other medical/health insurance aside from PhilHealth?

- 1__ Yes
2__ No → **GO TO E9**
7__ DK

E8. What kind of medical/health insurance?

- A__ Philhealth D__ Employees compensation
B__ Private health insurance system X__ Others. SPECIFY: _____
C__ Veterans

MAIN QUESTIONNAIRE

E9 Did you avail of discounts for the senior citizen for medical expenses?

- 1__Yes 2__No 7__DK 9__Not a senior citizen at that time

Out-patient Utilization

OUT-PATIENT MEANS THAT THE PATIENT DID NOT SPEND A NIGHT AT A FACILITY.

E10 In the past 12 months, have you received medical care for an illness or accident from any medical facility or practitioner without staying overnight?

- 1__Yes
2__No }
7__DK } **GO TO E13**

E11 In the past 12 months, which health facility did you visit most as an out-patient? **CHOOSE ONLY ONE**

- | | |
|----------------------------------|--|
| 01__Barangay Health Station | 06__Regional hospital |
| 02__Rural health unit | 07__Public/National hospitals (PGH, East Avenue Medical Hospital, etc.) |
| 03__Municipal/community hospital | 08__Public Specialty hospitals (Heart Center, Lung Center, Kidney Institute, etc.) |
| 04__District hospital | 09__Private Clinic |
| 05__Provincial/City hospital | 10__Private hospital |
| | 96__Others (SPECIFY _____) |

E12 In the past 12 months, which health practitioner did you see most often for your health problems? **CHOOSE ONLY ONE**

- | | |
|----------------------------------|---------------------------|
| 01__Traditional practitioner | 96__Other (SPECIFY) _____ |
| 02__Doctor | 97__DK |
| 03__Nurse | |
| 04__Midwife | |
| 05__Barangay Health worker (BHW) | |

E13 Within the past 12 months, have you felt ill, and thought about going to see a doctor, but didn't?

- 1__Yes
2__No }
7__DK } **GO TO E16**

E14 Why didn't you go? **MULTIPLE RESPONSE**

- A__ Not enough money
- B__ Not enough time
- C__ Self-medication
- D__ Couldn't find a doctor
- E__ No transportation
- F__ Couldn't take time off from work to see a doctor
- G__ Illness was not serious/need is not urgent
- H__ Was afraid to find out about the illness
- I__ Too far
- J__ Don't know how to get there
- K__ Could not find someone to go with me
- X__ Others. SPECIFY: _____

MAIN QUESTIONNAIRE

IF MORE THAN ONE ANSWER IN E14 CONTINUE, OTHERWISE SKIP TO E16.

E15 Of the reasons given in E14, what was the most important reason for not going to see a doctor? **CHOOSE ONLY ONE**

- | | |
|---|---|
| 01__ Not enough money | 10__ Don't know how to get there |
| 02__ Not enough time | 11__ Could not find someone to go with me |
| 03__ Self-medication | 12__ Other (SPECIFY) _____ |
| 04__ Couldn't find a doctor | 97__ DK |
| 05__ No transportation | 98__ NI |
| 06__ Couldn't take time off from work to see a doctor | 99__ NAP |
| 07__ Illness was not serious/need is not urgent | |
| 08__ Was afraid to find out about the illness | |
| 09__ Too far | |

E16 Do you have a health insurance?

- 1__ Yes 2__ No **GO TO E18**

E17 What type of health insurance? **CHECK ALL MENTIONED**

- | | |
|-------------------------------------|----------------------------|
| A__ Philhealth | D__ Employees compensation |
| B__ Private health insurance system | X__ Others. SPECIFY: _____ |
| C__ Veterans | |

Vaccines for Older Persons

E18. Are you aware of the pneumococcal vaccine for older people?

- 1__ Yes 2__ No **GO TO E22**

E19. If yes, have you ever had a pneumococcal vaccination?

- 1__ Yes 2__ No **GO TO E22**

E20. If yes, where did you last get this vaccination?

- | | |
|-------------------------------|---|
| 01__ Barangay Health Station | 06__ Regional hospital |
| 02__ Rural health unit | 07__ Public/National hospitals (PGH, East Avenue Medical Hospital, etc) |
| 03__ Municipal hospital | 08__ Public Specialty hospitals (Heart Center, Lung Center, Kidney Institute, etc.) |
| 04__ District hospital | 09__ Private Clinic |
| 05__ Provincial/City hospital | 10__ Private hospital |
| | 96__ Others: SPECIFY: _____ |

E21. What year did you last get this vaccination? _____ Year

E22. Are you aware of the flu vaccine for older people?

- 1__ Yes 2__ No **GO TO E26**

E23. If yes, have you ever had a flu vaccine since you turned 60 years old?

- 1__ Yes 2__ No **GO TO E26**

MAIN QUESTIONNAIRE

E24. If yes, where did you last get this vaccination?

- | | |
|-------------------------------|---|
| 01__ Barangay Health Station | 06__ Regional hospital |
| 02__ Rural health unit | 07__ Public/National hospitals (PGH, East Avenue Medical Hospital, etc.) |
| 03__ Municipal hospital | 08__ Public Specialty hospitals (Heart Center, Lung Center, Kidney Institute, etc.) |
| 04__ District hospital | 09__ Private Clinic |
| 05__ Provincial/City hospital | 10__ Private hospital |
| | 96__ Others: SPECIFY: _____ |

E25. What year did you last get this vaccination? _____ Year

Long-Term Care

E26. Are you currently receiving care because of your continuing condition of ill-health or disability?

- 1__ Yes
2__ No **GO TO E30**

E27. Who is mainly taking care of you?

- 1__ Spouse
2__ Son
3__ Daughter
4__ Daughter-in-law
5__ Son-in-law
6__ Grandchild
7__ House help
96__ Others. SPECIFY: _____
97__ Not sure

E28. How often does (answer in E27) take care of you?

- 1__ Everyday
2__ Every few days
3__ Every week
4__ Every month
5__ Every few months

E29. What kind of care does (answer in E27) provide you? **ACCEPT MULTIPLE RESPONSE**

- A__ Preparing my food
B__ Giving my medicine
C__ Self-care (e.g., bathing, washing, toileting, etc.)
D__ Getting up from bed/chair
E__ Assist in moving around
X__ Others. SPECIFY: _____

IF PROXY INTERVIEW, PROCEED TO BLOCK F.

The following questions are hypothetical and assume that you may need long-term care. First, (1) assume you have dementia (senility). **(ASK E30 AND E31 BELOW.)** Next, (2) you assume you have become an invalid. **ASK E32 AND E33 BELOW.**

E30. In case you will be needing long-term care in the future due to dementia (senility), who would you like to receive care from?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aide |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

MAIN QUESTIONNAIRE

E31 In case you will be needing long-term care in the future due to dementia (senility), who is most likely to take care of you?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aide |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

E32. In case you will be needing long-term care in the future because you became invalid or bedridden, who would you like to receive care from?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aide |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

E33. In case you will be needing long-term care in the future because you became invalid or bedridden, who is most likely to take care of you?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aide |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

END OF BLOCK E. PROCEED TO BLOCK F.

MAIN QUESTIONNAIRE

**BLOCK F
INCOME AND ASSETS**

IF PROXY INTERVIEW, ASK ALL EXCEPT F1, F3, F5, AND F6.

F1. Now, think about your family when you were growing up, from birth to age 16. Would you say your family during that time was pretty well-off financially, about average, or poor?

1 ___ Pretty well-off 2 ___ Average 3 ___ Poor

F2. We would like to know your and your spouse's current sources of income. For each of the following sources, please tell me if you or your spouse receive income from it. **READ OUT CATEGORIES**

Sources of Income	Older Person R	Spouse	No
1. Earnings from work			
2. Pension (e.g., SSS, GSIS, etc.)			
3. Interest of time deposits, savings, and earnings from stocks			
4. From property and real estate rentals			
5. Income from family business (e.g. store, backyard piggery, poultry, etc.)			
6. Income from farm			
7. Money from children within the country			
8. Money from children outside the country			
9. Money from other relatives outside the household			

IF MORE THAN ONE ANSWER ABOVE, ASK F3. OTHERWISE, GO TO F4. F3 CANNOT BE ASKED TO THE PROXY.

