

**WHO AGE-FRIENDLY CITIES PROJECT
METHODOLOGY**

VANCOUVER PROTOCOL



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INTRODUCTION

This research protocol was used by collaborating cities in conducting the focus group research in 33 cities in all world regions that led to the WHO Global Age-Friendly Cities Guide in 2007. It is called the Vancouver Protocol in recognition of the generous support of the Government of British Columbia in hosting the meeting of project partners to prepare the protocol.

The purpose of this document is to guide groups who wish to use the same research approach to assess their community's age-friendliness as a basis to identify areas for action. The results of this local assessment can be compared with the checklists of age-friendly city features found in the WHO Global Age-Friendly Cities Guide.

The local information provided by older persons and others will help to pinpoint the community's specific advantages and weak spots. Furthermore, the involvement of community members as active participants in the evaluation will elicit their support and engagement. Persons involved in Age-friendly community research process should also play a role in suggesting changes and in implementing and monitoring improvements.

I OVERALL PROJECT OBJECTIVES AND WORKPLAN

Core definitions and parameters

The project rests on the premise that an **age-friendly city** promotes **active ageing**.

Active ageing is "the process of optimizing opportunities for optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (*Active Ageing: A Policy Framework*, WHO, 2002).

An **age-friendly city**:

- recognizes the great diversity among older persons
- promotes their inclusion and contribution in all areas of community life
- respects their decisions and lifestyle choices, and
- anticipates and responds flexibly to aging-related needs and preferences.

In an age-friendly community, there is a culture of inclusion shared by persons of all ages and ability levels. Policies, services and structures related to the physical and social environment are designed to support and enable older people to "age actively", that is, to live in security, enjoy good health and continue to participate fully in society.

Focus on Cities

Cities are the hub of human activity and progress. In the developed world, three-quarters of older persons live in cities already. In developing countries, the convergence of rapid demographic ageing and rapid urbanization makes it critical to design cities to support and enable the massive increase of older residents.

Making cities age-friendly is one of the most effective policy approaches for responding to demographic ageing. Major urban centres have the human, economic and social resources to make innovative age-friendly changes. Cities also are poles of attraction and trend-setters for their countries, and sometimes for the world.

Focus on Specific Neighbourhoods or Districts within Cities

Within larger urban agglomerations, residents typically live, contribute, socialize, play, and obtain goods and services in smaller and often very distinct neighbourhoods or districts which are commonly known, if not administratively defined. The project will be take place in a clearly identified neighbourhood or district within large cities: for example, the project in Rio de Janeiro will be undertaken in Copacabana.

Projects in smaller cities and towns may encompass the whole community if this is more appropriate.

Bottom-up Participatory Approach

The Age-Friendly City project explicitly adopts a locally-driven and "bottom-up" approach that starts with the lived experience of older persons regarding what is, and what is not, age-friendly, and what could be done to improve their community's age-friendliness. The knowledge and experience of public, voluntary and commercial service providers in the local community is then combined with the information from older persons to provide a more complete picture of the community's strong points and barriers in regard to age-friendliness. This local assessment is communicated by project leaders to the public, older persons and decision-makers as the starting point for actions to make the community more age-friendly.

Qualitative Research

The research function entails directing the qualitative research activities involved in the project to ensure that the research process meets scientific and ethical standards and that the findings are rigorously analysed and thoroughly reported. The person conducting the research **must** have experience in focus group methodology, and in qualitative data analysis. He or she should also have knowledge in gerontology.

The research responsibility involves the following activities:

- implementation of the overall focus group research strategy, including ethical approval and informed consent procedures, sampling, selection, recruitment, interview, data transcription, data analysis and report preparation
- selection and training of research assistants
- reporting the research findings back to the focus group participants.

II FOCUS GROUP COMMUNITY ASSESSMENT METHODOLOGY

This section describes the methodology for assessing how age-friendly a neighbourhood or district is and what are the issues and barriers that will require community action. This work will a profile of the local community and a series of focus groups with older persons, caregivers of older persons and local service providers.

Community profile

It is important to present the geographic, demographic, social and economic characteristics of the city and district where the age-friendly cities project is undertaken. This information provides a context to understand the local age-friendly issues and challenges. Most of the information can be gathered from survey or administrative data. Included will be data on:

- location, size and topography of the district
- number and density of residents
- social, ethnic and economic characteristics
- numbers and proportion of older persons (60-74 and 75+)
- housing type and tenure
- distribution of public, commercial and voluntary services

Focus Groups With Older Persons And Caregivers

Sampling: selection, recruitment and screening

A **minimum** set of five (5) focus groups should be conducted, four (4) of which would be with older persons and one (1) with informal caregivers of older persons who are moderately or severely disabled.

