



**University of the
Witwatersrand**

Department of Paediatrics and Adolescent Health

**BIRTH TO TWENTY BARA SITE: 18TH YEAR
CAREGIVER HEALTH ACCESS QUESTIONNAIRE**

DATE: Day Month Year

BTT ID NUMBER:

BONE STUDY ID NUMBER:

Demographic Information

Before asking about your experiences with health care, I would like to ask you for some information regarding your living conditions and education.

1. What is the main language that you speak at home? [DO NOT READ OUT. ONE OPTION ONLY]

English		Xhosa	
Zulu		Tswana	
Sotho		Ndebele	
Venda		Shangaan	
Afrikaans		Portuguese	
Other (specify)			

2. Do you have no access, shared access or sole use of the following facilities?
 [READ OUT EACH ITEM]

Facility	No access [0]	Shared access [1]	Sole use [2]
a) Indoor running hot and cold water			
b) Indoor running cold water only			
c) Outside tap only on property			
d) Water from other sources (please specify) _____			
e) Flush toilet inside the home			
f) Flush toilet outside the home			
g) Pit latrine			
h) Bucket system			
i) Other type of toilet (please specify) _____			

3. Do you have any of the following items in your household and in working condition at the present time? [READ OUT EACH ITEM]

Item	No	Yes	Item	No	Yes
Electricity			Television		
Motor vehicle			Radio		
Fridge			Video machine/DVD		
Microwave			DSTV/Satellite		
Washing machine			Computer		
Landline telephone			Internet access		
Cell phone					

4. How would you describe where you live – as a: [ONE OPTION ONLY]

Shack/Zozo		Hostel	
Flat/cottage		Back room/ garage	
House		Shared house with another family	
Other (specify)			

5. Is your home: [ONE OPTION ONLY]

Owned	
Rented from another person	
Renter from local authority	
Provided by employer	
Other (specify)	

6. How would you describe your employment status: [ONE OPTION ONLY]

A Housewife	
Formally employed	
Casually employed	
A Student	
Unemployed	

7. Do you belong to any religious group?

Yes	
No	
Don't Know	

Go to Q8

Go to Q10

8. If YES, which group? [DO NOT READ OUT. ONE OPTION ONLY]

AIC (ZCC)		Jehova's Witness	
Catholic		12 Apostolic Church	
Protestant		Muslim	
Anglican		African traditional	
Other (Specify)			

9. Can you please state the name of your church?

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10. How important would you say religion is in your life?

Not at all	
Somewhat	
Very important	

11. Please explain

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12. How often do you attend religious/spiritual services? [ONE OPTION ONLY]

Not at all	
Less than once a year	
Once or twice a year	
Not every month, but at least once every 2 or 3 months	
Not every week, but at least once a month	
Once a week	
More than once a week	

General Accessing of Health Services

13. Who is the **FIRST** person you would normally speak to when **YOU** are **NOT** well?

[DO NOT READ OUT. ONE OPTION ONLY]

Family Member/Member of household		Private Hospital Worker	
Neighbour		Home/Community Based Care Worker	
Private Doctor (General Practitioner)		Chemist/Pharmacist	
Gov Clinic/ Comm. Health Centre Worker		Homeopath/Herbalist	
Mobile Clinic Worker		Faith Healer	
Government Hospital Worker		Sangoma/Traditional Healer/Inyanga	
Private Clinic Worker		Social Worker/Counsellor	
Other (Specify)			

14. Are the following health care service providers in your community (within 2 kilometers or 20 minutes walking distance of your home)? If **YES**, please specify the number of service providers and whether you think they are affordable to you? [READ OUT EACH ITEM]

	2km/ 20 minutes walking		Number of service providers	Affordable for you		
	Y	N		Y	N	DK
Private Doctor (General Practitioner)	Y	N		Y	N	DK
Gov. Clinic/ Comm. Health Centre	Y	N		Y	N	DK
Mobile Clinic	Y	N		Y	N	DK
Government Hospital	Y	N		Y	N	DK
Private Clinic	Y	N		Y	N	DK
Private Hospital	Y	N		Y	N	DK
Home/Community Based Care	Y	N		Y	N	DK
Chemist/Pharmacist	Y	N		Y	N	DK
Homeopath/Herbalist	Y	N		Y	N	DK
Faith Healer	Y	N		Y	N	DK
Sangoma/Traditional Healer/Inyanga	Y	N		Y	N	DK
Social Worker/Counsellor	Y	N		Y	N	DK

15. Are you covered by a medical aid?

Yes	
No	
Don't Know	

16. What in your experience are the main problems with getting Health Care from public (government) clinics and hospitals in your community? [DO NOT READ OUT. TICK AS MANY AS APPLY]

There are no clinics or hospitals in the community	
Health care services are overcrowded	
There are no medicines available	
Clinic or hospital staff are rude or unfriendly	
The waiting times are too long	
Consultations are too short	
There is not enough time to access health care	
The clinic or hospital is too far away	
There are no problems getting health care	
Other (specify)	

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17. Have you had any illness or condition in the last 6 months so that you have had to seek treatment or health care?

Yes		Go to Q18
No		Go to Q21
Don't Know		

18. Please state your illness or condition

1)
2)
3)
4)

19. Which health services did you use to treat your condition? [PROMPT or SHOW LIST. TICK AS MANY AS APPLY]

a) Self treatment	
b) Private Doctor (General Practitioner)	
c) Government Clinic/ Community Health Centre	
d) Mobile Clinic	
e) Government Hospital	
f) Private Clinic	
g) Private Hospital	
h) Home/ Community Based Care	
i) Chemist/Pharmacist	
j) Homeopath/ Herbalist	
k) Faith Healer	
l) Sangoma/Traditional Healer/ Inyanga	
m) Social worker/ Counsellor	
n) Dentist/Oral therapist/Hygienist	
o) Optometrist	
p) Rehabilitation Therapist (Occupational, physio-, speech, hearing, language, prosthetist)	
q) Other (specify)	

Please NOTE: option a) Self treatment is NOT APPLICABLE to Q20

20. If you have answered YES to any of the above, please specify for each service accessed...

a) SHEET 1

Name of Health Service 1			
How did you find out about the service?			
Family member		Family doctor	
Friend/ Neighbour		Social Worker	
Government clinic/ Community health centre		Signboard/ Advert	
Mobile Clinic		Employer	
Pharmacist/ chemist		Other (Specify)	
<i>Other</i>			
What was the reason for your visit?			
In the last 6 months, how many times did you access this service?	<i>times</i>	What was the average waiting time?	<i>__hrs__min</i>
What was the average duration of each consultation?	<i>__hrs__min</i>	In general, what was your mode of transport (eg. Car, taxi, bus, train, walking)?	
What was your average transport time?	<i>__hrs__min</i>	What was the average cost of consultation (round off to rands)	<i>R</i>
Were you satisfied...	Satisfied	Don't know/ Neutral	Unsatisfied
<i>...with getting someone to attend to you?</i>			
<i>...with the helpfulness of staff?</i>			
<i>...with the waiting time?</i>			
<i>...that the health care staff was willing to listen to your concerns?</i>			
<i>...with the staff's understanding of your needs and concerns</i>			
Please state how you think the service could have been improved			
1)			
2)			
3)			

b) SHEET 2

Name of Health Service 2			
How did you find out about the service?			
Family member		Family doctor	
Friend/ Neighbour		Social Worker	
Government clinic/ Community health centre		Signboard/ Advert	
Mobile Clinic		Employer	
Pharmacist/ chemist		Other (Specify)	
<i>Other</i>			
What was the reason for your visit?			
In the last 6 months, how many times did you access this service?	<i>times</i>	What was the average waiting time?	<i>__hrs__min</i>
What was the average duration of each consultation?	<i>__hrs__min</i>	In general, what was your mode of transport (eg. Car, taxi, bus, train, walking)?	
What was your average transport time?	<i>__hrs__min</i>	What was the average cost of consultation (round off to rands)	<i>R</i>
Were you satisfied...	Satisfied	Don't know/ Neutral	Unsatisfied
<i>...with getting someone to attend to you?</i>			
<i>...with the helpfulness of staff?</i>			
<i>...with the waiting time?</i>			
<i>...that the health care staff was willing to listen to your concerns?</i>			
<i>...with the staff's understanding of your needs and concerns</i>			
Please state how you think the service could have been improved			
1)			
2)			
3)			

c) SHEET 3

Name of Health Service 3			
How did you find out about the service?			
Family member		Family doctor	
Friend/ Neighbour		Social Worker	
Government clinic/ Community health centre		Signboard/ Advert	
Mobile Clinic		Employer	
Pharmacist/ chemist		Other (Specify)	
<i>Other</i>			
What was the reason for your visit?			
In the last 6 months, how many times did you access this service?	<i>times</i>	What was the average waiting time?	<i>__hrs__min</i>
What was the average duration of each consultation?	<i>__hrs__min</i>	In general, what was your mode of transport (eg. Car, taxi, bus, train, walking)?	
What was your average transport time?	<i>__hrs__min</i>	What was the average cost of consultation (round off to rands)	<i>R</i>
Were you satisfied...	Satisfied	Don't know/ Neutral	Unsatisfied
<i>...with getting someone to attend to you?</i>			
<i>...with the helpfulness of staff?</i>			
<i>...with the waiting time?</i>			
<i>...that the health care staff was willing to listen to your concerns?</i>			
<i>...with the staff's understanding of your needs and concerns</i>			
Please state how you think the service could have been improved			
1)			
2)			
3)			

Health Seeking Behaviour

Now we are going to speak about your general attitude towards health care providers and how you go about dealing with health problems.

21. Please listen to the following statements and specify whether you strongly agree, agree, disagree, or strongly disagree with them: [READ OUT EACH OPTION]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Family and friends will usually help me to interpret my symptoms when I am ill					
Family and friends will usually advise me about where to seek health care					
If I am ill, I ONLY seek out health care when my family or friends tell me to					
I do not always tell the doctor all of my symptoms if they are too embarrassing					
I practice what I am going to say to the doctor before visiting him/her					
I do not always do everything that the doctors say I should do					
Doctors and clinic staff are more effective than traditional healers and herbalists in treating illness					
Traditional healers and herbalists are respected for their healing abilities within my community					
I am able to easily access information about symptoms and treatment for any illnesses I may experience					
I am able to easily access information about health care services that are available in my community					

22. 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? [DO NOT READ OUT. TICK AS MANY AS APPLY]

Do not usually miss appointments		Cannot take time from work	
Lack of money		No transport available	
Lack of time		Too ill to travel	
I forgot		Other responsibilities	
I felt better		Do not want to go back to the service provider	
Other (specify)			

23. Do you think that there are some things which can only be treated by traditional healers, and not by doctors?

Yes	
No	
Don't Know	

24. Please explain your answer

Social Support and Community Integration

25. Please listen to the following statements about your relationship with your family and community and say whether you strongly agree, agree, disagree, or strongly disagree with them: [READ OUT EACH OPTION]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
There are people who can help me if I have a really big problem and need help, with money, the children, accommodation and so on					
I can talk to my parents, other family members or friends about any problems that I may have					
I can talk to my husband or partner about any problems I may have					
Sisters at the clinic are NOT very helpful					
My family and I share similar beliefs about health and health care					
My community and I share similar beliefs about health and health care					
My family express concern about my health and well being					
My neighbours express concern about my health and well being					

Chronic Illness and Accessing Health

26. 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? If YES, please state the year the condition started and the year when you began treatment: [READ OUT EACH OPTION]

	Yes	No	DK	Year condition started	Year treatment
High blood pressure					
Heart attack or angina (chest pains)					
Stroke					
High blood cholesterol (fats in blood)					
Diabetes (blood sugar)					
Emphysema/ Bronchitis					
Asthma					
Arthritis (sore joints)					
Osteoporosis (bone disease)					
Epilepsy/ Fits					
TB					
Cancer					

If the respondent answered YES to any of the above, please proceed to Q27. Otherwise, please conclude the questionnaire.

27. Do you use any lifelong medicine regularly or daily that a doctor or nurse has prescribed for your condition?

Yes		Go to Q28
No		Go to Q29
Don't Know		

28. What medication do you use?

1)
2)
3)
4)

29. Do you receive Home Based Care for your condition (that is care at home from a community organisation)?

Yes		Go to Q30
No		Go to Q31
Don't Know		

30. Please identify the Home Based Care organisation

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31. Do you have any other support to help you cope with your condition? (e.g. taking medicine, taking you to the doctor, bathing, going to the toilet etc.)

Yes		Go to Q32
No		Go to Q33
Don't Know		

32. If Yes, who supports you and what type of support do they offer?

Name	Relationship	Support offered

33. Would you be interested in participating in further in-depth study regarding your experiences in coping with your illness and accessing health care?

Yes	
No	
Don't Know	

Thank you!

RESEARCH ASSISTANT

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Notes:

21 d) SHEET 4

Name of Health Service 4			
How did you find out about the service?			
Family member		Family doctor	
Friend/ Neighbour		Social Worker	
Government clinic/ Community health centre		Signboard/ Advert	
Mobile Clinic		Employer	
Pharmacist/ chemist		Other (Specify)	
<i>Other</i>			
What was the reason for your visit?			
In the last 6 months, how many times did you access this service?	<i>times</i>	What was the average waiting time?	<i>__hrs__min</i>
What was the average duration of each consultation?	<i>__hrs__min</i>	In general, what was your mode of transport (eg. Car, taxi, bus, train, walking)?	
What was your average transport time?	<i>__hrs__min</i>	What was the average cost of consultation (round off to rands)	<i>R</i>
Were you satisfied...	Satisfied	Don't know/ Neutral	Unsatisfied
<i>...with getting someone to attend to you?</i>			
<i>...with the helpfulness of staff?</i>			
<i>...with the waiting time?</i>			
<i>...that the health care staff was willing to listen to your concerns?</i>			
<i>...with the staff's understanding of your needs and concerns</i>			
Please state how you think the service could have been improved			
1)			
2)			
3)			

21 e) SHEET 5

Name of Health Service 5			
How did you find out about the service?			
Family member		Family doctor	
Friend/ Neighbour		Social Worker	
Government clinic/ Community health centre		Signboard/ Advert	
Mobile Clinic		Employer	
Pharmacist/ chemist		Other (Specify)	
<i>Other</i>			
What was the reason for your visit?			
In the last 6 months, how many times did you access this service?	<i>times</i>	What was the average waiting time?	<i>__hrs__min</i>
What was the average duration of each consultation?	<i>__hrs__min</i>	In general, what was your mode of transport (eg. Car, taxi, bus, train, walking)?	
What was your average transport time?	<i>__hrs__min</i>	What was the average cost of consultation (round off to rands)	<i>R</i>
Were you satisfied...	Satisfied	Don't know/ Neutral	Unsatisfied
<i>...with getting someone to attend to you?</i>			
<i>...with the helpfulness of staff?</i>			
<i>...with the waiting time?</i>			
<i>...that the health care staff was willing to listen to your concerns?</i>			
<i>...with the staff's understanding of your needs and concerns</i>			
Please state how you think the service could have been improved			
1)			
2)			
3)			

21 f) SHEET 6

Name of Health Service 6			
How did you find out about the service?			
Family member		Family doctor	
Friend/ Neighbour		Social Worker	
Government clinic/ Community health centre		Signboard/ Advert	
Mobile Clinic		Employer	
Pharmacist/ chemist		Other (Specify)	
<i>Other</i>			
What was the reason for your visit?			
In the last 6 months, how many times did you access this service?	<i>times</i>	What was the average waiting time?	<i>__hrs__min</i>
What was the average duration of each consultation?	<i>__hrs__min</i>	In general, what was your mode of transport (eg. Car, taxi, bus, train, walking)?	
What was your average transport time?	<i>__hrs__min</i>	What was the average cost of consultation (round off to rands)	<i>R</i>
Were you satisfied...	Satisfied	Don't know/ Neutral	Unsatisfied
<i>...with getting someone to attend to you?</i>			
<i>...with the helpfulness of staff?</i>			
<i>...with the waiting time?</i>			
<i>...that the health care staff was willing to listen to your concerns?</i>			
<i>...with the staff's understanding of your needs and concerns</i>			
Please state how you think the service could have been improved			
1)			
2)			
3)			

21 g) SHEET 7

Name of Health Service 7			
How did you find out about the service?			
Family member		Family doctor	
Friend/ Neighbour		Social Worker	
Government clinic/ Community health centre		Signboard/ Advert	
Mobile Clinic		Employer	
Pharmacist/ chemist		Other (Specify)	
<i>Other</i>			
What was the reason for your visit?			
In the last 6 months, how many times did you access this service?	<i>times</i>	What was the average waiting time?	<i>__hrs__min</i>
What was the average duration of each consultation?	<i>__hrs__min</i>	In general, what was your mode of transport (eg. Car, taxi, bus, train, walking)?	
What was your average transport time?	<i>__hrs__min</i>	What was the average cost of consultation (round off to rands)	<i>R</i>
Were you satisfied...	Satisfied	Don't know/ Neutral	Unsatisfied
<i>...with getting someone to attend to you?</i>			
<i>...with the helpfulness of staff?</i>			
<i>...with the waiting time?</i>			
<i>...that the health care staff was willing to listen to your concerns?</i>			
<i>...with the staff's understanding of your needs and concerns</i>			
Please state how you think the service could have been improved			
1)			
2)			
3)			