



# Elder - Health Care Utilisation

Village:   
 Dwelling:   
 Fieldworker:   
 Visit Date:

**NOTE:** This form has to be completed by all **adults 50 years old or over** - Flag in the populated census form and in-migrants within this age group.

1 Name and Surname Name: **1a**   
 Surname: **1b**

2 Census ID **2**

**Occupation**

3 Are you working for cash payment at present? **1 = Yes → Q5 2 = No 3**

4 Are you looking for a paid job? **1 = Yes 2 = No 4**

**Pension**

5 Which grant do you receive? **1 = None → Q7; 2 = Old age; 3 = Disability 5**

6 Which year did you first receive this grant? **6**

**Medical aid**

7 How is your health care currently covered? **1 = by a medical aid for whenever I need to go to doctor 2 = by health insurance for specific disease(s) 3 = I am allowed to go to employer's clinic/hospital 4 = I have access to free public HOSPITAL care 5 = don't know 7**

**Need of health care**

8 When was the last time you needed health care? **Number of Years, Number of Months Never (00 00) or more than 3 years ago → Q15 8**    
*INTERVIEWER: this can be inpatient or outpatient care.*

9 The last time you needed healthcare did you get health care? **1 = Yes → Q12 2 = No 9**

10 Which reasons explain why you did not get health care? **Choose one of the answers for each option 1 = Yes 2 = No 10**

Could not afford the cost of the visit	<input type="text" value="1"/>
No transport available	<input type="text" value="1"/>
Could not afford the cost of transport	<input type="text" value="1"/>
Treated poorly during a previous visit	<input type="text" value="1"/>
Could not take time off of work; busy	<input type="text" value="1"/>
Drugs or equipment seemingly inadequate	<input type="text" value="1"/>
Health provider's skills seemingly inadequate	<input type="text" value="1"/>
Did not know where to go	<input type="text" value="1"/>
Tried but was denied health care	<input type="text" value="1"/>
Did not think you were sick enough	<input type="text" value="1"/>
Other, specify	<input type="text"/>

11 Specify other in question 10 **11**

12 In the most recent episode what was the main reason you needed care, even if you did not get care? **Use codes Q12 below 12**   
*INTERVIEWER: Respondent can select ONLY one main reason for visit*

13 Where did you go in the most recent episode you felt sick or needed to consult someone about your health? **Use Action codes below. If Code 87 → Q14 Otherwise → Q15 13**

14 Specify other in question 13 **14**

**Recent illness**

15 Have you needed healthcare in the last 14 days? **1 = Yes; 2 = No → Q23 15**

16 How many times have you needed healthcare in the last 14 days? **16**

17 Which was the first action taken? **Use Action codes below 17**

18 Which was the second action taken? **Use Action codes below 18**



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19 Which was the third action taken? Use Action codes below 19

20 Which was the fourth action taken? Use Action codes below 20

21 Are there any more than 4 actions taken? 1 = Yes; 2 = No 21

If answer to questions 17 to 20 only include Action codes 01, 02, 03, 04 or 11 → Q22 (use 'Why not - codes' below), Otherwise → Q23

22a If Q17 to 20 is 1, 2, 3, 4, 11 ONLY, why not consult western care? Use Why not codes below 22a

22b If Q17 to 20 is 1, 2, 3, 4, 11 ONLY, why not consult western care? Use Why not codes below 22b

22c If Q17 to 20 is 1, 2, 3, 4, 11 ONLY, why not consult western care? Use Why not codes below 22c

## Chronic Disease (any disease that lasts more than 6 months)

23 Have you been chronically ill and requiring chronic treatment in the last year? 1 = Yes; 2 = No → Q29 23

24 Which was the first action taken? Use Action codes below 24

25 Which was the second action taken? Use Action codes below 25

26 Which was the third action taken? Use Action codes below 26

27 Which was the fourth action taken? Use Action codes below 27

28 Are there any more than 4 actions taken? 1 = Yes; 2 = No 28

## Disability

29 Have you suffered a disability requiring chronic treatment or health care support in the last year? 1 = Yes; 2 = No → Q35 29

30 Which was the first action taken? Use Action codes below 30

31 Which was the second action taken? Use Action codes below 31

32 Which was the third action taken? Use Action codes below 32

33 Which was the fourth action taken? Use Action codes below 33

34 Are there any more than 4 actions taken? 1 = Yes; 2 = No 34

## Hospitalisation

35 Have you ever stayed overnight in a hospital or long-term care facility? 1 Yes, a hospital; 2 Yes, long term care facility; 3 Both ( hospital and long term care facility); 4 No → End of questionnaire 35

36 How long ago was the last overnight stay in a hospital or long-term care facility? Number of Years, Number of Months 88 88 Don't know; If more than 3 years ago → End of questionnaire 36

37 Over the last 12 months, how many different times were you a patient in a hospital/long-term care facility for at least one night? 88 → Don't know; 00 → No overnight stays → End of questionnaire 37

38 In which hospital were you admitted in the past 12 months

- If admitted to more than one hospital give the codes for each one, eg 2,7
- If admitted to one hospital and then referred to a second hospital, list both codes and bracket them together, eg (2,7)
- If admitted to more than one hospital but at different times, list all codes.

1 Mapulaneng  
2 Matikwane  
3 Tintswalo  
4 Rob Ferreira  
5 Nelspruit Private Hospital  
6 Pietersburg Mankweng  
7 Garankuwa  
8 Other  
9 Don't know

38

39 What was the reason for your most recent hospitalisation? INTERVIEWER: Respondent can select ONLY one main reason for visit Use codes Q39 below 39



## ACTION CODES

- 1 None over entire illness period
- 2 Took natural home remedy (e.g. herbs, ash, roots etc)
- 3 Took left-over medication from doctor or clinic
- 4 Drugs from a shop
- 5 Private chemist
- 6 Public clinic / health center
- 7 Public doctor didn't have to pay for (district surgeon), not in a public hospital
- 8 Private doctor (had to pay or on medical aid)  
Out-patient care by **private specialist** doctor (referred to by another doctor / is a specialist in certain illnesses) that had to pay for?
- 9 Out-patient care by **public specialist** doctor (referred to by another doctor / is a specialist in certain illnesses) that did not have to pay for?
- 10 Faith healer or Traditional healer (sangoma, inyanga)
- 11 Out-patient or casualty in public hospital
- 12 Out-patient or casualty in private hospital
- 13 Change diet
- 14 Exercise
- 87 Other
- 88 Don't' know

## WHY NOT CODES

- 1 Did not seem sick enough
- 2 Thought illness would get better on its own
- 3 Nothing could be done for illness
- 4 Did not know what to do
- 5 No time, too busy
- 6 Not enough money for consultation
- 7 Transport too expensive
- 8 Too far to travel  
Needed permission of another person e.g. husband/father/mother etc, and not available/refused
- 9 Patient refused to go for care
- 10 Nobody to go with him/her
- 11 Nobody to care for children
- 12 No drugs at health care facility
- 13 Staff attitudes poor
- 14 Not enough privacy
- 15 Too little time with health worker
- 16 Queue too long, wait too long
- 17 Western care could do nothing for illness
- 87 Other
- 88 Don't' know

## Answers for questions 12 and 39

- 1 Communicable disease (infections, malaria, tuberculosis, HIV)
- 2 Maternal and perinatal conditions (pregnancy)
- 3 Nutritional deficiencies
- 4 Acute conditions (diarrhea, fever, flu, headaches, cough, other)
- 5 Injury
- 6 Surgery
- 7 Sleep problems
- 8 Occupation/work related condition/injury
- 9 Chronic pain in your joints/arthritis (joints, back, neck)
- 10 Diabetes or related complications
- 11 Problems with your heart including unexplained pain in chest
- 12 Problems with your mouth, teeth or swallowing
- 13 Problems with your breathing
- 14 High blood pressure / hypertension
- 15 Stroke/sudden paralysis of one side of body
- 16 Generalized pain (stomach, muscle or other nonspecific pain)
- 17 Depression or anxiety
- 18 Cancer
- 87 Other
- 88 Don't' know



DISPLAY