LASI Data Family Overview

April 29, 2023

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April 24,203

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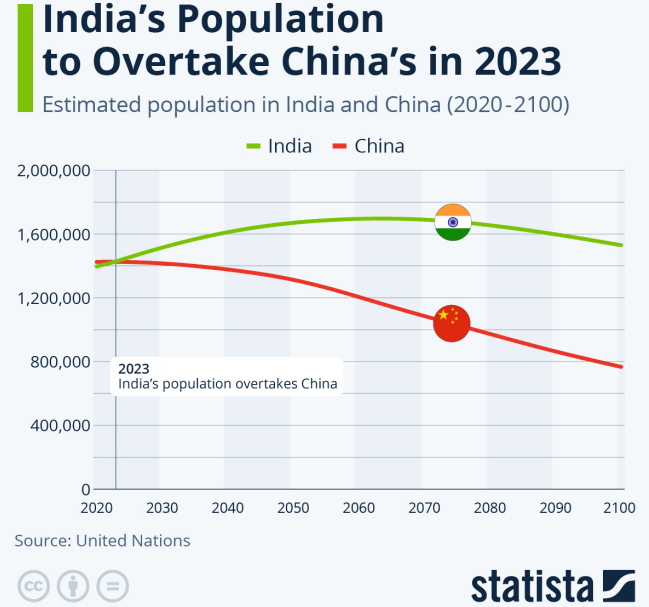
India to overtake China as world's most populous country in April 2023, United Nations projects

24 April 2023 - China will soon cede its long-held status as the world's most populous country. By the end of this month, India's population is expected to reach 1,425,775,850 people, matching and then surpassing the population of



USC Dornsife Center for Economic and Social Research

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LASI Data Family

- Study overview
  - Longitudinal Aging Study in India (LASI)
  - LASI-Diagnostic Assessment of Dementia (LASI-DAD)
  - Real Time Insights COVID-India (RTI COVID-India)
- Data access & Documentation
- Example of analysis
  - Merge data across studies
  - Research topics

Longitudinal Aging Study in India

- A longitudinal study of 73,000+ older adults in India
  - Co-funded by the NIA/NIH (R01 AG042778), Ministry of Health & Family Welfare, the Government of India, and United Nations Population Fund India
  - Developed and collected by International Institute for Population Sciences (IIPS), Harvard T. H. Chan School of Public Health (HSPH), & University of Southern California (USC)
  - Wave 1: 2017-19 (data available at lasi-india.org) ; Wave 2: 2023-2025

- Sample
  - Aged 45+ older adults & spouses at all ages
  - Representative of the nation as well as all 36 states and union territories
  - Administered in 18 languages

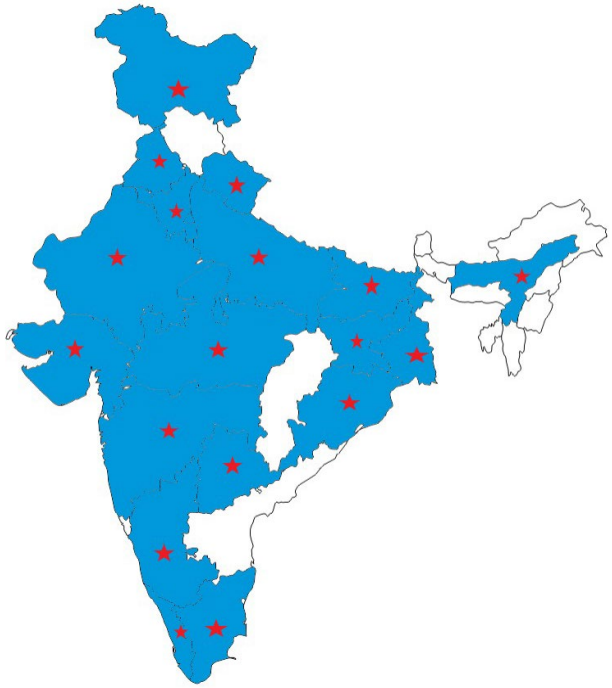
LASI Protocol

- **Household Interview**
  - Household Roster
  - Housing & Environment
  - Consumption, Asset, Income
  - Health Insurance
- **Individual Interview**
  - Demographics
  - Health & Cognition
  - Health Care Utilization
  - Family & Social Network
  - Work, Retirement & Pension
  - Experimental Modules
- **Biomarkers**
  - Anthropometrics
  - Blood pressure & pulse
  - Timed walk, balance test, grip strength
  - Vision test, spirometry
  - Dried blood specimens (DBS) - coming soon
- **Community Survey**
  - Infrastructure and public facilities
  - Health care facilities
  - History of environmental shocks
  - Prices of rationed goods

LASI-DAD: Overview

An in-depth, nationally representative study of late-life cognition and dementia in India

- Administered an enriched Harmonized Cognitive Assessment Protocol (HCAP) to a sub-sample of 4,096 LASI respondents aged 60+ from 18 states and union territories
- Wave 1: 2018-20 (data available at lasi-dad.org) & Wave 2: 2022-2024
- Administered in 13 languages

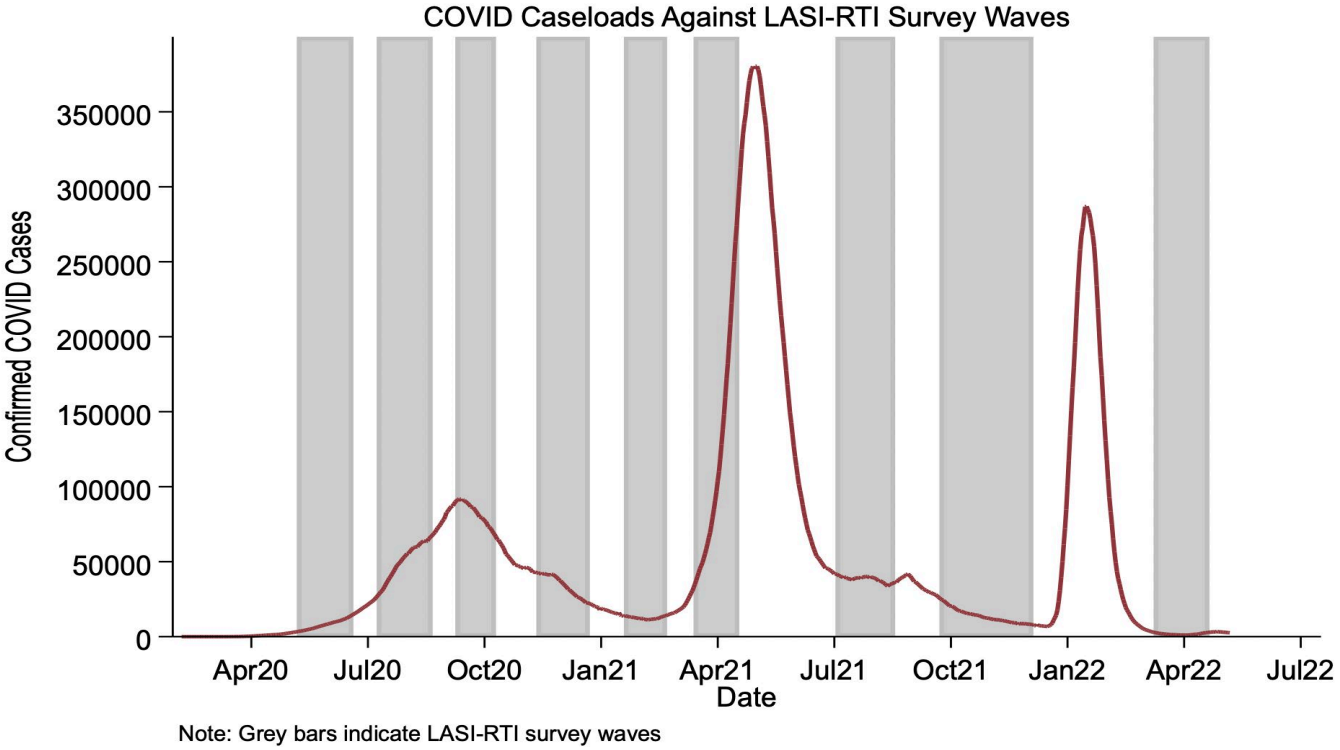


LASI-DAD Protocol

- **Cognitive tests & Informant report**
- **Health assessment**: blood pressure, height, weight, hearing test, depression, anxiety, Mini Nutritional Assessment, food frequency questionnaire
- **Clinical consensus diagnosis**: individual clinicians' diagnosis as well as consensus conference
- **Venous Blood Specimen (VBS) assays:** HbA1c, serum-based assays, vitamin B12, and more
- **Neuroimaging**: MRI & fMRI images (N=137). Data available on **ida.loni.usc.edu**
- **Genomics**: Global Screening Array (GSA) 640,000 genetic markers for N=960, Whole Genome Sequencing (WGS) Illumina Hi-Seq X 10 for N=2,769
- **GPS-based information**: satellite data, road condition, mobile sensors for air pollution

