



# User's guide for the Health Outcomes Tool

**HelpAge**

International

**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

## User's guide for the Health Outcomes Tool

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Registered charity no. 288180

This guide is the product of a three-year process of developing and validating the Health Outcomes Tool (HOT). HelpAge International would like to thank Pfizer International and HelpAge USA for supporting the development process and implementation of the tool in several countries around the world.

The guide is based on field experience, piloting of the tool, and training events. We would like to thank the following institutions and individuals who have contributed to this work: University Javeriana/Institute of Ageing in Colombia; consultant Mauricio Chumacero; Fundación Horizontes and Suma Punchay in Bolivia; the HelpAge Tanzania team; Prakash Tyagi and GRAVIS team in India; and project staff from the Better Health project. Thanks also to Giorgi Pkhakadze, Rachel Albone and Kristin Bodiford for valuable inputs and to Paul Ong, for initiating the development of this tool.

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**ISBN 978-1-910743-16-4**

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# 1. About this User's Guide

The Health Outcomes Tool (HOT) is a monitoring and evaluation (M&E) tool developed by HelpAge International to standardize how we assess the impact of interventions for older people's health and wellbeing. This guide has been designed to help you implement the HOT.

The guide explains the background of the tool and its methodology, and how to use it in practice. It will help you understand how to collect data and conduct interviews to assess the impact of a project or programme. The guide has three parts; the first section of the guide explains how to use the HOT questionnaire. The second section sets out the key role of the interviewer and the third section explains what you need to know about entering the data that has been collected. In Annex 1 there is an important table with explanations and comments for every question in the HOT questionnaire, explaining how each question should be understood and the reasoning behind collecting this data.

## Objectives of this User's Guide

- To understand the basic concept behind "healthy ageing"
- To understand what the HOT is and what it is for
- To learn how to collect the data in the correct way
- To help you organise data collection and implement the tool

## 1.1. What is the HOT?

The HOT has been developed to be used for monitoring and evaluation of projects or programmes that aim to benefit older men and women in low and middle income countries.

The tool is designed to be used with a pre-post test design. Baseline data will give you information about the situation before the programme is implemented. The endline gives you information about the situation after the programme has been implemented. In comparing these two you will be able to assess the impact the programme has had. You can also collect data midway through the project (midline data), as a form of monitoring activity. The results (evidence) you gather from using the HOT can be used to improve current and future projects as well as to inform and support HelpAge International's policy and advocacy work.

HOT data is collected through a short questionnaire with three sections: (1) general questions about an individual (such as age, standard of living, abilities, family members, level of poverty, etc.); (2) that individual's perception of their health, functionality (what they can or can't do in their daily lives), level of dependency, use of services, and ability to self-care; and (3) an objective test of health status (the "sit to stand" test or a read of blood pressure). Most of the questions use a scoring method, whereby the interviewer asks the respondent to score his or her perception on the topic using a line (the line is graded 0-100, where 100 is the best possible situation – this is all explained later).

The HOT has been developed and implemented to respond to three of

HelpAge's organisational needs:

- to effectively monitor and evaluate our programmes
- to measure status and change in our corporate indicators
- to provide a standardised tool to support country offices/projects in evaluating programmes by measuring change in outcomes.

### **HelpAge International's corporate indicators**

HelpAge has decided on two indicators to evaluate our work related to health and care:

**(1) Percentage of older men and women in HelpAge projects reporting a better perception of their health**

**(2) Percentage of older men and women in HelpAge projects reporting better satisfaction with their life/wellbeing**

By studying the same indicators in all our health and care work, we can compare effects within and between programmes, regions and countries. The HOT is a tool that can help us in achieve this.

## **1.2. How do we measure healthy ageing?**

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".<sup>1</sup>

Health is not an end in itself but a means to achieve a good quality of life, which WHO defines as: "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". It is a broad-ranging concept that is affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship to their environment. There is no sole determinant of individual wellbeing or quality of life; generally speaking, wellbeing depends on having good health, positive social relationships, and availability of and access to basic resources.

Defining indicators for healthy ageing has significant challenges. Standard medical or health outcomes, based on medical tests can show improvements in health, but do not tell us much about the quality of an older person's life, as they see it.

Even within a "natural" ageing process we will often see a decline in different functions. For example, we might expect that, as life expectancy increases, there would be an equivalent number of years gained in good health. But this is not the case: for every additional year that someone lives past the age of 50, only 0.8 years of healthy life are gained, as disabilities tend to increase during these years. Therefore, *healthy ageing* can be defined as the process of maintaining the functional ability that enables wellbeing in older age.

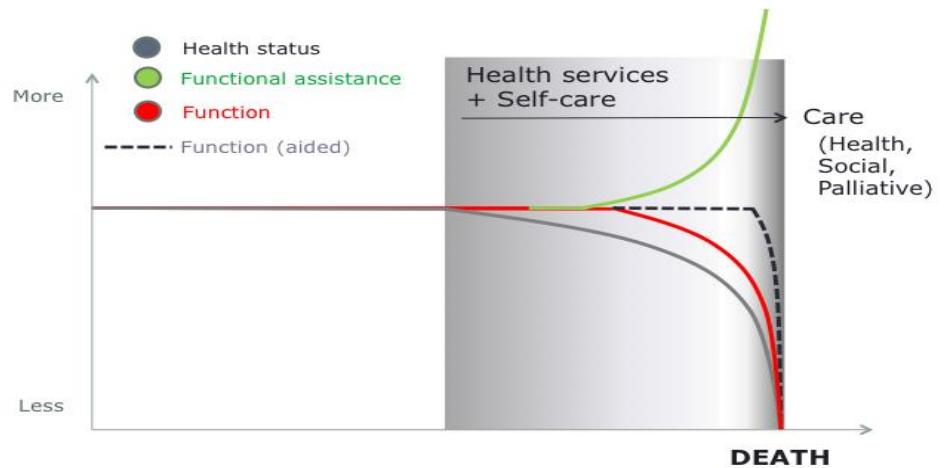
Health and wellbeing in older age is not simply about absolute improvements in health status. In Figure 1, the black dotted line reflects our aspirations, which are about achieving a level of functionality (assisted or not) that we can maintain for as long as possible. This is

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<sup>1</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

why “functionality” should be measured as a key outcome.

