National Income Dynamics Study
Health, Health Seeking Behavior, and Health Care

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Motivation

Health status and socioeconomic status are important determinants of individuals' wellbeing. Information on income alone, or on health alone, provides a less complete picture. Better health can lead to higher income, and higher income can lead to better health, so that we cannot fully understand the dynamics of either process without understanding both. Much of the research on international health and income has focused on the cross-country relationships between population health and national income. Starting from Preston (1975, 1980), these relationships have been used to investigate the causes of mortality decline, particularly the relative roles of income and of medical knowledge. And data on adult height have been used to investigate the causes of the historical decline in mortality, see in particular Fogel (1997, 2004), Floud, Wachter, and Gregory (1990), and Steckel (1995).

The Commission for Macroeconomics and Health (2001) used the same data to argue that it is health care, through its effect on health status, that is an important engine of economic growth. Another strand of research, particularly associated with Sen (see for example Sen 1999), and embodied in UNDPs Human Development Index, argues that comparisons of wellbeing must look at health (and education) together with income.

Until relatively recently, surveys that collected information on income rarely collected comprehensive information on health, while most standardized health surveys, the Demographic and Health Surveys (DHS) being the most notable examples, contained at best rudimentary and unsatisfactory information on economic status. The National Income Dynamics Study would be an ideal vehicle to understand the joint determination of economic status and health status in South Africa.

Data Collection

We've attached to this note a set of questions we have asked in three parts of South Africa – in the Agincourt Demographic Surveillance Site in Limpopo, in Khayelitsha, and in the Cape Area Panel Study in the Western Cape. We have found these questions work well both in rural setting (such as Limpopo) and in urban settings (Khayelitsha, and Cape Town more broadly). Here, we first discuss why we ask the questions we do, and then turn to discuss why we don't ask other questions. In Limpopo and Khayelitsha, we have asked all of these questions to all adults ages 18 and above. Younger adults are at lower risk for some health outcomes (for example, problems with activities of daily living). For healthy younger adults, these questions are quick to ask. A non-trivial fraction of younger adults do report some health problems (including those associated with activities of daily living), and for this reason we think it is better to ask these questions of all adults (rather than choose an age cut-off for some questions – such as age 50 and above). Restricting ages would put the survey at risk of missing important health limitations that may affect labor force participation and overall wellbeing of younger adults.

Self-reported health status (D1)
This is a quick question to ask, and is highly correlated with respondents' reports of chronic illness and with difficulties with activities of daily living (bathing, toileting, etc). It has been shown to be a significant predictor of mortality, even in the presence of a doctor's report from a physical examination, and it predicts change in morbidity among the elderly (Idler and Kasl 1995).

Health conditions (D2)
These questions are easy to ask, and give us information about who does and does not go to clinics when they are in need of help. For example, among people with high blood pressure who do not take medications, we can find out whether they think they no longer need to take their medications ("I was cured") or whether the clinic queues dissuade them from going, or whether the clinics aren't stocked with the appropriate medicines.

Health conditions in past 30 days (D3)
These questions are also easy to ask, and provide both a snapshot of current health, and of health seeking behavior both among those who are ill and those who are healthy. Do people go to public clinics when they fall ill? Do they go to private doctors? Do they see both? Who pays for their care? What does it cost? In the Langeberg Survey, we asked how satisfied people were with the treatment they received. Those questions did not work (virtually everyone reported being satisfied). A better way to ask about satisfaction is to ask why people don't go to clinics even when they are ill (as in D2 above).

Health knowledge (D3.20)
Obesity is a very serious health risk for adult African women (Puoane et al 2002). Half of all adult women in Khayelitsha are obese, with body mass indices above 30. Diseases associated with obesity are killing women in middle age in unprecedented numbers (Khan and Tollman 1999). For this reason, we need to know what people understand about high blood pressure. In previous work, we asked what the risks were of leaving hypertension untreated. We threw in some illnesses not associated with high blood pressure – like cancer – and some questions about whether hypertension is a concern if people are feeling well.

This section could also be used to ask questions about HIV knowledge and risks.

Activities of daily living (D3.21)
These questions are readily answered, and provide a picture of whether persons are disabled in ways that affect their ability to function independently (which could also affect their ability to work). These questions also tell us something about caregiving in the household.

The last set of questions (D3.22-D3.32) asks about eyesight, hearing problems, problems with teeth and gums. Given the diseases associated with obesity, we thought it useful to ask about exercise. One could add in questions here on tobacco use. (We have found that alcohol is very difficult to get reliable information about. We think it doesn't pay to ask about alcohol.)

Adult bio-markers

If there was time to take adult measurements, the three obvious ones would be height, weight and blood pressure. With a day's training with a health care professional, and periodic refresher courses, enumerators can take all three in the field without putting participants at any risk. Height is both a very good marker of an adult's health and nutrition in early life, and is also highly correlated with

cognitive function and health throughout life (Case and Paxson 2006). All by itself height would be an excellent biomarker to collect. Height and weight together are necessary to calculate body mass indices (weight in kilograms divided by height in meters squared), which gives us markers for obesity, and related health risks – hypertension, stroke, coronary heart disease, diabetes (Case and Deaton 2006). Hypertension, left undetected or untreated, is a large and important medical risk faced by South Africans in middle age. Blacks are at greater risk than whites for high blood pressure, which increases their risks of stroke and cardiovascular disease. Understanding the prevalence of hypertension, and its socioeconomic correlates, is an important research topic. Following individuals through time allows us to document the extent to which earlier health risks (for example, hypertension), affect later outcomes, such as an increase in morbidity, or a reduction in labor force participation.

Child bio-markers

Height and weight
Height in childhood is a strong indicator of the child's current health and nutrition, and a predictor of health and economic wellbeing over the life-course. If, in some round of NIDS, children's heights and weights could be measured, one could get an estimate of which children are underweight for age, and which are at risk of being stunted. We could also correlate these risk factors with household socioeconomic conditions and the quality of local health services. Following individuals through time would allow us to document the extent to which being underweight for age, or being stunted, affect later progress through school. If at some point children' anthropometrics could be added to the survey, the results would be useful for research on unmet needs of children, and on the long run impact of childhood conditions, as we follow these children through time.

Child Questionnaire and Road to Health (RTH) Cards
Some questions about children's health do not require children to be physically present, which may make such questions feasible for NIDS. For example, in earlier work, we asked a caregiver (generally but not exclusively the child's mother) about a child's general health (Question B.14 in the children's health questions attached). In addition, we asked about the child's chronic conditions (B.12-B.13), and health seeking behavior (B.15-B.18) Answers to these questions both inform us about general wellbeing of children, and their life-chances. In addition, they allow us to look at the dynamic relationship between children's health and adults' labor force participation and household wellbeing. Ill children may require more medical attention, for example, which may reduce caregivers' abilities to look for work, or to hold down jobs.

From the child's RTH card, we recorded immunization histories, birth dates and birth weights. Not all children have a RTH card. In the fourth wave of the Cape Area Panel Study (CAPS), for example, of the 750 children that we interviewed between the ages of 0 and 15, 5.2% did not have a Road to Health card, 64.9% had a card and 29.9% had a card but it was not available. Our experience has been that the older the child, the less likely it is that a RTH card is at hand. We will be able to provide exact numbers on access to the RTH by age, but we think that if these questions were restricted to children aged 0 to 10, for example, our ability to use information from the RTH card improves significantly.

Birthweight is straightforward to read off of a RTH card and is useful for many different analyses. Low birthweight (below 2500 grams) is a significant predictor of health and cognitive function both in childhood and adulthood (see Case and Paxson 2006). Tracing out the impact of low birthweight over a child's life would be an important research contribution.

Questions we would not ask

The obvious health issues that we have not discussed are HIV and AIDS. We find people are still unwilling to talk about HIV in any personal way. That was true in Khayelitsha, and also at the Africa Centre for Health and Population Studies in KwaZulu-Natal. At the Africa Centre, we have been collecting information on illness and death. Even when a death has all of the markings of an AIDS death, relatives are unwilling to say that the person died from AIDS. Unless/until the taboo on talking about AIDS changes, we don't think we are in a position to collect accurate information on it in a survey of this sort.

With respect to children's health, we question our ability to reliably capture information on children's immunizations, and their breastfeeding histories. In principle, immunization histories are available on children's RTH cards. However, there were no fewer than 5 different RTH cards in use (depending on the age and location of children) during our recent data collection. Each RTH card captures immunization information in a different way. This makes the transcription of information from health cards to survey forms very difficult, and error prone. We believe that to obtain high quality information on whether immunizations are up to date would require a survey dedicated to just this question. (For analysis of Agincourt and Khayelitsha data, for example, to use the information on immunizations, we have had to go back to each child's paper record separately, to try to interpret what is written on each. This is manageable for small surveys, but not advisable for a large survey.) In addition, we have found in Agincourt and Khayelitsha that mothers do not report the history of breastfeeding of their children with adequate accuracy to make it worthwhile asking such questions.

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Adult Health Questions

D1	How would you describe your health at present? Would you say it is excellent, very good, good, fair, or poor?	EXCELLENT............................. 1 VERY GOOD............................ 2 GOOD…….............................. 3 FAIR.. 4 POOR……................................ 5 DON'T KNOW....................... 999	
D2	D2a. Now I would like to ask you about some particular health conditions. Has a doctor, nurse or health care professional <u>ever</u> told you that you have any of the following conditions?	D2b. Have you received any medication or treatment for this condition from a doctor, nurse, clinic or hospital?	D2c. Are you currently taking medication for this condition?	D2d. Why did you stop taking medication for this condition? **(DO NOT READ, CIRCLE IF MENTIONED)**
1	<u>Tuberculosis / TB?</u> YES ……………....1→b NO…………………2→next condition DKN………..……999→next condition	YES…….1→c NO….....2→next DKN... 999→next	YES...1→next NO...2→ ask d	I FELT BETTER………………......1 I WAS CURED………………………2 NO TIME TO GO TO CLINIC …….3 CLINIC QUEUES TOO LONG……..4 NO MEDICINE IN CLINIC…………5 MEDICINE MADE ME FEEL ILL…6 OTHER………………… …………..7 Specify: _____
2	<u>High blood pressure?</u> YES ……………....1→b NO…………………2→next condition DKN………..… …999→next condition	YES…….1→c NO….....2→next DKN... 999→next	YES...1→next NO...2→ ask d	I FELT BETTER………………......1 I WAS CURED………………………2 NO TIME TO GO TO CLINIC …….3 CLINIC QUEUES TOO LONG……..4 NO MEDICINE IN CLINIC…………5 MEDICINE MADE ME FEEL ILL…6 OTHER………………… …………..7 Specify: _____
3	<u>Diabetes or high blood sugar?</u> YES ……………....1→b NO…………………2→next condition DKN………..……999→next condition	YES…….1→c NO….....2→next DKN... 999→next	YES...1→next NO...2→ ask d	I FELT BETTER………………......1 I WAS CURED………………………2 NO TIME TO GO TO CLINIC …….3 CLINIC QUEUES TOO LONG……..4 NO MEDICINE IN CLINIC…………5 MEDICINE MADE ME FEEL ILL…6 OTHER………………… …………..7 Specify: _____
4	<u>Stroke?</u>	As above		
5	<u>Heart problems?</u>	As above		
6	<u>Cancer?</u>	As above		
7	<u>Asthma/Tightchest?</u>	As above		

	Now I would like to ask you about some health conditions that people sometimes complain about. Have you experienced _____ in the last 30 days? Ngoku ndingathanda ukukubuza ngeengxaki zempilo abantu abakhe bakhale ngazo ngamaxesha athile. Wawukhe wanayo I_____ kwezintsuku zingama-30 zidlulileyo?		Yes	No
	1. Flu symptoms [limpawu zemfixano]]		1	2
	2. Fever [Ifiva/ ukungenwa yingqele]		1	2
	3. Persistent cough [Ukhohlokohlo olungapheliyo]		1	2
	4. Cough with blood [Ukhohlela igazi]		1	2
	5. Tightchest [Uxinano lwesifuba]...		1	2
	6. Chest pain [Isifuba esibuhlungu]		1	2
	7. Body ache [Ukuqaqanjelwa/ umzimba obuhlungu]............		1	2
	8. Headache [Ukuqaqanjelwa/ intloko ebuhlungu]		1	2
	9. Back ache [Ukuqaqanjelwa ngumqolo]		1	2
	10. Joint pain/ Arthritis [Isifo samathambo]		1	2
	11. Vomiting [Ukugabha]...		1	2
	12. Diarrhea [Isifo sorhudo]		1	2
	13. Felt weak [Ukuziva ungenamandla]		1	2
	14. Worms in stool [Ukuba neentshulube]		1	2
	15. Pain in upper abdomen [lintlungu phezulu esiswini]................		1	2
	16. Pain in lower abdomen [lintlungu kumazantsi esisu].................		1	2
	18. Painful urination [Umchamo obuhlungu]		1	2
	19. Swelling ankles [Ukudumba kwamaqatha]		1	2
	20. Rash [Irhatshalala]..		1	2
	21. Severe weight loss [Uziva wehle kakhulu emzimbeni]		1	2
	22. Memory loss [Ukungakhumbuli into ibiyenzekile]..................		1	2
	23. Partially paralyzed [Ukufa icala]		1	2
	24. Paralyzed [Ukufa/ ukungasebenzi komzimba wonke]..........			
D3.5	**INTERVIEWER CHECKPOINT: DID RESPONDENT ANSWER 'YES' TO AT LEAST ONE SYMPTOM ABOVE?**	YES...............................1 NO.................................2		→ D3.17
D3.16	(If 'NO' to all symptoms), when did you last consult someone about your health? Ukuba 'HAYI' kuzo zonke ezi mpawu okanye izigulo, wagqibela nini ukubona umntu ngesigulo sakho?	In the last 12 months…………..1 Two to four years ago…………..2 Five to ten years ago…………...3 More than ten years ago…....…..4 Never……………………………5 Don't know……………………999		 → D3.20 → D3.20 → D3.20 → D3.20 → D3.20

D3.16a	Who did you consult?
	Waye kubona bani?
		Doctor/Nurse
		    at Public Hospital or Clinic….1
		    at Private Doctor Office……..2
		Trad. Healer/Inyanga/Prophet…..3
		Chemist/Pharmacist......................4
		Other : _____996		

D3.16b	Was there a consultation fee for the visit? Ingaba wabhatala malini ukubona lomntu?	YES...........1 → R ☐☐☐☐ NO.............2		 → D3.16d
D3.16c	Who paid for it? Ngubani owabhatala?	RESPONDENT.......................... 1 FAMILY.................................... 2 MEDICAL AID......................... 3 EMPLOYER.............................. 4 OTHER:_____ 996		

D3.16d	Did you see anyone else?
	Ukhona omnye umntu owambonayo?
		Doctor/Nurse
		   at Public Hospital or Clinic….1
		   at Private Doctor Office……..2
		Trad. Healer/Inyanga/Prophet…..3
		Chemist/Pharmacist......................4
		NO……………………………….5
		Other : _____996
			→D3.20

D3.16e	Was there a consultation fee for the visit? Ingaba wabhatala malini ukubona lomntu?	YES...........1 → R ☐☐☐☐ NO.............2	→D3.20
D3.16f	Who paid for it? Ngubani owabhatala?	RESPONDENT........................ 1 FAMILY.................................... 2 MEDICAL AID........................ 3 EMPLOYER............................. 4 OTHER:_____ 996	→D3.20 →D3.20 →D3.20 →D3.20 →D3.20
D3.17	(If 'YES' to at least one symptom), did you consult anyone about these symptoms in the <u>last 30 days</u>? Ukuba 'EWE' kwenye yezimpawu okanye izigulo, wakhe waya kwabonyango ngezi mpawu okanye ngezigulo kwezi ntsuku zingama- 30 zidlulileyo ?	YES ………………………1 NO ……………………….2	→ D3.19e

D3.18	Who did you consult?
	Waye kubona bani?
		Doctor/Nurse
		   at Public Hospital or Clinic….1
		   at Private Doctor Office……..2
		Trad. Healer/Inyanga/Prophet…..3
		Chemist/Pharmacist......................4
		Other : _____996	

D3.18a	Was there a consultation fee for the visit? Ingaba wabhatala malini ukubona lomntu?	YES...........1 → R ☐☐☐☐ NO.............2	 → D3.18c
D3.18b	Who paid for it? Ngubani owabhatala?	RESPONDENT........................ 1 FAMILY.................................... 2 MEDICAL AID........................ 3 EMPLOYER............................. 4 OTHER:_____ 996	
D3.18c	Was medicine prescribed? **IF YES, ASK FOR THE AMOUNT SPENT ON MEDICATION SINCE FIRST PRESCRIBED UP TO TODAY** Ingaba likho iyeza/umthi okwamele uwuthenge? **UKUBA EWE, BUZA UKUBA WASEBENZISA MALINI UKUTHENGA ELO YEZA/UMTHI UKUFIKELA NGOKU**	YES...........1 → R ☐☐☐☐ NO.............2	 → D3.19
D3.18d	(**If money was paid for medicine**) who paid for it? Ngubani owabhatala?	RESPONDENT........................ 1 FAMILY.................................... 2 MEDICAL AID........................ 3 EMPLOYER............................. 4 OTHER:_____ 996	

D3.19	Did you see anyone else?
	Ukhona omnye umntu owambonayo?
		Doctor/Nurse
		   at Public Hospital or Clinic….1
		   at Private Doctor Office……..2
		Trad. Healer/Inyanga/Prophet…..3
		Chemist/Pharmacist......................4
		NO……………………………….5
		Other : _____996
			→D3.20

D3.19a	Was there a consultation fee for the visit? Ingaba wabhatala malini ukubona lomntu?	YES...........1 → R ☐☐☐☐ NO.............2	→D3.20

D3.19b	Who paid for it? Ngubani owabhatala?	RESPONDENT......................... 1 FAMILY.................................... 2 MEDICAL AID........................ 3 EMPLOYER............................. 4 OTHER:_____ 996	
D3.19c	Was medicine prescribed? **IF YES, ASK FOR THE AMOUNT SPENT ON MEDICATION SINCE FIRST PRESCRIBED UP TO TODAY** Ingaba likho iyeza/umthi okwamele uwuthenge? **UKUBA EWE, BUZA UKUBA WASEBENZISA MALINI UKUTHENGA ELO YEZA/UMTHI UKUFIKELA NGOKU**	YES...........1 → R ☐☐☐☐ NO.............2	 → D3.20
D3.19d	(**If money was paid for medicine**) who paid for it? Ngubani owabhatala?	RESPONDENT......................... 1 FAMILY.................................... 2 MEDICAL AID........................ 3 EMPLOYER............................. 4 OTHER:_____ 996	→ D3.20 → D3.20 → D3.20 → D3.20 → D3.20
D3.19e	Did you consult anyone about your health in the <u>past twelve months</u>? Kwezinya zi 12 ziqgqithileyo, inga ukho umntu owambonayo ngempilo yakho?	YES ………………………1 NO ………………………2	 → D3.20

D3.19f	Who did you consult?
	Wabona bani?
		Doctor/Nurse
		    at Public Hospital or Clinic….1
		    at Private Doctor Office……..2
		Trad. Healer/Inyanga/Prophet…..3
		Chemist/Pharmacist......................4
		Other : _____996	

D3.19g	Was there a consultation fee for the visit? Ingaba wabhatala malini ukubona loomntu?	YES...........1 → R ☐☐☐☐ NO.............2	 → D3.19i
D3.19h	Who paid for it? Ngubani owabhatala?	RESPONDENT......................... 1 FAMILY.................................... 2 MEDICAL AID........................ 3 EMPLOYER............................. 4 OTHER:_____ 996	

D3.19i	Did you see anyone else?
	Ukhona omnye umntu owambonayo?
		Doctor/Nurse
		    at Public Hospital or Clinic….1
		    at Private Doctor Office……..2
		Trad. Healer/Inyanga/Prophet…..3
		Chemist/Pharmacist......................4
		NO……………………………5
		Other : _____996
			
			→ D3.20

D3.19j	Was there a consultation fee for the visit? Ingaba wabhatala malini ukubona loomntu?	YES...........1 → R ☐☐☐☐ NO.............2	 → D3.20
D3.19k	Who paid for it? Ngubani owabhatala?	RESPONDENT......................... 1 FAMILY.................................... 2 MEDICAL AID........................ 3 EMPLOYER............................. 4 OTHER:_____ 996	

D3. 20	I am going to read you some statements about diseases. Please tell me whether you think they are true or false, or that you don't know. Ndizakufundela ngezifo ezithile. Ndicela undixlele ukuba ucinga ukuba oku yinyani okanye ubuxoki, okanye awazi.			
1	People who have high blood pressure and **don't** take treatment every day: Abantu abane presha/l-hayi-hayi babe bengafumani nyango mihla le:	TRUE	FALSE	DON'T KNOW
1.a	Could develop Stroke [Bangafa icala/isitrowuku]	1	2	999
1.b	Could develop Cancer [Bangaba nesifo somhlaza]	1	2	999
1.c	Could develop Headaches [Bangaba nesifo sentloko]	1	2	999
1.d	Could develop Heart problems [Bangaba nesifo sentliziyo]	1	2	999
1.e	They are not at risk as long as they feel well. [Abekho bungozini oko nje beziva bephilile]	1	2	999

D3.21		What level of difficulty do you have in carrying out the following activities by yourself? For each activity, please say whether you have no difficulty, have difficulty but can do it without help, can only do it with help, cannot do this activity, or are able to do it but never do.						

		No difficulty	Difficult but can do with no help	Can do, only with help	Can't do	Able to, but never do	Don't know
1	Dressing [Ukuzinxibisa]…………	1	2	3	4	5	999
2	Bathing [Ukuzihlamba]…………	1	2	3	4	5	999
3	Eating [Ukutya]…..……………...	1	2	3	4	5	999
4	Toiletting [Ukuya ngasese]…….	1	2	3	4	5	999
5	Taking a bus, taxi or train by yourself Ukuzikhwelela ibhasi okanye iteksi okanye uloliwe………….	1	2	3	4	5	999
6	Doing light work in or around the house (if you had to) ［Ukwenza umsebenzi olula ngaphakathi nasecaleni kwendlu (xa kuyimfuneko)]…………………….. .	1	2	3	4	5	999
7	Managing money (if you had to) Ukulawula imali (xa kuyimfuneko)………………………	1	2	3	4	5	999
8	Climbing a flight of stairs (if you had to) ［Ukuqabela izitepisi (xa kuyimfuneko)]…………………… …	1	2	3	4	5	999
9	Lifting or carrying heavy objects (e.g. a bag weighing 5 kg) ［Ukuphatha okanye ukuphakamisa okanye uphathe izinto ezisindayo (umzekelo ibheg engange kg ezi-5)]………………	1	2	3	4	5	999
10	Walking 200-300 meters Ukuhamba umgama onganga 200 ukuya kwangama- 300 yeemitha……………………… …	1	2	3	4	5	999

D3.22	Do you use <u>spectacles or glasses</u>, including for reading? Usebenzisa <u>izipekisi</u>, na xa ufunda?	YES ....1 NO 2	
D3.23	When was your vision last tested? Agqityelwa nini amehlo akho ukuhlolwa ngugqirha?	YEAR ▢▢▢▢ NEVER…..997 CAN'T REMEMBER…...................999	
D3.24	How is your vision (with your glasses): excellent, very good, good, fair, or poor? Indlela obona ngayo (xa usebenzisa iizipekisi) iphezulu kakhulu, ilunge kakhulu, ilungile, ilunge nje, okanye ayilunganga?	EXCELLENT.......................................1 VERY GOOD…............................2 GOOD…...3 FAIR…..4 POOR…..5 DON'T KNOW................................999	
D3.25	Do you use a <u>hearing aid</u>? Usebenziza <u>izixhobo zokuva</u>?	YES ....1 NO 2	
D3.26	How is your hearing (with your hearing aid): excellent, very good, good, fair, or poor? Indlela ova ngayo (za usebenzisa iizixhobo zokuva) iphezulu kakhulu, ilunge kakhulu, ilungile, ilunge nje, okanye ayilunganga?	EXCELLENT.......................................1 VERY GOOD…............................2 GOOD…...3 FAIR…..4 POOR…..5 DON'T KNOW................................999	
D3.29	Do you have tooth or mouth problems that make it hard for you to eat? Unengxaki yezinyo okanye yomlomo eyenza ukuba kubenzima ukutya?	YES ....1 NO ....2 DON'T KNOW 999	
D3.30	Are you able to cook for yourself, if you have to? Uyakwazi ukuziphekela, xa kuyimfuneko?	YES ....1 NO ....2 DON'T KNOW 999	
D3.31	Do you do any exercise? Ukhe ujime/utreyine?	YES ....1 NO ....2 DON'T KNOW …..............................999	
D3.32	Do you play any sports regularly? Uyadlala umdlalo othile njengebhola?	NO…..1 LESS THAN ONCE A WEEK….............2 ONCE A WEEK …...........................3 TWICE A WEEK …..........................4 THREE OR MORE TIMES A WEEK …5	

Children's Health
Ask for all children aged 0 to xx (where xx could be 10, 12, or 15)

B.5	Does this child have a birth certificate?	Yes	1
		No	2
		Yes, but not available	3
		Don't know	9
B.6	Do you have a clinic card for this child? **Interviewer: If yes, ask:** May I see it?	Yes	1
		No	2
		Yes, but not available	3
		Don't know	9
B.8	Child's date of birth **Interviewer: Write date from Card if available.**	Day (DD)	
		Month (MM)	
		Year (YYYY)	
B.9	How much did this child weigh at birth? **Interviewer: Record from Card if available. Indicate R if from recall or C if from card.**	B.9.1a _____ _____ _____ _____ grams	
		B.9.1b _____ _____ • _____ _____ kgs	
		B.9.2 Card	1
		Recall	2
		Don't know	9
B.10	What was this child's head circumference at birth? **Interviewer: Indicate No Card if Card not available.**	B.10.1 _____ _____ _____ • _____ centimetres	
		B.10.2 No Card	1
B.12	Was this child have any serious illnesses or disabilities?	Yes	1
		No **go to B.14**	2
		Don't know **go to B.14**	9

B.13	**Interviewer: If yes to B.12** What is the <u>main</u> illness or disability? **One mention only.** **Do not read out.**	Tuberculosis	01
		Other respiratory problems (asthma, bronchitis, pneumonia)	02
		Physically handicapped	03
		Problems with sight, hearing or speech	04
		Mental problem	05
		HIV/AIDS	06
		Other sexually transmitted disease	07
		Diabetes	08
		Heart disease	09
		Cancer	10
		Epilepsy/fits	11
		Other (**specify**)	19
		Refused	88
		Don't know	99
B.14	Overall, how is this child's health? Would you say it is excellent, very good, good, fair or poor?	Poor	1
		Fair	2
		Good	3
		Very Good	4
		Excellent	5
		Don't know	9
B.15	How often in the past year has this child been to the doctor, clinic or hospital for a routine check-up when he/she was not ill?	Once	1
		More than once	2
		Never	3
		Don't know	9
B.16	Has this child been ill during the past month?	Yes	1
		No **go to end**	2
		Don't know **go to end**	9
B.17	Was this child taken to a doctor's rooms, clinic or hospital?	Yes **go to end**	1
		No	2
		Don't know **go to end**	9
B.18	**Interviewer: If no to B.17:** What was the main reason why this child was not taken to a doctor's rooms, clinic or hospital?	Distance/lack of transport	1
		Did not have the time	2
		Did not have the money	3
		The care is not good	4
		The child was not sick enough	5
		On treatment/consulted before	6
		Other (**specify**)	7
		Don't know	9