Real Time Insights COVID-India

- Bi-monthly phone survey data tracking LASI-DAD households for 9 rounds
- Randomly select one male and one female from the household. Starting round 3, LASI-DAD respondents were invited to participate
- Roughly 2,000+ respondents per round, 15,000+ total surveys

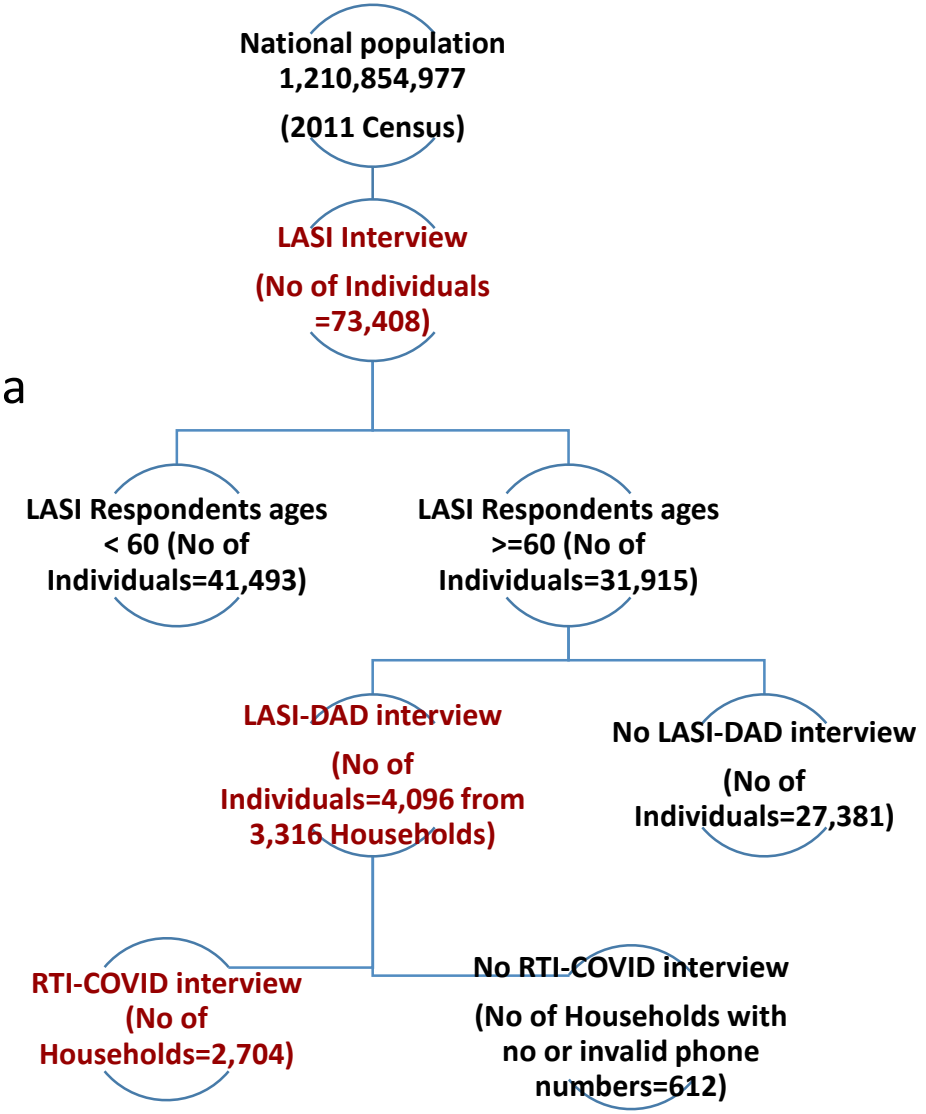


RTI COVID-India Protocol

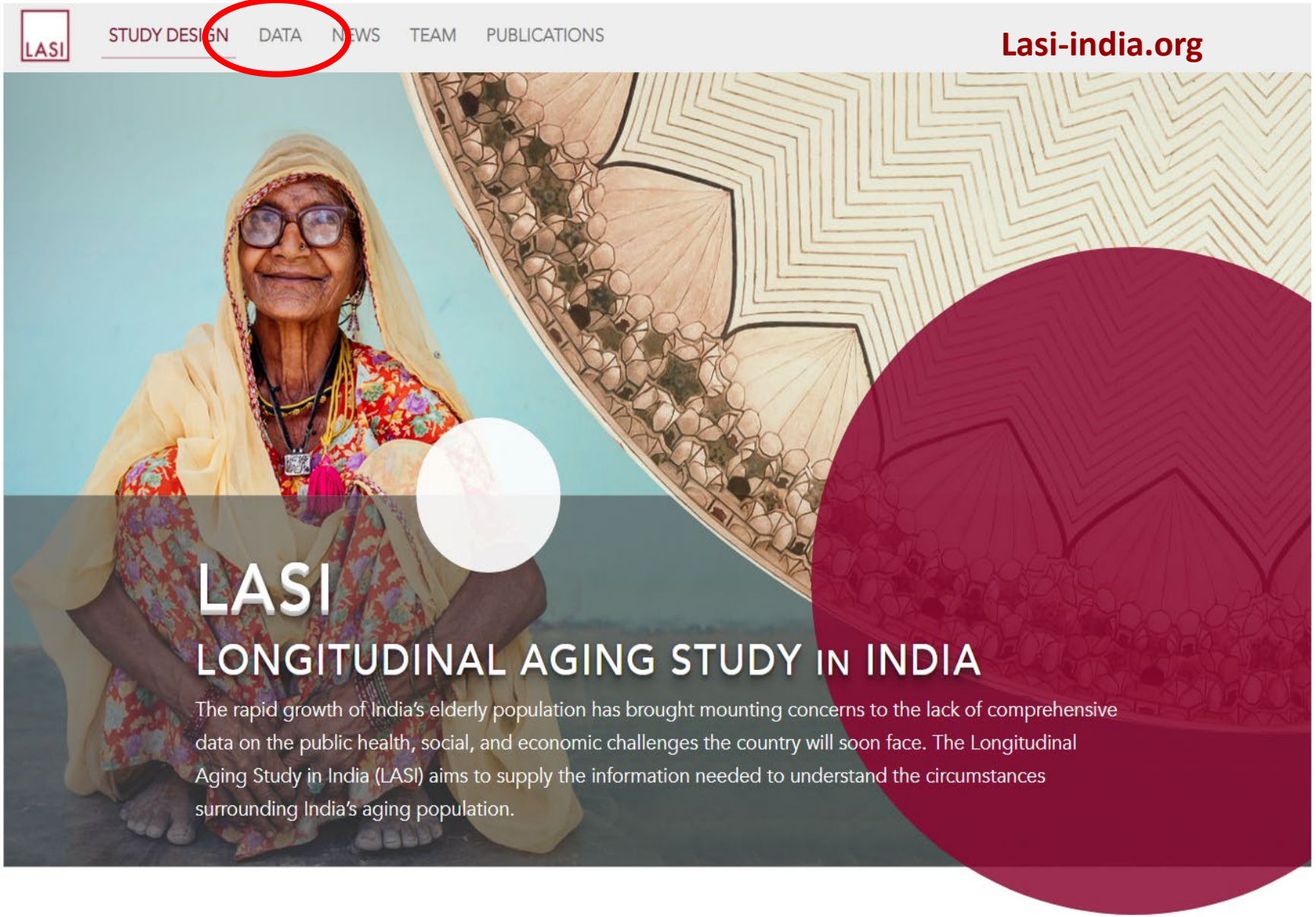
- COVID-19 Awareness, Knowledge, and Symptoms
- COVID-19 diagnosis
- Vaccination
- Economic Impact
- Food Security
- Social Isolation and Social Contact
- Discrimination and Misinformation
- Cognition
  - Word/Delayed Recall
  - Animal Naming
- Dementia
- Health Impact
- Mental and Physical Health
- Informal Caregiving

