

**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 partner 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?	
	<p>PROBE FOR EVERYONE IN HOUSEHOLD</p> <p>RECORD NAME/INITIALS ONLY</p>	<p>1 Yes 0 No</p> <p>List all caregivers in the household who have children younger than 16 in that HH</p>	<p>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)</p>	<p>1 Male 2 Female</p>	<p>Complete (5a) in YEARS if >2 years</p> <p>Complete (5b) in MONTHS if <2 years</p>	<p>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</p>	<p>1 Yes 0 No</p>	<p>1 Yes 0 No</p>	<p>1 Migrant work 2 Other work 3 Other (specify)</p>	<p>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</p>	
						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 WORKING
Person ID 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 <u>DO NOT live in this household?</u>	How many of [NAME]'s siblings, less than 16 years of age, <u>live somewhere else?</u>	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 Diarrhoea (> 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	
					Which if the following symptoms did the child's father had at the time of his death?														
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?	A Injury or accident B Heart disease, Hypertension C Pneumonia D Meningitis E Severe Diarrhoea (> 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		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														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	
	WEEKLY 1 None 2 R1 - R46 3 R47 - R115 4 R116 - R231 5 R232 - R346 6 R347 - R577 7 R578 - R808	or 8 R809 - R1039	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
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	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 Choose 1 answer only	Public tap	3
		Bottled water	4
		Other	5
	Specify	DK	-9
(86)	What kind of toilet facility does most members of your household use? Choose 1 answer only	Flush to sewage system/septic tank	1
		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)	
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(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
		Other	6
Specify			

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 Diarrhoea (> 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
(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)