F3. Which of those you mentioned is the most important source to you? _____
(WRITE THE NUMBER, e.g. 2 FOR PENSION)

F4. All in all, how much total income do you (and your spouse) receive on average each month? _____
(This includes pension, salary, earning from business, money received from children and relatives)
NOTE: DO NOT ACCEPT RANGE.

IF PROXY INTERVIEW, GO TO F7.

F5. When you think about the income of all the members of your household and all the expenses for maintaining (or running) the whole household, would you say: **CHECK ONE ONLY**

1 ___ There is enough (income), with money left over	GO TO F7
2 ___ Just enough to pay expenses, with no difficulty	GO TO F7
3 ___ Some difficulty in meeting expenses	} CONTINUE
4 ___ Considerable difficulty in meeting expenses	
7 ___ DK	GO TO F7

IF PROXY INTERVIEW, GO TO F7.

F6. What is your household's main source of funds to meet the shortfall in income? **CHECK ONE ONLY**

01 ___ Draw from savings of R and spouse	05 ___ Borrow from money lenders (e.g. 5-6)
02 ___ Request more money from children	06 ___ Borrow from bank
03 ___ Sell assets	96 ___ Others. SPECIFY: _____
04 ___ Borrow from relatives/friends	

F7. Who owns the house that you are currently residing in?

01 ___ Respondent	07 ___ Parents and/or siblings
02 ___ Spouse	08 ___ Son/daughter
03 ___ Belongs to both R and spouse	09 ___ Other relative
04 ___ Jointly owned by R (or couple) and children	10 ___ Renting
05 ___ Belong to clan/ancestors	96 ___ Others. SPECIFY: _____
06 ___ Provided by government or employer	

MAIN QUESTIONNAIRE

Assets and Liabilities

F8. Do you and/or your spouse own other assets such as: **CHECK ALL MENTIONED**

- A ___ Real estate besides your house and/or lot
- B ___ Cash
- C ___ Bank accounts
- D ___ Farm/fishpond
- E ___ Business (sari-sari store, poultry)

- F ___ Jewelry
- G ___ Appliances (TV, ref, microwave oven)
- H ___ Motor vehicles
- X ___ Others. SPECIFY: _____

F9. Do you and/or your spouse have any liability such as bank loans, personal loans, amortization, etc.?

- 1 ___ Yes
- 2 ___ No **GO TO BLOCK G**

F10. What are these liabilities? **CHECK ALL MENTIONED**

- A ___ Bank loans
- B ___ Personal loans
- C ___ Amortization for housing
- D ___ Loans from money-lenders (5-6), pawnshops, credit unions, cooperatives
- E ___ Loans from SSS/GSIS
- F ___ Unpaid debts from sari-sari store
- X ___ Others. SPECIFY: _____

END OF BLOCK F. PROCEED TO BLOCK G.

MAIN QUESTIONNAIRE

**BLOCK G
ATTITUDES AND BELIEFS**

IF PROXY INTERVIEW, DO NOT ASK THE ENTIRE BLOCK. GO TO BLOCK H.

G1. Please tell me whether you agree or disagree with the following statements.

Statements	Agree	Disagree
1. It is the child's duty to support and take care of older/aged parents.	1	2
2. It is acceptable for someone in their 60s or older to fall in love.	1	2
3. It is acceptable for someone in their 60s or older to (re)marry if they find a suitable partner.	1	2
4. It is acceptable for children who looked after their parents to inherit larger portions of their estate when they pass away.	1	2
5. It is better for the ageing parent to live with a daughter than with a son.	1	2
6. Men should work to support the family, and women should stay home and take care of the household.	1	2
7. It is the parents' duty to do their best for their children even at the expense of their own wellbeing.	1	2

G2. What do you think is the best living arrangement for older persons like you, should they: **READ OUT RESPONSES**

- 1__ Live by themselves
- 2__ Live by themselves but near one or more children
- 3__ Rotate residence among children
- 4__ Live with a son
- 5__ Live with a daughter
- 96__ Others. SPECIFY: _____

Loyola Generativity Scale

G3. For each of the following statements, please indicate how often the statements apply to you. Is it never, occasionally/ seldom, fairly often, or very often/nearly always? **SHOW FLASHCARD**

Statements	Never	Occasionally/ seldom	Fairly often	Very often/ Nearly always
1. You have important skills you can pass along to others.	0	1	2	3
2. Many people come to you for advice.	0	1	2	3
3. You feel that other people need you.	0	1	2	3
4. You have had a good influence on the lives of other people.	0	1	2	3
5. You like to teach things to other people	0	1	2	3
6. Others would say you have made unique contributions to society.	0	1	2	3

END OF BLOCK G. PROCEED TO BLOCK H.

MAIN QUESTIONNAIRE

**BLOCK H
ACTIVITIES, SOCIAL ISOLATION, AND INFORMATION TECHNOLOGY**

IF PROXY INTERVIEW, ASK ALL EXCEPT H5 AND H9 TO H15.

Now let us talk about your activities.

Could you please tell me how often you engage in the following activities? **RECORD RESPONSE IN THE TABLE BELOW**

RECORD FREQUENCY OF PARTICIPATION AS FOLLOWS: (H1)

- | | | |
|------------------------|------------------------|--------------------|
| 1__ Every day | 4__ About once a month | 9__ Not applicable |
| 2__ Several times/week | 5__ A few times a year | |
| 3__ About once a week | 0__ Never | |

Activities	H1. How often? SHOW FLASHCARD
1. Listen to radio	0 1 2 3 4 5 9
2. Read newspapers, magazines or books	0 1 2 3 4 5 9
3. Watch TV	0 1 2 3 4 5 9
4. Watch movies outside the house	0 1 2 3 4 5 9
5. Attend social activities (e.g. going together with friends, family or neighbors, going out to eat, walking for pleasure, attend parties, fiestas)	0 1 2 3 4 5 9
6. Physical exercises such as walking, calisthenics, ballroom dancing.	0 1 2 3 4 5 9
7. Gardening	0 1 2 3 4 5 9
8. Gambling for leisure (cockfight, mahjong, tong-its, casino, bingo, etc.)	0 1 2 3 4 5 9
9. Hangout with friends and neighbors (chikahan/kwentuhan)	0 1 2 3 4 5 9

Religiosity and ageing

Now, let us talk about your religious activities.

Religious activity	H2. Do you ____	*H3. About how often have you attended this activity during the last year (last 12 months)?
1. Attend religious services outside the home	1__Yes 2__No GO TO H2.2	1 2 3 4 5 0
2. Attend religious activities outside the home (prayer, meeting, bible studies, etc.)	1__Yes 2__No GO TO H2.3	1 2 3 4 5 0
3. Pray by yourself or privately in places other than a public place of worship (e.g. church, mosque, etc.)	1__Yes 2__No GO TO H2.4	1 2 3 4 5 0
4. Perform religious activities at home with other family members (e.g. praying the rosary, bible study)	1__Yes 2__No GO TO H2.5	1 2 3 4 5 0
5. Watch or listen to religious activities through TV or radio	1__Yes 2__No GO TO H2.6	1 2 3 4 5 0
6. Read the Bible or any religious materials	1__Yes 2__No GO TO H4	1 2 3 4 5 0

Codes for H3:

- 1__Everyday 2__Several times/week 3__About once a week 4__About once a month 5__A few times a year 0__Never

MAIN QUESTIONNAIRE

H4. Are you currently a member of any religious group or organization, e.g. CWL, CFC, Knights of Columbus, Men's Fellowships, etc.?

1__Yes 2__No

IF PROXY INTERVIEW, GO TO H6.

H5. How important is religion in your life?

