

Codes for question 26		
<ol style="list-style-type: none"> Did not seem sick enough Thought illness would get better on its own Nothing could be done for illness Did not know what to do No time, too busy Not enough money for consultation Transport too expensive Too far to travel Needed permission of another person eg husband/father/mother etc, and not available/refused Patient refused to go for care 	<ol style="list-style-type: none"> Nobody to go with him/her Nobody to care for children No drugs at health care facility Staff attitudes poor Not enough privacy Too little time with health worker Queue too long, wait too long Western care could do nothing for illness Other (specify) Don't know 	
CHRONIC DISEASE		
27	Has the child been chronically ill and requiring chronic treatment in the last year?	Y = Yes; N = No; X= Don't know <input type="checkbox"/>
If Yes go to question 28, otherwise go to question 33		
28	Which was the first action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29	Which was the second action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
30	Which was the third action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31	Which was the fourth action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32	Is there any more than 4 actions taken?	Y = Yes; - = Otherwise <input type="checkbox"/>
DISABILITY		
33	Has the child had a disability requiring treatment or health care support in the last year?	Y = Yes; N = No; X= Don't know <input type="checkbox"/>
If Yes go to question 34, otherwise go to question 39		
34	Which was the first action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35	Which was the second action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36	Which was the third action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
37	Which was the fourth action taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
38	Is there any more than 4 actions taken?	Y = Yes; - = Otherwise <input type="checkbox"/>
HOSPITALISATION		
39	Has the child been admitted to hospital in the past year?	Y = Yes; N = No; X= Don't know <input type="checkbox"/>
If Yes go to question 40, otherwise finish this questionnaire and read the final note		
40	How many times was the child admitted to hospital in the past 12 months?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
41	<p>In which hospital was s/he admitted in the past 12 months?</p> <ul style="list-style-type: none"> If admitted to more than one hospital give the codes for each one. If admitted to one hospital and then referred to a second hospital, list both codes and bracket them together If admitted to two hospitals but at different times, list both codes. 	<ol style="list-style-type: none"> Mapulaneng Matikwane Tintswalo Rob Ferreira Nelspruit Private Hospital (Hospiplan) Pietersburg Mankweng Garankuwa Other (write name) Don't know <input type="checkbox"/> , <input type="checkbox"/> , <input type="checkbox"/> , <input type="checkbox"/> <hr/> <hr/>
Action codes for questions 21 to 24 ; 28 to 31 ; 34 to 38: <ol style="list-style-type: none"> None over entire illness period Took natural home remedy (eg herbs, ash, roots etc) Took left-over medication from doctor or clinic Drugs from a shop Private chemist Public clinic / health center Pubic doctor didn't have to pay for (district surgeon), not in a public hospital Private doctor (had to pay or on medical aid) 		<ol style="list-style-type: none"> Out-patient care by private specialist doctor (referred to by another doctor / specialises in certain illnesses) that had to pay for? Out-patient care by public specialist doctor (referred to by another doctor / specialises in certain illnesses) that did not have to pay for? Faith healer or Traditional healer (sangoma, inyanga) Out-patient or casualty in public hospital Out-patient or casualty in private hospital Second public clinic / health centre Don't know Other (specify)

IF QUESTIONS 19, 27, 33 OR 39 ARE "YES", COMPLETE A MORBIDITY QUESTIONNAIRE

COMMENTS: _____