If local resources and time permit, more sets of focus groups are desirable to have a more extensive assessment of the community's age-friendliness. If a decision is made to have more than the minimum number of focus groups of older persons, it is important to ensure that **all relevant characteristics are repeated** to ensure a balanced representation of older persons in the total sample. Thus, two (2) sets of older persons' focus groups would mean a total of eight (2 x 4) focus groups, or three (3) sets would be 12 (3 x 4) focus groups. Increasing the focus group of caregivers beyond one would also be desirable if resources permit.

Each focus group will consist of about 8 -10 people. Efforts should be made to recruit participants from a variety of sources. About 12-15 people should be invited to each group to allow for no-shows. Volunteers can be encouraged to "bring along another older

family member or friend" to the focus group session because the subject matter is not of a particularly sensitive or private nature. To enhance the amount and efficiency of information provided by the focus groups persons recruited should be given a copy of the focus group questions ahead of time to prepare for the session.

Groups of older persons will be separated according to 2 age groups (60-74 and 75 and over) and to socio-economic status (at least low SES and middle SES), to constitute the groups as follows:

Group	Age	Socio-economic status
1	60-74	Low
2	60-74	Middle
3	75 and over	Low
4	75 and over	Middle

Efforts should be made to include the "oldest-old", that is, people aged 85+, in the focus groups. Each group will consist of both men and women to reflect the sex distribution in the older adult population. Although mixed gender groups is the norm, separate groups of men and women can be conducted, if preferred in the local culture.

Preferably, selection by SES will be based on the SES of the neighbourhood where the participants reside, not on the income of individual participants, to avoid asking potentially intrusive questions about personal income..

Each group should also have a mixture of persons with no disabilities, mild disabilities and moderate disabilities, to be representative of the wide range of ability levels within the older adult population. Efforts should be made to have at least half of the people in the groups of persons aged 75 and over have some type of disability (not just wearing eyeglasses!). If your community has a significant proportion of older persons from ethno-cultural minority groups, it is advisable to try to include persons from these subpopulations within the focus groups so that their voice is heard as well.

The only important characteristic of the members of the caregiver group is that all of them provide direct support to an older person who is moderately to severely disabled. In this focus group, the caregivers will be provide their views of the advantages and difficulties faced by the persons for whom they are caring. The topic areas are the same, with a slight modification of the lead question, for instance:

"Describe what it is like for the older person you care for to.. (topic area).."

All participants in the older persons' and caregivers focus groups should be recruited within the geographical community that is under study. Convenience sampling and recruitment in the community is acceptable. Community-based religious, social, volunteer and recreational centres where older persons gather, and community agencies or services that have a large clientele of older persons are recommended places to recruit.

A small payment or gift can be given to focus group volunteers if resources permit and if this is an accepted research practice in the country.

All prospective participants will be fully informed, verbally, and in writing, of the research purpose, procedure and areas of enquiry, and informed consent will be obtained prior to the focus group. Each country site will be required to adhere to local Ethical Review and Informed Consent procedures. A sample Consent form that may be adapted is provided in Annex 2.

Focus Groups With Providers Of Services

Sampling: selection, recruitment and screening

Focus groups should be conducted with service providers in each of the following categories:

- **professional staff in public municipal or regional services** in the key areas (urban design, culture, parks and recreation, social and health services, transportation, security, police)
- **businesspeople and merchants** (Chamber of commerce representative, banks, grocery store merchants, pharmacists, restaurant, hairdresser/barber, shopping mall manager, media services..)
- **voluntary organizations** (for example, social service agency, Red Cross, charitable organizations, Alzheimer Society or other health NGO, religious organizations, older persons' centres)

There can be separate focus groups for each category, or they can be mixed. Because it may be more difficult to schedule the participation of busy service-providers, adaptations can be considered, eg, individual interviews, or small group discussions in their workplace. Written informed consent from each participant is required.

The same topic areas should be covered, with the following principal question:

"From your observation and professional experience, what is it like for older persons to..?"