1__Very important
 2__Somewhat important
 3__Not at all important
 8__Dont know
 9__Refused

Membership in Organizations

H6. Are you a member of any type(s) of non-religious organizations?

1__Yes 2__No **GO TO H9**

H7. What are these organizations? **MULTIPLE RESPONSE**

A____ Business professional or farm association (e.g., Cooperative, Philippine Medical Association, etc.)
 B____ Political group (e.g., NAMFREL, PPCRV, Political parties, etc.)
 C____ Community center or social or recreational club (e.g., Rotary, Lions, Housing Association, etc.)
 D____ Clan association
 E____ Organization of retired older persons (e.g., Philippine Veterans Association, etc.)
 X____ Others. SPECIFY: _____

H8. Are you engaged in any volunteer work in church or community, such as feeding program, teaching catechism, community services, etc.?

1__Yes 2__No 7__Not sure

Social Isolation

IF PROXY INTERVIEW, GO TO H16.

H9. The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.... **SHOW FLASHCARD**

Questions	Never	Rarely	Occasionally	Fairly often	Always
1. How often do you feel that you lack companionship?	0	1	2	3	4
2. How often do you feel left out?	0	1	2	3	4
3. How often do you feel isolated from others?	0	1	2	3	4

MAIN QUESTIONNAIRE

Now I am going to ask some questions about your relationships with other people. Most people discuss with others the good or bad things that happen to them, problems they are having, or important concerns they may have.

H10. Among all your relatives not living with you (including children, grandchildren, in-laws, siblings, nieces, nephews, cousins, uncles, aunts, etc.)... SHOW FLASHCARD		0	1	2	3 ~ 4	5 ~ 8	≥ 9
1	How many relatives do you see or hear from at least once a month?	0	1	2	3	4	5
2	How many relatives do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5
3	How many relatives do you feel close to such that you could call on them for help?	0	1	2	3	4	5

H11. Among all your relatives not living with you (including children, grandchildren, in-laws, siblings, nieces, nephews, cousins, uncles, aunts, etc.)... SHOW FLASHCARD		Never	Seldom	Sometimes	Often	Very Often	Always
1	How often do you see or hear from relatives with whom you have the most contact?	0	1	2	3	4	5
2	When one of your relatives has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
3	How often is one of your relatives available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

H12. Are you satisfied with the level of contact with your relatives? **SHOW FLASHCARD**

- 1__ Very satisfied
- 2__ Satisfied
- 3__ Unsatisfied
- 4__ Very unsatisfied
- 5__ Not sure

H13. Among all of your friends including those who live in your neighborhood... SHOW FLASHCARD		0	1	2	3 ~ 4	5 ~ 8	≥ 9
1	How many friends do you see or hear from at least once a month?	0	1	2	3	4	5
2	How many friends do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5
3	How many friends do you feel close to such that you could call on them for help?	0	1	2	3	4	5

MAIN QUESTIONNAIRE

H14. Among all of your friends including those who live in your neighborhood... SHOW FLASHCARD		Never	Seldom	Sometimes	Often	Very Often	Always
1	How often do you see or hear from friends with whom you have the most contact?	0	1	2	3	4	5
2	When one of your friends has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
3	How often is one of your friends available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

H15. Are you satisfied with the level of contact with your friends? **SHOW FLASHCARD**

- 1__ Very satisfied
- 2__ Satisfied
- 3__ Unsatisfied
- 4__ Very unsatisfied
- 5__ Not sure

Information Technology and Ageing

The next questions are about information technologies and information/telecommunication services.

H16. Do you have access to internet connection?

- 1__ Yes →
- 2__ No

H17. How many hours in a day do you access the internet?

_____ Hours in a day

H18. Do you have a social networking account like Facebook, Instagram, Twitter, etc.?

- 1__ Yes 2__ No **GO TO H20**

H19 If yes, what are these? **CHECK ALL MENTIONED**

- A__ Facebook
- B__ Instagram
- C__ Youtube
- D__ Twitter
- X__ Others. SPECIFY: _____

H20. Do you have your own cellular phone?

- 1__ Yes →
- 2__ No

H21 How many hours do you use your cellphone in a day? _____

H22. Do you have a tablet?

- 1__ Yes →
- 2__ No

H23 How many hours do you use your tablet in a day? _____

H24. Do you have a laptop?

- 1__ Yes →
- 2__ No

H25 How many hours do you use your laptop in a day? _____

MAIN QUESTIONNAIRE

IF RESPONDENT ANSWERED YES IN ANY OF THE QUESTIONS FROM H16 TO H24, ASK H26. OTHERWISE, GO TO BLOCK I.

H26. Do you use any of these gadgets for the following?

	Yes	No
A. Calling friends and family	1	2
B. Sending or receiving emails	1	2
C. Chat sites messaging	1	2
D. Voice or video call using the internet (e.g. Skype, Whatsapp, Viber, Messenger, FB)	1	2
E. Playing video or computer games	1	2
F. Watching movies and TV shows, and listening to music	1	2
G. Read e-books, magazines and online news	1	2
H. Internet banking	1	2
X. Other activities, SPECIFY _____		

H27. Who helps you with the use of these technologies? CHECK ALL MENTIONED

- | | |
|---------------------|----------------------------|
| A__ None | G__ Grandchild |
| B__ Spouse | H__ Brother |
| C__ Son | I__ Sister |
| D__ Daughter | J__ Other relatives |
| E__ Son-in-law | K__ Friends |
| F__ Daughter-in-law | X__ Others. SPECIFY: _____ |

END OF BLOCK H. PROCEED TO BLOCK I.

MAIN QUESTIONNAIRE

**BLOCK I
SERVICES FOR THE OLDER PEOPLE**

IF PROXY INTERVIEW, ASK ALL EXCEPT I5 TO I12.

I1. Have you heard about the government's program that provides privileges to senior citizens, 60 years and over like 20% discount on the purchase of medicine, fare fees, restaurants and recreation centers?

- 1__Yes
2__No **GO TO I4**

I2. Are you a registered senior citizen, that is, do you have senior citizen ID card?

- 1__Yes
2__No **GO TO I4**

I3. Have you availed of some of the privileges which the senior citizens are entitled to, like...? **CHECK ALL MENTIONED**

PRIVILEGES	Yes	No
1. 20% discount on purchase of medicine;	1	2
2. 20% discount from all establishments for transportation services, hotels and similar lodging establishment, restaurants and recreation centers;	1	2
3. 20% discount in admission fees charged by theaters, cinema houses and concert halls, circuses, carnivals and other similar places of culture, leisure, and amusement;	1	2
4. Exemption from the payment of individual income taxes;	1	2
5. Exemption from training fees for socio-economic programs undertaken by the Office for Senior Citizens Affairs;	1	2
6. Free medical and dental services in government health facilities anywhere in the country	1	2

I4. Are you a recipient of the P500 monthly social pension given by the Department of Social Welfare and Development (DSWD)?

- 1__Yes 2__No

IF PROXY INTERVIEW, GO TO BLOCK J.

I5. Do you think it is a good idea to have "Homes for the Aged or the older person" in the Philippines?
"Homes for the Aged" is a place where older people can live together with other older people away from their families.

1__Yes —————> I6 Why? **CHECK ALL MENTIONED**

- A__ Spare the family from burden of caring for the older person
B__ Health will be better taken care of
C__ Better chance to socialize with people of same age
D__ Beneficial for those who have no one to care for them
X__ Others. SPECIFY: _____

2__No —————> I7 Why not? **CHECK ALL MENTIONED**

- A__ The family should take care of the older person
B__ Older person will miss family
C__ Older person will not want to live with strangers
D__ Expensive
E__ Shameful for the family
X__ Others. SPECIFY: _____

3__It depends —————> I8 It depends on what?

- A__ If older person is abandoned
B__ If children do not want to care of their ageing parents
C__ If children do not treat their ageing parents well
D__ If older person has no children or grandchildren
E__ If the conditions and treatment in the Home for the Aged is good
X__ Others. SPECIFY: _____

MAIN QUESTIONNAIRE

I9. If there were "Homes for the Aged" near your current residence, would you ever want to live in such a place?