**Figure 1:** A function-oriented approach to health in older age



### 1.3. The domains

For the HOT we have selected four domains (dependency, health service response, self-care and functionality) to build the concept of health (Figure 2). The four domains are all part of the data we collected through the HOT and each of them has one or more questions in the HOT questionnaire.

**Figure 2:** The four domains in our concept of health



The choice of these four domains is strongly connected to the new “healthy ageing” framework developed by WHO’s healthy ageing report and HelpAge’s 2020 strategy. Additionally, for some years now, HelpAge has been incorporating functionality as a core aspect for healthy ageing.

## 2. Understanding the HOT questionnaire

First of all, we recognise that the word health means different things to different people in different contexts and cultures, so we do not attempt to provide a definition that is universal. This is the main reason why the HOT looks at different domains of health. We have chosen certain domains and questions because they represent an important part of what health is or could be. The tool is also a way of learning about how (older) people perceive themselves, whatever their own personal interpretation of the concept of health.

During training of the data collection team, you should ask the group to reflect on what the concept of health means in their locations or contexts. The box below gives an example of how you can do this.

### Exercise 1:

Each member of the group takes time to reflect on what he or she understands by the word "health" and the phrase "being satisfied with my life and my wellbeing"

### Exercise 2:

Group members share their thoughts and discuss in smaller groups

### Optional exercise:

Whenever feasible, during training deepen the discussion by asking what people think these two concepts mean. This will help you to ask more meaningful questions, ensure better translation, and support your analysis of the baseline data collected.

### 2.1. The HOT questionnaire

The survey (version June 2016) is structured as follows:

- Introduction and consent form
- General basic information on the respondent (this information helps us to analyse the data in a disaggregated way)
- The main questions (20 in total)
  - 2 questions covering how the respondent perceives their health and how satisfied they are with their life in the recent past (3 months)
  - 18 questions and sub-questions grouped into the 4 domains:
    1. Functionality
    2. Dependency
    3. Perception of services
    4. Self-care
- An objective test (i.e. a test not based on the respondent's perception), from sitting to standing test, measuring blood pressure or other.

## 2.2. Demographics

As well as collecting data on health through the four domains, the questionnaire also asks for demographic data. This information is collected so that you can disaggregate (break down) the findings (such as by age, gender, level of poverty, or disability) and therefore deepen your analysis of the data.

### Age

Age is collected in full years, and not as the year of birth. The respondent's age should **not** be recorded as an age group.

### Gender

Gender can be recorded as "male", "female" or "other". The latter applies to respondents who do not identify as male or female; it should not be confused with sexual preference. Here are two examples that should be coded as "other":

**Transgender** – a person whose gender identity does not correspond with their sex assigned at birth. Transgender people may identify as male or female, or they may feel that neither label fits them.

**Gender identity** – refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth.

### Disability

The HOT questionnaire collects basic prevalence data on the following disabilities: impaired eyesight (C11a), impaired hearing (C11b), and communication difficulties (C11c). Data on memory problems (Q5) as well as physical disabilities (Q4) are collected as outcome indicators.

Furthermore, the questionnaire includes one question (to be answered by the interviewer), which asks: "In your opinion, does the respondent have a disability or impairment that could affect the questionnaire?" We do not intend to exclude any older person from the survey, but want to keep this answer in mind when analysing the data as it could explain outliers, incompleteness or other illogical errors in the data.

## 2.3. Understanding the scoring method

Many of the survey questions require respondents to assign a value to their answer by scoring on a line marked with 0 at one end and 100 at the other. This section explains how the HOT scale (scoring line) works. It's vital that you, and anyone doing interviews understand it well, so that it can be explained to the respondents.

As an interviewer, once you have asked a question from the questionnaire, you will present the respondent with a scoring line going from 0 to 100, with 0 being the worst situation and 100 an excellent situation. Respondents are then asked to mark the value on the line that corresponds best to how they feel.

0  100

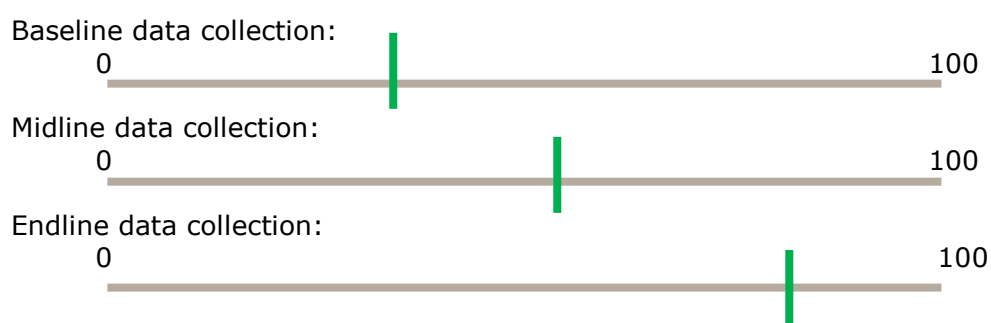


The scoring line can be displayed in any way that works for your context. It could for example be on a piece of paper or as a ruler or a stick. Just make sure that if the device has numbering on it - it goes from 0 to 100 or from 0 to 10. Respondents don't have to know the figures (the numbering) to be able to score their answers. But if they do, they can give their answer as a figure.