It is anticipated that group members will not be able to comment on all the topics from their professional experience -- for instance, the grocery store manager might not have anything to say regarding older persons' housing or social and civic participation. However, all members should be able to comment on some areas.

III Focus Group Procedure Guide

Organisation

The selection of interview locations should be made with the following factors in mind:

- room dimensions (the room needs to easily accommodate a table or circle of chairs to comfortably seat all the participants and the focus group moderator)
- flip chart or equivalent is needed
- comfort (seating etc.)
- accessibility (in relation to both geographical access and consideration of those with disabilities), and
- transport options available.

A total of about- 2 ½ to 3 hours should be allocated for each group (which includes a 20-30 minute break). If this is too long, consider holding 2 sessions on 2 separate days.

Other ways to increase the efficiency of time use are:

- Avoid repeating topics and issues that are raised earlier
- If a topic area does not elicit much discussion despite a few prompting questions, move on to the next topic-- another group of participants may have more to say in that area

Participants should be provided with light refreshments, including beverages,

Name tags stating each participant's first name or family name (as culturally appropriate) only should be provided. A flip chart or white board is needed to record and illustrate ideas and themes that arise.

Each focus group should be audio-taped (in double for security) and the tapes transcribed as soon as possible.

Focus Group Leader Role

The focus group leader should be the person responsible for conducting the research. The leader must have experience conducting focus groups and have gerontological knowledge. The researcher's role as Focus group leader is to keep the group "focused" and to generate a lively and productive discussion through the participation of all persons present. As many of the topic areas as possible should be covered, with questions to prompt and guide discussion if required.

Assistant Role

An assistant should be present at each focus group session. The assistant's role includes:

- setting up the room;
- organizing the snacks;
- assisting the focus group leader as required with noting points on the flip chart; ensuring that the sessions are taped in double; and that the tape recorders are functioning properly;
- providing general support to the focus group moderator.

Running The Group

The focus group discussion, including the mid-session break should last no more than 2 ½ - 3 hours maximum. Allow 10-15 minutes per question (i.e., 1 hour 40 minutes to 2 hours 30 minutes). Encourage the group to explore issues of concern to them as they arise, rather than impose an arbitrary agenda. Allow each group's discussion to develop in different ways.

Sessions should be tape recorded and transcribed. Use two tape recorders in case one-malfunctions.

Informed Consent

Each setting has its own legal requirements and accepted practices for Informed Consent and/or Ethical Review committees for focus group participation. See Annex 1 for a sample Consent Form that can be adapted as required.

Preparation Of Focus Group Participants

When participants are recruited, they should be given the list of focus group topics and questions and asked to think about them in preparation for the focus group discussion. This will ensure that participants are fully informed about the research and that the discussion will be fruitful and as efficient as possible.

Handling Of Unforeseen Occurrences

As the focus group leaders are experienced in conducting focus groups, they should be prepared to handle conflicts or unforeseen circumstances that may arise. Have information ready to refer people into counseling or other services if issues arise which require such follow-up.

Discussion Guide Procedure

To begin the groups, give a brief introduction that explains the purpose of the focus group and the contributions expected from participants. For example,

“Good morning/afternoon. My name is Thank you all for coming along today and volunteering your time. What we are doing today is getting information from you about your city (name of city). We want to find out how "age-friendly" your community is.

An age-friendly community is a community which enables older persons to live in security, maintain their health and participate fully in society.

We are going to talk about many different aspects of the community, including the city environment, buildings, roads, and the different services and activities in the community.

From your experience as (choose one of the following)

- ***an older person;***
- ***a person providing care to an older person,***
- ***a provider of services in the community***

I want to hear about the positive experiences, or good features of the city of (name of city), that show the ways in which the city is now "age-friendly".

I also want to learn about the negative experiences, or bad features of the city that show the ways in which the city is NOT age-friendly.

Finally, I want your suggestions on the ways to improve the "age-friendliness" of the city.

There are no right or wrong answers. Every person's opinion is important.

The session is being tape-recorded so that we don't miss anything you say. Be assured that you will not be personally identified in the final report.

So that we can understand the tape it is important that only one person speaks at a time, and we will make sure that everyone gets a chance to have their say.

Now, let's start with.....”

The questions are intentionally broad, as it is important to allow participants to spontaneously raise the specific areas and concerns relevant to them. Only once it has become apparent that some issues will not be raised spontaneously is it appropriate for leaders to ask specific questions to prompt exploration.

