SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY 2003
ADULT HEALTH QUESTIONNAIRE

IDENTIFICATION

PROVINCE* _____ □

DISTRICT _____ □□□

EA NUMBER..... □□□□

EA TYPE (URBAN FORMAL=1; URBAN INFORMAL=2; RURAL FORMAL=3; TRIBAL AREA=4)..... □

SADHS CLUSTER NUMBER ..... □□□

STAND NUMBER ..... □□

HOUSEHOLD NUMBER..... □□

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF ADULT _____ □□

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY □□
				MONTH □□
				YEAR 2 0 0 □
INTERVIEWER'S NAME				INT.CODE □□□
RESULT**				RESULT □
NEXT VISIT: DATE				TOTAL NO. OF VISITS □
TIME				

** RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER _____ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	INCAPACITATED		

LANGUAGE

LANGUAGE OF QUESTIONNAIRE: **ENGLISH** 0 1

LANGUAGE OF INTERVIEW *** _____ □□

HOME LANGUAGE OF RESPONDENT*** _____ □□

WAS A TRANSLATOR USED? (YES=1, NO=2) ..... □

*** LANGUAGE CODES:

01 ENGLISH	04 isiZULU	07 SePEDI	10 XITSONGA
02 AFRIKAANS	05 SeSOTHO	08 SiSWATI	11 isiNDEBELA
03 isiXHOSA	06 SeTSWANA	09 TshiVENDA	12 OTHER_____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ □□	NAME _____ □□	□□	□□
DATE _____	DATE _____		

*PROVINCE: WESTERN CAPE=1; EASTERN CAPE=2; NORTHERN CAPE=3; FREE STATE=4; KWAZULU-NATAL=5; NORTHWEST=6; GAUTENG=7; MPUMALANGA=8; LIMPOPO=9

SECTION 1: HEALTH SERVICE UTILIZATION

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES
101	RECORD THE TIME.			HOUR..... ☐☐ MINUTES ..... ☐☐
1	During the **last month** have you been to any of the following health services for medical care for yourself : PROBE.		2. Were you satisfied with the care you received at (PLACE)?	3. Why were you not satisfied with the care you received at (PLACE)? DO NOT READ ANSWERS TO RESPONDENT.
1A	Community Health Centre?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 DIDN'T SEE DOCTOR..... 04 NO PRESCRIBED DRUGS AVAILABLE ..... 05 OTHER_____ 96 (SPECIFY)
1B	Government Hospital/Government Clinic?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 DIDN'T SEE DOCTOR..... 04 NO PRESCRIBED DRUGS AVAILABLE ..... 05 OTHER_____ 96 (SPECIFY)
1C	Private Hospital/Private Clinic?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 DIDN'T SEE DOCTOR..... 04 TOO EXPENSIVE ..... 05 OTHER_____ 96 (SPECIFY)
1D	Private Doctor?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 TOO EXPENSIVE ..... 04 OTHER_____ 96 (SPECIFY)
1E	Chemist/Pharmacist?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 DIDN'T SEE PHARMACIST..... 04 DRUGS TOO EXPENSIVE ..... 05 OTHER_____ 96 (SPECIFY)
1F	Faith Healer?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 OTHER_____ 96 (SPECIFY)
1G	Traditional Healer or Herbalist?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 TOO EXPENSIVE ..... 04 OTHER_____ 96 (SPECIFY)
1H	Health Services at the Workplace?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 DIDN'T SEE DOCTOR..... 04 OTHER_____ 96 (SPECIFY)

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES
1I	Have you had visits by Home-Based Care Services/House visits/Community-Based Care?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 OTHER_____ 96 (SPECIFY)
1J	Dentist/Oral Hygienist/Oral Therapist?	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 TOO EXPENSIVE ..... 04 OTHER _____ 96 (SPECIFY)
1K	Rehabilitation Therapists? (e.g. physiotherapists; occupational therapists; speech, hearing and language therapists; orthotists/prosthetists; or optometrist).	YES 1 / NO 2 →	YES 1 → / NO 2	LONG WAIT ..... 01 SHORT CONSULTATION..... 02 STAFF RUDE/UNKIND ..... 03 TOO EXPENSIVE ..... 04 OTHER _____96 (SPECIFY)
1L	Other? _____ (SPECIFY)	YES 1 / NO 2 →		

4	Sometimes, one misses appointments with a health-service provider. What were the most common reasons that you missed an appointment with a health-service provider the last time this happened? RECORD ALL MENTIONED. DO NOT READ ANSWERS TO RESPONDENT.	LACK OF MONEY ..... A LACK OF TIME ..... B I FORGOT ..... C I FELT BETTER ..... D CANNOT TAKE TIME FROM WORK ..... E NO TRANSPORT AVAILABLE ..... F TOO ILL TO TRAVEL ..... G OTHER RESPONSIBILITIES ..... H DO NOT WANT TO GO BACK TO THE HEALTH-CARE PROVIDER ..... I HAVE NOT MISSED APPOINTMENTS ..... J OTHER_____ X (SPECIFY)	
5	Are you covered by a Medical Aid or Medical Benefit Scheme or any scheme that helps you pay for health-care/drug services?	YES ..... 1 NO 2	
6	Have you had your blood pressure measured in the past 12 months?	YES ..... 1 NO 2	
7	Do you know what your blood pressure is?	YES ..... 1 NO 2	→ 9
8	Is it high, normal or low?	HIGH ..... 1 NORMAL ..... 2 LOW ..... 3 DON'T KNOW 8	

SECTION 2: FAMILY MEDICAL HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
9	Now I would like to ask you about your family. Do you have a **close blood relative** (father, mother, brother, sister or child) who has ever had any of the following conditions:		
9A	High Blood Pressure?	YES.....1 NO.....2 DON'T KNOW.....8	
9B	Heart attack or angina or chest pain when exerting himself/herself?	YES.....1 NO.....2 DON'T KNOW.....8	➤9D
9C	Was this relative younger or older than 50 years old when they first had a heart attack, angina or chest pain?	YOUNGER THAN 50 YEARS.....1 OLDER THAN 50 YEARS.....2 DON'T KNOW.....8	
9D	Stroke?	YES.....1 NO.....2 DON'T KNOW.....8	

SECTION 3 : QUALITY OF LIFE AND CLINICAL CONDITIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
10A	Did you **grow up** in a household where people smoked cigarettes, pipe or other tobacco products every day?	YES.....1 NO.....2 DON'T KNOW.....8	
10B	Would you say your health is poor, average, good, or very good/excellent ?	POOR .....1 AVERAGE .....2 GOOD.....3 VERY GOOD/EXCELLENT 4	
10C	Do you personally think that you are underweight, normal weight or overweight?	UNDERWEIGHT.....1 NORMAL WEIGHT .....2 OVERWEIGHT.. .....3 DON'T KNOW.....8	
11	Has a **doctor** or **nurse** or **health worker** at a **clinic** or **hospital told you** that you have or have had any of the following conditions:		
11A	High Blood Pressure?	YES.....1 NO.....2 DON'T KNOW.....8	
11B	Heart attack or angina (chest pains)?	YES.....1 NO.....2 DON'T KNOW.....8	
11C	Stroke?	YES.....1 NO.....2 DON'T KNOW.....8	
11D	High blood cholesterol or fats in the blood?	YES.....1 NO.....2 DON'T KNOW.....8	
11E	Diabetes or Blood Sugar?	YES.....1 NO.....2 DON'T KNOW.....8	
11F	Emphysema/Bronchitis?	YES.....1 NO.....2 DON'T KNOW.....8	
11G	Asthma?	YES.....1 NO.....2 DON'T KNOW.....8	
11H	Sore joints, e.g. Arthritis, gout?	YES.....1 NO.....2 DON'T KNOW.....8	
11I	Osteoporosis?	YES.....1 NO.....2 DON'T KNOW.....8	
11J	Epilepsy / fits?	YES.....1 NO.....2 DON'T KNOW.....8	
11K	TB?	YES.....1 NO.....2 DON'T KNOW.....8	➤11M
11L	How many episodes of TB have you ever been treated for?	NUMBER OF TB EPISODES..…… ☐☐	
11M	Cancer?	YES.....1 NO.....2 DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
12	Now I would like to ask you **about chest conditions**.		
12A	Do you feel you have less breath when exerting (exercising or moving a lot) yourself when compared to other people your age?	YES.....1 NO.....2 DON'T KNOW.....8	
12B	During the **last 12 months** have you had wheezing (difficult breathing) or tightness of your chest?	YES.....1 NO.....2 DON'T KNOW.....8	➢12D
12C	Were you also short of breath?	YES.....1 NO.....2 DON'T KNOW.....8	
12D	Do you usually get wheezing (difficult breathing) when you have a cold?	YES.....1 NO.....2 DON'T KNOW.....8	
12E	Is your sleep ever interrupted by wheezing or a tight chest?	YES.....1 NO.....2 DON'T KNOW.....8	
12F	Is your sleep ever interrupted by your coughing?	YES.....1 NO.....2 DON'T KNOW.....8	
12G	Do you usually cough (on most days)?	YES.....1 NO.....2 DON'T KNOW.....8	➢13A
12H	When you cough, do you usually bring up phlegm from your chest?	YES.....1 NO.....2 DON'T KNOW.....8	➢13A
12I	Have you brought up phlegm every day for at least three months during the last year?	YES.....1 NO.....2 DON'T KNOW.....8	➢13A
12J	For how many years have you brought up phlegm in this way?	NUMBER OF YEARS…… ☐☐	

SECTION 4: DENTAL HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
13A	Have you **lost** all of your own teeth?	YES .....1 NO.....2	
13B	Have you had pain or problems with your mouth and/or teeth in the **last 6 months**?	YES .....1 NO.....2	–➢13E
13C	Please indicate which part of your mouth was affected. RECORD ALL MENTIONED.	TEETH ..... A GUMS ..... B ULCERS /SORES IN THE MOUTH..... C DENTURES ..... D OTHER_____ X (SPECIFY)	
13D	What did you do when you had problems in your mouth? RECORD ALL MENTIONED.	TOOK A TABLET..... A WENT TO THE DENTIST/ORAL HYGIENIST/DENTAL THERAPIST..... B WENT TO THE DOCTOR..... C WENT TO THE TRADITIONAL HEALER ..... D NOTHING ..... E OTHER_____ X (SPECIFY)	
13E	What do you usually do to look after your teeth/mouth? RECORD ALL MENTIONED. DO NOT READ ANSWERS TO RESPONDENT.	RINSE MOUTH..... A CLEAN/BRUSH/FLOSS..... B EAT LESS SWEET FOOD/DRINK LESS SWEET DRINKS... C VISIT DENTIST/DENTAL THERAPIST/ORAL HYGIENIST/ ORAL THERAPIST AT LEAST ONCE A YEAR ..... D NOTHING ..... E OTHER_____ X (SPECIFY)	

SECTION 5: OCCUPATIONAL HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
14	In the **past 12 months**, have you worked for payment?	YES .....1 NO.....2	–➢15
14A	In the **past 12 months**, have you had any injury or health problem caused by your work?	YES .....1 NO.....2	–➢15
14B	Did you stay away from work because of this injury or problem?	YES .....1 NO.....2	–➢14D
14C	For how many days did you stay away?	NUMBER OF DAYS…… ☐☐	
14D	What was the injury or health problem? WRITE THE ANSWER.	_____ _____ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
15	CHECK COL 11 AND LAST PAGE OF HOUSEHOLD QUESTIONNAIRE TO SEE IF RESPONDENT IS ELIGIBLE FOR THIS SECTION. CHECK FOR PRESENCE OF OTHERS: **DO NOT CONTINUE UNTIL RESPONDENT IS ALONE**. RESPONDENT ALONE ☐ → RESPONDENT NOT ALONE ☐ → 16 AND ELIGIBLE FOR Qs. 15A-15I ☐ → RESPONDENT NOT ELIGIBLE FOR Qs. 15A-15I ☐ → 16		
15A	Now I would like to ask you some questions about violence. In the **last 12 months,** has anyone, someone you know or a stranger, physically attacked you in any of the following ways: a) By pushing, shaking or throwing something at you? b) By slapping you or twisting your arm? c) By punching you with their fist or something that could hurt you? d) By kicking or dragging you? e) By trying to strangle or burn you? f) By threatening you with a knife, gun, or other type of weapon? g) By shooting or stabbing you? h) In any other way?	**YES** **NO** a) ..... 1 2 b) ..... 1 2 c)..... 1 2 d) ..... 1 2 e) ..... 1 2 f) ..... 1 2 g) ..... 1 2 h) 1 2	
15B	CHECK 15A: AT LEAST ONE "YES" CIRCLED ☐ → NOT ONE SINGLE "YES" CIRCLED ☐ → 16		
15C	In the **last 12 months**, how many times did this (TYPE OF ATTACK FROM 15A) happen to you? RECORD THE NUMBER OF ALL KINDS OF ATTACK EVENTS IN THE LAST 12 MONTHS.	NUMBER OF TIMES..... ☐☐	
15D	Where were you attacked **the last time** it happened? DO NOT READ ANSWERS TO RESPONDENT.	PUBLIC ROAD .....01 PLACE OF WORK.....02 PLACE OF EDUCATION.....03 CLUB/SHEBEEN/DISCO/BAR .....04 CROWDED VENUE (E.G. SOCCER GAME, CONCERT, ETC.) .....05 HOME.....06 OTHER _____ 96 (SPECIFY)	
15E	As a result of this attack did you have any of the following: a) Aches and pains? b) Bruises or cuts that bled? c) Broken bones or other types of injuries? d) Collapsed or went into a coma?	**YES** **NO** a) ..... 1 2 b) ..... 1 2 c) ..... 1 2 d) 1 2	
15F	CHECK 15E: AT LEAST ONE "YES" CIRCLED ☐ → NOT ONE SINGLE "YES" CIRCLED ☐ → 16		
15G	On the **last occasion** you had (INJURY FROM 15E), did you seek medical attention?	YES .....1 NO 2	→ 15I
15H	Were you admitted to hospital for more than one day due to injuries from this attack?	YES .....1 NO	

		2	
15I	In your view, did alcohol or drugs contribute to this attack?	YES ……1 NO …….. 2 DON'T KNOW/NOT SURE…… 8	

SECTION 7: MEDICATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	Now I want to ask you about any medication you take.		
16A	Do you use any medicine regularly or daily that a doctor or nurse has prescribed?	YES .....1 NO.....2 DON'T KNOW.....8	➢17
16B	How many different medicines do you use regularly (more than once a month)?	NUMBER OF MEDICINES…… ☐☐	
16C	Who pays for most of the medication, prescribed by a doctor or nurse, that you use? READ THE ANSWER CATEGORIES TO RESPONDENT.	RESPONDENT.....01 FAMILY.....02 MEDICAL AID.....03 PROVIDED AT CLINIC OR PUBLIC HOSPITAL.....04 EMPLOYER.....05 OTHER_____ 96 (SPECIFY)	

CONTINUE WITH COMPLETING THE CHART ON THE NEXT PAGE. RECORD ALL THE DRUGS MENTIONED AND WHAT THEY ARE TAKEN FOR.

Name of drug	WHAT IS IT FOR? (UNPROMPTED)														OFFICE USE	
	High Blood Pressure	Heart attack or angina	Stroke	High cholesterol or other Blood fats	Diabetes, Blood sugar	Emphysema, Bronchitis	Asthma	Sore joints (arthritis)	Osteoporosis	TB	Epilepsy	Cancer	Don't know	Other	ATC Code	Correct = 1 Incorrect = 2 N/A = 3
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			
	01	02	03	04	05	06	07	08	09	10	11	12	13			

SECTION 8: HABITS AND LIFESTYLE

8A: PHYSICAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
17	The next questions are about the time you spend doing different types of physical activities. This includes activities you do **at home, at work, travelling from place to place and during your spare time**. You are requested to answer the questions even if you don't consider yourself to be an active person.		
	Occupation-Related Physical Activity (paid or unpaid work): When answering the following questions, think back over the **past 12 months** and consider (think of) **a usual week**.		
18	Does your work involve mostly sitting or standing still, **OR** walking for very short periods (less than 10 minutes)?	MOSTLY SITTING .....1 MOSTLY STANDING STILL .....2 MOSTLY WALKING FOR VERY SHORT PERIODS.....3 MOSTLY DOING MODERATE/VIGOROUS ACTIVITY.....4 NONE OF THE ABOVE 5	➢21 ➢22A
19A	Does your work involve vigorous activities, (like heavy lifting, digging, or heavy construction) for **at least 10 minutes** at a time?	YES .....1 NO.....2	➢20A
19B	In **a usual week**, how many days do you do vigorous activities as part of your work?	DAYS ..... ☐☐	
19C	On **a usual day** on which you do vigorous activities, how much time do you spend doing such work?	HOURS ..... 1 ☐☐ MINUTES..... 2 ☐☐☐	
20A	Does your work involve moderate-intensity activities (like brisk walking or carrying light loads) for **at least 10 minutes** at a time?	YES .....1 NO.....2	➢21
20B	In **a usual week**, how many days do you do moderate-intensity activities as part of your work?	DAYS ..... ☐☐	
20C	On **a usual day** on which you do moderate-intensity activities, how much time do you spend doing such work?	HOURS ..... 1 ☐☐ MINUTES..... 2 ☐☐☐	
21	How long is your usual workday?	HOURS ..... 1 ☐☐ MINUTES..... 2 ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Travel-Related Physical Activity: Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places (to work, to shopping, to market, to church, etc.).		
22A	Do you walk or use a bicycle (pedal cycle) for **at least 10 minutes** at a time to get to and from places?	YES .....1 NO 2	–➢23
22B	In **a usual week**, how many days do you walk or cycle for at least 10 minutes to get to and from places?	DAYS ..... ☐☐	
22C	On **a usual day,** how much time do you spend walking or cycling for travel?	HOURS ..... 1 ☐☐ MINUTES ..... 2 ☐☐☐	
	Non-Work Related and Leisure Time Physical Activity: The next questions ask about activities you do in your leisure or spare time, for recreation or fitness**.** Do not include the physical activities you do at work or for travel already mentioned.		
23	In your leisure or spare time do you do any vigorous or moderate-intensity physical activity lasting **more than 10 minutes** at a time?	YES .....1 NO 2	–➢26
24A	In your leisure or spare time, do you do any vigorous activities (like running or strenuous sports, weightlifting) for **at least 10 minutes** at a time?	YES .....1 NO 2	–➢25A
24B	In **a usual week**, how many days do you do vigorous activities as part of your leisure or spare time?	DAYS ..... ☐☐	
24C	How much time do you spend doing this on **a usual day?**	HOURS ..... 1 ☐☐ MINUTES ..... 2 ☐☐☐	
25A	In your leisure or spare time, do you do any moderate-intensity activities (like brisk walking, cycling or swimming) for **at least 10 minutes** at a time?	YES .....1 NO 2	–➢26
25B	In **a usual week**, how many days do you do moderate-intensity activities as part of your leisure or spare time?	DAYS ..... ☐☐	
25C	How much time do you spend doing this on **a usual day?**	HOURS ..... 1 ☐☐ MINUTES ..... 2 ☐☐☐	
	Sitting / Resting Activity: Now I would like to ask you about the time spent sitting or resting, not including sleeping, **in the past 7 days**. This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television **during working hours and leisure or spare time**.		
26	Over the **past 7 days,** how much time did you spend sitting or reclining (lying) on **a usual day (excluding sleeping)?**	HOURS ..... 1 ☐☐ MINUTES ..... 2 ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now, I would like to ask you some questions about the foods that you eat. There are no right or wrong answers so please feel free to give us your information as it is.		
27	Which of the following do you **USUALLY** eat? MARK ONE PER COLUMN.		
27A	Chicken/Poultry	WITH SKIN ..... 1 WITHOUT SKIN ..... 2 NONE 3	
27B	Red Meat	FATTY MEAT ..... 1 LEAN MEAT ..... 2 NONE 3	
27C	Spread: (Butter/ Margarine)	BUTTER ..... 1 HARD MARGARINE (BRICK) ..... 2 SOFT MARGARINE (TUB) ..... 3 NONE 4	
27D	Milk/Milk Products in powder form	FULL CREAM ..... 1 2% OR LOW FAT ..... 2 SKIM/FAT FREE ..... 3 BLENDS ..... 4 NONE 5	
28	How often do you **USUALLY** eat the following?		
28A	Fried foods, e.g. chips, fish, potatoes, doughnuts, eggs	OCCASIONALLY/NEVER ..... 1 WEEKLY (AT LEAST ONCE A WEEK) ..... 2 DAILY 3	
28B	Chips, e.g. packet of 'Simba' chips or other salty snacks	OCCASIONALLY/NEVER ..... 1 WEEKLY (AT LEAST ONCE A WEEK) ..... 2 DAILY 3	
28C	Processed meat, e.g. polony, viennas, meat pies, sausage rolls	OCCASIONALLY/NEVER ..... 1 WEEKLY (AT LEAST ONCE A WEEK) ..... 2 DAILY 3	
29	Do you usually eat your food very salty, lightly salted or not salted?	VERY SALTY ..... 1 LIGHTLY SALTED ..... 2 NOT SALTED ..... 3 DON'T KNOW 8	
30	Do you usually add salt or Aromat/Fondor to your serving of food? IF YES, ASK: Before or after tasting the food?	NO, I NEVER ADD SALT/AROMAT ..... 1 YES, BUT I TASTE FIRST AND THEN ADD ..... 2 YES, EVEN BEFORE HAVING TASTED FOOD ..... 3 DON'T KNOW 8	
31	Do you eat salty snacks more often than three times per week (Such as chips, niknaks, salted peanuts, salty biscuits, biltong, dried sausage, dried fish)?	YES ..... 1 NO 2	

	We are interested in how often people eat certain kinds of foods. Now think about your food intake…							
32	During the **PAST 7 days (1 week),** did you eat any of the following? IF YES, ASK HOW OFTEN. IF NO, CIRCLE 'NEVER'. **DO NOT READ ANSWER CATEGORIES TO RESPONDENT.**							
	Food item	**NEVER**	**NOT DAILY**		**EVERY DAY**			**CODE**
			1-3 TIMES PER WEEK	**4-6 TIMES PER WEEK**	**1 TIME A DAY**	**2 TIMES A DAY**	**3+ TIMES A DAY**	
A1	Red meat (any type)	0	1	2	3	4	5	
B1	Chicken (any type)	0	1	2	3	4	5	
C1	Tinned fish	0	1	2	3	4	5	
D1	Organ meat, e.g. liver, tripe	0	1	2	3	4	5	
E1	Eggs (any type)	0	1	2	3	4	5	
F1	Milk / yoghurt / maas to drink on cereals	0	1	2	3	4	5	
G1	Milk in tea / coffee	0	1	2	3	4	5	
H1	Cheese (except cottage cheese)	0	1	2	3	4	5	
I1	Legumes, e.g. baked beans, lentils	0	1	2	3	4	5	
J1	Peanuts and nuts	0	1	2	3	4	5	
K1	Brown / whole wheat bread or rolls	0	1	2	3	4	5	
L1	Breakfast cereal (instant, not cooked)	0	1	2	3	4	5	
M1	Oat-porridge	0	1	2	3	4	5	
N1	Soft margarine (tub)	0	1	2	3	4	5	
O1	Broccoli, cauliflower, Brussels sprouts	0	1	2	3	4	5	
P1	Spinach and/or morogo	0	1	2	3	4	5	
Q1	Carrots	0	1	2	3	4	5	
R1	Tomato (raw / cooked)	0	1	2	3	4	5	
S1	Green peas	0	1	2	3	4	5	
T1	Green beans	0	1	2	3	4	5	
U1	Mixed vegetables	0	1	2	3	4	5	
V1	Pumpkin / butternut	0	1	2	3	4	5	
W1	Sweet potato	0	1	2	3	4	5	
X1	Potato (any preparation)	0	1	2	3	4	5	
Y1	Citrus fruit, e.g. orange, grape fruit	0	1	2	3	4	5	
Z1	Pure orange / guava juice (not others) (sweetened/unsweetend)	0	1	2	3	4	5	
A2	Bananas	0	1	2	3	4	5	
B2	Mangoes	0	1	2	3	4	5	
C2	Apples / pears	0	1	2	3	4	5	
D2	Avocado	0	1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
33A	Do you **currently smoke** any tobacco products, such as cigarettes, cigars, or pipes?	YES .....1 NO.....2	–➢36
33B	Do you currently smoke tobacco products **daily**?	YES .....1 NO.....2	–➢36
34A	**How old** were you when you first **started** smoking daily?	YEARS OLD…… ☐☐ DON'T REMEMBER/NOT SURE.....98	–➢35
34B	Do you remember how long ago it was when you first **started** to smoke daily?	WEEKS AGO……1 ☐☐ MONTHS AGO……2 ☐☐ YEARS AGO……3 ☐☐	
35	On average, how many of the following items do you smoke each day? Manufactured cigarettes? Hand-rolled cigarettes? Pipes full of tobacco? Cigars/Cheroots/Cigarillos? IF NONE, RECORD '00'.	MANUFACTURED CIGARETTES…… ☐☐ HAND-ROLLED CIGARETTES…… ☐☐ PIPES FULL OF TOBACCO…… ☐☐ CIGARS/CHEROOTS/CIGARILLOS…… ☐☐	–➢38A
36	**In the past,** did you ever smoke daily?	YES .....1 NO.....2	–➢38A
37A	**How old** were you when you **stopped** smoking daily?	YEARS OLD…… ☐☐ DON'T REMEMBER/NOT SURE.....98	–➢38A
37B	Do you remember how long ago it was when you **stopped** smoking daily?	WEEKS AGO……1 ☐☐ MONTHS AGO……2 ☐☐ YEARS AGO……3 ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
