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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 ALL HOUSEHOLD MEMBERS	SEX ALL HOUSEHOLD MEMBERS	AGE ALL HOUSEHOLD MEMBERS		MARITAL ALL HOUSEHOLD MEMBERS	PARTNER'S RESIDENCE IF MARITAL =1 / 2 / 3)	MEMBER's RESIDENCE IF MARITAL =1 / 2 / 3)	IF NOT LIVING HERE REASONS	RELATIONSHIP TO HEAD 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 RECORD NAME/INITIALS ONLY	1 Yes 0 No List all caregivers in the household who have children younger than 16 in that HH	0 None 1 Grade 1-3 4 Grade 4 5 Grade 5 6 Grade 6 7 Grade 7 8 Grade 8 9 Grade 9 10 Grade 10 11 Grade11 12 Grade12 13 NTC I 14 NTC II 15 NTC III 16 Dipl/Certificate without Matric 17Diploma/Cert with Matric 18 Degree 19Other(specify)	1 Male 2 Female	Complete (5a) in YEARS if >2 years Complete (5b) in MONTHS if <2 years		1 Married 2 Cohabit (Living together as if married for more than 6 months) 3 Steady Partner (girl/boyfriend) 4 Never Married 5 Divorced 6 Separated 7 Widowed	1 Yes 0 No	1 Yes 0 No	1 Migrant work 2 Other work 3 Other (specify	1 Head 2 Wife/Husband/Partner 3 Son/daughter 4 Son/Daughter-in-law/ 5 Grandchild 6 Brother/Sister 7 Father/Mother 8 Parent-in-law 9 Maternal niece/nephew 10 Paternal niece/nephew 11 Maternal aunt/uncle 12 Paternal aunt/uncle 13 Foster Child 14 Other relative 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 **If not working write "0"**	1 Formal sector (TAX is deducted) 2 Informal sector (Tax is not deducted) 3 Domestic Work	1 Going to school/college/university, etc. 2 Full time homemaker/housewife 3 Pensioner or Retired 4 Not working but looking for work 5 Not working but not looking 6 Permanently unable to work 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 0 No -9 DK	1 Yes 0 No -9 DK	1 Yes 0 No -9 DK	-9 DK	1 In Soweto 2 Rural Area - Gauteng 3 Another City-Gauteng 4 Rural Area in other Province 5 City in other Province 6 Rural area in other Country 7 City in other Country -9 DK		1 Yes 0 No	1 Yes 0 No -9 DK	1 Yes 0 No	1 Mother sick 2 Mother works 3 Education 4 Sharing childcare expenses 5 Foster Care 6 Other (Specify)
		IF 1 ►Q16		**IF 0 ►Q19**				**IF 1 ►Q27**	**IF 0 ►Q23 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 **Write the YEAR,** _ _ _ _	-9 DK **Write the AGE**	A Injury or accident B Heart disease, Hypertension C Pneumonia D Meningitis E Severe Diarhoea (> 1 month) F Weight loss G Chronic cough H Night sweats I Cancer					J TB K AIDS L Child Birth (Within last 6 months) M Depression Q Other (Specify)					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				Complete (26a) in YEARS if > 2 years 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 0 = NO -9 = DK	1 = YES 0 = NO	-9 DK **Write the YEAR** _ _ _ _	-9 DK **Write the AGE**	A Injury or accident B Heart disease, Hypertension C Pneumonia D Meningitis E Severe Diarhoea (> 1 month) F Weight loss G Chronic cough H Night sweats I Cancer					J TB K AIDS M Depression Q Other (Specify)			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				Complete (26a) in YEARS if > 2 years 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 1 None 2 R1 - R46 3 R47 - R115 4 R116 - R231 5 R232 - R346 6 R347 - R577 7 R578 - R808	*or* **8 R809 - R1 039** 9 R1 040 - R1 386 10 R1 387 - R1 848 11 R 849 - R2 540 12 R2 541 - R3 695 13 R3 696 - R6 928 14 R6 929 or more	MONTHLY 1 None 2 R1 - R200 3 R201 - R500 4 R501 - R1 000 5 R1 001 - R1 500 6 R1 501 - R2 500 7 R2 501 - R3 500	8 R3 501 - R4 500 9 R4 501 - R6 000 10 R6 001 - R8 000 11 R8 001 - R11 000 12 R11 001 - R16 000 13 R16 001 - R30 000 14 R30 001 or more	WEEKLY 1 None 2 R1 - R46 3 R47 - R115 4 R116 - R231 5 R232 - R346 6 R347 - R577 7 R578 - R808	*or* 8 R809 - R1 039 9 R1 040 - R1 386 10 R1 387 - R1 848 11 R1 849 - R2 540 12 R2 541 - R3 695 13 R3 696 - R6 928 14 R6 929 or more	**MONTHLY** 1 None 2 R1 - R200 3 R201 - R500 4 R501 - R1 000 5 R1 001 - R1 500 6 R1 501 - R2 500 7 R2 501 - R3 500	8 R3 501 - R4 500 9 R4 501 - R6 000 10 R6 001 - R8 000 11 R8 001 - R11 000 12 R11 001 - R16 000 13 R16 001 - R30 000 14 R30 001 or more
(1)	(73)		(74)		(75)		(76)	

(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? **(READ OUT OPTIONS)** **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? **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** YEAR _ _ _ _	**Age at death** (Age) If less than 2 years, state in months YEARS MONTHS		Symptoms at death A Injury or accident B Heart disease, Hypertension C Pneumonia D Meningitis E Severe Diarhoea (> 1 month) F Weight loss G Chronic cough H Night sweats I Cancer J TB K AIDS M Depression 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)