Efforts should be made to raise cover all topic areas.

Terminology will differ between countries and segments, as will the level of language appropriate for use. More prompts may be necessary for some groups than for others, and it may be necessary to be more indirect in phrasing questions depending on the profile of the participants. When conducting the focus group sessions, please note that the group begins with a broad "warm-up" question, which is followed by the central portion during which the core of the work is done, and is completed by a "wrap-up" question during which the participants have a chance to raise other issues important to them.

Focus Group Questionnaire

Topics and Open Questions	Prompts
<p>WARM-UP QUESTION</p> <p>What is it like to live in (<i>name of the city/district</i>) as an older person?</p>	<p>Ask...</p> <ul style="list-style-type: none"> • Good features? • Problems?
<p>Topic 1.</p> <p>OUTDOOR SPACES AND BUILDINGS</p> <p>Let's talk about outdoor spaces and buildings.. I want to hear about your positive experiences, your negative experiences, and I want to get your ideas for improvements</p> <p>What is it like to step outside of your home to go for a walk to get fresh air, run errands or visit?</p> <p>What is it like to go into buildings, such as public offices or stores?</p>	<p>Ask about...</p> <ul style="list-style-type: none"> • design and maintenance of sidewalks and curbs? • street intersections and crosswalks? • traffic volume, noise? • particular times of day, like nighttime? • weather conditions? • green spaces? walking areas? • street lighting? • protection from sun, rain or wind? • benches, rest areas? • sense of physical safety? • sense of security from criminal victimization? • In buildings: stairs, doors, lift devices, corridors, floors, lighting, signage, doors, toilets, rest areas
<p>Topic 2.</p> <p>TRANSPORTATION</p> <p>The next area is transportation in your community.. I want to hear about your positive experiences, your negative experiences, and I want to get your ideas</p>	<p>Ask about...</p> <p>Are public buses, trams or subway trains...</p> <ul style="list-style-type: none"> • Affordable? • Easy to get to? • Easy to board? • Frequent enough when you want to

<p>for improvements</p> <p>Describe your experience using public transportation -- bus or tram or subway, in your community.</p> <p>What is it like to drive in your community?</p>	<p>travel?</p> <ul style="list-style-type: none"> • On time? • Extensive routes to go wherever one wants? • Waiting areas and stops with benches, lighting, protection from the elements? • Secure from crime? • Adapted transportation for disabled persons? <p>For drivers:</p> <ul style="list-style-type: none"> • Legible street signs • Legible street numbers • Lighting at intersections • Easy to understand traffic signals • Sufficient and close parking • Handicapped reserved parking • Drop off and pick up allowance • Driver refresher courses
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<p style="text-align: center;">Topic 3. HOUSING</p> <p>Housing is the next topic we will cover. I want to hear about your positive experiences, your negative experiences, and I want to get your ideas for improvements:</p> <p>Tell me about the house or the apartment where you live.</p> <p>If your needs change, what are your choices for housing in the community?</p>	<p>Ask about..</p> <p>Acceptability..</p> <ul style="list-style-type: none"> • Cost? • Comfort? • Physically safe? • Security from crime? • Proximity to services? <p>Mobility and independence in the home:</p> <ul style="list-style-type: none"> • move about easily? • Reach and store things easily? • do housework and chores?
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<p style="text-align: center;">Topic 4.</p>	<p>Ask about...</p>
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<p>RESPECT AND SOCIAL INCLUSION</p> <p>The next area deals with how the community shows respect for, and includes older people.</p> <p>I want to hear about your positive experiences, your negative experiences, and I want to get your ideas for improvements.</p> <p>In what ways does your community show, or not show, respect for you as an older person?</p> <p>In what ways does your community include, or not include you as an older person in activities and events?</p>	<ul style="list-style-type: none"> • Politeness? • Listening? • Helpfulness? • Responsiveness to needs in services and programmes? • Consultation? • Choices offered? • Public recognition of the contributions of older people? • Intergenerational activities?

<p>Topic 5.</p> <p>SOCIAL PARTICIPATION</p> <p>Let's now talk about social and leisure activities....</p> <p>I want to hear about your positive experiences, your negative experiences, and I want to get your ideas for improvements</p> <p>How easily can you socialize in your community?</p> <p>Tell me about your participation in other activities, like education, culture, recreation, or spiritual activities?</p>	<p>Ask about...</p> <p>Are social and leisure activities...</p> <ul style="list-style-type: none"> • Affordable? • Accessible? • Frequent? • Convenient location? • Convenient times? • Offer choices? • Interesting?
<p>Topic 6.</p> <p>COMMUNICATION AND INFORMATION</p>	<p>Ask about...</p> <p>Is information</p> <ul style="list-style-type: none"> • Accessible? • Useful? • Timely?