- 1__ Yes **GO TO I11**
- 2__ No **GO TO BLOCK J**
- 3__ It depends
- 7__ DK

I10. If desire to live in a "Home for the Aged" is conditional, it depends on what? **CHECK ALL MENTIONED**

- A__ If older person is abandoned
- B__ If children do not want to care of their ageing parents
- C__ If children do not treat their ageing parents well
- D__ If older person has no children or grandchildren
- E__ If the conditions and treatment in the Home for the Aged is good
- X__ Others. SPECIFY: _____

I11. If there were "Homes for the Aged" near your current residence, would you want to live there now?

- 1__ Yes **GO TO BLOCK J**
- 2__ No **GO TO BLOCK J**
- 3__ It depends
- 7__ DK

I12. If desire to live in a "Home for the Aged" now is conditional, it depends on what? **CHECK ALL MENTIONED**

- A__ If older person is weak and sickly
- B__ If older person has no place to live/abandoned
- C__ If children do not want to care of their ageing parents/If older person becomes a burden
- D__ If children do not treat their ageing parents well
- E__ If older person has no children or grandchildren
- F__ If the conditions and treatment in the Home for the Aged is good
- G__ If children will allow
- X__ Others. SPECIFY: _____

END OF BLOCK I. PROCEED TO BLOCK J.

MAIN QUESTIONNAIRE
BLOCK J
CHILDREN AND GRANDCHILDREN

IF PROXY INTERVIEW, ASK ALL EXCEPT J25 TO J30.

Children

Now, let's talk about your children.

J1 Do you have any children including adopted/stepchildren?

1 ___ Yes

2 ___ No **GO TO J31**

J2 How many children did you have over your lifetime (Referring to own children)? _____ No. of children

J3 How old were you when you had your first child? _____ Years old

J4 How many are still alive? _____ No. of living children

J5 How many are dead? _____ No. of children dead

J6 Do you have any adopted or stepchildren? 1 ___ Yes 2 ___ No **GO TO J9**

J7 How many are living? _____ No. of living children

J8 How many are dead? _____ No. of children dead

MAIN QUESTIONNAIRE

ASK RESPONDENT TO CONFIRM THE LIST OF NAMES OF CHILDREN.

Now, let's talk about your children and any kind of social contact and assistance that you gave them.

Line No.	Name of children	Social contact		Assistance			
		*J9. In the past 12 months, how often did you visit _____?	*J10. In the past 12 months, how often did you write, call/text _____? (Any form of social contact)	J11. In the past 12 months, did you give financial support to ___? 1__Yes 2__No	J12. In the past 12 months, did you give material support like food, clothes, and medicine to ___? 1__Yes 2__No	J13. In the past 12 months, did you give instrumental support like bathing and going to the toilet to ___? 1__Yes 2__No	J14. In the past 12 months, did you give emotional support like companionship, consultation or advice for troubles to ___? 1__Yes 2__No
R1							
R2							
R3							
R4							
R5							
N1							
N2							
N3							
N4							
N5							

MAIN QUESTIONNAIRE

ASK RESPONDENT TO CONFIRM THE LIST OF NAMES OF CHILDREN.

Now, let's talk about the social contact and assistance that you received from your children.

Line No.	Name of children	Social contact		Assistance			
		*J15. In the past 12 months, how often were you visited by _____?	*J16. In the past 12 months, how often did you receive letter, call or text from _____? (Any form of social contact)	J17. In the past 12 months, did you receive financial support from ___? 1__Yes 2__No	J18. In the past 12 months, did you receive material support like food, clothes, and medicine from ___? 1__Yes 2__No	J19. In the past 12 months, did you receive instrumental support like assistance in bathing and going to the toilet from ___? 1__Yes 2__No	J20. In the past 12 months, did you receive emotional support like companionship, consultation or advice for troubles from ___? 1__Yes 2__No
R1							
R2							
R3							
R4							
R5							
N1							
N2							
N3							
N4							
N5							

CODES FOR *J9 AND *J15

- 1__Everyday
- 2__Every few days
- 3__Every week
- 4__Every month
- 5__Every few month
- 6__Every year
- 7__Has not exchanged visits for more than a year
- 8__Special occasions only (e.g., Christmas, Wedding, etc.)

CODES FOR *J10 and *J16

- 0__Never
- 1__Everyday
- 2__Every few days
- 3__Every week
- 4__Once
- 9__Not applicable

MAIN QUESTIONNAIRE

J21. In the past 12 months, have you (and your spouse) ever given a large amount to help any of your children either to start a business, special medical expense, travel abroad, or some other special purpose like wedding, buying a house etc.?

1__Yes 2__No **GO TO J23**

J22. If gave large amount, how much did it amount to? _____

J23. Do you get monthly financial support from any of your children?

1__Yes 2__No **GO TO J25**

J24. On average, how much money do you receive from all your children every month? _____

ASK J25 ONLY TO THOSE WITH LIVING CHILDREN. FOR THOSE WITH NO CHILDREN, SKIP TO J31.

IF PROXY INTERVIEW, GO TO J31.

J25. Do you plan to rely on your children (including adoptive or stepchildren) for financial support?

1__Yes
2__No
3__ Haven't thought of issue yet

J26. Are you satisfied with the level of contact with your children?

1__Yes, very satisfied. 2__Yes, satisfied but can be improved. 3__No, I am not satisfied.

J27. Are you satisfied with the level of assistance given by your children?

1__Yes, very satisfied. 2__Yes, satisfied but can be improved 3__No, I am not satisfied 4__I am not getting any assistance from any of my children

J28. Among all your children, who do you think is the most likely to take care of you in the future when you need help? _____

J29. Why do you think _____ will most likely take care of you in the future? _____

J30. Other than _____, who else among your other children will most likely take care of you in the future when you need help? _____

MAIN QUESTIONNAIRE

IF OLDER PERSON R HAS CHILDREN (J1 = 1), CONTINUE.
IF OLDER PERSON R HAS NO CHILDREN (J1 = 2), GO TO BLOCK K.

Grandchildren

Now, let's talk about your grandchildren.

J31. Do you have any grandchildren from you own, step and adopted children?

- 1__ Yes, from own, step and adopted children
- 0__ None **GO TO BLOCK K**

J32. Do you take care of any of your grandchildren, either fully or partially?

- 1__ Yes
- 2__ No **GO TO BLOCK K**

Let us talk about your own grandchildren you take care of either fully or partially at present. Please give me their names starting from oldest to youngest.

J33. Name of own grandchild	*J34. Sex of grandchild 1__ Male 2__ Female	J35. Age of grandchild	J36. Who is the parent of this grandchild? 1 - R's son 2 - R's daughter	J37. Does this grandchild live with you? 1__ Yes 2__ Lives next door 3__ Lives in same barangay 4__ Lives outside the barangay	J38. Are you solely in charge of taking care of _____? 1 - Yes 2 - No (GO to J40)	*J39. Why are you solely in charge of taking care of _____? GO TO J41	*J40. If partially, what kind of care do you give _____? MULTIPLE RESPONSE	J41. How many hours per week on average do you spend for the care of _____?

J42. At what age did you first have a biological grandchild? _____ 97__ DK

MAIN QUESTIONNAIRE

*CODES FOR J39

- 1 Child's parent is working abroad
- 2 Child is orphaned
- 3 Child prefers to live with R than with own parents
- 4 Mother/Father or both parents of child is working outside the town/city but within the Philippines
- 5 Child's parents are separated
- 6 Child's parents are not married
- 7 Others. SPECIFY: _____

*CODES FOR J40

- A Babysitting
- B Fetching and bringing child to school
- C Helping in schoolwork
- D Playing with the child
- E Bringing the child to the doctor/taking care of the child when sick
- F Helping in feeding, etc.
- X Others. SPECIFY: _____

END OF BLOCK J. PROCEED TO BLOCK K.

