

SRI LANKA AGING SURVEY 2005/2006

ADULT CHILD (18+) QUESTIONNAIRE

Conducted by ACNielsen Lanka (Pvt) Ltd

Questionnaire Serial Number.....

Section 1 : Cover page : Basic Information

(Office Use only)

Field Reference Number	DA_NA	Data Administration Number	SHENO
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1. Province & District.....	DI				
2. Divisional Stractriate	DS				
3. Grama Niladarai Division Name and Number.....			GN_NUMB		
4. Grama Niladarai Division Code Number.....	GN_CODE				
5. Sector (Urban/Rural/Estate).....	SE				
6. Name of Ward/village/Estate.....	CO				
7. Census Block Number.....	CB				

Sample related information

8. LHU - Household Reference Number.....					
1. 9. LHU Sample Category Reference Number 1. 60- 74 yrs					
2. 3. 60-74 & 75+	LHU_CAT				
10. LHU Category Reference Number.....					
11. Respondent Full Name & Respondent HH Member ID.....	LHU_REF				
	HH_ID				
12. Address.....					

Quality Report :

	Name	Number	Signature	Date (Year/Month/Date)
Field Investigator				2006//
Team supervisor				2006//
Field Executive				2006//
Coding				2006//
Data entry/cleaning				2006//

Section 2

BASIC DATA OF RESPONDENT

- 2.1 Respondent's (elder child) Full Name : _____ **Q2_1**
(With Initials)
- 2.2. Member ID from household roster :

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Q2_2

EMPLOYMENT

2.3. What is your current employment status (economic activity)?

If he/she does more than one job please tell him to select most important job among the different jobs **Q2_3**

- 1. Regular employee → Go to Section 2.4
- 2. Casual Employee → Go to Section 2.4
- 3. Contractual Employee → Go to Section 2.4
- 4. Employer /owner of a business → Go to Section 2.4
- 5. Self-Employed (Own Economic activity) → Go to Section 2.4
- 6. Unpaid family worker → Go to Section 2.8
- 7. Question not relevant/ never worked full time → Go to Section 2.8
 - 7.1 Student
 - 7.2 Housewife
 - 7.3 Others } **Q2_3_7**
- 8. Retired → Go to Section 2.8

Interviewer : 2.4 to 2.7a has to be asked of the most important job.

- 2.4. Sector of work
 - 1. Government
 - 2. Local Government **Q2_4**
 - 3. Public Corporation/ Board
 - 4. Co-operative Sector
 - 5. Organized Private Sector
 - 6. Unorganized Private Sector
 - 7. Self- Employed

2.5. Current occupation

use occupation code	
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Q2_5

2.6. Current Business/industry

use industry code	
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Q2_6

- 2.7. Place of work/employment:
 - 1. In residence - go to 2.8
 - 2. In the same Grama Niladarti Division
 - 3. Outside Grama Niladarti Division community/village
 - 4. With in DS Division
 - 5. With in District
 - 6. Outside the District
 - 7. Other countries (already worked)
 - 8. Others
 - 9. Not applicable } go to 2.7A **Q2_7**

2.7A. If the work/industry is outside home, and you travel to job daily how many hours do you stay (including traveling) outside for work?
_____ hours **Q2_7A**

DATA ON RESPONDENT'S CHILDREN

2.8. What is your marital status?

1. Never married
2. Married
3. Widowed
4. Divorced
5. Separated
6. Legally separated
7. Others

Q2_8

[INT : Ask this Question from all. If never married please ask gently]

2.9. How many living children do you have altogether, including those by birth, adoption, and stepchildren?

1. Own son	Q2_9_1
2. Own daughter	↓
3. Adopted/step-son	↓
4. Adopted/step-daughter	Q2_9_4

Section 3

3. INTERGENERATIONAL TRANSFERS

PROVISION OF INTERGENERATIONAL TRANSFERS

3.1 In the past 12 months, did you provide housework help or help with cooking to any relatives/family members)?

1. Yes → **Go to 3.1a** **Q3_1**
2. No → **Go to 3.2**

1. Daily	2. weekly	3. Once a month	4. Few times a year	5. Once a year	6. Less than once a year	7. Depends	8. DK/CS
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3.1.a. Who did you help with housework? Interviewer Please use the amended description and code used in household questionnaire <i>Brother 08</i> <i>Parents 06</i>	3.1.b. How often? Show card 3.1 b 1. Daily 2. weekly 3. Once a month 4. Few times a year 5. Once a year 6. Less than once a year 7. Depends 8. DK/CS	3.1.c. Do you live together? 1. Yes 2. No	3.1.d If living together the household line number
Q3_1A_1	1 2 Q3_1B_1 7 8	Q3_1C_1	Q3_1D_1
↓	1 2 3 4 5 6 7 8	↓ 1 2	↓
↓	1 2 3 4 5 6 7 8	↓ 1 2	↓
Q3_1A_5	1 2 Q3_1B_5 7 8	Q3_1C_5	Q3_1D_5