<p>The following topic we will explore deals with information. Again, I want to hear about your positive experiences, your negative experiences, and I want to get your ideas for improvements</p> <p>What is your experience getting the information you need in your community, for example, about services or events? This can be information you get by telephone, radio, TV, in print, or in person</p>	<ul style="list-style-type: none"> • Easy to understand? • Difficulties with automated systems, print format and size?
<p style="text-align: center;">Topic 7. CIVIC PARTICIPATION AND EMPLOYMENT</p> <p>I want to know about your experiences doing volunteer or paid work, and about your participation in public affairs. I want to hear about your positive experiences, your negative experiences, and I want to get your ideas for improvements</p> <p>Tell me about your participation in volunteer work?</p> <p>Tell me about your participation in paid work, if you are employed now or if you are looking for paid work?.</p> <p>Tell me about your participation in public community affairs, like community associations or municipal councils?</p>	<p>Ask about...</p> <ul style="list-style-type: none"> • Availability of information about opportunities • Accessible opportunities • Variety of opportunities • Attractiveness • Recognition provided • Remuneration (paid work) • Adjustment to older persons' abilities • Adjustment to older persons' preferences • Ways used to motivate older persons' participation
<p style="text-align: center;">Topic 8. COMMUNITY SUPPORT AND HEALTH SERVICES</p> <p>I want to know more about the health and social services in your community that help older people living at home.</p> <p>I want to hear about your positive experiences, your negative experiences,</p>	<p>Ask about...</p> <ul style="list-style-type: none"> • Types of services available • Accessibility • Affordability • Responsiveness of services to individual needs

and I want to get your ideas for improvements	
What is your experience with the services in the community to help older persons?	
WRAP-UP QUESTION Before we finish, are there any other issues or areas we haven't discussed that you want to raise?	No prompts

Data analysis and reporting

The focus groups will provide rich descriptions and accounts of the experiences of older persons directly, and indirectly through the caregiver focus group, regarding the age-friendliness of the city. The aim of the researcher is to bring together and compare the discussions of the 9 areas (warm up question + 8 topics) across the groups in order to bring to light:

- aspects of the community that are age-friendly (advantages),
- barriers and problems that show how the community is not age-friendly (barriers)
- suggestions to improve the problems or barriers identified.

In doing the analysis, it is important to distinguish the group consensus from a few individual opinions (however strongly they may be expressed). Quotes can be cited textually in the analysis to add colour to the interpretation, but these quotes should illustrate the common view, not the divergent opinion.

The analysis and reporting of focus group data should proceed in the following successive steps.

Step 1. Analysis of themes for each of the focus groups (use the Results Summary sheet below to see the results easily)

Step 2: Comparison of the issues among the different groups of older persons (that is, by age category and by socio-economic level) to identify patterns and implications

Step 3. Comparison of the results from the focus groups with older persons and the focus groups with caregivers and service providers.

Results Summary Sheet

Summary Sheet 1 (One summary sheet for each focus group)

What is the city like for older persons?-----

Topic	Age friendly advantages	Barriers to age-friendly	Suggestions for improvement
Outdoor spaces and buildings			
Transportation			
Housing			
Respect and social inclusion			
Social participation			
Communication and information			
Civic participation and employment			
Community support and health services			

Issues raised in wrap-up question _____

Annex 1

Informed Consent*

Because of ethical principles and a respect for the autonomy of the individual, informed consent is not just a simple formality. It is a fundamental procedure to protect the rights of the people who participate in the study.

The process of obtaining the informed consent from an older person requires that the interviewer clearly understand that the right to give this consent is never delegated to a different person because of the participant's age. This is the participant's right, and it cannot be given to and cannot be denied by anyone as long as the older person has cognitive capacity to:

- understand that he/she has the right to agree to participate in the research or to refuse to be involved;
- make a judgment of whether or not he/she wants to participate; and
- communicate his/her decision to the interviewer.

