

BARCODE

Individual Questionnaire Number: _____



THE SOUTH AFRICAN NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY, 2011/2012 (SANHANES-1)

Adult Questionnaire: 15 years and older

1. Geographic and Interview Particulars

Province								
Enumerator area (EA)								
Visiting point Number (taken from the EA map)								
Visiting point questionnaire number								
Person number of respondent								

2. Interview Details

	Year	Month	Day	Time code	Response code			
First visit	2012							
Second visit	2012							
Third visit	2012							
Fourth visit	2012							
Final response code								
Time codes 1 = Morning till 12h00 2 = 12h01-15h00 3 = 15h01-18h00 4 = 18h01-21h00 5 = 21h01 and later	Response codes 1 = Interview completed and clinic appointment made 2 = Interview completed but NO clinic appointment made 3 = Partly completed 4 = Appointment made for interview 5 = Selected respondent not at home 6 = Refusal by respondent / parent / guardian 7 = Other (Specify)							
Fieldworker	Name							
	Staff number							
Interview starting time				H	H	:	M	M

NAME / NICKNAME OF THIS RESPONDENT _____

To ensure that we interview the correct person during the follow up survey, would you mind giving us your identity number / passport number?

South African Identity number / Passport number

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1 INSTRUCTION TO INTERVIEWER

Record the answers by circling a response or by writing the answer in the space provided. Please note that only one response is allowed per question unless another instruction is given.
Please note that coding categories should NOT be read to the participant unless another instruction is given

2 INSTRUCTION TO INTERVIEWER

Tick the appropriate consent forms completed for this respondent

- CONSENT FORM PERSON 18 YEARS AND OLDER.....
- PARENT / GUARDIAN CONSENT FORM 0 TO 17.....
- ASSENT FORM CHILDREN AGED 15 TO 17.....
- HOUSEHOLD CONSENT TO PARTICIPATE IN THE COHORT....

SECTION A

BIOGRAPHIC DETAILS OF THE RESPONDENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1	How old were you at your last birthday?	Age in completed years <input style="width: 20px; height: 20px; border: 1px solid black; margin-left: 10px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-left: 10px;" type="text"/>									
2	Birth date of the respondent	Birth Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; font-size: 8px; margin-left: 10px;"> <tr> <td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y				
3	Is the respondent a male or female?	Male..... 1 Female..... 2									
4	Race of the respondent?	African..... 1 White..... 2 Coloured 3 Indian/Asian 4 Other (Specify) 5									
5	What is your nationality?	South African Citizen..... 1 Non - citizen (permanent resident)..... 2 Non-citizen (refugee)..... 3 Other (Specify) 4									
6	How would you describe your present employment situation?	Housewife, homemaker, not looking for work..... 1 Housewife, homemaker, looking for work..... 2 Unemployed, looking for work..... 3 Unemployed, not looking for work..... 4 Work in informal sector, not looking for permanent work..... 5 Sick disabled and unable to work..... 6 Student / pupil/ learner 7 Self-employed – Full time (40 hours or more per week)..... 8 Self-employed – Part time (less than 40 hours per week) 9 Employed full time (40 hours or more per week) 10 Employed part time (less than 40 hours per week) 11 Employed (seasonal work)..... 12 Retired 13 Other (Specify) 14									

SECTION B-8

PREGNANCY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
6	During which trimester did you smoke tobacco or use tobacco products? Multiple responses possible	During the 1 st trimester.....1 During the 2 nd trimester.....2 During the 3 rd trimester.....3	
7	During pregnancy, did you ever have a drink containing alcohol?	Yes.....1 No.....2 Don't know.....3	->C ->C
8	During pregnancy, how many drinks containing alcohol did you have per day?	1 or 2 per week.....1 3 or 4 per week.....2 5 or 6 per week.....3 1 or 2 per day.....4 3 or 4 per day.....5 5 or 6 per day.....6 7 - 9 per day.....7 10 or more per day.....8	
9	During which trimester did you have drink(s) containing alcohol? Multiple responses possible	During the 1 st trimester.....1 During the 2 nd trimester.....2 During the 3 rd trimester.....3	

SECTION C

TUBERCULOSIS

THE FOLLOWING QUESTIONS ARE ABOUT TUBERCULOSIS (TB)

SECTION C-1

TB: KNOWLEDGE AND AWARENESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	Where did you first learn about tuberculosis or TB? Multiple responses possible	Newspapers and magazines.....1 Radio.....2 TV.....3 Billboards.....4 Brochures, posters and other printed materials.....5 Health workers.....6 Family, friends, neighbours or colleagues.....7 Religious leaders.....8 Teachers.....9 Other (Specify).....10	
2	In your opinion, how serious a disease is TB?	Very serious.....1 Somewhat serious.....2 Not very serious.....3	
3	What are the signs and symptoms of TB? Multiple responses possible	Rash.....1 Cough.....2 Cough that lasts longer than 3 weeks.....3 Coughing up blood.....4 Severe headache.....5 Nausea.....6 Weight loss.....7 Fever.....8 Fever without clear cause that lasts more than 7 days.....9 Chest pain.....10 Shortness of breath.....11 Ongoing fatigue.....12 Don't know.....13 Other (Specify).....14	

SECTION C-1

TB: KNOWLEDGE AND AWARENESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
4	How can a person get TB? Multiple responses possible	Through handshakes 1 Through the air when a person sneezes or coughs 2 Through sharing dishes 3 Through eating from the same plate 4 Through touching items in public places (doorknobs, handles in transportation, etc) 5 Don't know 6 Other (Specify) 7	
5	How can a person prevent getting TB? Multiple responses possible	Avoid shaking hands 1 Covering the mouth when coughing or sneezing 2 Avoid sharing dishes 3 Washing hands after touching items in public places 4 Closing windows at home 5 Through good nutrition 6 By praying 7 Don't know 8 Other (Specify) 9	
6	In your opinion, who could get TB? Multiple responses possible	Anybody 1 Poor people 2 Homeless people 3 Alcoholics 4 Drug users 5 People living with HIV/AIDS 6 People who have been in prison 7 Don't know 8 Other (Specify) 9	
7	Can TB be cured?	Yes 1 No 2 Don't know 3	- > 9 - > 9
8	How can someone with TB be cured? Multiple responses possible	Herbal remedies 1 Home rest without medicine 2 Praying 3 Specific drugs given by the health centre 4 Directly Observed Treatment support (DOTS) 5 Don't know 6 Other (Specify) 7	
9	Are people with TB also HIV positive?	Yes 1 No 2 Don't know 3	
10	Should people with TB also be tested for HIV?	Yes 1 No 2 Don't know 3	

SECTION C-2

ATTRIBUTION OF TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	Have you ever been diagnosed with TB?	Yes 1 No 2	- > C-3
2	Please specify how old you were at the time? If more than once, record the age at the last diagnosis	Age in years <input type="text"/> <input type="text"/>	
3	What do you believe caused you to become sick with TB?	
4	Did you go to a traditional healer when you were sick with TB?	Yes 1 No 2	

SECTION C-2

ATTRIBUTION OF TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
5	Did you get treatment for TB when you had TB?	Yes1 No2	→9
6	Did you complete your treatment for TB?	Yes1 No2	
7	Did you ever miss your treatment?	Yes1 No2	→9
8	<p>Why did you miss your treatment?</p> <p>Multiple responses possible</p> <p>Write the responses in the space provided below, given to you by the participant and after the interview is completed, circle the coding categories from the list on the right that is the nearest to the responses given by the participant</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Personal - Feeling</p> <p>I felt better1 I felt better and gave up2 I was depressed3 I was not getting any better / felt worse4 I was too busy with family obligations5 I didn't like being separated from my home/ family6</p> <p>Financial reasons</p> <p>I had to look for a job or money7 I couldn't afford transport to the clinic8</p> <p>School / Employment</p> <p>I had to go back to school9 Employer refused permission to go to the clinic10 I didn't want to lose my job11 I couldn't get enough time off from work12</p> <p>Clinic / Health Services</p> <p>The clinic was too far13 The clinic ran out of medicine / medicine shortage14 The doctors/ nurses treated me badly15 Didn't get enough support / no DOTS supporter16 DOTS supporter of the opposite sex17</p> <p>Medication</p> <p>I was taking pills for too long18 I was taking too many pills19 The pills gave me side effects20</p> <p>Other</p> <p>A traditional healer told me to stop21 A friend / family member told me to stop22 I forgot to come in for TB treatment23 Other (Specify)24</p>	
9	Does your workplace offer TB treatment support?	Yes1 No2 Don't know3 Don't work4	

SECTION C-3

TB: ATTITUDES AND CARE SEEKING BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	<p>What would be your reaction if you found out that you have TB?</p> <p>Multiple responses possible</p>	<p>Fear1 Surprise2 Shame3 Embarrassment4 Sadness or hopelessness5 Other (Specify)6</p>	
2	<p>Who would you talk to about your illness if you had TB?</p> <p>Multiple responses possible</p>	<p>Doctor or other medical worker1 Spouse2 Parent3 Children4 Other family member5 Close friend6 No one7 Other (Specify)8</p>	

SECTION C-3

TB: ATTITUDES AND CARE SEEKING BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
3	<p>What would you do if you thought you had symptoms of TB?</p> <p>Multiple responses possible</p>	<p>Go to a private hospital1</p> <p>Go to a private clinic2</p> <p>Go to a private doctor3</p> <p>Go to a public hospital4</p> <p>Go to a public clinic5</p> <p>Go to a traditional healer6</p> <p>Other (Specify)7</p>	<p>-> 8</p> <p>-> 8</p>
4	<p>If you had symptoms of TB, at what point would you go to a hospital/clinic?</p> <p>Multiple responses possible</p>	<p>When treatment on my own does not work1</p> <p>When symptoms that look like TB last for 3-4 weeks2</p> <p>When I realise my symptoms might be related to TB3</p> <p>Would not go to a hospital / clinic4</p>	<p>-> 8</p>
5	<p>What type of hospital/clinic would you go to?</p> <p>Read the options and ask the respondent to choose one answer only</p>	<p>Private hospital1</p> <p>Private clinic2</p> <p>Private doctor3</p> <p>Public hospital4</p> <p>Public clinic5</p>	<p>-> 6</p> <p>-> 6</p> <p>-> 6</p> <p>-> 7</p> <p>-> 7</p>
6	<p>Why you would choose a private hospital/clinic/doctor and not a public hospital/clinic?</p> <p>Multiple responses possible</p>	<p>Quality of service</p> <p>Adequate1</p> <p>Inadequate2</p> <p>Cost</p> <p>Have health insurance / medical aid3</p> <p>Do not have health insurance / medical aid4</p> <p>Proximity</p> <p>Near to where I live5</p> <p>Far from where I live6</p> <p>Waiting times to be treated</p> <p>Shorter waiting times7</p> <p>Longer waiting times8</p> <p>Waiting times for follow up</p> <p>Shorter waiting times9</p> <p>Longer waiting times10</p> <p>Physical and medical facilities</p> <p>Adequate11</p> <p>Inadequate12</p> <p>Other (Specify)13</p>	<p>-> 9</p>
7	<p>Why you would choose a public hospital/clinic and not a private hospital/clinic/doctor?</p> <p>Multiple responses possible</p>	<p>Quality of service</p> <p>Adequate1</p> <p>Inadequate2</p> <p>Cost</p> <p>Have health insurance / medical aid3</p> <p>Do not have health insurance / medical aid4</p> <p>Proximity</p> <p>Near to where I live5</p> <p>Far from where I live6</p> <p>Waiting times to be treated</p> <p>Shorter waiting times7</p> <p>Longer waiting times8</p> <p>Waiting times for follow up</p> <p>Shorter waiting times9</p> <p>Longer waiting times10</p> <p>Physical and medical facilities</p> <p>Adequate11</p> <p>Inadequate12</p> <p>Other (Specify)13</p>	<p>-> 9</p>

SECTION C-3

TB: ATTITUDES AND CARE SEEKING BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
8	<p>What is the reason that you would not go to a hospital/clinic?</p> <p>Multiple responses possible</p>	<p>Not sure where to go1</p> <p>Cost2</p> <p>Difficulties with transport / distance to clinic.....3</p> <p>Do not trust medical workers.....4</p> <p>Do not like the attitude of medical workers5</p> <p>Cannot leave work (overlapping work hours with medical facility working hours).....6</p> <p>Do not want to find out that something is really wrong7</p> <p>Other (Specify)8</p>	
9	<p>How expensive do you think TB diagnosis and treatment is in this country?</p> <p>Note the monetary amount</p>	<p>It is free of charge.....1</p> <p>It is reasonably priced2</p> <p>It is somewhat / moderately expensive3</p> <p>It is very expensive.....4</p> <p>R _____</p>	

SECTION C-4

TB: ATTITUDES AND STIGMA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	<p>Which statement is closest to your feeling about people with TB disease?</p> <p>Read the options and ask the respondent to choose one answer only</p>	<p>I feel sorry for them but I would like to help them 1</p> <p>I feel sorry for them but I tend to stay away from these people..... 2</p> <p>It is their problem and I cannot get TB..... 3</p> <p>I fear them because they may infect me..... 4</p> <p>I have no particular feeling 5</p> <p>Other (Specify) 6</p>	
2	<p>In your community, how is a person who has TB usually regarded / treated?</p> <p>Multiple responses possible</p>	<p>Most people reject him or her..... 1</p> <p>Most people are friendly but they generally try to avoid him or her..... 2</p> <p>The community mostly supports him or her 3</p> <p>Other (Specify) 4</p>	
3	<p>Should HIV positive people be concerned about TB?</p>	<p>Yes..... 1</p> <p>No 2</p>	-> 5
4	<p>Why?</p>	<p>Person with HIV is more likely to develop TB 1</p> <p>Don't know..... 2</p> <p>Other (Specify) 3</p>	
5	<p>Why not?</p>	<p>Person with HIV is not more likely than a person without HIV to develop TB 1</p> <p>Don't know 2</p> <p>Other (Specify) 3</p>	

SECTION C-5

SOURCES OF TB INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1	<p>Are you well informed about TB?</p>	<p>Yes..... 1</p> <p>No 2</p>	
2	<p>Would you like to have more information about TB?</p>	<p>Yes..... 1</p> <p>No 2</p>	
3	<p>What are the sources of information that you think can most effectively reach people like you with information on TB?</p> <p>Read options and respondent to choose the <u>THREE</u> most effective sources</p>	<p>Newspapers and magazines..... 1</p> <p>Radio 2</p> <p>TV 3</p> <p>Billboards..... 4</p> <p>Brochures, posters and other printed materials..... 5</p> <p>Health workers..... 6</p> <p>Family, friends, neighbours and colleagues 7</p> <p>Religious leaders..... 8</p> <p>Teachers..... 9</p> <p>Other (Specify) 10</p>	