38A	Do you **currently use any** smokeless tobacco, such as snuff or chewing tobacco?	YES .....1 NO.....2	➢40
38B	Do you currently use smokeless tobacco **daily**?	YES .....1 NO.....2	➢40
39	On average, how many times do you use each of the following items per day? Snuff (by mouth)? Snuff (by nose)? Chewing tobacco? IF NONE, RECORD '00'.	SNUFF (BY MOUTH)…… ☐☐ SNUFF (BY NOSE)…… ☐☐ CHEWING TOBACCO…… ☐☐	➢41
40	**In the past,** did you ever use smokeless tobacco, such as snuff or chewing tobacco daily?	YES .....1 NO.....2	
41A	Do you live in a house where other people smoke cigarettes regularly?	YES .....1 NO.....2	
41B	Do you currently work in a job where other people smoke cigarettes around you?	YES .....1 NO.....2	
41C	Have you ever worked in a job where you were regularly exposed to smoke, dust, fumes or strong smells?	YES .....1 NO.....2	➢42A
41D	How long did you work in that job? IF LESS THAN 1 YEAR, WRITE '00''.	YEARS…… ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42A	Have you **ever consumed** a drink that contains alcohol such as beer, wine, spirits or sorghum beer?	YES .....1 NO.....2	–➢46
42B	Was this within the **past 12 months**?	YES .....1 NO.....2	–➢46
43	In the **past 12 months**, **how frequently** have you had at least one drink? READ ANSWER CATEGORIES TO RESPONDENT. USE SHOWCARD.	5 OR MORE DAYS A WEEK .....1 1-4 DAYS PER WEEK .....2 1-3 DAYS A MONTH.....3 LESS THAN ONCE A MONTH 4	
44A	When you drink alcohol, **on average,** how many drinks do you have during one day?	DRINKS…… ☐☐ DON'T KNOW.....98	
44B	During the **past 7 days**, how many standard drinks of any alcoholic drink did you have each day? RECORD FOR EACH DAY. USE SHOWCARD. IF NONE, RECORD '00'.	MONDAY…… ☐☐ TUESDAY…… ☐☐ WEDNESDAY…… ☐☐ THURSDAY…… ☐☐ FRIDAY…… ☐☐ SATURDAY…… ☐☐ SUNDAY…… ☐☐	
45A	Have you ever felt that you should cut down on your drinking?	YES .....1 NO.....2	
45B	Have people annoyed you by criticizing your drinking?	YES .....1 NO.....2	
45C	Have you ever felt bad or guilty about your drinking?	YES .....1 NO.....2	
45D	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	YES .....1 NO.....2	
46	How old were you at your last birthday?	AGE IN COMPLETED YEARS…… ☐☐ DON'T KNOW.....98	
47	Which population group do you consider yourself?	BLACK/AFRICAN .....1 COLOURED.....2 WHITE .....3 ASIAN/INDIAN .....4 NO REPLY/NOT SURE 8	

ADULT DEMOGRAPHIC AND HEALTH SURVEY
ANTHROPOMETRIC DATA SHEET

48	DATE	d d m m y y y y 2 0 0
49	FIELDWORKER NUMBER	
50	WEIGHT (KG)	
51	HEIGHT (CM)	
53	WAIST CIRCUMFERENCE (CM)	
54	HIP CIRCUMFERENCE (CM)	
55	SYSTOLIC BLOOD PRESSURE 1	
56	DIASTOLIC BLOOD PRESSURE 1	
57	PULSE 1	
58	SYSTOLIC BLOOD PRESSURE 2	
59	DIASTOLIC BLOOD PRESSURE 2	
60	PULSE 2	
61	SYSTOLIC BLOOD PRESSURE 3	
62	DIASTOLIC BLOOD PRESSURE 3	
63	PULSE 3	
64	PEAK EXPIRATORY FLOW RATE (1)	
	(2)	