As a result, before beginning the focus group, you should read the respondent the "Declaration of Consent" to participate in the Age-Friendly Cities Project. You should read it slowly. When you finish, ask the individual whether he/she has any questions about the Declaration. If the person can read, give him/her the opportunity to sit down and read the Declaration for him/herself.

Once the person has given his/her verbal consent, give him/her the sheet to keep so that he/she can refer to it in the case of any doubt. The facilitator should sign his/her own name on the "Declaration of Consent" sheet that the respondent has freely consented to participate in the Age-Friendly Cities Project.

It is always necessary to leave the respondent a copy of the Declaration of Consent with the name and telephone numbers of the person that he/she should call in case doubts or questions about the study should arise.

* Adapted from the SABE survey developed by the Pan American Health Organization/World Health Organization; Washington, D.C:

Declaration of Consent - Study of Age-Friendly Cities

Statement to be read to each of the participants before the focus group

How are you? My name is _____ and I am with the *(name of organization conducting the focus group research)*_____?

- You have been chosen to take part in an important study. The objective of this study is to better understand how cities can help older people live healthy and active lives. During the discussion you will be asked to share your positive and negative experiences, and your ideas for improving the city for older persons.

Taking part in this study is completely voluntary. You can withdraw at any time during the meeting if you choose. The meeting will be tape recorded but all the material from the tapes will be reported without any names. The written information you give about yourself will be used only to describe the group. Your name will never be reported.

Do you agree to participate in the study? (Circle the person's verbal response)

Yes

No

Name: _____ Date: _____

Signature[^]: _____

[^] In many cases, older persons are not likely to want to sign a piece of paper because they either do not read or because they are suspicious of what will be done with their signature. Thus, the signature is not a requirement, but an option given to the participant.

Annex 2

Questions for Advance Distribution to Participants

Older Persons

Thank you for accepting to come to a meeting that will be held on (day and time) in (location) to talk about your (name of city or district).

Here are the questions that will be asked during the meeting. Please read them before coming and think what you may want to say about each one during the meeting.

Think about your positive as well as negative experiences in each area, and think about improvements that could be made.

1. General Question

What is it like to live in *(name of city/district)* as an older person?

2. Outdoor spaces and buildings

- What is it like to step outside of your home to go for a walk to get fresh air, run errands or visit?
- What is it like to go into buildings, such as public offices or stores?

3. Transportation

- Describe your experience using public transportation -- bus or tram or subway, in your community.
- What is it like to drive in your community?

4. Housing

- Tell me about the house or the apartment where you live.
- If your needs change, what are your choices for housing in the community?

5. Respect and Inclusion

- In what ways does your community show, or not show, respect for you as an older person?
- In what ways does your community include, or not include you as an older person in activities and events?

6. Social Participation

- How easily can you socialize in your community?
- Tell me about your participation in other activities, like education, culture, recreation, or spiritual activities?

7. Communication and Information

- What is your experience getting the information you need in your community, for example, about services or events? This can be information you get by telephone, radio, TV, in print, or in person

8. Civic Participation and Employment

- Tell me about your participation in volunteer work?
- Tell me about your participation in paid work, if you are employed now or if you are looking for paid work?.

- Tell me about your participation in public community affairs, like community associations or municipal councils?

9. Health and Social Services

- What is your experience with the services in the community to help older persons?

Annex 3

PARTICIPANT INFORMATION Older Persons

Some information is needed about you so that we may describe the overall characteristics of our volunteers. Please complete this Information Sheet by writing a checkmark beside the answer that describes you, or by filling in the answer. If you have a question, ask the group leader.

1. Age at last birthday_____
2. Sex: Male_____ Female__
3. Present Employment Status: Retired: __ Work Full-time__ Work Part-time__
4. Present occupation or, if retired, major pre-retirement occupation,: _____
5. Your judgment of your current health:
 Excellent___ Good___ Fair_____ Poor_____
6. Do you have any health problem that limits your ability to do your normal daily activities? Yes _____ No _____
7. What is the highest level of schooling you completed completed?:
 Primary School _____
 Secondary School _____
 College or University _____
7. Do you rent, or own the home where you live?
 Rent _____ Own_____

8. Who lives in your home with you? (check all that apply)

- No-one else but me
- Spouse or partner
- Children (Number _____)
- Other relatives (Number _____) Relationship (e.g., mother, sister)
- Non-relatives (Number: _____) Relationship (e.g. boarder, housekeeper)

Total number of people in your household: _____

9. Neighbourhood and city where you live:
