## Integrating older age, disability and mental health issues into household surveys: progress and outstanding gaps

Annex

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## 1. Selected survey questions: disability

Core Welfare Indicator Questionnaire (CWIQ)

Is [NAME] mentally or physically disabled?

Living Standards and Measurement Survey (LSMS) and Tanzania's National Panel Survey (NPS)

Does [NAME] have difficulty remembering or concentrating?

How old was [NAME] when the difficulty remembering or concentrating began?

Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting etc.)?

How old was [NAME] when the difficulty began?

Using your usual [NAME OF LANGUAGE] language, does [NAME] have difficulty communicating; for example understanding or being understood?

How old was [NAME] when the difficulty communicating began?

Does this difficulty reduce the amount of work [NAME] can do at home, at work or at school?

During the past 12 months, what measures were taken to improve [NAME]'s performance of activities?

- 1 None
- 2 Surgical operation
- 3 Medication
- 4 Assistive devices (glasses, wheelchair, braces, hearing aid, artificial limb)
- 5 Special education
- 6 Skills training (vocational)
- 7 Activity of daily-living (adl) training
- 8 Counselling
- 9 Spiritual / traditional
- 10 Other (specify)

Demographic and Health Survey (DHS) Uganda

Does (NAME) have difficulty seeing, even if he/she is wearing glasses?

Does (NAME) have difficulty hearing even if he/she is using a hearing aid?

Does (NAME) have difficulty walking or climbing steps?

Does (NAME) have difficulty remembering or concentrating?

Does (NAME) have difficulty with self care such as washing all over or dressing, feeding, toileting etc.?

Does (NAME) have difficulty communicating (for example, understanding others or others understanding him/her) because of a physical, mental or emotional health condition?

Compared with other children, does or did (name) have any serious delay in sitting, standing or walking?

Compared with other children, does (name) have difficulty seeing, either in the daytime or at night?

Does (name) appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?)

When you tell (name) to do something, does he/she seem to understand what you are saying?

Does (name) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?

Does (name) sometimes have fits, become rigid, or lose consciousness?

Does (name) learn to do things like other children his/her age?

Does (name) speak at all (can he/she make him or herself understood In words; can say any recognizable words)?

(For 3-9 year olds): is (name)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?

(For 2-year-olds): can (name) name at least one object (for example, an animal, a toy, a cup, a spoon)?

Compared with other children of the same age, does (name) appear in any way mentally backward, dull or slow?

## 2. Selected survey questions: mental health

Composite International Diagnostic Interview (CIDI) screening section

Have you ever in your life had an attack of fear or panic when all of a sudden you felt very frightened, anxious or uneasy?

Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?

Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?

Have you ever had attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone?

Have you ever in your life had a period lasting several days or longer when most of the day you felt sad, empty or depressed?

Have you ever had a period lasting several days or longer when most of the day you were very discouraged about how things were going in your life?

Have you ever had a period lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships?

Some people have periods lasting four days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?

Have you ever had a period lasting several days or longer when most of the time you were very irritable, grumpy, or in a bad mood?

Did you ever had a time in your life when you were a 'worrier'- that is when you worried a lot more about things than other people with the same problems as you?

The next questions are about things that make some people afraid even though they know there is no real danger. Was there ever a time in your life when you had a strong fear of any of the following things?

- a. Bugs, snakes, dogs or any other animals?
- b. Still water, like in a swimming pool or a lake, or weather events, like storms, thunder or lightning?
- c. Going to the dentist or doctor, getting a shot or injection, seeing blood or injury, or being in a hospital or doctor's office?
- d. Closed spaces, like caves, tunnels, closets or elevators?
- e. High places like roofs, balconies, bridges or staircases?
- f. Fear of flying or of airplanes?

Was there ever a time in your life when you became very afraid or really, really shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom?

Was there ever a time in your life when you felt afraid of either being in crowds, going to public places, traveling by yourself or traveling away from home?

During your first years at school – say between 5 and 7 – was there ever a period lasting six months or longer when you had a lot more trouble with problems of this sort (not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you) than most children?

Some young kids are restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before the age of seven lasting six months or longer in your childhood when you were like that?

Did you ever have a period lasting six months or longer during your childhood or adolescence when you frequently did things that got you in trouble with adults, such as losing your temper, arguing or talking back to adults, refusing to do what your teachers or parents asked you to do, annoying people on purpose or being touchy or irritable?

Some young kids get very upset when they are separated from their mother or the person who they are most attached to emotionally. Examples include getting very upset when they are away from these people, worrying a lot that something bad will happen to separate these people from them, or wanting to stay at home from school or not going to other places without them. Did you ever feel this way for a month or longer when you were more than five years old?