Amended code list. Please use this code list for the (3.1 to 3.7)

02=Husband/wife of respondent	11=Grandparents
03=Children (biological)	12=Uncles/aunts
04=Children (adopted/ step)	13=Nephews/nieces
05=Sons/Daughters-in-law	14=Cousins
06=Parents	15=Servants
07=fathers/mothers-in-law	16=Relatives
08=Siblings	17=Non-relative
09=Brother/sister-in-law	18=others (specify)
10=Grandchild	

3.2 In the past 12 months, did you provide food or clothes to any relatives?

1. Yes → Go to 3.2 a
2. No → Go to 3.3 **Q3_2**

3.2a. Which relative did you provide food/clothes to? (E.g., Spouse, child, mother-in-law)	3.2b. How often? Show card 3.1 b 9. Daily 10. weekly 11. Once a month 12. Few times a year 13. Once a year 14. Less than once a year 15. Depends 16. DK/CS	3.2c. Do you live together? 1. Yes 2. No	3.2.d If living together write down the household line number
Q3_2A_1	Q3_2B_1	Q3_2C_1	Q3_2D_1
↓	1 2 3 4 5 6 7 8	1 2	↓
Q3_2A_5	Q3_2B_5	Q3_2C_5	Q3_2D_5
↓	1 2 3 4 5 6 7 8	1 2	↓

3.3 In the past 12 months, did you provide emotional support or advice to any relatives?

1. Yes → Go to 3.3 a
2. No → Go to 3.4 **Q3_3**

3.3a. Who did you provide emotional support/advice to? (E.g., Spouse, child, mother-in-law)	3.3 b. How often? Show card 3.1 b 1. Daily 2. weekly 3. Once a month 4. Few times a year 5. Once a year 6. Less than once a year 7. Depends 8. DK/CS	3.3 c. Do you live together? 1. Yes 2. No	3.3.d If living together write down the household line number
Q3_3A_1	Q3_3B_1	Q3_3C_1	Q3_3D_1
↓	1 2 3 4 5 6 7 8	1 2	↓
Q3_3A_5	Q3_3B_5	Q3_3C_5	Q3_3D_5
↓	1 2 3 4 5 6 7 8	1 2	↓

RECEIPT OF INTERGENERATIONAL TRANSFERS

3.4 In the past 12 months, did you receive housework help from any relatives?

- 1. Yes → Go to 3.4a
- 2. No → Go to 3.5 Q3_4

3.4a. Who helped you with housework? (E.g., Spouse, child, mother-in-law)	3.4b. How often? Show card 3.1 b 1. Daily 2. weekly 3. Once a month 4. Few times a year 5. Once a year 6. Less than once a year 7. Depends 8. DK/CS	3.4c. Do you live together? 1. Yes 2. No	3.4.d If living together write down the household line number
Q3_4A_1	2 Q3_4B_1 8	Q3_4C_1	Q3_4D_1
↓	1 2 3 4 5 6 7 8	1 2	↓
↓	1 2 3 4 5 6 7 8	1 2	↓
↓	1 2 3 4 5 6 7 8	1 2	↓
Q3_4A_5	2 Q3_4B_5 8	Q3_4C_5	Q3_4D_5

3.5 In the past 12 months, did you receive food, clothes, or other material goods from any relatives?

- 1. Yes → Go to 3.5a
- 2. No → Go to 3.6 Q3_5

3.5a. Who provided you with food/clothes? (E.g., Spouse, child, mother-in-law)	3.5b. How often? Show card 3.1 b 1. Daily 2. weekly 3. Once a month 4. Few times a year 5. Once a year 6. Less than once a year 7. Depends 8. DK/CS	3.5c. Do you live together? 1. Yes 2. No	3.5 d If living together write down the household line number
Q3_5A_1	1 2 Q3_5B_1 8	Q3_5C_1	Q3_5D_1
↓	1 2 3 4 5 6 7 8	1 2	↓
↓	1 2 3 4 5 6 7 8	1 2	↓
↓	1 2 3 4 5 6 7 8	1 2	↓
Q3_5A_5	1 2 Q3_5B_5 8	Q3_5C_5	Q3_5D_5