MAIN QUESTIONNAIRE

1__ Same as K3 (Primary caregiver)

2__ Same as K6 (Potential caregiver)

END OF INTERVIEW.

End time: _____

MAIN QUESTIONNAIRE

BLOCK L
COGNITIVE ASSESSMENT

IF PROXY INTERVIEW, DO NOT ASK THE ENTIRE BLOCK.

Start time: _____

Scoring: One point for each correct answer.

L3. What season is it? _____

1 = Correct
0 = Incorrect

L8. Count backwards from 20 to 1.

Trial #1: (CIRCLE EACH CORRECT RESPONSE): 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

(IF PARTICIPANT CORRECTLY COUNTED BACKWARDS ON TRIAL #1 SCORE = 2 POINTS. IF PARTICIPANT DID NOT CORRECTLY COUNT BACKWARDS ON TRIAL #1, ADMINISTER TRIAL #2).

Trial #2: (ADMINISTER ONLY IF OLDER PERSON R DID NOT CORRECTLY COMPLETE TRIAL #1): Now, let's try that again. I would like for you to count backwards from 20 to 1.

20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

IF PARTICIPANT CORRECTLY COUNTED BACKWARDS ON TRIAL #2 SCORE = 1 POINT). IF PARTICIPANT DID NOT CORRECTLY COMPLETE TASK IN TWO TRIALS (SCORE = 0 POINTS)

(Score = 0, 1 or 2) _____

L9. I am going to read a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are:

Cabin	_____	Theatre	_____
Pipe	_____	Watch	_____
Elephant	_____	Whip	_____
Chest	_____	Pillow	_____
Silk	_____	Giant	_____

Now, tell me all the words you can remember. (CHECK EACH CORRECT RESPONSE ABOVE)

(Total correct = 0-10) _____

L10. Now I'd like you to subtract 7 from 100. Then keep subtracting 7 from each answer until I tell you to stop. What is 100 take away 7? (RECORD THE OLDER PERSON R'S RESPONSES IN THE BOXES. SCORE THE TOTAL NUMBER OF CORRECT ANSWERS)

93	86	79	72	65

(Total correct = 0-5) _____

MAIN QUESTIONNAIRE

L12. How many things are in a dozen? **(THE CORRECT ANSWER IS 12)**

0 ___ Incorrect
1 ___ Correct

L20. I'm going to give you a word and I want you to give me its opposite. For example, the opposite of hot is cold. What is the opposite of west? **(THE CORRECT ANSWER IS EAST)**

0 ___ Incorrect
1 ___ Correct

L22. "Earlier I read a long list of words to you. Please tell me all of the words that you can remember from that list."

(CHECK EACH CORRECT RESPONSE)

Cabin	_____	Theatre	_____
Pipe	_____	Watch	_____
Elephant	_____	Whip	_____
Chest	_____	Pillow	_____
Silk	_____	Giant	_____

(Score = 0-10) _____

L23. Now I want to see how many different animals you can name. You will have 60 seconds. When I say, 'Begin,' say the animal names as fast as you can.

SUBTOTAL CORRECT: _____

END OF INTERVIEW.

End time: _____

MAIN QUESTIONNAIRE

Post interview: Observations of the Interviewer

Observation 1. Select one from below that best describes the interview.

1. Responses given by the subject
2. Responses given by the subject who required the assistance of a third party
3. Responses given by proxy

GO TO QQ1 to QQ3
GO TO QQ4 to QQ5
GO TO OBSERVATION 2

(Those responding "1" for Observation 1)

QQ1. During the survey, was there someone either present in the room or in a room nearby who could hear the contents of the interview?

- | | | |
|---|---|----------------------------|
| 1__ Yes, during most of the interview | } | GO TO QQ2 |
| 2__ Yes, during half of the interview | | |
| 3__ Yes, at times during the interview | | |
| 4__ For the most part, no third party was present to hear | | GO TO OBSERVATION 2 |

QQ2. If there was someone present, what was his or her relationship to the subject? **CHECK ALL MENTIONED**

- | | | |
|--------------|---------------------|--------------------------------|
| A__ Spouse | D__ Daughter-in-law | G__ Relative other than the |
| B__ Son | E__ Son-in-law | aforementioned. SPECIFY: _____ |
| C__ Daughter | F__ Grandchild | X__ Others. SPECIFY: _____ |

QQ3. To what extent did this third party influence the subject's response?

- 1__ Would correct the subject's responses or prevent the subject from giving his or her own responses
- 2__ Listened to the interview, but did not interrupt verbally
- 3__ Hardly paid any attention to the interview
- 4__ Didn't seem to have any effect on the subject's responses

GO TO OBSERVATION 2

(Those responding "2" for Observation 1)

QQ4. If there was someone assisting the subject, what was his or her relationship to the subject? **CHECK ALL MENTIONED**

- | | | |
|--------------|---------------------|--------------------------------|
| A__ Spouse | D__ Daughter-in-law | G__ Relative other than the |
| B__ Son | E__ Son-in-law | aforementioned. SPECIFY: _____ |
| C__ Daughter | F__ Grandchild | X__ Others. SPECIFY: _____ |

QQ5. Why was someone needed to assist the subject? **CHECK ALL MENTIONED**

- A__ The subject has been hospitalized
 B__ The subject has difficulty hearing (the subject is hearing impaired, etc.)
 C__ The subject has difficulty speaking (the subject is experiencing verbal difficulties)
 D__ The subject has experienced psychological disorder such as memory loss, confusion or loss of consciousness, dementia, etc.
 X__ Others. SPECIFY: _____

TO ALL RESPONDENTS

Observation 2. The following concerns your impression of the subject. **THIS INCLUDES SUBJECTS RESPONDING FOR THEMSELVES, WITH THE ASSISTANCE OF A THIRD PARTY OR BY PROXY.**

Impressions	Yes	Somewhat	Not really	No	Not sure
1) Did you feel that the subject was mentally competent enough to provide adequate responses?	1	2	3	4	5
2) Did you feel that the subject's responses were largely accurate?	1	2	3	4	5
3) Did you feel that the subject understood the questions?	1	2	3	4	5
4) Did you feel that the subject was responsive to and enjoyed the interview?	1	2	3	4	5

MAIN QUESTIONNAIRE

Observation 3. How tired did the subject appear after the interview?

1___ Very

2___ Somewhat

3___ Not at all

Observation 4. Did you experience trouble interviewing the subject due to hearing difficulties on the part of the subject?

1___ Yes

2___ No

3___ Not sure

IF YES, CONTINUE TO OQ6. OTHERWISE, END.

OQ6. Do you feel the subject's hearing difficulties adversely affected the survey?

1___ Yes

2___ No



Demographic Research and Development Foundation, Inc
Economic Research Institute for ASEAN and East Asia



2018 LONGITUDINAL STUDY OF AGEING AND HEALTH IN THE PHILIPPINES

CAREGIVER QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER _____

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

URBAN/RURAL (URBAN=1, RURAL=2) _____

ENUMERATION AREA _____

NAME OF RESPONDENT _____

ADDRESS _____

MOBILE NUMBER _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME				INTERVIEWER'S CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESULT*				RESULT* <input type="text"/> <input type="text"/> <input type="text"/>
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS <input type="text"/>
RESULT CODES 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHERS/SPECIFY				
LANGUAGE OF INTERVIEW <input type="checkbox"/> 1 ENGLISH 2 TAGALOG 3 CEBUANO 4 WARAY				
INTERVIEWER	<input type="text"/> <input type="text"/>	SUPERVISOR	<input type="text"/> <input type="text"/>	EDITOR
_____ Name and signature	_____ Date	_____ Name and signature	_____ Date	_____ Name and signature

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

INTRODUCTION AND CONSENT

You have been identified by (Name of Older Person R) as his/her primary (or potential) caregiver. We have asked his/her permission for your participation in this study. We would like to ask you some questions about what this responsibility means to you. Your participation in this study will help us understand informal care and how to improve care for older people. All your answers will be held strictly confidential.