Some adults have difficulties with separation from family members, romantic partners or close friends. Examples include getting very upset when they are away from this person, worrying a lot that this person may leave them, and being too clingy or dependent. Did you ever have a period lasting one month or longer as an adult when you had problems like this?

Core Welfare Indicator Questionnaire (CWIQ)

Is [name] mentally or physically disabled?

Living Standards and Measurement Survey (LSMS): Bosnia and Herzegovina, 2004

Do you consider yourself to be disabled?/ How would you describe your disability?

During the last week, did you accuse yourself for different things?

During the last week, did you have problems falling asleep or sleeping?

During the last week, did you feel hopeless in terms of the future?

During the last week, did you feel melancholic?

During the last week, did you feel that you worried too much about different things?

During the last week, did you feel that everything was an effort?

During the last week, did you consistently recall the most painful events you experienced during the war?

Do you have any chronic diseases? /Which disease?

K10+ (used in World Mental Health surveys)

About how often during the past 30 days did you feel tired out for no good reason?

During the past 30 days, about how often did you feel nervous?

How often did you feel so nervous that nothing could calm you down?

During the past 30 days, about how often did you feel hopeless?

During the past 30 days, about how often did you feel restless or fidgety?

During the past 30 days, about how often did you feel so restless that you could not sit still?

During the past 30 days, about how often did you feel depressed?

During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

During the past 30 days, about how often did you feel that everything was an effort?

During the past 30 days, about how often did you feel worthless?

How many days of the past 30 were you totally unable to work or carry out your normal activities because of these feelings?

How many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?

During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

During the past 30 days, how often have physical health problems been the main cause of these feelings?

Demographic and Health Survey: Uzbekistan, 2002

I'm going to read some statements that describe how people sometimes feel. Please tell me how may days last week you felt this way, if any.

- a. I was bothered by things that usually don't bother me.
- b. I did not feel like eating; my appetite was poor.
- c. I felt that I could not shake off the blues.
- d. I felt that I was just as good as other people.
- e. I had trouble keeping my mind on what I was doing.
- f. I felt depressed.
- g. I felt that everything was an effort.
- n. I felt hopeful about the future.
- i. I thought my life had been a failure.
- J felt fearful.
- k. My sleep was restless.
- I. I was happy.
- m. I talked less than usual.
- n. I felt lonely.
- o. People were unfriendly.
- p. I enjoyed life.
- q. I had crying spells.
- r. I felt sad.
- s. I felt that people disliked me.
- . I could not get going.

## PRIME-MD Patient Health Questionnaire

Depressed mood

Have you felt sad, low, down, depressed, or hopeless?

Loss of interest	Have you lost interest or pleasure in the things you usually like to do? Have you been as social as usual? Have you been less interested in interacting with others (family, co-workers)?
World Health Surve	y (WHS)
Sleep and energy	Overall in the last 30 days, how much of a problem did you have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?
	In the last 30 days, how much of a problem did you have due to not feeling rested and refreshed during the day (e.g. feeling tired, not having energy)?
Affect	Overall in the last 30 days, how much of a problem did you have with feeling sad, low or depressed?
	Overall in the last 30 days, how much of a problem did you have with worry or anxiety?
Cognition	Overall in the last 30 days, how much difficulty did you have with concentrating or remembering things?
	In the last 30 days, how much difficulty did you have in learning a new task (for example, learning how to get to a new place, learning a new game, learning a new recipe, etc.)?
Interpersonal activities	In the last 30 days, how much difficulty did you have in dealing with conflicts and tensions with others?
	Overall in the last 30 days, how much difficulty did you have with personal relationships or participation in the community?
Depression	Have you ever been diagnosed with depression?
	Have you had a period lasting several days when you felt sad, empty or depressed?
	Have you had a period lasting several days when you lost interest in most things you usually enjoy such as hobbies, personal relationships or work?
	Have you had a period lasting several days when you have been feeling your energy decreased or that you are tired all the time?
	Was this period [of sadness/loss of interest/low energy] for more than 2 weeks?
	Was this period [of sadness/loss of interest/low energy] most of the day, nearly every day?
Schizophrenia or psychosis	Have you ever been diagnosed to have a mental health problem such as schizophrenia or psychosis?
	A feeling something strange and unexplainable was going on that other people would find hard to believe?
	A feeling that people were too interested in you or there was a plot to harm you?
	A feeling that your thoughts were being directly interfered or controlled by another person, or your mind was being taken over by strange forces?
	An experience of seeing visions or hearing voices that others could not see or hear when you were not half asleep, dreaming or under the influence of alcohol or drugs?