- 3.6 In the past 12 months, did you receive help to go to the doctors, marketing, shopping, go out to visit friends, using public transportation from any relatives?
1. Yes → Go to 3.6a **Q3_6**
 2. No → Go to 3.7

3.6a. Who provided you with this help? (E.g., Spouse, child, mother-in-law)	3.6b. How often? Show card 3.1 b 1. Daily 2. weekly 3. Once a month 4. Few times a year 5. Once a year 6. Less than once a year 7. Depends 8. DK/CS	3.6c. Do you live together? 1. Yes 2. No	3.6. d If living together write down the household line number
Q3_6A_1	2 3 Q3_6B_1 8	Q3_6C_1	Q3_6D_1
↓	1 2 3 4 5 6 7 8	1 2	↓
↓	1 2 3 4 ↓ 5 6 7 8	1 ↓ 2	↓
Q3_6A_5	2 3 Q3_6B_5 8	Q3_6C_5	Q3_6D_5

- 3.7 In the past 12 months, did you receive emotional support or advice from any relatives?
1. Yes → Go to 3.7a
 2. No → Go to 3.8 **Q3_7**

3.7a. Who gave you emotional support/ advice? (E.g., Spouse, child, mother-in-law)	3.7b. How often? Show card 3.1 b 1. Daily 2. weekly 3. Once a month 4. Few times a year 5. Once a year 6. Less than once a year 7. Depends 8. DK/CS	3.7c. Do you live together? 1. Yes 2. No	3.7. d If living together write down the household line number
Q3_7A_1	2 3 Q3_7B_1 8	Q3_7C_1	Q3_7D_1
↓	1 2 3 4 ↓ 5 6 7 8	1 ↓ 2	↓
↓	1 2 3 4 ↓ 5 6 7 8	1 ↓ 2	↓
Q3_7A_5	2 3 Q3_7B_5 8	Q3_7C_5	Q3_7D_5

RESPONDENT PERCEPTION ON ELDERLY

- 3.8 How often do you feel worried or stressed in your daily life?
1. A lot → Skip to 3.9 question
 2. Some → Skip to 3.9 question **Q3_8**
 3. Very little → Skip to 3.9 question
 4. Not at all → Skip to 3.10 question

- 3.9 What would you say is your main source of worry or stress? (Only ask respondents who report a lot, some, or very little stress).
1. Financial problems
 2. Health **Q3_9**
 3. Family
 4. Friends
 5. Work
 6. Crop damages
 7. Natural disasters
 8. Others (Specify) _____
- 3.10 In your opinion, who should be responsible for taking care of parents (food, health and others requirements) in their old age?
1. Aged parents should be independent
 2. Sons **Q3_10**
 3. Daughters
 4. Children
 5. Others (Specify)
- 3.11 In your opinion what is the best living arrangement for the elderly?
1. Live alone/live with spouse
 2. Live with son
 3. Live with daughter **Q3_11**
 4. Live with children
 5. Live with other close relatives
 6. Live in old age homes
 7. Others (Specify) _____
- 3.12 In your opinion from whom should care-givers expect to receive support during their old age?
1. No one
 2. Spouse
 3. Children **Q3_12**
 4. Other relatives
 5. Government
 6. Others (specify) _____
- 3.13 Do you know of old age homes?
1. Yes → **Go to 3.14**
 2. No → **Go to 3.16** **Q3_13**
- 3.14 Would you consider putting your parent in an old age home?
1. Yes → **Go to 3.16**
 2. No → **Go to 3.15** **Q3_14**
 98. Don't know → **Go to 3.16**
- 3.15 Why not?
1. It is not right because children should look after parents
 2. No properly managed old age homes
 3. Too expensive **Q3_15**
 4. Others (Specify) _____
- 3.16 Are you aware of any social assistance schemes of the govt. for the elderly?
1. Yes go to 3.17
 2. No go to section 4 **Q3_16**