Do you have any questions? May I begin now?

- 1 Respondent agrees to be interviewed GO TO PC1.
 2 Respondent does not agree to be interviewed END. THANK THE RESPONDENT.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					
	RECORD THE TIME STARTED.	HOURS MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
PC1	Household Number		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
PC2	Line Number of Older Person R		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
PC3	Line Number of Primary/Potential Caregiver Respondent (If living in the same household as Older Person R)		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
PC3A	Type of Caregiver	PRIMARY POTENTIAL	1 2				
PC4	Name of Primary/Potential Caregiver Respondent	_____					
PC5	Address	_____ _____ _____					
PC6	Telephone Number	_____					
PC7	Email address	_____					
PC8	Social media account	_____					

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
PC9	In what month and year were you born? COMPARE, PROBE IF NEEDED AND CORRECT PCQ9 AND PCQ10 IF INCONSISTENT.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PC10	How old were you as of your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
PC11	Sex of respondent	MALE 1 FEMALE 2	
PC12	What is the highest grade/year you completed? KINDERGARTEN 400 GRADE 1 410 GRADE 2 420 GRADE 3 430 GRADE 4 440 GRADE 5 450 GRADE 6 460 GRADE 7 470 GRADE 8 480 GRADE 9 490 GRADE 10 500 GRADE 11 510 GRADE 12 520 K-12 GRADUATE 530 SPED ELEM., NOT GRADUATED 191 SPED ELEM., GRADUATED 192 SPED HS., NOT GRADUATED 193 SPED HS., GRADUATED 194 MASTER'S DEGREE, NOT GRADUATED 910 MASTER'S DEGREE, GRADUATED 920 DOCTORATE DEGREE, NOT GRADUATED 930 DOCTORATE DEGREE, GRADUATED 940	NO GRADE COMPLETED 000 PRESCHOOL 100 ELEMENTARY GRADE 1 110 ELEMENTARY GRADE 2 120 ELEMENTARY GRADE 3 130 ELEMENTARY GRADE 4 140 ELEMENTARY GRADE 5 150 ELEMENTARY GRADE 6 160 ELEMENTARY GRADE 7 170 ELEMENTARY GRADUATE 180 HIGH SCHOOL YEAR 1 210 HIGH SCHOOL YEAR 2 220 HIGH SCHOOL YEAR 3 230 HIGH SCHOOL YEAR 4 240 HIGH SCHOOL GRADUATE 250 POST SECONDARY 1st YEAR 310 POST SECONDARY 2nd YEAR 320 POST SECONDARY 3rd YEAR 330 PS GRADUATE 370 SPECIFY DEGREE _____ COLLEGE YEAR 1 710 COLLEGE YEAR 2 720 COLLEGE YEAR 3 730 COLLEGE YEAR 4 740 COLLEGE YEAR 5 750 COLLEGE YEAR 6 OR HIGHER 760 COLLEGE GRADUATE 770 SPECIFY DEGREE _____	

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
PC13	Did you receive caregiver training?	YES 1 NO 2	
PC14	What is your current marital status? Are you never married, married, living-in, separated, divorced or widowed?	NEVER MARRIED 1 MARRIED 2 LIVE IN 3 SEPARATED 4 DIVORCED 5 WIDOWED 6	
PC15	Are you currently working?	WORKING 1 STOPPED WORKING COMPLETELY 2 NEVER WORKED 3	} PC17
PC16	What type of work are you currently engaged in? RECORD VERBATIM RESPONSE	_____ _____ PSOC <input type="checkbox"/> <input type="checkbox"/>	
RELATIONSHIP TO OLDER PERSON RESPONDENT			
PC17	How are you related to (Name of Older Person R)?	WIFE/HUSBAND 01 SON/DAUGHTER 02 SON-IN-LAW/DAUGHTER-IN-LAW 03 GRANDCHILD 04 PARENT 05 PARENT-IN-LAW 06 BROTHER/SISTER 07 OTHER RELATIVE 08 ADOPTED/FOSTER/STEPCHILD 09 NOT RELATED 10 DK 97	
PC18	At present, do you live in the same household as (Name of Older Person R)?	YES 01 NO, LIVES NEXT DOOR 02 NO, LIVES IN SAME BARANGAY 03 NO, LIVES IN THE SAME CITY/ MUNICIPALITY 04 NO, LIVES IN THE SAME PROVINCE 05 NO, LIVES IN A DIFFERENT PROVINCE 06 NO, LIVES ABROAD 07	

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES													
HEALTH STATUS															
PC19	<p>Now, I would like to ask you about your own personal health. In general, how would you describe your state of health?</p> <p>READ OUT RESPONSES</p>	<table border="0"> <tr><td>VERY HEALTHY</td><td align="right">1</td></tr> <tr><td>HEALTHIER THAN AVERAGE</td><td align="right">2</td></tr> <tr><td>OF AVERAGE HEALTH</td><td align="right">3</td></tr> <tr><td>SOMEWHAT UNHEALTHY</td><td align="right">4</td></tr> <tr><td>VERY UNHEALTHY</td><td align="right">5</td></tr> <tr><td>NOT SURE</td><td align="right">6</td></tr> </table>	VERY HEALTHY	1	HEALTHIER THAN AVERAGE	2	OF AVERAGE HEALTH	3	SOMEWHAT UNHEALTHY	4	VERY UNHEALTHY	5	NOT SURE	6	<p>IF PRIMARY CAREGIVER, SKIP TO PC21. OTHERWISE, CONTINUE.</p>
VERY HEALTHY	1														
HEALTHIER THAN AVERAGE	2														
OF AVERAGE HEALTH	3														
SOMEWHAT UNHEALTHY	4														
VERY UNHEALTHY	5														
NOT SURE	6														
PC20	<p>In case (Name of Older Person R) would need personal care, are you willing to assume primary responsibility as caregiver?</p> <p>READ OUT RESPONSES</p>	<table border="0"> <tr><td>YES</td><td align="right">1</td></tr> <tr><td>NO, BUT WILL PAY SOMEONE TO DO THE JOB</td><td align="right">2</td></tr> <tr><td>NO, I AM NOT EQUIPPED/TRAINED TO PROVIDE CARE</td><td align="right">3</td></tr> </table>	YES	1	NO, BUT WILL PAY SOMEONE TO DO THE JOB	2	NO, I AM NOT EQUIPPED/TRAINED TO PROVIDE CARE	3	<p>END OF INTERVIEW</p>						
YES	1														
NO, BUT WILL PAY SOMEONE TO DO THE JOB	2														
NO, I AM NOT EQUIPPED/TRAINED TO PROVIDE CARE	3														
<p>ACTIVITIES OF DAILY LIVING</p> <p>The following questions concern (Name of Older Person R)'s ability to perform daily activities . Please tell me to what extent you think he/she finds difficulty to perform the following activities alone without the assistance of a person or assistive device due to his/her health or physical state.</p>															
PC21	<p>Does (Name of Older Person R) find it difficult to take a bath or shower by himself/herself due to his/her health or physical state?</p>	<table border="0"> <tr><td>DIFFICULT</td><td align="right">1</td></tr> <tr><td>NOT DIFFICULT</td><td align="right">2</td></tr> <tr><td>NOT SURE</td><td align="right">3</td></tr> </table>	DIFFICULT	1	NOT DIFFICULT	2	NOT SURE	3	<p>} PC23</p>						
DIFFICULT	1														
NOT DIFFICULT	2														
NOT SURE	3														
PC22	<p>Does he/she need assistance to take a bath or shower?</p>	<table border="0"> <tr><td>YES</td><td align="right">1</td></tr> <tr><td>NO</td><td align="right">2</td></tr> <tr><td>NOT SURE</td><td align="right">3</td></tr> </table>	YES	1	NO	2	NOT SURE	3							
YES	1														
NO	2														
NOT SURE	3														
PC23	<p>Does (Name of Older Person R) find it difficult to dress by himself/herself due to his/her health or physical state?</p>	<table border="0"> <tr><td>DIFFICULT</td><td align="right">1</td></tr> <tr><td>NOT DIFFICULT</td><td align="right">2</td></tr> <tr><td>NOT SURE</td><td align="right">3</td></tr> </table>	DIFFICULT	1	NOT DIFFICULT	2	NOT SURE	3	<p>} PC25</p>						
DIFFICULT	1														
NOT DIFFICULT	2														
NOT SURE	3														
PC24	<p>Does he/she need assistance to dress?</p>	<table border="0"> <tr><td>YES</td><td align="right">1</td></tr> <tr><td>NO</td><td align="right">2</td></tr> <tr><td>NOT SURE</td><td align="right">3</td></tr> </table>	YES	1	NO	2	NOT SURE	3							
YES	1														
NO	2														
NOT SURE	3														