LASI	LASI DAD	Real Time Insights: COVID-India
lasi-india.org	lasi-dad.org	lasi-dad.org/covid
National representative study of 73,000+ older adults from all 36 states and union territories	National representative study of 4,000+ older adults from 18 states	Bi-monthly phone survey of LASI-DAD households
Wave 1: 2017-19 & Wave 2 (2023-24)	Wave 1 (2018-20) & Wave 2 (2022-24)	Rounds 1 – 9 (2020-21)
Sample: age 45+ adults and their spouses at all ages	Sample: age 60+ adults (sub-sample of LASI)	Sample: aged 18+ household members

Sampling Strategy:
LASI, LASI-DAD, & RTI COVID-India



Data Access & Documentations


LASI
STUDY DESIGN
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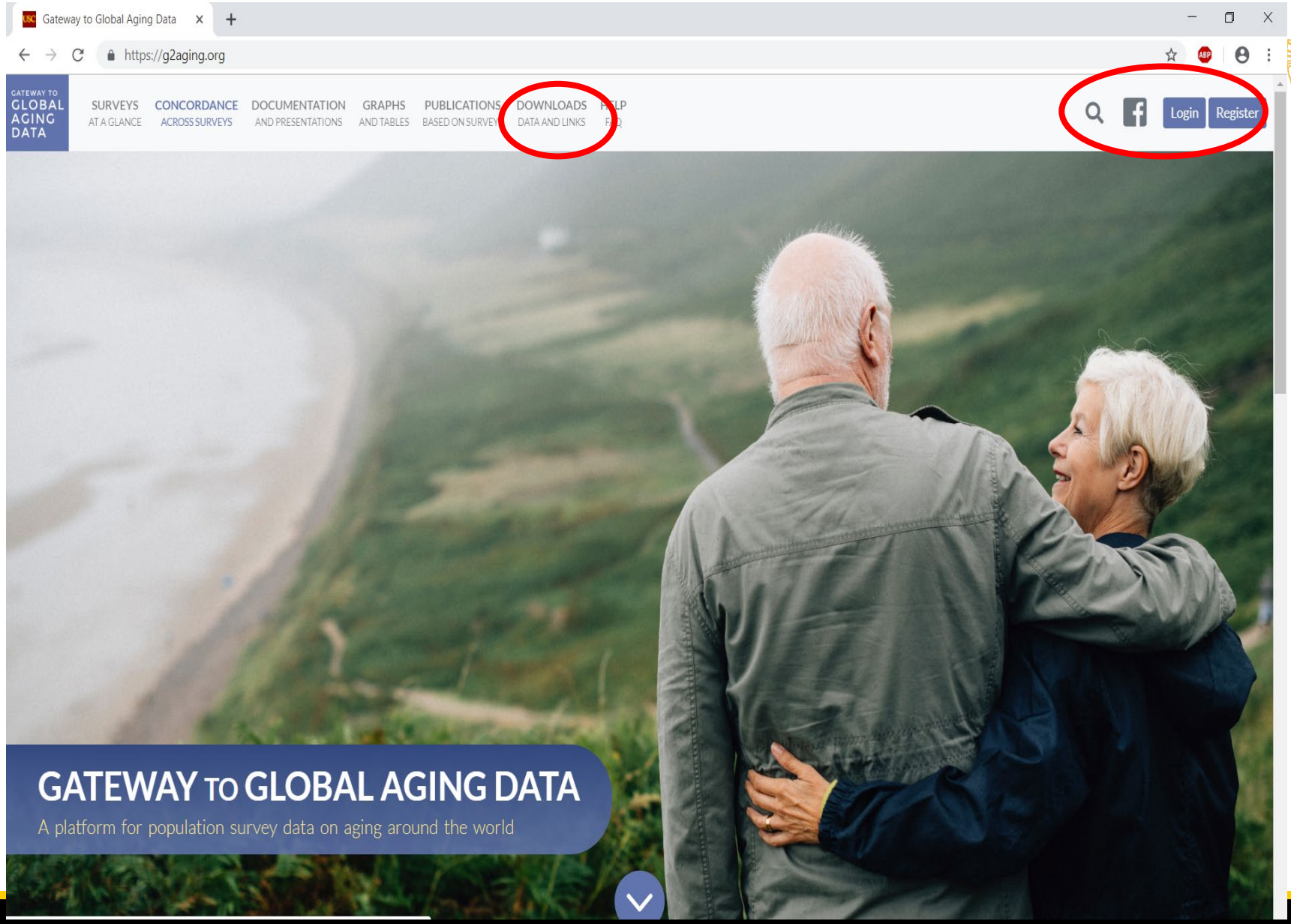
LASI
LONGITUDINAL AGING STUDY IN INDIA
The rapid growth of India's elderly population has brought mounting concerns to the lack of comprehensive data on the public health, social, and economic challenges the country will soon face. The Longitudinal Aging Study in India (LASI) aims to supply the information needed to understand the circumstances surrounding India's aging population.


Gateway to Global Aging Data
https://g2aging.org
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A platform for population survey data on aging around the world

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Downloads

Please cite all information retrieved from the Gateway as follows: Gateway to Global Aging Data, Produced by the Program on Global Aging, Health & Policy, University of Southern California with funding from the National Institute on Aging (R01 AG030153)

Core Interview Data | End of Life Data | Life History Data | Harmonized Cognitive Assessment Protocol

	HRS	MHAS	ELSA	SHARE	CRELES	KLoSA	JSTAR	TILDA	CHARLS	LASI	MARS
	United States	Mexico	England	20+ European Countries & Israel	Costa Rica	Korea	Japan	Ireland	China	India	Malaysia
Links to Download Survey Data	ISR, The University of Michigan	University of Texas, Medical Branch	UK Data Service	SHARE-ERIC	Costa Rican Longevity and Healthy Aging Study	Korea Employment Information Service	Research Institute of Economy, Trade, & Industry	Irish Social Science Data Archive	National School of Development, Peking University	Program on Global Aging, Health, and Policy	Social Wellbeing Research Centre, Universiti Malaya
Data Access Instructions	HRS	MHAS	ELSA	SHARE	CRELES	KLoSA	JSTAR	TILDA	CHARLS	LASI	MARS
Download Harmonized Dataset	RAND HRS / Harmonized HRS	Harmonized MHAS	Harmonized ELSA	Harmonized SHARE Stata Code	Harmonized CRELES	Harmonized KLoSA Stata Code	Harmonized JSTAR	Harmonized TILDA	Harmonized CHARLS	Harmonized LASI	Harmonized MARS
Download Harmonized Codebook	RAND HRS Codebook / Harmonized HRS Codebook	Harmonized MHAS Codebook	Harmonized ELSA Codebook	Harmonized SHARE Codebook	Harmonized CRELES Codebook	Harmonized KLoSA Codebook	Harmonized JSTAR Codebook	Harmonized TILDA Codebook	Harmonized CHARLS Codebook	Harmonized LASI Codebook	Harmonized MARS Codebook

Data Downloads: LASI

The **LASI Wave 1 - Version A data** is now available. Follow the instructions below to obtain the data.

The updated **Harmonized LASI Wave 1 - Version A.2** data is available now. Please see the detail information in the "What's new" section of the codebook.