## 2.4. How we measure change using the HOT scoring line

In follow-up data collections (i.e., the second or third time the sample is being interviewed, midway through the project or after the project has ended), you go back and ask the same people the same questions, to score their answers again. We measure change by comparing the two scores. This change will hopefully be in a positive direction – that is, if the programme has had positive impacts, the values the respondent chooses will increase each time (Figure 3). Sometimes, though, the change may be negative (the respondent scores a lower value during the subsequent data collection exercise) or no change at all (respondent scores the same value at the subsequent data collection).

**Figure 3: Analysing change**



Remember that any difference you see may be very small (e.g., in a short-term programme). You should therefore try to **be as precise as possible when making the respondents score – that is, don't round up the numbers.**

### How to explain the scoring method to respondents

Inexperienced interviewers may find it difficult to explain the scoring method to respondents. In our experience with piloting the HOT, if interviewers are well trained and have had the chance to practise explaining the scoring method before data collection starts, any such difficulties can be overcome. The interviewer should take time at the start of the interview to explain the scoring method thoroughly to the respondent, and not proceed with the interview until the respondent understands the scoring method well.

For the scoring method to work well, make sure that:

- the interviewer understands the scoring method well
- the HOT implementation team has developed, in advance, a proper explanation and translation, adapted to the local language and context. Explanations should use meaningful but simple words to help respondents understand what is expected from them
- be prepared to explain the scoring method in a number of ways as people learn in different ways
- find out, during the piloting, what is the best method for

explaining the scoring method in your setting. This might be a line on laminated paper, a 1 meter ruler, using a line on the floor, putting the ruler vertically as a thermometer or any other way.

To arrive at the final score for a question, go through the following steps:

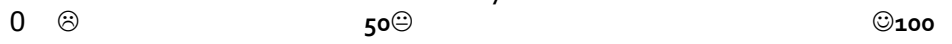
1. Ask the question in the questionnaire (see example below) – “Overall, how would you rate your health during the past 3 months?” Note that this is as an open-ended question, i.e. has no answering options.
2. Take a pause and let the respondent answer the question by explaining their situation to you. You can probe if you want to understand better and/or if you feel the respondent needs help in how to explain their situation.
3. Once the respondent has answered the question using his/her own words, ask them to conclude with the scoring. Show the respondent the scoring line and ask the respondent to score their answer on it, based on the discussion you have just had. Mark the point the respondent chooses with a pen. If the respondent answers with a number, record it.
4. Don’t pressure the respondent to answer too quickly – give them time to think about their situation.
5. If you think they are confused about the line (check the validity of their choice), challenge their choice by asking “why did you choose this score?”

**Remember!**

- Be careful not to influence or pressure the respondent to answer.
- The categories suggested in the questionnaire (see example below) are there to help the interviewer understand the scale correctly. But at the time of asking the question, the scoring should be “blind” – that is, done on a line without any guiding categories. Hence, the interviewer should not ask the respondent to pick a category or show the respondent a line with the guiding categories on it.

<b>Q1</b>	Overall, how would you rate your health during the past <b>3 months</b> ?
	100
	0
	<hr style="width: 80%; margin: 0 auto;"/>
	<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span><b>Very Poor</b></span> <span><b>Poor</b></span> <span><b>Fair</b></span> <span><b>Good</b></span> <span><b>Excellent</b></span> </div>

During piloting and testing of the HOT, we’ve used three emojis (smiling, neutral and sad face) on the line (see example below). This is working well but we’ve noticed a tendency for respondents to be towards the middle and would like to try a blind line in the future.



Now that we’ve explained the questionnaire and the scoring method, the next section gives advice on how to conduct interviews with respondents in the field to get the best possible data.

**Tip!**

To check that the respondent understands the method, ask him or her a simple questions at the start of the interview (just before any real scoring starts), such as “How do you like dancing/rice/staple food/sweets?” Ask the respondent to answer the question by using the scoring method.



## 3. The interviewer's role and responsibilities

As an interviewer, your main task is to conduct interviews with selected respondents. Your role is crucial to the evaluation. **The quality of the evaluation will be determined by the quality of the data you collect through the interview that you conduct.**

### 3.1. Interviewer code of conduct

As an interviewer, you must observe these general rules:

1. **Be courteous** towards everyone. Your behaviour can have an enormous influence on people's opinions in the communities where you work.
2. Keep any data (information) received during interviews confidential. This means that **you are not allowed to share what has been said during the interviews** with anyone, except your line manager.
3. **Avoid disturbing or upsetting anyone.** Think about how you dress, speak and behave – you will know (or should have taken steps to find out) the cultural 'rules' followed by the community you will be working with, so respect those rules!
4. **Be punctual** and arrive at the agreed venue on time. Never keep respondents waiting.
5. **Be prepared.** The interviewer should know the HOT questionnaire well, and have a strong understanding of the questions and methodology. By knowing the questions well, you will be able to conduct a better interview without having to focus too much on reading the questionnaire. This way you will be better engaged in the conversation with each respondent and be able to maintain eye contact, which can help build trust.
6. **Keep your phone on silent** while conducting interviews and do not take phone calls during an interview.

### 3.2. Invite the respondent to participate

In some cases you may encounter people who express hesitation or reservation, or refuse to participate. With the right approach, you should be able to encourage (but not force) potential respondents to participate in an interview. In general, be friendly and professional, and you will find that most respondents are willing to cooperate.

When you invite a respondent for an interview, focus on the positive aspects of the survey, such as:

- the interview is short, it only takes about half an hour
- the insights from the study will help improve our future programmes and in our work in advocating for older peoples rights
- most people enjoy the experience.

If the respondent becomes defensive, show empathy and understanding. If you have visited at a bad time, find out if coming back at another time is a better option. If you think you might get a 'no' from a potential respondent, leave and suggest coming back later. If the person declines to be interviewed, politely thank them for talking to you. Do not be offended or disappointed.

### **Informed consent**

Remember that even if the respondent has agreed to participate in the interview, you should always seek their formal consent. The beginning of the questionnaire, a script will guide you as to how to present the purpose of the interview, explaining to the respondent that he or she does not have to take part and that they can stop the interview at any time. Additionally, the respondent should know that their answers will be confidential and only be shared and reported on an aggregate level. If the respondent agrees, the interview can proceed. If the respondent does not agree, the interview has to end.

## **3.3. Conducting the HOT interview**

Take time to introduce yourself, explain what will happen, and establish a personal relationship with the respondent. Here are the main points you need to cover with your respondent:

- Greet the respondent warmly and professionally.
- Explain who you are and which organisation you work for.
- Explain the purpose of the visit – why you are visiting, and the value of the respondent’s contribution to our overall work.
- Explain that all the information given will be held confidentially, and ask for the respondent’s formal consent (see questionnaire).
- Explain to the respondent that he/she can stop the interview or skip a question at any time if they so wish.
- Let the respondent ask questions about the interview.
- Address refusal to participate, if needed.

## **3.4. Private nature of the interview**

Given that some parts of the interview require privacy, you should ask the respondent, before starting the interview, to choose a spot where she or he is least likely to be disturbed. The interview should not be conducted in the presence of another person (except if a carer or translator is needed). The presence of other people during the interview may cause respondents embarrassment and/or influence their answers. If a respondent has been overheard during an interview, it could (in a worst-case scenario) lead to negative consequences at a later stage. An example of this could be, if another household member learns that the respondent has personal savings or income and forces him or her to share it. If another person does not understand these requirements for the interview and refuses to leave, you must use tact and diplomacy in your attempt to secure a private discussion with your respondent.

## **3.5. Building rapport**

What is rapport? To create rapport is to build trust, understanding, and willingness to discuss even difficult or sensitive topics. As a good interviewer, you should be able to build rapport with any respondent and encourage them to provide honest answers to your questions. Therefore, your first task when you meet a new respondent is to start building rapport (see box with case study from Cambodia).

## Case study from Cambodia

Without a good relationship between interviewer and interviewee, you will probably struggle to conduct the interview and there is a risk that the data you collect may not be accurate (intentional or unintentional from the respondent). As one respondent in a pilot in Cambodia put it: "it is better sometimes that we don't tell the truth, or we might lose all of our services".

One way of combating collecting this kind of false information is to make sure that you build rapport with the respondent before and during the interview and allay any fears they may have about the consequences of giving truthful answers. Additionally, you should also, always, let the respondent know that no current or future support from HelpAge will be affected by their participation in the interview.

### 3.6. Active listening

As a good interviewer, you should practise "active listening". Think about the following things:

- Content of the message. This includes words, facts and ideas.
- Intent of the message. This means listening for the "why" and trying to understand a person's background, attitudes and behaviour.
- Non-verbal communication. This refers to body language and includes facial expressions, eye movement, posture, gestures and tone of voice.
- Monitoring of non-verbal communication (both the respondent's and your own). As an interviewer, you should be aware of your own body language and of what that is communicating.
- Listening with empathy and not making judgements. This means that the listener must try to see things from the other person's viewpoint without judging what he or she says.

### 3.7. Pace of the interview

**The HOT interview should ideally flow as a conversation.** Do not read questions too fast; find a pace that works well and adjust the pace to the respondent. After administering the questionnaire many times, you will become very familiar with the questions (you may even feel bored) and be tempted to speed up the interview, rushing through the questions. If this happens, remember to be professional in your role. Remember that every interview is with a new respondent, who has NEVER heard the survey questions before.

Rushing through the survey may also confuse the respondent, or simply give them the impression that the questions and the answers they give are not important. This would not only be disrespectful to the respondent – who is giving us his or her valuable time and whose information should be treated with care and respect – it would also affect the quality of the data.

### 3.8. Objectivity

It is extremely important that you stay NEUTRAL towards each respondent, and in asking every question. Most people are naturally polite, particularly to visitors, and it often happens that respondents give answers they think will please the visitor (you). For this reason, it

is important that you do not give any sign of preference to a specific answer. This means that you should not express surprise, approval or disapproval about any answers given by the respondent, and never let the respondent know your personal opinion about any of the survey questions.

When you engage in a discussion with the respondent, make sure that you use natural language, and do not be suggestive. Always assure the respondent that there is no right or wrong answer to ANY of the questions – everything they say is right. Additionally, make sure respondents know that their answers (or participation) will not affect the level of any current or future support from HelpAge or its partners.

Whether we want to admit it or not, we all have preconceived ideas and they are sometimes difficult to leave behind. But as a professional, you have to do your best to do so. This means that you should never make assumptions about your respondent. For example, do not assume that because your respondent is old, they are weak and cannot do certain things.

### 3.9. Probing

A good interviewer will probe the respondent's answers to ensure they get a good understanding of the whole picture. However, be careful to always maintain neutrality when probing; try not to make people feel like they have to defend their answer, rather just explain it in a bit more depth. Some good probing questions are: *"Can you explain a little bit more?"* or *"Can you explain what you mean by that?"* or *"Can you explain why you scored this as you did?"* Learn these questions by heart so that they come to you naturally during the interview.

You should ask probing questions in the following situations:

- If the respondent gives you the same answer to every question (e.g. scores the same for every question)
- If the respondent gives you more than one answer to a question
- If you feel that the situation explained explained by the respondent and the score given by the he/she do not match up
- If the respondent is not answering the question you asked
- If you feel the respondent is not answering your question truthfully or coherently (e.g. if an answer does not tie in with information they have given previously).

### 3.10. Survey fatigue

Respondents can sometimes get tired during the survey. The HOT questionnaire is designed to be a short interview (about half an hour), but respondents can still get tired during this time. Pay attention to how your respondent is faring and give him or her the opportunity to take a break if they need one. To keep the interview as short as possible, help the respondent to stay on track and stick to the topic as much as possible. If the respondent digresses from the topic, gently try to bring them back to the question. Remember that you are the one in charge of the interview – this is not an opportunity for chit-chat.

If you start seeing signs of fatigue, you can let your respondent know how many questions are left. Say for example: *"Thank you, we only have three questions left now"* or *"We have less than half of the survey left now"*. Positive feedback like a smile or just a simple question like *"Are you sitting comfortably?"* can also help.

Be aware that fatigue can also affect interviewers, particular at the end of the day, after having conducted several interviews. Keep alert and respect the time it takes for respondents to explain their answers to you. Take a break between interviews if you need one.

### **3.11. Skip patterns**

A skip pattern is a situation where you have to skip a question in the questionnaire based on the answer to a previous question. There is only one place in the HOT questionnaire where you have to do this, question 9 (see table in Annex 1).

### **3.12. Plan your data collection**

It is important that you plan the data collection before you (and any other interviewers in your team) go to the project site. This includes making plans for when and where to go (day, time and place) and how to get there. During the planning process, you should also divide responsibilities between the team members, so that everyone knows what to do and what is expected from them during the days of data collection. This will save time and help the team to stay organised and focused.

#### **Checklist for field logistics**

- Organisation of team: if working in pairs, who is working with who? Define your roles, who will lead the interview and who will be taking the notes?
- What additional responsibilities do interviewers have?
- Make sure all materials are prepared and available, e.g., paper questionnaires, tablets (charged), rulers, pens, something to sit on
- Mode of transport. Time of departure to/from project site
- Communicate with the community that you will be visiting
- Time schedule
- Are translators needed? If so, how many and when?
- Dress code
- Phones, charged and with airtime – to communicate within the team if you are not in the same community
- List of phone numbers of other team members, including the supervisor
- Safety and security plan

### **3.13. Supervisor's role**

The supervisor is the leader of the team. He or she is responsible for the communication with the community and leading the team during preparation and the data collection. The supervisor is also responsible for adapting or changing plans if necessary. The supervisor is also responsible for the quality of the data collected by the team in the project site. Hence he or she will review the questionnaires daily, before leaving to the project site, to ensure a minimum standard of the data that have been collected. The supervisor will check that questionnaires are not missing essential data. He or she will make logical checks on the data and make sure that the questionnaire is filled in correctly, readable and not missing. The supervisor should also hold regular feedback sessions during data collection to understand and address any challenges interviewers are experiencing, and try to address them.

The next section tells you what you need to know about entering the data you've collected.



## 4. The HOT database and data entry

An Excel database has been developed and designed to fit the requirements of the basic HOT data analysis. This is what the HOT digital database does:

1. It stores the master list of respondents and matches the tracking numbers with the names.
2. It allows you to enter data.
3. It stores the data from each round of data collection
4. It makes logical checks on the data. Incorrect data or errors in the data can't be entered or will be flagged in the database sheet.
5. It analyses the sample based on demographic information collected during the interview.
6. It makes a cross-sectional analysis (for data including 1 or more data collections).
7. It makes a change analysis, change in mean and percentage (for two or more data collections).

### 4.1. Data entry

All questionnaire responses should be entered into the database, one by one, as soon as possible after data collection. The database has two sheets for data entry: the database itself and the respondent master list.

First enter the respondent list, matching names and codes. To enter data, click the button **"upload data"** in the database. Enter the data in the window that appears; information for each question in the questionnaire has to be filled in. Logical rules programmed into the database will limit the options for what data can be entered (this will limit typing errors and other mistakes in data entry). You can use the TAB key to skip fields and directional keys ("down" and "up") to browse answer options for each question.

Once the information for one questionnaire is completed, you need to click **"save"** to record the information in the database. When you click "save", a clean window opens and you can start entering the data from the next questionnaire. Some information like "Country", "Round", "Interviewer" and "Village" is stored automatically for the next questionnaire in order to facilitate the data input process – that is, you only have to fill in this information once when you start the data entry.

When choosing the answering option **"other"** an additional box is enabled for you to explain the answer further. **"Not answered"** should ALWAYS be registered with code 999 in the database.

Be VERY careful when entering data. It is possible to correct information after saving, but this needs a "correction process" by the supervisor and should be avoided. The **"clear"** button can be used only if a mistake is identified before saving the form. After inputting the data, you can close the data input window by clicking **"close"**.

### **Saving changes in the database**

You can **“save and exit”** the file to keep all changes. If you are saving the file with a different name (using **“save as”**), please be sure to save it with the extension for macros (Excel Macro-Enabled Workbook).

You’re now ready to start planning your data collection using the HOT! To help you fully understand the questions it uses, we’ve prepared a table (see Annex) with some pointers to help you discuss what each question means in your context.



# Annex 1: Definitions of concepts in the HOT survey

The questions in the HOT questionnaire are concepts that should be explored. In this table we try to explain in, greater detail, how these concepts should be understood. In the English version of the questionnaire, the questions have been phrased to give us the data we want, when the interview is carried out in English. However, in most cases, the questionnaire will have to be translated into the local language where the evaluation is taking place. The table provides guidance on how to understand some of the concepts, questions, words and phrasing in the HOT questionnaire.

**This table will be a big help for the data collection team, supervisor and managers of HOT as well as translators. Make sure everyone working on the evaluation has a printed copy of this table.**

Definition of concept, inclusion and exclusion	Answer	Comments
C1. Respondent code		
<p>We want to keep the data collection as confidential as possible so <b>do not</b> write the respondent's name on the survey, instead you should use a code for each respondent.</p> <p>The code could come from a master list prepared in advance or be made up during the first data collection.</p> <p>Keep the list confidential – only the supervisor should have access to this list.</p>	<p>The respondent code should have the same number of characters.</p>	<p>The person responsible for the evaluation is the one to decide the structure of the respondent codes and how they are assigned to each respondent.</p> <p>It is crucial that the correct code is used for each respondent, as we want to compare respondents' answers between data collections.</p>
C2. Date of interview		
Date of interview	As [dd/mm/yyyy]	
C3. Name of interviewer		
<p>The name of the interviewer is needed so that we can check or complete any information later on.</p>	<p>Interviewer's name should be in block letters – not as a signature.</p>	
C4. Name of village/district		
<p>Include information down to the unit that the sample was stratified on. Don't collect more detailed information than that – no one should be able to identify who the respondent is based on the directions to their house.</p>		<p>Important for the analysis to understand if results differ between communities</p>

C5. Type of settlement		
The question refers to whether the settlement is rural, urban or peri-urban.	Select one. 1. Rural 2. Urban 3. Peri-urban	
C6. <b>OBSERVE OR ASK.</b> Gender?		
In addition to male or female, and respectful of a rights-based approach to gender and identity (see HelpAge SADDD policies), a third option 'other' is also available.	Select one. 1. Male 2. Female 3. Other	Do not read the answer options out loud – this could be offensive to the respondent.
C7. How old are you? (In full years)		
Age of the respondent.	Answer in full years.  If 65 years and 11 months – put 65 (i.e., always round down).	If the respondent doesn't know his or her age, first ask if they have any type of identity (ID) card. If not, ask a question about a key point in time (e.g. were you born before or after the war/famine/ a certain person was in power). As a last resort, after conducting the interview, put down your best guess.
C8. Poverty assessment		
Can you afford to pay for:		
<ul style="list-style-type: none"> <li>• C8 a. Shelter/Housing?</li> <li>• C8 b. Food?</li> <li>• C8 c. Safe drinking water?</li> <li>• C8 d. Keeping good hygiene (e.g., taking a bath or using a toilet/ latrine)?</li> </ul>		
Although most of our interventions are implemented in low-income settings, we're still interested in understanding levels of poverty and how they differ within the same community.  The four sub-question above aim to find out whether the respondent can afford to meet basic needs.	Select one.  [0] No [1] Yes [2] Sometimes/ Partly	
C9. Compared to other households in this village, do you think your household is poor, or not poor?		
This question will help us understand how poor the respondent is compared to other people in the community they live.	Score after discussion	

<b>C10. Level of highest education</b>		
The respondent's level of education.	Select one. 1. Pre-primary 2. Primary 3. High School 4. College/University 5. No formal school attended 6. Vocational training 7. Other	
<b>C11a. Do you have difficulty seeing, even if wearing glasses?</b>		
The HOT tool is not collecting prevalence of disabilities. The tool however, is recording information about if the respondents have; problems seeing (C11a), problems with hearing (C11b), problems with communicating (C11c).  This means that data can be analysed and disaggregated by disability/ impairment.	Select one. [0] No [1] Yes [333] Don't know	
<b>C11b. Do you have difficulty hearing, even if using a hearing aid?</b>		
	Select one. [0] No [1] Yes [333] Don't know	
<b>C11c. Using your usual (customary) language, do you have difficulty communicating, (for example understanding or being understood by others)?</b>		
	Select one. [0] No [1] Yes [333] Don't know	
<b>C12. DO NOT READ THIS QUESTION OUT LOUD.</b> In your opinion as interviewer, does the respondent have a disability that could affect the survey? If yes, give a comment.		
Disability(ies) that affect(s) the survey. Cognitive impairment is not easy to identify and might only become apparent during the interview. In that case, the interviewer should come back to this section and tick the best fitting category. Sometimes a family member or carer can help explain any disabilities the respondent has, and may also be able to assist during the interview.	Select one. [0] No [1] Yes [333] Don't know	Add any additional comments you might have.
<b>C13. How many people live in your household?</b>		
The living arrangements help to identify vulnerable members of the household.	Select one. 1. 0 2. 1 3. 2 or more	

C14. Can you explain your living arrangements to me?		
	<p>Select one.</p> <ol style="list-style-type: none"> <li>1. I live alone, because I have nobody else to live with</li> <li>2. I live alone because I want to live alone</li> <li>3. I live alone but I can talk to neighbours or friends</li> <li>4. I live with family because I need care</li> <li>5. I live with family because I want to</li> <li>6. I live with family because I have no other place to stay</li> <li>7. I live with family because I provide for them</li> </ol>	
C15. How many relatives or friends do you see or talk to a month?		
We want to understand more about the respondents social connections	Answer with a number	This can be estimation.

Most questions from now on the answer should be based on the respondent's perception. This referred to as 'Scoring after discussion', the guidelines for how this should be done in a systematic way is explained earlier in the this document and in the HOT user guide.

How to understand the question	Answers	Comments
C. General perception of health and life satisfaction		
Q1-Overall, how would you rate your health during the past <b>3 months</b> ?		
Remember that there is no single definition of "health"	Scoring after discussion	<p>We are looking at people's own perceptions, which might be different from the professionals' perception or the objective status.</p> <p>Using a 3-month recall period is justified by:</p> <ul style="list-style-type: none"> <li>-People's recollection abilities</li> <li>-Not overlapping with a previous round of data collection</li> <li>-Using too short a recall period (say 2-3 weeks) could mean the data are influenced by an acute disease like flu.</li> </ul>

Q2-Overall, have you felt satisfied with your life during the past 3 months?		
<p>The question assumes that health has a great impact on life satisfaction.</p> <p>Some people will include more health criteria while other might emphasise emotional or social factors. This is OK.</p>	<p>Scoring after discussion</p>	<p>We expect people's life satisfaction to adjust to the situation: people may learn to enjoy life even if diagnosed with a non-communicable disease, for example.</p> <p>The link between Q1 and Q2 is thus an important and interesting area that we would like to explore.</p>
<b>D. Functionality</b>		
Q3a- During the past <b>3 months</b> , how would you rate your ability to conduct, by yourself/independently, your usual <b>social and/or daily activities</b> ?		
<p>This question explores people's perception of their functionality. It is not work related (that's covered by Q3b, below). From the piloting, we know that there is a need to distinguish between functionality in daily life and functionality in being able to do work. A respondent's ability to carry out daily tasks has different implications for their lives.</p> <p><i>Examples of daily tasks are: feeding, bathing, clothing, walking in and around the house, toileting, maintaining continence, managing own medication. It also includes social activities like meeting friends or going to church.</i></p>	<p>Scoring after discussion</p> <p>To help the respondent understand the question, you could ask "what do you usually do in a normal day?"</p>	<p>It is important to discuss this question in the training of data collectors. Discuss a list of common daily activities in your context. Some examples are universal (like feeding and taking a bath), others might not be. The answer will be influenced by a person's gender too.</p>
Q3b- During the past <b>3 months</b> , how would you rate your ability to conduct, by yourself/independently, your <b>work activities</b> ?		
<p>Ability to work is a key issue for older people everywhere. This aspect of functionality is therefore fundamental to explore, separately. There are two kinds of examples:</p> <ul style="list-style-type: none"> <li>• Work in the house (e.g. cooking, home repairs fetching water/firewood, washing clothes, shopping/going to the market); <b>OR</b></li> <li>• Income-generating work (e.g., farming).</li> </ul>	<p>Scoring after discussion</p> <p>Probe: if the respondent works, what kind of work does he or she do?</p>	<p>This question will also be influenced by the person's gender. Many of the examples (such as fetching firewood) might be gender-sensitive. The answer to this question can reveal a lot of qualitative information about the respondent's economic/social situation. Also how health is related to income and work.</p>
Q4-Mobility: How far can you move alone/ independently?		
<p>We want to assess mobility as it is a major criterion of functionality.</p>	<p>Scoring after discussion</p>	

Q5- Is memory problems preventing you carrying on your daily activities?		
<p>Cognitive impairment is a key issue in HelpAge's work and is often a sensitive topic.</p> <p>This question is trying to assess whether the respondent has a memory problem, as that is a common symptom of dementia.</p> <p>Interviewing someone with a serious cognitive impairment can be a challenge. But we shouldn't exclude people with cognitive impairment from an evaluation, as many of them will be able to answer the questions in the HOT survey.</p>	<p>Scoring after discussion</p> <p>Counting/calculating, using money, getting lost, indicates more than a memory problem.</p> <p>The interviewer might want to consider asking a carer to cross-check the answers where a respondent has severe dementia.</p>	<p>Memory problems can be halted or even improved by techniques like exercises (in case of dementia) but also when linked to depression or other emotional conditions.</p> <p>The respondent's answer is useful for screening and case tracking. This question is of special interest when working on dementia/mental health programmes.</p>
E. Dependency		
Q6-During the <b>past 3 months</b> to what <b>extent</b> did you require support/help from other people (eg, family or friends or community workers) to carry out your usual <b>social and/or daily activities</b> ?		
<p>As opposed to respondents' perceived care needs, this question aims to understand the actual extent to which the respondent needs support/ help.</p>	<p>Scoring after discussion</p> <p><b>Prompt:</b> Do you feel in need of help? Explore with respondent what they need help for, and the extent of help, in order to score.</p> <p>Use the information given in response to the question on functionality to carry out different tasks.</p>	
Q7-When you need it, are you able to get regular care/help easily?		
<p>This question explores whether people are receive the support they feel they need and how easy or difficult it is to get support.</p>	<p>Score after discussion.</p>	<p>Compare answer to the previous question about needing care.</p>
Q8-Who provides you with care when you need it?		
<p>This question explores how complete and present the support network is.</p>	<p>Multiple choice</p> <ol style="list-style-type: none"> <li>1. Family at home</li> <li>2. Family</li> <li>3. Neighbour / community member</li> <li>4. Friend</li> <li>5. Carer</li> <li>6. Local institution</li> <li>7. Other</li> </ol>	



## F. Perception of healthcare services

The next questions refer to the response of local health related services as a key domain influencing health and life satisfaction, as well as older people's perceptions of the same. This is part of health service outputs but also a main focus and direct outcome of our interventions.

**Q9a-Over the past 6 months, have you accessed healthcare services? (for yourself or for others)**

.	Select one. [0] No [1] Yes [333] Don't know	<p><b>Note that the recall period for this question is 6 months, not 3 months.</b></p> <p>Although most respondents do use health services, they might do not do so frequently.</p>
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**Q9b-Do you have any diagnosed chronic illness?**

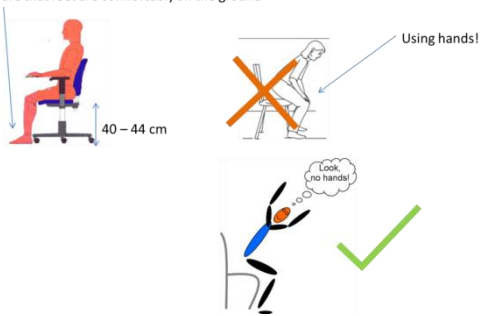
<p>Response to chronic illness (assimilated as non-communicable disease (NCD)) is a marker of an appropriate age-friendly health service, as it requires more continuity of care than an acute disease.</p> <p>The purpose of this question is to identify people who may have NCD(s) (ie, who would require continuity of services). The purpose is not to evaluate the prevalence of disease. It is acknowledged that use of the word "diagnosed" in this question can lead to under-reporting, however omitting the word could lead to over-reporting.</p>	Select one. [0] No [1] Yes [333] Don't know	<p>Not all interviewers will be knowledgeable in this field.</p> <p>During training, you should make a list of definitions, symptoms and potential NCDs.</p> <p><b><u>Skip pattern</u></b></p> <p>If the answer to Q9b is no, skip to Q10</p> <p>As we are interested in understanding how well the continuum of care is working when respondents know that they have an NCD, we have chosen to only record diagnosed NCDs. This question is not for recording prevalence.</p>
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**Q9c-If yes, have you been to the local health centre for a follow-up or has any healthcare provider/health professional visited you?**

<p>Chronic disease should imply a proper follow-up in time and in terms of availability of complementary services or drugs. Therefore, this question explores whether people who need proper follow-up are receiving it.</p> <p>There are many ways to provide follow-up: visits to a health centre for consultations or drugs, health camps, domiciliary visits by health staff or promoters, self-help group in a health centre etc. Follow-up can be done at different levels of care or by different people. Make sure you talk through this list before allowing the respondent to answer the question.</p>	Select one. [0] No [1] Yes [333] Don't know	<p>The responses can vary considerably between different diagnoses and contexts. Discuss in training what responses might be common in the local context.</p>
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Q9d-If yes, are you receiving regular medications/other treatment for your condition?		
<p>Part of an appropriate response is the availability of treatments, as a chronic disease will need proper treatment in all cases.</p> <p>Appropriate treatment includes but is not limited to drugs. It also includes diet, physical exercise, physiotherapy and other factors.</p>	<p>Select one.</p> <p>[0] No</p> <p>[1] Yes</p> <p>[333] Don't know</p>	
<p><b>The following questions are related to the expected characteristics of services.</b></p> <p><b>Generally speaking, we focus on health facilities that HelpAge and its partners work with because we're interested in finding out about the impact of our interventions. But other services can be included as necessary. Hence, the scope of services to be considered should be determined in the planning and preparation phase.</b></p>		
Q10-In your opinion, how easy or difficult is it to access healthcare?		
<p>The question explores the respondent's perception of the health care system. The question is valid and important even if the respondent hasn't been interacting with the system personally in a long time.</p> <p>Access involves numerous factors, and these should be made explicit during the interview. They could be:</p> <ul style="list-style-type: none"> <li>-Distance and topography</li> <li>-Presence of medical staff</li> <li>-Availability of drugs</li> <li>-Transport costs</li> </ul>	<p>Scoring after discussion.</p> <p>Everyone should answer this question, even if they haven't attended any health services recently. They might still have experience of using the healthcare system, through care of a sick family member or friend.</p> <p>People's perceptions on this topic will be complex, and some people will prioritise some aspects over others. However, we've decided not to score every aspect of this but ask the respondent to score their <b>overall perception</b> of health services in their community.</p>	<p>This question is directly linked to the evaluation of an intervention.</p> <p>During training, make a list of relevant healthcare providers in the community (e.g. in the Indian context, examples include private and public doctors, dispensaries, primary healthcare (PHC) centres, village health workers, mobile teams/clinics, different levels of care units, auxiliary midwives)</p>

Q11-Over <b>the past 3 months</b> , how would you rate the quality of the healthcare services existing in your community?		
<p>Quality is commonly related to previous good or bad emotional experiences. Factors that will affect people's perceptions include:</p> <ul style="list-style-type: none"> <li>- Availability of doctors</li> <li>- Availability of drugs</li> <li>- Infrastructure and barriers</li> <li>- Coordination between access and quality</li> <li>- Adequate care for older persons</li> <li>- No queues or long waits</li> <li>- Cultural empathy</li> </ul>	<p>Scoring after discussion</p>	<p>The word "quality" is not always fully understood.</p> <p>If needed, explain what quality healthcare means, and give some examples of the criteria used for judging quality in the local context.</p>
Q12-During <b>the past 3 months</b> , how affordable has healthcare been?		
<p>This question is assessing one specific aspect of "access" – financial access – as cost is known to have an impact on whether older people can access healthcare.</p> <p>There are two important considerations:</p> <ul style="list-style-type: none"> <li>- The existence of, and access to, an insurance or other scheme making services and treatment free or subsidised</li> <li>- The availability of treatments and drugs.</li> </ul>	<p>Scoring after discussion</p>	<p>This question can be useful when planning interventions, especially when we work on implementing or supporting public health programmes related to financial access.</p>
G. Self-care domain		
<p>We anticipate and advocate for this domain to become more and more important in healthy ageing; many of our interventions now include this element.</p>		
Q13-Who do you think is responsible for your health?		
<p>A basic concept in self-care is the understanding that the individual is the first person responsible for maintaining his or her health and functionality. We want to explore if connection is widely adopted by older people.</p>	<p>Multiple choice and ranking.</p> <ul style="list-style-type: none"> <li>.... Myself</li> <li>.... My family</li> <li>.... Health services</li> <li>.... Others</li> </ul> <p>The use of ranking in this multiple choice question helps us to see how people prioritise.</p>	<p>Our interventions in health education have the common objective of increasing people's health-seeking behaviours and encouraging people to adopt healthy lifestyles.</p>

Q14-Do you take action to take care of your health?		
Include preventive measures, even before signs of ill-health or sickness.	Scoring after discussion	We would expect an increase in actions taken after implementing an intervention focusing on self-care.
Q15-What kind of action(s) do you take to care of your health?		
People may say they are taking care of their own health, but whether they are actually doing so in practice can be a different matter. This question aims to find out what people do to care for their own health.	<p>Multiple choice.</p> <ol style="list-style-type: none"> <li>1. I look for health services regularly</li> <li>2. I do physical exercise</li> <li>3. I eat healthily</li> <li>4. I have my blood pressure taken</li> <li>5. None</li> <li>6. Others</li> </ol>	
<p>Q.16. Functional test.</p> <p><b>SITTING TO STANDING: INSTRUCTIONS:</b> Please stand up. Try not to use your hand(s) for support</p> <p><i>(Interviewer to observe and give response based on the following)</i></p>		
<p>The sitting height of the older person should be 40cm to 44cm off the ground. The feet must touch the ground comfortably. Refer to the diagram below.</p> <p>Key is to ensure that feet are comfortably on the ground</p> 	<p>Select one.</p> <ol style="list-style-type: none"> <li>1. Needs moderate or full assistance to stand</li> <li>2. Needs minimal assistance to stand or stabilise</li> <li>3. Able to stand using hands after several tries</li> <li>4. Able to stand independently using hands</li> <li>5. Able to stand without using hands and stabilise independently</li> </ol>	



Find out more:

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