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
PC25	Does (Name of Older Person R) find it difficult to eat by himself/herself due to his/her health or physical state?	DIFFICULT NOT DIFFICULT NOT SURE	1 2 3
			} PC27
PC26	Does he/she need assistance to eat?	YES NO NOT SURE	1 2 3
PC27	Does (Name of Older Person R) find it difficult to stand up from a bed or chair, sit down on a chair by himself/herself due to his/her health or physical state?	DIFFICULT NOT DIFFICULT NOT SURE	1 2 3
			} PC29
PC28	Does he/she need assistance to stand up from a bed or chair, sit down on a chair?	YES NO NOT SURE	1 2 3
PC29	Does (Name of Older Person R) find it difficult to walk (around the house) by himself/herself due to his/her health or physical state?	DIFFICULT NOT DIFFICULT NOT SURE	1 2 3
			} PC31
PC30	Does he/she need assistance to walk (around the house)?	YES NO NOT SURE	1 2 3
PC31	Does (Name of Older Person R) find it difficult to go outside (leave the house) by himself/herself due to his/her health or physical state?	DIFFICULT NOT DIFFICULT NOT SURE	1 2 3
			} PC33
PC32	Does he/she need assistance to go outside (leave the house)?	YES NO NOT SURE	1 2 3
PC33	Does (Name of Older Person R) find it difficult to use the toilet by himself/herself due to his/her health or physical state?	DIFFICULT NOT DIFFICULT NOT SURE	1 2 3
			} PC35

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
PC34	Does he/she need assistance to use the toilet?	YES 1 NO 2 NOT SURE 3	
<p>TIME SPENT CARING FOR OLDER PERSON R</p> <p>The following questions are about the amount of time you spend caring or looking after (Name of Older Person R). We will be asking you whether you have given assistance for various activities of daily life to (Name of Older Person R). In the past week, have you had to help (Name of Older Person R) with the following tasks and activities due to his/her health problems:</p>			
PC35	Household tasks such as preparing food and drinks, cleaning the house, washing, ironing and sewing of clothes, shopping for groceries or odd jobs in the house or the garden? If yes, how many hours per week?	YES 1 NO 2 NOS. OF HOURS PER WEEK <input type="text"/> <input type="text"/>	
PC36	Personal care (dressing and undressing, washing, combing, shaving), going to toilet, moving around the house, eating, drinking or administering medication? If yes, how many hours per week?	YES 1 NO 2 NOS. OF HOURS PER WEEK <input type="text"/> <input type="text"/>	
PC37	Moving around outside the house, going on outings and visiting family or friends, contacts with health care (accompanying him/her for example to the doctor, hospital, therapy) arranging assistance, devices and/or home modifications and organizing financial and administrative matters? If yes, how many hours per week?	YES 1 NO 2 NOS. OF HOURS PER WEEK <input type="text"/> <input type="text"/>	
PC38	Does (Name of Older Person) receive help from other caregivers or volunteers besides you?	YES 1 NO 2	
PC39	In your opinion, one being easy and 10 being difficult, how easy or how hard is it to care for (Name of Older Person R)?	DIFFICULTY IN CARING FOR R <input type="text"/> <input type="text"/>	
PC40	How long have you been taking care of (Name of Older Person R)?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> <input type="text"/>	

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
PC41	Why are you the primary caregiver of (Name of Older Person R)?	I VOLUNTEERED 1 OLDER PERSON R REQUESTED ME 2 OTHER FAMILY MEMBERS REQUESTED ME 3 I AM THE ONLY ONE AVAILABLE 4 OTHERS: 5 SPECIFY: _____	
<p>SITUATION AS A CAREGIVER</p> <p>I will now mention some statements that describe your experiences as caregiver of (Name of Older Person). Please tell me if you strongly disagree, disagree, neutral, agree or strongly agree with the statement.</p>			
PC42	I gain personal satisfaction from performing my care tasks for (Name of Older Person R).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC43	I have problems with (Name of Older Person R) (for example, he/she is demanding, we have communication problems, he/she has started behaving differently).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC44	I have problems with my own mental health (feeling of stress, anxiety, despondency, concern about the future).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC45	I have problems with my own physical health (being sick more often, fatigue, physical over-exertion).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	

PRIMARY/POTENTIAL CAREGIVER QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
PC46	I have problems combining my daily activities (work, household chores, education, family and free time) with my care tasks for (Name of Older Person R).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC47	I have financial problems concerning my care tasks for (Name of Older Person R).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC48	I have support from family/friends/neighbors/paid help in performing my care tasks for (Name of Older Person R).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
END OF INTERVIEW			



Demographic Research and Development Foundation, Inc
Economic Research Institute for ASEAN and East Asia



2018 LONGITUDINAL STUDY OF AGEING AND HEALTH IN THE PHILIPPINES

ADULT CHILD QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER _____

PROVINCE _____

CITY/MUNICIPALITY _____

BARANGAY _____

ENUMERATION AREA _____

URBAN/RURAL (URBAN=1, RURAL=2) _____

NAME OF CHILD RESPONDENT _____

ADDRESS _____

MOBILE NUMBER _____

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME				YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER'S CODE <input type="text"/> <input type="text"/>
RESULT*				RESULT* <input type="text"/> <input type="text"/>
NEXT VISIT: DATE				TOTAL NO. OF VISITS <input type="text"/>
	TIME			
RESULT CODES 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHERS/SPECIFY				
LANGUAGE OF INTERVIEW <input type="checkbox"/> 1 ENGLISH 2 TAGALOG 3 CEBUANO 4 WARAY				
INTERVIEWER	<input type="text"/> <input type="text"/>	SUPERVISOR	<input type="text"/> <input type="text"/>	EDITOR
_____ Name and signature	_____ Date	_____ Name and signature	_____ Date	_____ Name and signature
				_____ Date

ADULT CHILD QUESTIONNAIRE

INTRODUCTION AND CONSENT

You have been identified as one of the children of (Name of Older Respondent R), who is a respondent in our study, Longitudinal Study of Aging and Health in the Philippines. We asked permission from your parent to contact you to participate in this study. As part of the study, we would like to understand the dynamics of parent-child relationship, especially in old age. We would like to ask you some questions about your relationship with your parent. Your participation in this study will help us better improve the care for older people in the country.

Do you have any questions about the survey? May I begin the interview now?