3.17 Are you aware of the following special schemes of the govt. for the elderly?

	1. Yes	2. No
3.17.1 Concession for tickets in trains	Q3_17_1	
3.17.2 Reservation of seats in buses	1	2
3.17.3 Preference for facilities such as telephone connection	1	2
3.17.4 Special interests in Bank Accounts	1	2
3.17.5 Elders Identity card issued by the Department of Social Services	1	2
3.17.6 Elder's Hand Book and the periodical magazine published by the Department of Social Services	Q3_17_6	

3.18 Do the elderly in your household have an ELDERLY identity card provided by the Department of Social Welfare?

- Q3_18**
1. Yes
 2. No

3.19 Have you ever heard of National Secretariat for Elders?

1. Yes → go to 3.20
2. No → go to section 4 **Q3_19**

3.20 What role or responsibility do they perform? **Q3_20**

1. to advise the Government on the promotion of the welfare and the rights of elders
2. to recommend programmes to the Government and the other appropriate bodies, to strengthen the family unit based on the traditional values of Sri Lanka
3. to take all such measures as are necessary, in consultation with the relevant institutions to promote and protect the welfare and rights of elders
4. to organise lectures, seminars, workshops and other programmes in schools and other appropriate places with a view to inculcating, in the younger generation, their duties to elders
5. to ensure the adoption of, and compliance with, the relevant international declarations and conventions relating to elders, by the Government of Sri Lanka
6. to maintain accurate and up to date statistics relating to elders
7. to promote studies and research with a view to identifying the principal causes of the problems of elders and their needs and aspirations and to promote effective measures for the alleviation or elimination of such causes and for the satisfaction of such needs and aspirations
8. to provide due publicity through all appropriate means to the findings of the studies and research referred in order to make the public aware of the problems, needs and aspirations of elders ;
9. Establishments of welfare centers, recreation centers, day care centers etc with accommodation for destitute elders and to provide the necessary facilities to such centers and institutions
10. To monitor and coordinate programmes and schemes initiated and implemented by government and NGO's.
11. to maintain a directory of paid and unpaid job opportunities available to elders
12. to maintain a directory of elders according to their talents and expertise for the reference of the public.
13. To facilitate elders to obtain necessary legal advice and assist elders to get compensation from children
14. Preparing younger generation to confront old age with confidence and courage
15. Others (Please Specify).....

SECTION 4. PRIMARY CAREGIVER

INTERVIEWER TO FILL OUT IF ADULT CHILD IDENTIFIES HIS/HERSELF AS A PRIMARY CAREGIVER

4.1. Are you the primary caregiver for an older adult (e.g., older parents, older spouse, older sibling) in your family?

1. Yes. How many older adults..... → Go to 4.2 **Q4_1**
2. No → go to section 5

4.2. Who is the older relative that you provide care for?

	Adult 1	Adult 2	Adult 3
4.2.1 List relationship:	Q4_2_1A1	Q4_2_1A2	Q4_2_1A3
4.2.2 Household line number:	Q4_2_2A1	Q4_2_2A2	Q4_2_2A3

4.3. How long have you been taking care of this elderly?

4.3.1 Adult 1__ Q4_3_1 years Q4_3_1M Months Q4_3_1Y
 4.3.2 Adult 2__ Q4_3_2 years Q4_3_2M Months Q4_3_2Y
 4.3.2 Adult 2__ Q4_3_3 years Q4_3_3M Months Q4_3_3Y

4.4. Who assists you in care giving?

	List household line number
1. No one	Q4_4_1
2. Spouse of the elderly	
3. Child	
4. Grand son/daughter	
5. Sibling	
6. Paid servant	Q4_4_6

4.5. How much time do you spend, on average, per day in taking care of this older adult/s?
 _____hours Q4_5

4.6. What are the main types of assistance you provide to the older adult/adults?
 (May tick more than one)

1. Bathing
2. Feeding
3. Toileting
4. Getting in and out of bed
5. Moving around the house
6. Moving around outside the house
7. Cooking and housework
8. Managing the household
9. Using public transportation (three wheel, bus, train etc)
10. Communicating
11. Others (Specify) _____

Q4_6_1
↓
Q4_6_11

4.7. Please tell me about the types of problems you have in taking care of elderly, by type of problem and severity of problems:

1. No problem
2. No Serious problem
3. Minor Problems
4. Serious Problem
5. Very serious
6. Don't know/Can't say

	Severity of problems					
1. Financial	1	2	3	4	5	6
2. Health	1	2	3	4	5	6
3. Psychological/emotional	1	2	3	4	5	6
4. Time constraint	1	2	3	4	5	6
5. Freedom	1	2	3	4	5	6
6. Conflict with spouse	1	2	3	4	5	6
7. Others (Please specify).....	1	2	3	4	5	6

Q4_7_1
↓
Q4_7_7

4.8. Because you provide regular care giving to an older adult in your household, which of the following have you had to do?