LASI Wave 1 (Version A) Data Data (Stata) Data (SAS) Data (SPSS) Data (R) Jan 2021

includes the following:

- Coverscreen data
- Household data
- Individual data (including Biomarker data)
- Questionnaire
- User guide
- Codebook

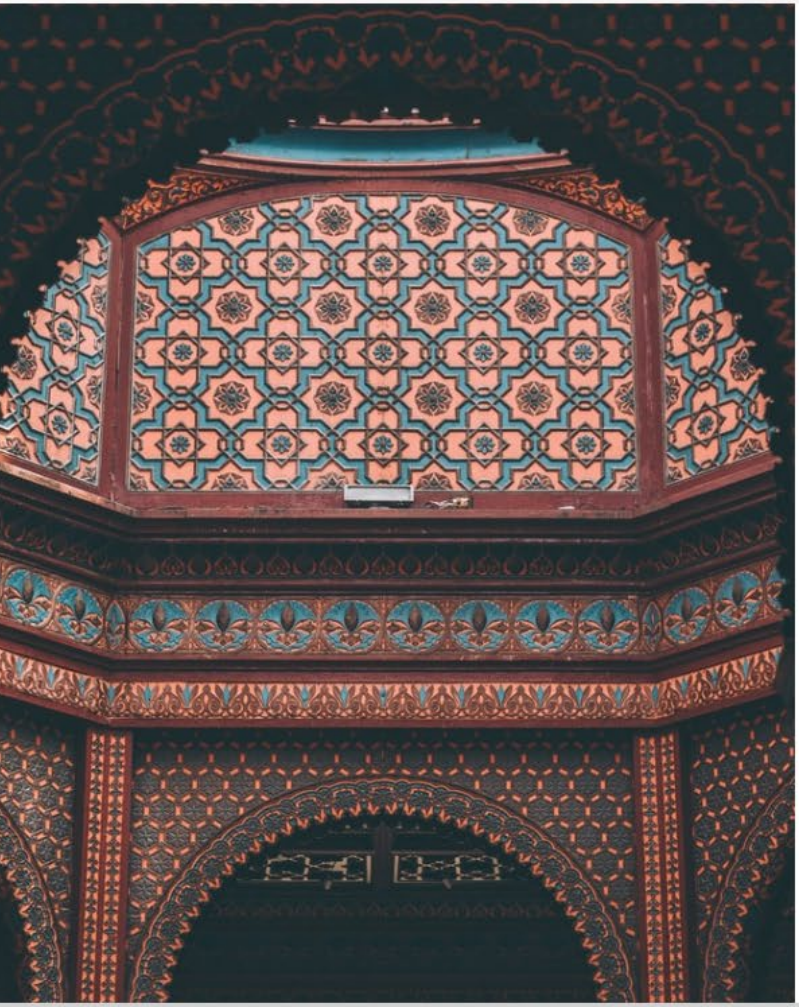
Harmonized LASI Data (Stata) Data (SAS) Data (SPSS) Data (R) Oct 2021

includes the following:

- Harmonized data
- Codebook
- Stata-creation code

Harmonized data

- Data
  - User-friendly easy-to-use file that contains cleaned and summary measures
  - Respondent level observations
  - Imputation for Economic variables and Cognition variables
  - More than 1,400+ derived variables
  - Matched with the spouse
- Documentation
  - Overview of statistics for each variable
  - Details variable creation and any assumptions made in the creation
  - Highlights any differences between this harmonized variable and other harmonized variables
  - Lists all the variables from the originating dataset used in the creation of the variable
- Stata creation Program



Longitudinal Aging Study in India

Diagnostic Assessment of Dementia

An in-depth study of cognitive aging and dementia for a sub-sample of the Longitudinal Aging Study in India (LASI)

We aim to estimate the prevalence of dementia and mild cognitive impairment and to contribute to a better understanding of the determinants of late-life cognition, cognitive aging, and dementia. We also aim to study the impact of dementia and cognitive impairment on families and the society.

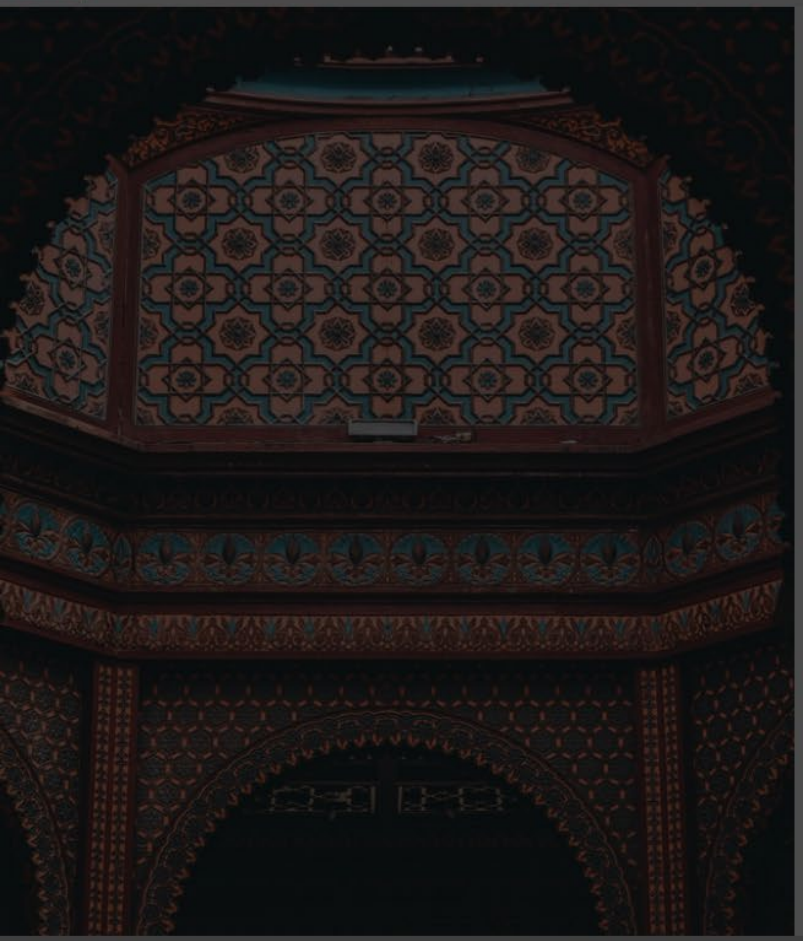
Contact us

Program on Global Aging, Health & Policy (CESR),
Suite 305, Verna and Peter Dauterive Hall,
635 Downey Way,
University of Southern California,
Los Angeles, CA 90089, USA

help@lasi-dad.org

This project is funded by the National Institute on Aging, National Institutes of Health (R01AG051125, 1RF1AG055273, U01AG065958).

Lasi-dad.org



LASI DAD

Longitudinal Aging Study i

Diagnostic Assessment of

An in-depth study of cognitive aging ar
a sub-sample of the Longitudinal Aging St

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Los Angeles, CA 90089, USA

This project is funded by the National Institute on Aging, National Institutes of Health (R01AG051125, 1RF1AG055273, U01AG065958). Copyright © 2016 The University of Southern

Learn more about LASI-DAD ×

- Home
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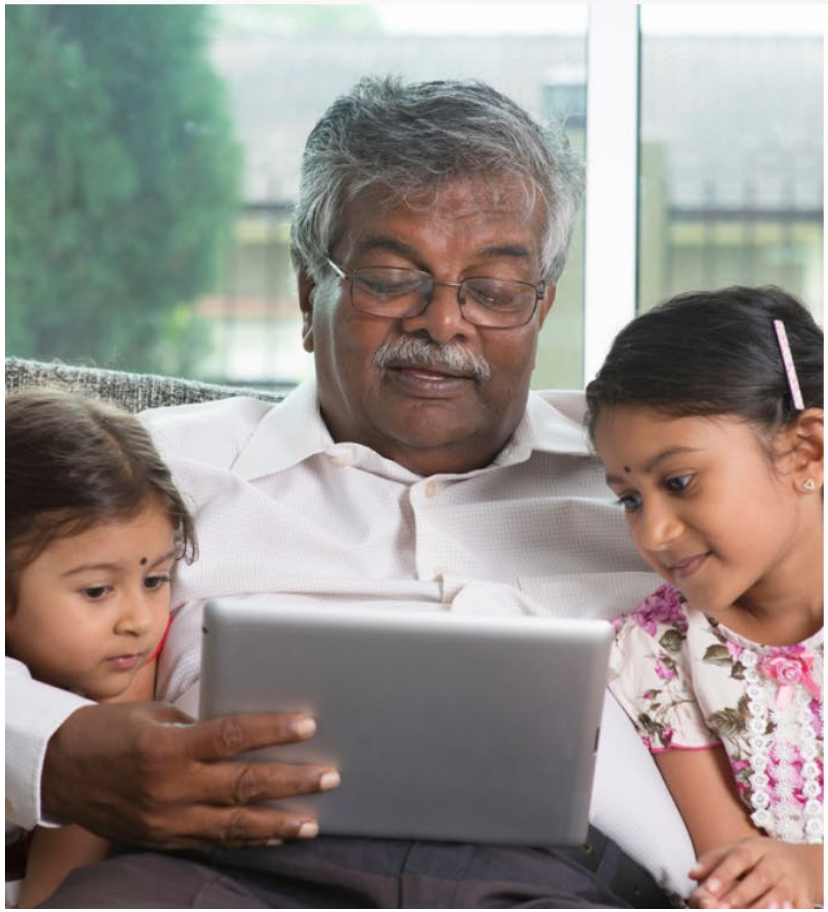
- Instrument & Codebook
- Publications
- Research Team
- Data
- RTI COVID-19



Data Download

The **LASI-DAD Wave 1 Version A.2** data is available on the Gateway to Global Aging Data website. The file contains all phases of data.

The **LASI-DAD GSA** data is now available for download on NIAGADS. In 2018, 960 respondents from LASI-DAD who consented to the blood sample collection have been genotyped using Illumina Infinium genotyping platforms. The datasets include the original genotype assayed by the genotyping platforms, imputed data to the 1000G reference panel, as well as imputed data to the TOPMed reference panel. Please create an account with NIAGADS and submit an application to access the data.

Please cite all information retrieved from the Gateway as follows:
Jinkook Lee, A.B. Dey, Pranali Khobragade, Joyita Banerjee, Albert Weerman, Sandy Chien, Peifeng Hu, Eileen Crimmins, Marco Angrisani, David Bloom, P. Arokiasamy, Kenneth Langa, Mathew Varghese (2019). Harmonized Diagnostic Assessment of Dementia for the Longitudinal Aging Study in India (LASI-DAD) Wave 1 Version A Data, doi:10.25549/h5wx-ay45. Produced and distributed by the University of Southern California with funding from the National Institute on Aging (R01AG051125, RF1AG055273, U01AG065958).

DATA ACCESS INSTRUCTIONS

Follow the information provided on the Gateway to Global Aging Data website.
Please contact us at help@g2aging.org if you have any questions.

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Core Interview Data | End of Life Data | Life History Data | **Harmonized Cognitive Assessment Protocol**

The **Harmonized Cognitive Assessment Protocol (HCAP)** is part of an ongoing international research collaboration that aims to facilitate cross-country comparisons on dementia risk using data from a shared, standardized set of assessments. All HCAP studies consist of a battery of cognitive and neuropsychological assessments and informant reports that measure and understand dementia risk and cognitive function among the aging population. The respondent interview is designed to measure a range of key cognitive domains affected by cognitive aging: memory, language, attention, executive function, and visuospatial skills. Informant reports ask informants about their relationship with the respondent, their demographic characteristics, and their perception about the respondent's cognitive abilities. Due to cross-country differences in literacy and local contexts, country-specific modifications to HCAP assessments may be made.

For more information about the cognitive measures available in the Harmonized HCAP data, please see the comparison table.

	LASI-DAD	HRS-HCAP	Mex-Cog	ELSA-HCAP
	India	United States	Mexico	United Kingdom
Study Details	LASI-DAD	HRS-HCAP	Mex-Cog	ELSA-HCAP
Download Harmonized Dataset	Harmonized LASI-DAD	Harmonized HRS-HCAP Stata code	Harmonized Mex-Cog Stata code	Harmonized ELSA-HCAP Stata code
Download Harmonized Codebook	Harmonized LASI-DAD Codebook	Harmonized HRS-HCAP Codebook	Harmonized Mex-Cog Codebook	Harmonized ELSA-HCAP Codebook

Data Downloads: LASI-DAD

We are pleased to announce a small update to the **Harmonized LASI-DAD, Version A.3**. This version includes a new section on the Consensus Clinical Dementia Rating (CDR®) variables and updates the post-stratification weight and base weight for Wave 1. You can download this updated dataset here.

Please cite all information retrieved from the Gateway as follows:
Jinkook Lee, A.B. Dey, Pranali Khobradage, Joyita Banerjee, Albert Weerman, Sandy Chien, Peifeng Hu, Eileen Crimmins, Marco Angrisani, David Bloom, P. Arokiasamy, Kenneth Langa, Mathew Varghese (2019). Harmonized Diagnostic Assessment of Dementia for the Longitudinal Aging Study in India (LASI-DAD) Wave 1 Version A Data, doi:10.25549/h5wx-ay45. Produced and distributed by the University of Southern California with funding from the National Institute on Aging (R01AG051125, RF1AG055273, U01AG065958).

Raw LASI-DAD Download April 2021

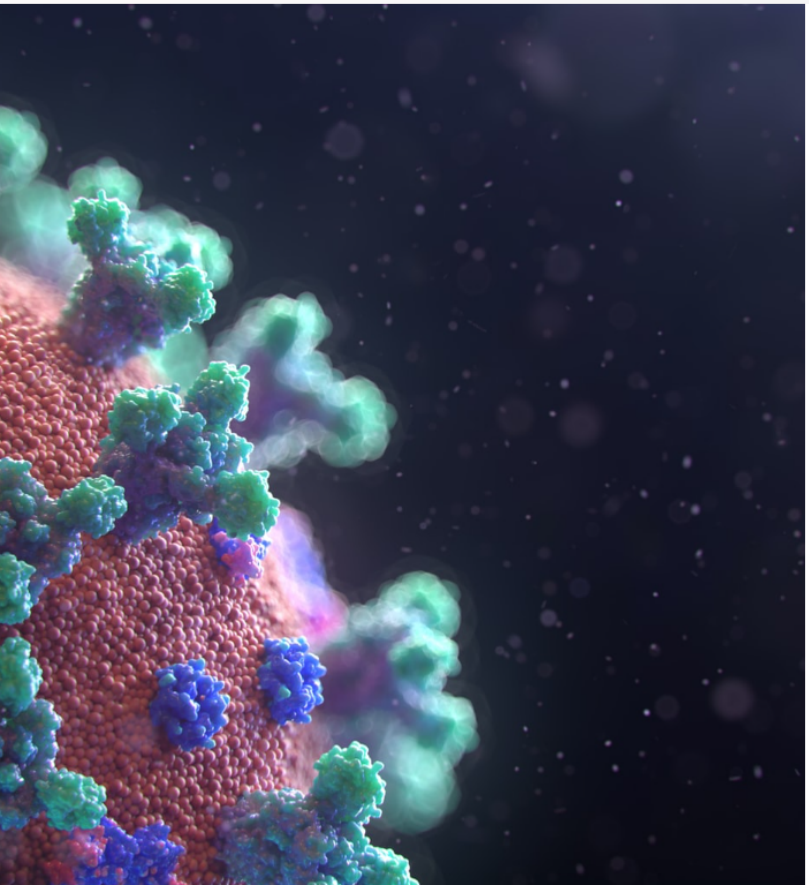
includes data & codebooks for:

- Cognition tests
- Informant reports
- Geriatric assessments
- Venous blood specimens

Harmonized LASI-DAD Download Jan 2022

includes:

- Harmonized data
- Codebook
- Stata creation code



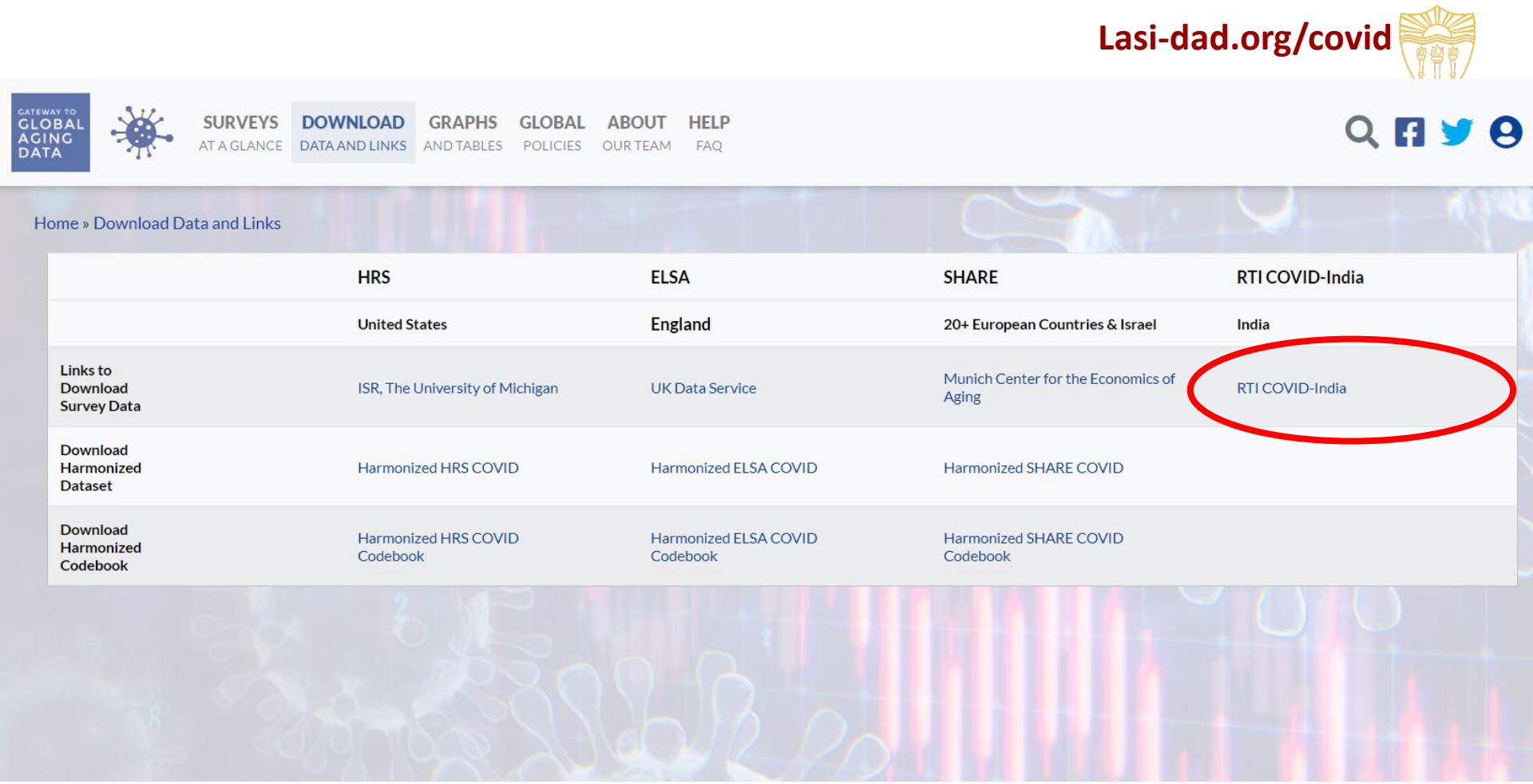
Real Time Insights: COVID-India

We are conducting phone interviews in India to assess the health and socioeconomic effects of COVID-19 on LASI-DAD households.

With this survey, we strive to measure individual respondent's perceptions, attitudes, and behavioral reactions related to the pandemic. The survey targets one randomly selected adult male and one randomly selected adult female from each household. The survey takes about 15 minutes to administer and will be conducted via phone call every two months starting from May 2020. As we plan to re-interview the same respondents over a one-year time period, we will monitor the course of the pandemic carefully and adapt the instrument, as needed, to ensure that it is filling high-priority knowledge gaps. To ensure national representation and high-quality data collection, the instrument and consent are translated into 12 languages: Hindi, Kannada, Malayalam, Gujarati, Tamil, Punjabi, Urdu, Bengali, Assamese, Odiya, Marathi, and Telugu. All interviews are conducted in the respondent's local language to ensure respondent comprehension and comfort. With this nationally representative sample, we strive to monitor the nationwide prevalence of COVID-19 symptoms, adoption of disease avoidance behaviors, rates of economic hardships and job loss, receipt of social protection benefits, food security, and the mental health of households.

Download Data Here
Download Instrument Here

Citation:
Petrosyan, S., Theys, N., Chien, S., Angrisani, M., Khobragade, P., Banerjee, J., Agarwal, A., Bloom, D., Schaner, S., Dey, A.B., Lee, J. (2022) Real Time Insights (RTI): COVID-India: Rounds 1-9, 2020-2022 [data collection]. Version A., https://doi.org/10.25549/cgvw-zm73



	HRS	ELSA	SHARE	RTI COVID-India
	United States	England	20+ European Countries & Israel	India
Links to Download Survey Data	ISR, The University of Michigan	UK Data Service	Munich Center for the Economics of Aging	RTI COVID-India
Download Harmonized Dataset	Harmonized HRS COVID	Harmonized ELSA COVID	Harmonized SHARE COVID	
Download Harmonized Codebook	Harmonized HRS COVID Codebook	Harmonized ELSA COVID Codebook	Harmonized SHARE COVID Codebook	

These download pages are for the RTI COVID-India data only. Downloads to all core interview data can be found on the Gateway to Global Aging Data download page: https://g2aging.org/downloads

Real Time Insights (RTI) COVID-India is a longitudinal study of people aged 18 and older, living in private households in India. Its sample was drawn from a nationally representative cohort, the Harmonized Diagnostic Assessment of Dementia for the Longitudinal Aging Study in India (LASI-DAD). Its main goal is to provide insight on the COVID-19-related changes in the social, economic, institutional, and policy environments in India. The survey elicits information about demographics, COVID-19 awareness, COVID-19 avoidance behavior, COVID-19 testing and symptoms, COVID-19 vaccination, economic effects of COVID-19, health, access to healthcare, food security, informal caregiving, cognition, depression, depression and anxiety, isolation and social contact, and discrimination.

The Version A data contains round 1 to 9 data from 2020 to 2022. Please see (https://covid.g2aging.org/index.php?page=study&id=9) for study information.

Citation:
Dey, A.B., Petrosyan, S., Theys, N., Chien, S., Angrisani, M., Khobragade, P., Banerjee, J., Agarwal, A.,Bloom, D., Schaner, S., James, K.S., Lee, J. (2022) Real Time Insights (RTI): COVID-India: Rounds 1-9, 2020-2022 [data collection]. Version A., https://doi.org/10.25549/cgvw-zm73

Produced and distributed by the University of Southern California with funding from the National Institute on Aging (U01AG065958).

Filename	File size	Last Updated
covid_india_VerA.dta	36.6 MB	2022-09-29 14:14:23
COVID-India Codebook_Version A.pdf	2.2 MB	2022-09-30 14:39:48

RTI COVID-India data incorporates Rounds 1 – 9 datasets into a single data file

Codebook

Harmonized Codebooks

- Includes brief overview of statistics for each variable

Activities of Daily Living (ADLs): Some Difficulty

Wave	Variable	Label	Type
1	R1WALKRA	r1walkra:w1 r some diff-Walk across room	Categ
1	S1WALKRA	s1walkra:w1 s some diff-Walk across room	Categ
1	R1DRESSA	r1dressa:w1 r some diff-Dressing	Categ
1	S1DRESSA	s1dressa:w1 s some diff-Dressing	Categ
1	R1BATHA	r1batha:w1 r some diff-Bathing, shower	Categ
1	S1BATHA	s1batha:w1 s some diff-Bathing, shower	Categ
1	R1EATA	r1eata:w1 r some diff-Eating	Categ
1	S1EATA	s1eata:w1 s some diff-Eating	Categ
1	R1BEDA	r1beda:w1 r some diff-Get in/out bed	Categ
1	S1BEDA	s1beda:w1 s some diff-Get in/out bed	Categ
1	R1TOILTA	r1toilta:w1 r some diff-Using the toilet	Categ
1	S1TOILTA	s1toilta:w1 s some diff-Using the toilet	Categ

Harmonized Codebooks

Descriptive Statistics

Variable	N	Mean	Std Dev	Minimum	Maximum
R1WALKRA	71947	0.04	0.20	0.00	1.00
S1WALKRA	49165	0.03	0.17	0.00	1.00
R1DRESSA	71947	0.04	0.20	0.00	1.00
S1DRESSA	49165	0.03	0.17	0.00	1.00
R1BATHA	71947	0.04	0.20	0.00	1.00
S1BATHA	49165	0.03	0.17	0.00	1.00
R1EATA	71947	0.04	0.20	0.00	1.00
S1EATA	49165	0.03	0.17	0.00	1.00
R1BEDA	71947	0.07	0.25	0.00	1.00
S1BEDA	49165	0.05	0.22	0.00	1.00
R1TOILTA	71947	0.10	0.30	0.00	1.00
S1TOILTA	49165	0.08	0.27	0.00	1.00

Harmonized Codebooks

Categorical Variable Codes

Value	R1WALKRA
.m:Missing	315
0.No	69084
1.Yes	2863

Value	S1WALKRA
.m:Missing	147
.u:Unmar	16338
.v:SP NR	6612
0.No	47739
1.Yes	1426

Value	R1DRESSA
.m:Missing	315
0.No	68975
1.Yes	2972

Value	S1DRESSA
.m:Missing	147
.u:Unmar	16338
.v:SP NR	6612
0.No	47611
1.Yes	1554

Value	R1BATHA
.m:Missing	315
0.No	69087
1.Yes	2860

Value	S1BATHA
.m:Missing	147
.u:Unmar	16338
.v:SP NR	6612
0.No	47775
1.Yes	1390

Value	R1EATA
.m:Missing	315
0.No	68940
1.Yes	3007

Harmonized Codebooks

- Details variable creation and any assumptions made in the creation

How Constructed

These variables indicate whether the respondent has any difficulty with activities of daily living (ADL). The ADLs include walking across a room (RwWALKRA), dressing, including putting on chappals and shoes (RwDRESSA), bathing (RwBATHA), eating, chewing, breaking chapatti or mixing rice (RwEATA), getting in or out of bed (RwBEDA), and using the toilet, including getting up and down (RwTOILTA). Respondents are asked to exclude any difficulties they expect to last less than three months. A code of 0 indicates that the respondent did not report any problems with the activity. A code of 1 indicates that the respondent reported some difficulty with the activity. Don't know, refused, or other missing responses to RwWALKRA, RwDRESSA, RwBATHA, RwEATA, RwBEDA, and RwTOILTA are assigned special missing values .d, .r, or .m respectively. RwWALKRA, RwDRESSA, RwBATHA, RwEATA, RwBEDA, and RwTOILTA are set to plain missing (.) for respondents who did not respond to the current wave.

SwWALKRA, SwDRESSA, SwBATHA, SwEATA, SwBEDA, and SwTOILTA indicate whether the respondent's current wave's spouse reported any difficulty with ADLs, and their values are taken directly from the spouse's responses to RwWALKRA, RwDRESSA, RwBATHA, RwEATA, RwBEDA, and RwTOILTA, respectively. In addition to the special missing codes used in RwWALKRA, RwDRESSA, RwBATHA, RwEATA, RwBEDA, and RwTOILTA, SwWALKRA, SwDRESSA, SwBATHA, SwEATA, SwBEDA, and SwTOILTA employ two other missing codes, .u and .v. Special missing value .u is used when the respondent does not report being coupled in the current wave. Special missing value .v is used when the respondent reports being coupled in the current wave but their spouse is not interviewed.

Harmonized Codebooks

- Highlights any differences with other HRS Family studies

Cross Wave Differences in LASI

No differences known.

Differences with the RAND HRS/Harmonized HRS

In the RAND HRS, these binary indicators of some difficulty with ADLs are recoded from a set of raw variables for Wave 2 of the HRS. In Wave 2 of the HRS, respondents were given several options to report their level of difficulty with activities of daily living. These levels included not difficult, occasionally difficult, difficult some of the time, and difficult most of the time for some questions and not difficult, a little difficult, difficult, and a lot difficult for other questions. The RAND HRS recodes these levels to either No (not difficult) or Yes (difficult) for the second wave.

Additionally, ADL questions in the HRS may be skipped depending on the respondent's answers to previous difficulty questions, though it varies across waves, whereas the LASI asks ADL questions to all respondents.

Unlike the LASI, respondents in the HRS have the option of responding "Can't do" or "Don't do" in certain waves.

Harmonized Codebooks

- Lists all the raw variables used in the creation of the Harmonized variable

LASI Variables Used

```
Wave 1 Core:
    HT401                   Difficulty with dressing, including putting on c
    HT402                   Difficulty with walking across a room
    HT403                   Difficulty with bathing
    HT404                   Difficulty with eating
    HT405                   Difficulty with getting in or out of bed
    HT406                   Difficulty with using the toilet
```

Example

Examples:

How to merge the data files across studies? Individual-level

**Restrict sample to LASI-DAD respondents only

***load COVID dataset
use "covid_india_VerA"

***keep LASI-DAD respondents only
keep if studyr==1

***gen prim_key for merging with LASI and LASI-DAD
rename prim_key prim_key_c

gen prim_key=substr(prim_key_c, 1, 15)

Examples:

How to merge the data files across studies?
Individual-level

```
***merge with LASI-DAD dataset
      merge 1:1 prim_key using “h_dad_w1a3", keepusing (r1cdr_final r1mmse_score)

      keep if _merge==3
      drop _merge

***merge with LASI dataset
      merge 1:1 prim_key using “h_lasi_a3", keepusing (r1hibpe r1diabe r1lunge r1hearte
r1stroke r1arthre r1psyche r1alzdeme)

      keep if _merge==3
      drop _merge

***save dataset
      save "analysis_r.dta"
```

Examples:

How to merge the data files across studies?
Household-level

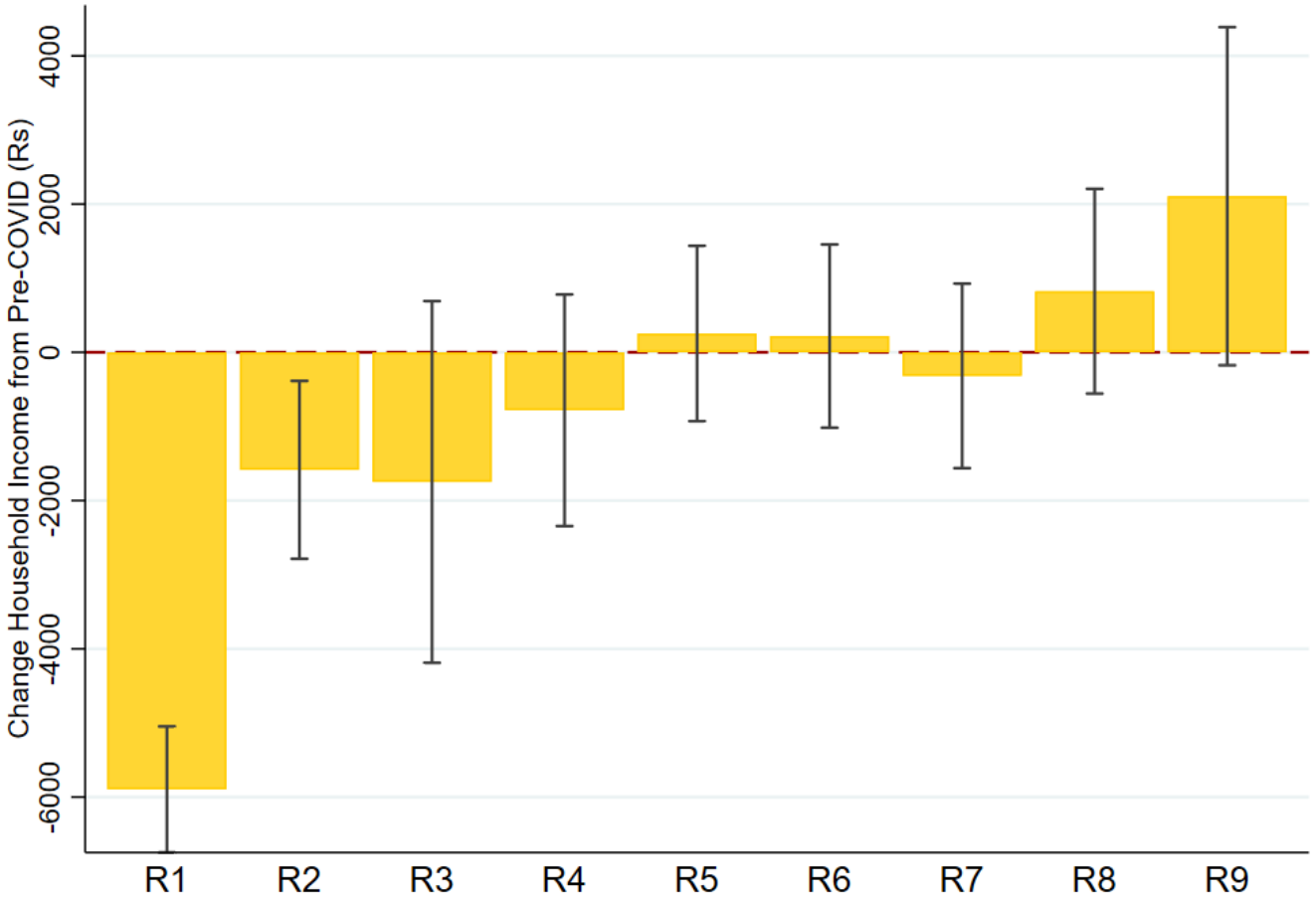
```
***Load LASI Dataset***
 use hhid hh1cp* hh1itot* hh1ctot hh1hhres* hh1atotb hh1rural  hh1cftot hh1cfperc
using  "H_LASI_a3“, clear

***Create HH level data
      duplicates drop hhid, force

***save dataset
      save "LASI_vars.dta"

***Load COVID Data
      use "covid_india_VerA",clear

**merge with LASI_vars using hhid
      merge m:1 hhid using "LASI_vars.dta"
      keep if _merge==3
      drop _merge
```

Research Question

How was the economic impacts of the COVID-19 pandemic in India?

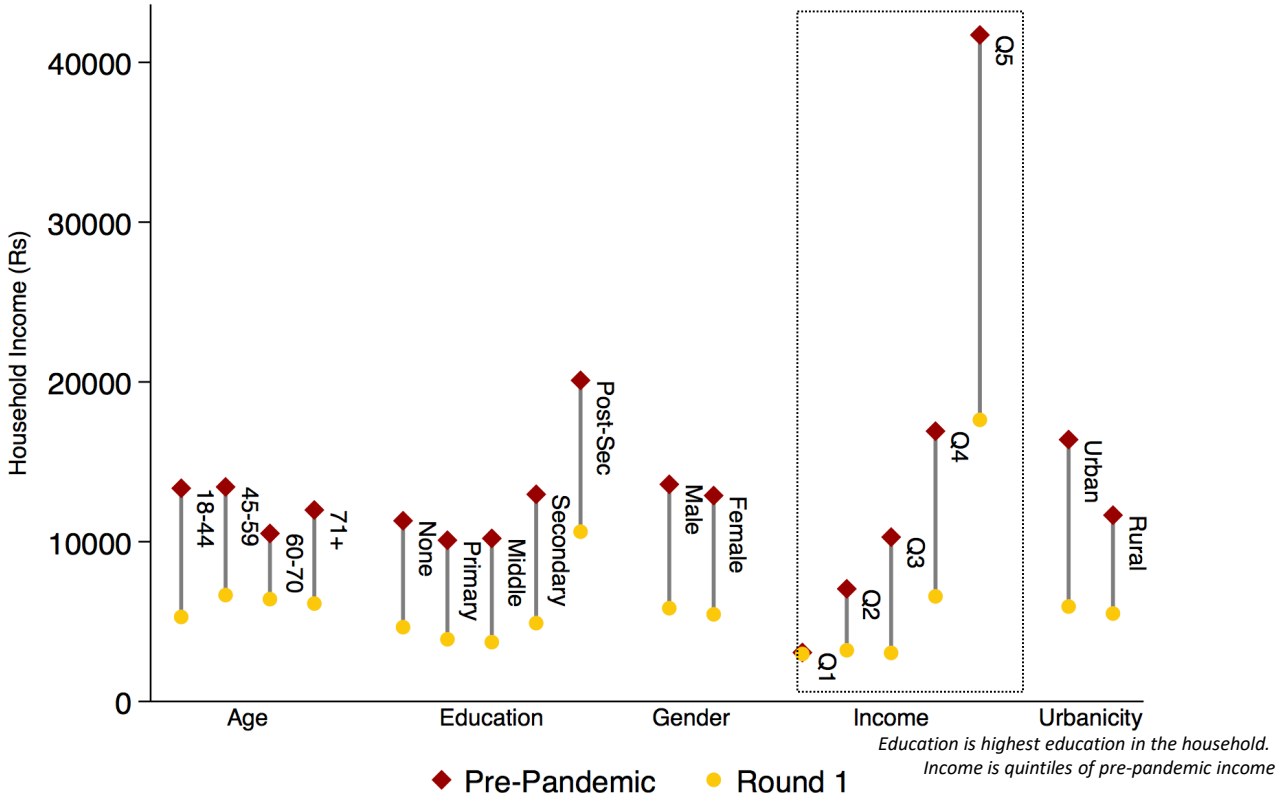
Change in Household Income by Round

Income dropped by >50% after lockdown, followed by sharp rebound



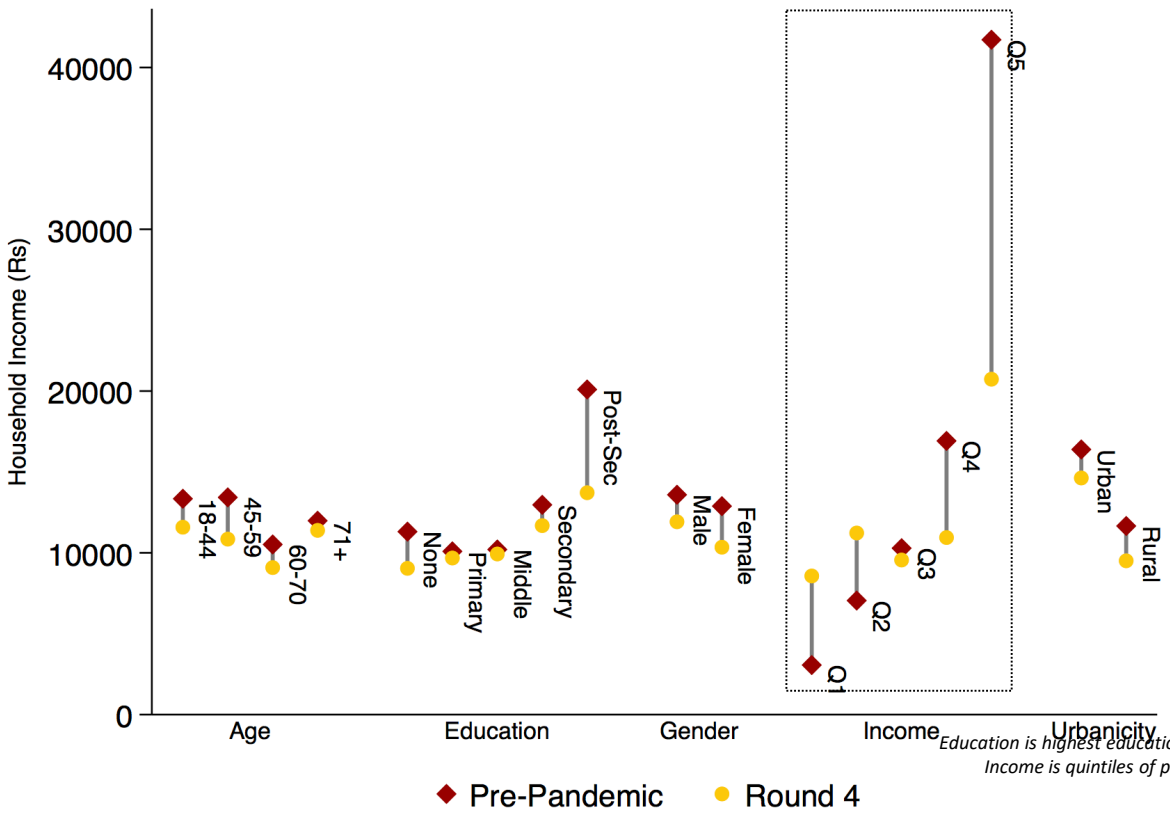
Income Loss Across Demographic and Socioeconomic Groups

Post-lockdown income losses greatest among richest households



Income Loss Across Demographic and Socioeconomic Groups

Persistent income loss concentrated among wealthiest, best educated



Education is highest education in the household.
Income is quintiles of pre-pandemic income

Thank you!

Question: help@lasi-dad.org