- 1 Respondent agrees to be interviewed GO TO AC1.
 2 Respondent does not agree to be interviewed END. THANK THE RESPONDENT.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					
	RECORD THE TIME STARTED.	HOURS MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
AC1	Household Number		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
AC2	Line Number of Older Person R		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
AC3	Line Number of Adult Child of Respondent (If living in the same household as Older Person R)		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
AC4	Name of Adult Child Respondent	_____					
AC5	Address	_____ _____ _____					
AC6	Telephone Number	_____					
AC7	Email address	_____					
AC8	Social media account	_____					

ADULT CHILD QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC9	In what month and year were you born? COMPARE, PROBE IF NEEDED AND CORRECT ACQ9 AND CQ10 IF INCONSISTENT.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AC10	How old were you as of your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
AC11	Sex of respondent	MALE 1 FEMALE 2	
AC12	What is the highest grade/year you completed? KINDERGARTEN 400 GRADE 1 410 GRADE 2 420 GRADE 3 430 GRADE 4 440 GRADE 5 450 GRADE 6 460 GRADE 7 470 GRADE 8 480 GRADE 9 490 GRADE 10 500 GRADE 11 510 GRADE 12 520 K-12 GRADUATE 530 SPED ELEM., NOT GRADUATED 191 SPED ELEM., GRADUATED 192 SPED HS., NOT GRADUATED 193 SPED HS., GRADUATED 194 MASTER'S DEGREE, NOT GRADUATED 910 MASTER'S DEGREE, GRADUATED 920 DOCTORATE DEGREE, NOT GRADUATED 930 DOCTORATE DEGREE, NOT GRADUATED 940	NO GRADE COMPLETED 000 PRESCHOOL 100 ELEMENTARY GRADE 1 110 ELEMENTARY GRADE 2 120 ELEMENTARY GRADE 3 130 ELEMENTARY GRADE 4 140 ELEMENTARY GRADE 5 150 ELEMENTARY GRADE 6 160 ELEMENTARY GRADE 7 170 ELEMENTARY GRADUATE 180 HIGH SCHOOL YEAR 1 210 HIGH SCHOOL YEAR 2 220 HIGH SCHOOL YEAR 3 230 HIGH SCHOOL YEAR 4 240 HIGH SCHOOL GRADUATE 250 POST SECONDARY 1st YEAR 310 POST SECONDARY 2nd YEAR 320 POST SECONDARY 3rd YEAR 330 PS GRADUATE 370 SPECIFY DEGREE _____ COLLEGE YEAR 1 710 COLLEGE YEAR 2 720 COLLEGE YEAR 3 730 COLLEGE YEAR 4 740 COLLEGE YEAR 5 750 COLLEGE YEAR 6 OR HIGHER 760 COLLEGE GRADUATE 770 SPECIFY DEGREE _____	

ADULT CHILD QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC13	What is your current marital status? Are you never married, married, living-in, separated, divorced or widowed?	NEVER MARRIED 1 MARRIED 2 LIVE IN 3 SEPARATED 4 DIVORCED 5 WIDOWED 6	
AC14	Are you currently working?	WORKING 1 STOPPED WORKING COMPLETE 2 NEVER WORKED 3	} AC16
AC15	What type of work are you currently engaged in? RECORD VERBATIM RESPONSE	_____ PSOC <input type="checkbox"/> <input type="checkbox"/>	
RELATIONSHIP TO OLDER PERSON RESPONDENT			
AC16	At present, do you live in the same household as (Name of Older Person R)?	YES 01 NO, LIVES NEXT DOOR 02 NO, LIVES IN SAME BARANGAY 03 NO, LIVES IN THE SAME CITY/ MUNICIPALITY 04 NO, LIVES IN THE SAME PROVINCE 05 NO, LIVES IN A DIFFERENT PROVINCE 06 NO, LIVES ABROAD 07	AC21
AC17	How long have you lived separately from (Name of Older Person R)	Number of Months <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AC18	In the past 12 months, how often did you visit (Name of Older Person R)?	NOT AT ALL 0 EVERYDAY 1 EVERY FEW DAYS 2 EVERY WEEK 3 EVERY MONTH 4 EVERY FEW MONTHS 5 ONCE A YEAR 6 ON SPECIAL OCCASION 7 AS THE NEED ARISES 8	

ADULT CHILD QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC19	In the past 12 months, how often were you visited by (Name of Older Person R)	NOT AT ALL 0 EVERYDAY 1 EVERY FEW DAYS 2 EVERY WEEK 3 EVERY MONTH 4 EVERY FEW MONTHS 5 ONCE A YEAR 6 ON SPECIAL OCCASION 7 AS THE NEED ARISES 8	
AC20	In the past month, how often did you talk/chat with (Name of Older Person R) by phone, Facebook, and other social media platforms?	NOT AT ALL 0 EVERYDAY 1 EVERY FEW DAYS 2 EVERY WEEK 3 ONCE 4 AS THE NEED ARISES 5	
AC21	When you were growing up (from birth to age 15), how well did you and (Name of Older Person R) get along?	WE GET ALONG WELL ALL THE TIME 1 WE GET ALONG WELL MOST OF THE TIME 2 WE GET ALONG WELL SOMETIMES 3 WE DON'T GET ALONG WELL AT ALL 4	
AC22	At present, how well do you and (Name of Older Person R) get along?	WE GET ALONG WELL ALL THE TIME 1 WE GET ALONG WELL MOST OF THE TIME 2 WE GET ALONG WELL SOMETIMES 3 WE DON'T GET ALONG WELL AT ALL 4	
<p>EXCHANGE OF SUPPORT</p> <p>The following questions will explore whether you give to or receive support from (Name of Older Person R)</p>			
AC23	In the past month, did you provide financial support to (Name of Older Person R)?	YES 1 NO 2	AC26

ADULT CHILD QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC24	Do you provide financial support to (Name of Older Person R) every month?	YES 1 NO 2	AC26
AC25	On average, how much do you give every month?	AMOUNT (in PHP): _____	
AC26	Do your brothers/sisters give financial support to (Name of Older Person R)? PROBE	YES, ALL OF US PROVIDE 1 YES, SOME SIBLINGS PROVIDE 2 NO, I ALONE PROVIDE HELP 3 NO, I AM AN ONLY CHILD 4	
AC27	Aside from financial support, what other form of support did you give to (Name of Older Person R) in the past 12 months? ENCIRCLE ALL THAT APPLY	NONE A MATERIAL SUPPORT B HELP IN HOUSEHOLD CHORES C HELP IN TRANSPORTATION D MANAGE FINANCIAL TRANSACTION: E MANAGE BUSINESS F PERSONAL CARE G EMOTIONAL SUPPORT H OTHERS X SPECIFY: _____	
AC28	Now, let us talk about the support you receive from (Name of Older Person). In the past month, did you receive financial support from (Name of Older Person R)?	YES 1 NO 2	AC31
AC29	Do you receive financial support from (Name of Older Person R) every month?	YES 1 NO 2	AC31
AC30	On average, how much do you receive every month?	AMOUNT (in PHP): _____	
AC31	Aside from financial support, what other form of support did you receive from (Name of Older Person R) in the past 12 months? ENCIRCLE ALL THAT APPLY	NONE A MATERIAL SUPPORT B HELP IN HOUSEHOLD CHORES C HELP IN TRANSPORTATION D MANAGE FINANCIAL TRANSACTION: E MANAGE BUSINESS F PERSONAL CARE G EMOTIONAL SUPPORT H CHILD CARE I OTHERS SPECIFY _____ X	

ADULT CHILD QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC46	Compared with 2 years ago, how is (Name of Older Person R) at remembering where things are usually kept? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC47	Compared with 2 years ago, how is (Name of Older Person R) at remembering where to find things which have been put in a different place from usual? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC48	Compared with 2 years ago, how is (Name of Older Person R) at knowing how to work familiar machines around the house? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC49	Compared with 2 years ago, how is (Name of Older Person R) at learning to use a new gadget or machine around house? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC50	Compared with 2 years ago, how is (Name of Older Person R) at learning new things in general? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC51	Compared with 2 years ago, how is (Name of Older Person R) at following a story in a book or on TV? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC52	Compared with 2 years ago, how is (Name of Older Person R) at making decisions on everyday matters? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	

ADULT CHILD QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC53	Compared with 2 years ago, how is (Name of Older Older person R) at handling money for shopping? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC54	Compared with 2 years ago, how is (Name of Older Person R) at handling financial matters; for example, the pension, or dealing with the bank? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC55	Compared with 2 years ago, how is (Name of Older Person R) at handling other everyday arithmetic problems; for example, knowing how much food to buy, knowing how long between visits from family or friends? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC56	Compared with 2 years ago, how is (Name of Older Person R) at using his/her intelligence to understand what's going on and to reason things through? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
END OF INTERVIEW			