(Please tick. May be more than one answer.)

1. Had to take long leave
2. Had to leave job
3. Interruption of education
4. Had to leave school
5. Affected to own economic activity
6. Others (Specify) _____
7. No difficulties

Q4_8_1



Q4_8_7

4.9. In your opinion, what are the types of assistance the government should give to children/family who have an elderly in their care?

1. Nothing
2. Income tax concession
3. Free medical care
4. More homes for the aged
5. Provide monthly pension
6. All of the above other than 1
7. Others, please specify

Q4_9_1



Q4_9_7

Section 5

5. HEALTH STATUS

5.1. SELF-ASSESSED HEALTH

5.1.1. Would you describe your current health status as excellent, very good, good, fair or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
- 98.DK

Q5_1

5.2. CHRONIC MORBIDITY

5.2.1. Next, we would like to know about any chronic diseases you may have.

	5.2.1 1. Yes 2. No		5.2.2 . Has a doctor ever told you that you have [-----]		
	Q5_2A1		1=Ye	Q5_2B1	=DK
1. Arthritis, rheumatism	1	2	1	2	98
2. Diabetes	1	2	1	2	98
3. Heart attack, coronary heart disease, angina, other heart problems	1	2	1	2	98
4. Hypertension/ stroke	1	2	1	2	98
5. Malignant tumours/cancer	1	2	1	2	98
6. Memory related diseases	1	2	1	2	98
7. COPD	1	2	1	2	98
8. Cataract	1	2	1	2	98
9. Kidney failure	1	2	1	2	98
10. Others (specify)	Q5_2A10		Q5_2B10		

5.3. ACUTE MORBIDITY

5.3.1. During the past ONE month were you sick? (e.g. cold, fever, cough etc.).

Sick	(5.3.1) Have you suffered from [-- -] during the past one month? 1=Yes;2=No	(5.3.2) If yes, ask for how many days. <i>Yes, for ___ days</i>
1. Headache	1 Q5_3A1	Q5_3B1
2. Fever	1	
3. Toothache	1	
4. Cough	1	
5. Difficulty breathing without exertion	1	
6. Nausea, vomiting	1	
7. Stomach ache	1	
8. Diarrhea minimal of 3x per day	1	
9. Painful or swollen joints	1	
10. Skin problem	1	
11. Burns, wounds/injuries	1	
12. Eye infection	1 Q5_3A13	Q5_3B13
13. Other symptoms (specify)	1	2

5.4. Mental health

5.4.1. We would like to know how your health has been in general, over the past few weeks (recently). ?
Please answer the following questions by ticking BY LOKING AT THIS SHOW CARD that best applies to you.
Have you recently... (PLESAE READOUT/ROTATE THE STATEMENT) ?

Q5_4_1

Item (Rotate the statements)	Much less than usual	Same as usual	More than usual	Much more than usual	DK/CS
1. Been able to concentrate on whatever you are doing?	1	2	3	4	5
2. Lost much sleep over worry?	1	2	3	4	5
3. Felt useful, as if you could make some contribution (e.g., provide help, advice)	1	2	3	4	5
4. Felt capable of making decisions about things?	1	2	3	4	5
5. Felt constantly under strain?	1	2	3	4	5
6. Felt that you couldn't overcome your difficulties?	1	2	3	4	5
7. Been able to enjoy your normal day-to-day activities?	1	2	3	4	5
8. Been able to face up to your problems?	1	2	3	4	5
9. Been feeling unhappy and depressed?	1	2	3	4	5
10. Been losing self-confidence in yourself?	1	2	3	4	5
11. Been thinking of yourself as a worthless person?	1	2	3	4	5
12. Been feeling reasonably happy, all things considered?	1	2	3	4	5

Q5_4_12

Thanks and terminate the interview.

Special Notes: