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# A comparative study of under-five child mortality in different housing settlements in Soweto, South Africa 2002

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**APPENDIX THREE: SELECTED QUESTIONNAIRES USED IN SOWETO HOUSEHOLD SURVEY 2002 RELEVANT TO THIS STUDY**
**SECTION A: HOUSEHOLD PROFILE**

*First, I would like to know about **ALL OF THE PEOPLE** who belong to this household:*

| ID | ALL HOUSEHOLD MEMBERS | All CAREGIVERS | EDUCATION<br>ALL HOUSEHOLD MEMBERS | SEX<br>ALL HOUSEHOLD MEMBERS | AGE<br>ALL HOUSEHOLD MEMBERS | | MARITAL<br>ALL HOUSEHOLD MEMBERS | PARTNER'S RESIDENCE<br>IF MARITAL =1 / 2 / 3) | MEMBER's RESIDENCE<br>IF MARITAL =1 / 2 / 3) | IF NOT LIVING HERE REASONS | RELATIONSHIP TO HEAD<br>ALL HH MEMBERS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Person ID Code** | **Please give me the names/initials of all persons who belong to this household? .** | **Is [NAME] a caregiver?** | **What is [NAME]'s highest level of education?** | **Is [NAME] male or female?** | **How old is [NAME]?** | | **What is [NAME]'s marital status?** | **Does [NAME]'s <u>partner</u> live in this household?** | **Does [NAME] live here all year round?** | **Why does [NAME] not live here all year round?** | **What is [NAME']'s relationship to the head of the household?** |
| | PROBE FOR EVERYONE IN HOUSEHOLD<br><br>RECORD NAME/INITIALS ONLY | 1 Yes<br>0 No<br><br>List all caregivers in the household who have children younger than 16 in that HH | 0 None<br>1 Grade 1-3<br>4 Grade 4<br>5 Grade 5<br>6 Grade 6<br>7 Grade 7<br>8 Grade 8<br>9 Grade 9<br>10 Grade 10<br>11 Grade11<br>12 Grade12<br>13 NTC I<br>14 NTC II<br>15 NTC III<br>16 Dipl/Certificate without Matric<br>17Diploma/Cert with Matric<br>18 Degree<br>19Other(specify) | 1 Male<br>2 Female | Complete (5a) in YEARS if >2 years<br><br>Complete (5b) in MONTHS if <2 years | | 1 Married<br>2 Cohabit (Living together as if married for more than 6 months)<br>3 Steady Partner (girl/boyfriend)<br>4 Never Married<br>5 Divorced<br>6 Separated<br>7 Widowed | 1 Yes<br>0 No | 1 Yes<br>0 No | 1 Migrant work<br>2 Other work<br>3 Other (specify | 1 Head<br>2 Wife/Husband/Partner<br>3 Son/daughter<br>4 Son/Daughter-in-law/<br>5 Grandchild<br>6 Brother/Sister<br>7 Father/Mother<br>8 Parent-in-law<br>9 Maternal niece/nephew<br>10 Paternal niece/nephew<br>11 Maternal aunt/uncle<br>12 Paternal aunt/uncle<br>13 Foster Child<br>14 Other relative<br>15 Not related |
| | | | | | | | **IF 4-7 ►Q10** | | **IF 1 ►Q10** | | |
| **(1)** | **Name/Initial** | **(2)** | **(3)** | **(4)** | **(5a) Years** | **(5b) Mnth** | **(6)** | **(7)** | **(8)** | **(9)** | **(10)** |
| 01 | | | | | | | | | | | |
| 02 | | | | | | | | | | | |
| 03 | | | | | | | | | | | |
| 04 | | | | | | | | | | | |
| 05 | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 06 | | | | | | | | | | | |
| 07 | | | | | | | | | | | |
| 08 | | | | | | | | | | | |
| 09 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |

**SECTION A (Continue): HOUSEHOLD PROFILE (ALL HOUSEHOLD MEMBERS)**

| 08 **ID** | **EMPLOYMENT STATUS** | **TYPE OF EMPLOYMENT** | **REASON FOR NOT WORKING** |
|---|---|---|---|
| 09 | ALL HOUSEHOLD MEMBERS | IF WORKING ANY HOURS: | HOUSEHOLD MEMBERS NOT WOKING |
| 10 **Person ID** 11 **CODE** | **How many hours per week does [NAME] normally work for pay, profit or family gain?** | **Is this employment in:** | **If not employed, in which of the following categories does [NAME] fall?** |
| 12 | | | |
| | | | **CHOOSE ONE ONLY** |
| | **Number of HOURS**<br><br>**If not working write "0"** | 1 Formal sector (TAX is deducted)<br>2 Informal sector (Tax is not deducted)<br>3 Domestic Work | 1 Going to school/college/university, etc.<br>2 Full time homemaker/housewife<br>3 Pensioner or Retired<br>4 Not working but looking for work<br>5 Not working but not looking<br>6 Permanently unable to work<br>7 Too young to go to school |
| | IF '0' ►Q13 | | |
| | **(11)** | **(12)** | **(13)** |
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |
| 05 | | | |
| 06 | | | |
| 07 | | | |

**SECTION B: CHILD HEALTH AND WELL-BEING I would like to know about all the children younger than 16 living in this Household:**

| ALL CHILDREN 0 to under 16 YEARS IN THIS HOUSEHOLD | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **ID** | **BIRTH REGISTERED** All CHILDREN UNDER 16 | **BIRTH REGISTERED** All CHILDREN UNDER 16 | **BIRTH REGISTERED** IF NO BIRTH CERTIFICATE | **SIBLINGS** ALL CHILDREN UNDER 16 | **SIBLINGS** IF SIBLINGS UNDER 16 IN OTHER HH | **SIBLINGS** IF SIBLINGS UNDER 16 IN OTHER HH | | **CAREGIVER & PARENTS** CHILDREN UNDER 16 | **CAREGIVER & PARENTS** IF CAREGIVER IS NOT NATURAL MOTHER | **CAREGIVER & PARENTS** IF MOTHER ALIVE | **CAREGIVER & PARENTS** LIVING MOTHER NOT IN THIS HH |
| **Person ID Code** | **NAME/ INITIALS OF CHILD** | **Does [NAME] have a birth certificate?** | **Was [NAME]'s birth registered?** | **Does [NAME] have any siblings less than 16 years of age who DO NOT live in this household?** | **How many of [NAME]'s siblings, less than 16 years of age, live somewhere else?** | **Where are the Siblings living?** | | **Is the Caregiver the child's natural mother?** | **Is the child's natural mother alive?** | **Does thechild's mother live in this household?** | **Why does the child live here?** |
| USE SAME CODE AS IN SECTION A | | 1 Yes<br>0 No<br>-9 DK | 1 Yes<br>0 No<br>-9 DK | 1 Yes<br>0 No<br>-9 DK | -9 DK | 1 In Soweto<br>2 Rural Area - Gauteng<br>3 Another City-Gauteng<br>4 Rural Area in other Province<br>5 City in other Province<br>6 Rural area in other Country<br>7 City in other Country<br>-9 DK | | 1 Yes<br>0 No | 1 Yes<br>0 No<br>-9 DK | 1 Yes<br>0 No | 1 Mother sick<br>2 Mother works<br>3 Education<br>4 Sharing childcare expenses<br>5 Foster Care<br>6 Other (Specify) |
| | | **IF 1 ►Q16** | | **IF 0 ►Q19** | | | | **IF 1 ►Q27** | **IF 0 ►Q23<br>IF DK►Q27** | **IF 1 ►Q27** | **-----►Q27** |
| | | **(14)** | **(15)** | **(16)** | **(17)** | **(18a) Most siblings** | **(18b) Other siblings** | **(19)** | **(20)** | **(21)** | **(22)** |
| 01 | | | | | | | | | | | |
| 02 | | | | | | | | | | | |
| 03 | | | | | | | | | | | |
| 04 | | | | | | | | | | | |
| 05 | | | | | | | | | | | |
| 06 | | | | | | | | | | | |
| 07 | | | | | | | | | | | |
| 08 | | | | | | | | | | | |
| 09 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |

## SECTION B (Continue):

| ALL CHILDREN 0 to under 16 YEARS IN THIS HOUSEHOLD | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ID** | **IF MOTHER NOT ALIVE** | **IF MOTHER NOT ALIVE** | **IF MOTHER NOT ALIVE** | | | | | | | | | | | | | | **IF MOTHER NOT ALIVE** | |
| **Person ID Code** | **When did the child's mother die?** | **How old was the child's mother when she died?** | **Which of the following symptoms did the child's mother have at the time of her death?** | | | | | | | | | | | | | | **If Death was due to an illness, how long was the child's mother ill, before dying?** | |
| USE SAME CODE AS IN SECTION A | -9 DK<br>**Write the YEAR,**<br>_ _ _ _ | -9 DK<br>**Write the AGE** | A Injury or accident<br>B Heart disease, Hypertension<br>C Pneumonia<br>D Meningitis<br>E Severe Diarhoea (> 1 month)<br>F Weight loss<br>G Chronic cough<br>H Night sweats<br>I Cancer | | | | | J TB<br>K AIDS<br>L Child Birth (Within last 6 months)<br>M Depression<br>Q Other (Specify) | | | | | READ EACH OPTION AND RECORD FOR EACH PERSON<br>**CIRCLE THE LETTER REPRESENTING THE SYMPTOM**<br>WRITE **R** FOR **REFUSED** TO ANSWER, IN THE BLOCK ACROSS THE ABBREVIATION<br>WRITE **DK** FOR **DON'T KNOW**, IN THE BLOCK ACROSS THE ABBREVIATION | | | | Complete (26a) in YEARS if > 2 years<br>Complete (26b) in MONTHS if < 2 years | |
| | **(23)** | **(24)** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **L** | **M** | **Q** | **(32a) Years** | **(32b) Mnths** |
| 01 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 02 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 03 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 04 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 05 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 06 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 07 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 08 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 09 | | | I/Ac | H.H | Pn | Men | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 10 | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 11 | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |
| 12 | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | ChB | Depr | | | |

## SECTION B (Continue):

| ALL CHILDREN 0 to under 16 YEARS IN THIS HOUSEHOLD | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ID** | **FATHER** CHILDREN UNDER 16 | **FATHER** CHILDREN UNDER 16 | **IF FATHER NOT ALIVE** | **IF FATHER NOT ALIVE** | **IF FATHER NOT ALIVE** | | | | | | | | | | | | | **IF FATHER NOT ALIVE** | | |
| **Person ID Code** | **Is the child's natural father alive?** | **Does the child's father live in this household?** | **In what YEAR did the child's father die?** | **How old was the child's father when he died?** | **Which if the following symptoms did the child's father had at the time of his death?** | | | | | | | | | | | | | **If Death was due to an illness, how long was the child's father ill, before dying?** | | |
| | 1 = YES<br>0 = NO<br>-9 = DK | 1 = YES<br>0 = NO | -9 DK<br>**Write the YEAR** _ _ _ _ | -9 DK<br>**Write the AGE** | A Injury or accident<br>B Heart disease, Hypertension<br>C Pneumonia<br>D Meningitis<br>E Severe Diarhoea (> 1 month)<br>F Weight loss<br>G Chronic cough<br>H Night sweats<br>I Cancer | | | | | J TB<br>K AIDS<br>M Depression<br>Q Other (Specify) | | | READ EACH OPTION AND RECORD FOR EACH PERSON<br>**CIRCLE THE LETTER REPRESENTING THE SYMPTOM**<br>- WRITE **R** FOR **REFUSED** TO ANSWER, IN THE BLOCK ACROSS THE ABBREVIATION<br>- WRITE **DK** FOR **DON'T KNOW** IN THE BLOCK ACROSS THE ABBREVIATION | | | | Complete (26a) in YEARS if > 2 years<br><br>Complete (26b) in MONTHS if < 2 years | | |
| | **IF 0 ►Q29 IF DK►Q33** | **---►Q33** | | | | | | | | | | | | | | | | | | |
| | **(27)** | **(28)** | **(29)** | **(30)** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **M** | **Q** | **(32a) Years** | **(32b) Mnths** | |
| 01 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 02 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 03 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 04 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 05 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 06 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 07 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 08 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 09 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 10 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 11 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |
| 12 | | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | | | | |

## Section E: Income, Expenditure, And Support: (Adults older than 16) Write –8 for REFUSED

| ID | If [Name}were employed last month, how much was his/her TAKE HOME pay? | | | | Does [Name]) have any other regular sources of income not captured in 73 & 74 | | | |
|---|---|---|---|---|---|---|---|---|
| **WRITE DOWN THE PERSON ID CODE FOR ALL ADULTS** | WEEKLY<br>1 None<br>2 R1 - R46<br>3 R47 - R115<br>4 R116 - R231<br>5 R232 - R346<br>6 R347 - R577<br>7 R578 - R808 | *or*<br>**8 R809 - R1 039**<br>9 R1 040 - R1 386<br>10 R1 387 - R1 848<br>11 R 849 - R2 540<br>12 R2 541 - R3 695<br>13 R3 696 - R6 928<br>14 R6 929 or more | MONTHLY<br>1 None<br>2 R1 - R200<br>3 R201 - R500<br>4 R501 - R1 000<br>5 R1 001 - R1 500<br>6 R1 501 - R2 500<br>7 R2 501 - R3 500 | 8 R3 501 - R4 500<br>9 R4 501 - R6 000<br>10 R6 001 - R8 000<br>11 R8 001 - R11 000<br>12 R11 001 - R16 000<br>13 R16 001 - R30 000<br>14 R30 001 or more | WEEKLY<br>1 None<br>2 R1 - R46<br>3 R47 - R115<br>4 R116 - R231<br>5 R232 - R346<br>6 R347 - R577<br>7 R578 - R808 | *or*<br>8 R809 - R1 039<br>9 R1 040 - R1 386<br>10 R1 387 - R1 848<br>11 R1 849 - R2 540<br>12 R2 541 - R3 695<br>13 R3 696 - R6 928<br>14 R6 929 or more | **MONTHLY**<br>1 None<br>2 R1 - R200<br>3 R201 - R500<br>4 R501 - R1 000<br>5 R1 001 - R1 500<br>6 R1 501 - R2 500<br>7 R2 501 - R3 500 | 8 R3 501 - R4 500<br>9 R4 501 - R6 000<br>10 R6 001 - R8 000<br>11 R8 001 - R11 000<br>12 R11 001 - R16 000<br>13 R16 001 - R30 000<br>14 R30 001 or more |
| (1) | (73) | | (74) | | (75) | | (76) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

| | | | |
|---|---|---|---|
| (77) | Has the household **income** stayed the same, is less or higher as a result of illness? | Income Stayed the same | 0 |
| | | Income is Less | 1 |
| | | Income is Higher | 2 |

*The following is about changes in your household income and spending patterns over the past year.* ***CIRCLE THE NUMBER NEXT TO THE ANSWER THAT IS CHOSEN***

| | | | | |
|---|---|---|---|---|
| (78) | How has your household **spending** on healthcare changed over the past year - Did your health care spending stay the same, is it less or is it higher? | Health care Spending Stayed the same | 0 | ►**Q80** |
| | | Health care Spending is Less | 1 | ►**Q80** |
| | | Health care Spending is Higher | 2 | |

| | | | |
|---|---|---|---|
| (79) | If healthcare expenditure has increased, how has this increase in healthcare expenditure affected your household spending on other household goods?<br>**(READ OUT OPTIONS)**<br>**SELECT MORE THAN ONE IF APPLICABLE** | **Not any significant impact** | **0** |
| | | **We spend less on non-essential items** | **1** |
| | | **We spend less on essential food** | **2** |
| | | **Spend less on essential healthcare expenditure for other family members** | **3** |
| | | **We spend less on essential clothes (e.g. school uniforms)** | **4** |
| | | **We spend less on education** | **5** |
| | | **Decreased your ability to pay your rent** | **6** |

| | | | |
|---|---|---|---|
| **(80)** | In the past year has the household **borrowed** more than R300 | Yes | 1 |

| | | | | |
|---|---|---|---|---|
| | because of increased health spending? | No | 0 | ►Q82 |
| (81) | If the household **borrowed** money, from whom did they borrow it?<br><br>**CHOOSE 1 ANSWER ONLY** | **Immediate family** | **1** | |
| | | **Distant Relative** | **2** | |
| | | **Neighbor/Friend** | **3** | |
| | | **Community organization (NGO/CBO)** | **4** | |
| | | **Church or religious institution** | **5** | |
| | | **Bank or Financial institution** | **6** | |
| | | **Small Cash Loans** | **7** | |

| | | | |
|---|---|---|---|
| **(82)** | In the past year, has the household lent money greater than R300? | Yes | 1 |
| | | No | 0 |

## SECTION F: HOUSEHOLD CHARACTERISTICS

***[CIRCLE THE NUMBER NEXT TO THE ANSWER YOU CHOOSE]***
*Now I will ask you some basic questions about your household.*

**FOR THE FOLLOWING QUESTIONS: CHOOSE 1 ANSWER ONLY**

| | | | |
|---|---|---|---|
| **(84)** | Building Material of the walls of the House | Brick | 1 |
| | | Mud | 2 |
| | OBSERVATION BY INTERVIEWER | Concrete | 3 |
| | | Temporary Material | 4 |
| | | Corrugated iron (Zinc) | 5 |
| | | Other | 6 |

| | | | |
|---|---|---|---|
| **(85)** | What is the main source of drinking water for members of your household? | Piped into dwelling | 1 |
| | | Piped into yard or plot | 2 |
| | PROBE IF NECESSARY | Public tap | 3 |
| | **Choose 1 answer only** | Bottled water | 4 |
| | | Other | 5 |
| | Specify | DK | -9 |

| | | | |
|---|---|---|---|
| **(86)** | What kind of toilet facility does most members of your household use? | Flush to sewage system/septic tank | 1 |
| | **Choose 1 answer only** | Traditional pit latrine | 2 |
| | | No facilities or bush/field | 3 |

| | | |
|---|---|---|
| | | |
| Specify | Other | 4 |
| | DK | -9 |

| | | |
|---|---|---|
| (87) | Excluding the bathroom and toilet, how many rooms does this household occupy? (not including curtain dividers) | |

| | | | |
|---|---|---|---|
| **(88)** | What is the main source of energy **used for lighting?** **Choose 1 answer only** | Electricity | 1 |
| | | Gas | 2 |
| | | Paraffin | 3 |
| | | Candle | 4 |
| | | Solar Energy | 5 |
| | Specify | Other | 6 |

## SECTION G: MORTALITY

*Child Mortality: Ask caregiver if any children under the age of 16 have died in the last 5 years in this household*

| | **Child** | **Year of death**<br><br>YEAR<br>_ _ _ _ | **Age at death**<br><br>(Age)<br>If less than 2 years, state in months<br><br>YEARS MONTHS | | Symptoms at death<br>A Injury or accident<br>B Heart disease, Hypertension<br>C Pneumonia<br>D Meningitis<br>E Severe Diarhoea (> 1 month)<br>F Weight loss<br>G Chronic cough<br>H Night sweats<br>I Cancer<br>J TB<br>K AIDS<br>M Depression<br>Q Other (Specify | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | (i) | (ii) Yrs | (ii) Mnth | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **M** | **Q** |
| **(94)** | Child 1 | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | |
| **(95)** | Child 2 | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | |
| **(96)** | Child 3 | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | |
| **(97)** | Child 4 | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | |
| **(98)** | Child 5 | | | | I/Ac | H.H | Pn | Meng | SDi | W.Ls | CrCo | NSw | Canc | TB | AIDS | Dep | |

READ EACH OPTION AND RECORD FOR EACH PERSON

**CIRCLE THE LETTER REPRESENTING THE SYMPTOM**

WRITE **R** FOR **REFUSED** TO ANSWER, IN THE BLOCK ACROSS THE ABBREVIATION

WRITE **DK** FOR **DON'T KNOW**, IN THE BLOCK ACROSS THE ABBREVIATION

*Adult Mortality: Ask caregiver if any adults have died in the last 5 years in this household (Adults 16 years and older)*