

SELF ADMINISTERED CLINICAL QUESTIONNAIRE - FOR ADULTS

When answering a question fill in a blank or ring your answer.
Your answers will be treated confidentially.

Name: _____ Title: Prof/Dr/Ms/Mrs/Miss/Mr _____

Date of birth: _____ ID number: _____

What are you complaining of [Please also enter duration of complaints]:

When did you last feel altogether well? _____

Do you suffer from headaches? YES/NO

Do you suffer from dizzy spells? YES/NO

Do you suffer from fits? YES/NO

Have you ever been unconscious? YES/NO

Can you see well, with or without spectacles? [delete which does not apply] YES/NO

Can you hear well, with or without hearing aids? [delete which does not apply] YES/NO

Do you suffer from hay-fever or allergic sinusitis? YES/NO

If YES, what brings on an attack? _____

Do you get frequent head "colds"? YES/NO

Do you have any other trouble with your ears, nose, throat or sinuses? YES/NO

Do you suffer from asthma? YES/NO

If YES, what brings on an attack? _____

how often per week are you woken up in the early morning by an attack? _____

Do you get frequent chest "colds"? YES/NO

Do you tend to cough on getting up from bed? YES/NO

Do you produce a lot of phlegm when you cough? YES/NO

Do you become short of breath when walking on the level? YES/NO

Do you become short of breath when lying flat in bed? YES/NO

Do you have pain or discomfort in your chest? often/sometimes/seldom/never

Are you aware of your heart beating? often/sometimes/seldom

Do your feet feel cold? YES/NO

Do your ankles become swollen? YES/NO

Do you suffer from varicose veins? YES/NO

Do you have a poor appetite? YES/NO

Do you have pain or discomfort in your abdomen? YES/NO

Do you sometimes feel like vomiting? YES/NO

Have you been vomiting recently? YES/NO

How often each week do your bowels work? _____

Has there been a change in your bowel habits recently? YES/NO

Have you ever noticed blood in your stools? YES/NO

Do you/did you ever have piles? [delete which does not apply] YES/NO

Do you/did you ever have intestinal worms? [delete which does not apply] YES/NO

How often are you woken up from sleep to pass water? _____

Does it hurt or burn when you pass water, or did it ever? YES/NO

Do you/did you ever pass blood in your urine? [delete which does not apply] YES/NO

Do you have difficulty holding your urine? YES/NO

Do you have difficulty in passing urine [getting it out]? YES/NO

Are you passing more or less urine than before? more/less/neither

Do you suffer from skin allergies? YES/NO

If YES, to what are you allergic? _____

Do you bruise easily? YES/NO

Do you have any other skin problems? YES/NO

Do your arms and legs feel weak? YES/NO

Do your joints feel stiff and sore? YES/NO

Do you limp or have you ever limped? YES/NO

Do you have cramps or a feeling of pins and needles in your arms and legs? YES/NO

Do you feel unusually tired or drowsy? YES/NO

Do you feel very thirsty or hungry? YES/NO

Are you losing or gaining weight? losing/gaining/neither

Are you being, or have you ever been, physically assaulted or abused? YES/NO

Are you being, or have you ever been, emotionally harassed or abused? YES/NO

Have you had other distressing experiences in the past 5 years? YES/NO

Do you feel depressed for no obvious reason? often/sometimes/seldom/never

Do you have a lot to be sad about? YES/NO

Do things keep getting worse as you get older? YES/NO

Do you tend to worry about things? often/sometimes/seldom/never

Questions about sexuality and related matters

Do you/did you ever have a discharge? [delete which does not apply] YES/NO

Do you/did you have genital sores or swellings? [delete which does not apply] YES/NO

What other sexual problems do/did you have? impotence/premature ejaculation/_____

How many sexual partners have you had in the past 3 months? _____

How many times have you had sexual intercourse in the past week? _____

Do you use a condom when you have sexual intercourse? always/usually/sometimes/never

Have you ever been raped? YES/NO

Have you ever raped some-one? YES/NO

Do you, or do you want to, know your HIV status? [delete which does not apply] YES/NO

Questions for women

When did you last see your periods? _____
Were the last 3 periods abnormal in any way? YES/NO

Do you/did you ever take oral contraceptive pills? [delete which does not apply] YES/NO
If YES, during which years were you taking it? _____
Do you/did you ever use a contraceptive by injection? YES/NO
If YES, during which years were you using it? _____
What other forms of contraception do you/did you ever use? condom/cream/cap/IUD
If YES, during which years were you using them? _____

Have you ever been pregnant? YES/NO
If NO, would you like to fall pregnant and cannot? YES/NO
If YES, how many times have you been pregnant? _____
how many children were born alive? _____
do you want more children but cannot? YES/NO
what problems did you have with any pregnancy or labour? _____

Questions for the handicapped, disabled and elderly

Can you bath/wash yourself without help? YES/NO
Can you feed yourself without help? YES/NO
Can you dress yourself without help? YES/NO
Can you use the toilet without help? YES/NO
Can you get out of bed onto a chair without help? YES/NO
Can you walk across a small room without help? YES/NO

Can you walk up and down stairs without help? YES/NO
Can you walk half way up or down a "block" without help? YES/NO
Can you use public transport without help? YES/NO
Can you do your shopping without help? YES/NO

Questions about ill health and medical care

How many times in the past year have you seen a doctor or a nurse? _____
How many times in the past year have you seen any other medical care provider? _____
How many days in the past year have you spent in bed? _____
How many times in the past year have you not gone to work
or out of your home because you did not feel well? _____

Have you ever suffered serious physical injury? YES/NO
If YES, what parts of your body were injured? _____

Did you ever use cortisone in any form? YES/NO
How many times in the past year have you used an antibiotic? _____
When did you last use an antibiotic? _____
How many times per week do you use a pain-killer? _____
Name the pain-killer/s that you prefer to use? _____

Have you ever had a bad reaction to a drug?

YES/NO

If YES, name the drug/s: _____

If you are at present taking any medicines, please list them and bring them [or the empty containers] with you at your next visit.

If you have [or have ever had] any of the following conditions and/or if you have ever been hospitalised for any of them, please complete the table below.

disease	start date	end date	name of hospital	year
asthma				
bronchitis				
diabetes [sugar sickness]				
epilepsy				
fractured bone/s				
head injury				
heart disease				
high blood pressure				
kidney or bladder trouble				
stomach or liver trouble				
tuberculosis				
womb or prostate trouble				

Please list other illnesses from which you have suffered [add dates]:

Please complete the following table about your family.

Relative	age		nature of illnesses and cause of death
	now	at death	
mother			
father			
sisters			
brothers			
children			
partner/s			

Questions about eating and diet:

How often in a month do you skip a meal because you have no food? _____

How often in a month do you go hungry because you have no food? _____

If you have enough food:

How many times per day do you usually eat something? _____
 When do you eat your biggest meal? morning/midday/evening

How many times per day do you eat bread? _____
 How many times per week do you eat porridge? _____
 How many times per week do you eat rice, potatoes, pasta? _____
 How many times per week do you eat legumes [dried beans, peas, lentils]? _____
 How many times per day do you eat vegetables? _____
 How many times per day do you eat fruit? _____

Which kind of milk do you usually use? fat-free/low-fat/full-cream/none
 Which kind of cheese do you usually use? fat-free/low-fat/full-cream/none
 Which kind of yoghurt or maas do you usually use? fat-free/low-fat/full-cream/none
 How many times per week do you eat meat and fish? _____/
 Is there visible fat on the meat that you eat? YES/NO
 How is your meat usually prepared? grilled/fried/roasted/boiled

How much salt is used in the preparation of your food? none/little/average/lot
 How much salt do you add to your food at table? none/little/average/lot
 If you add salt do you add it before or after tasting? before/after

What kind of fat do you usually use? oil/butter/soft-/block margarine/none
 How many items of packaged or tinned food do you use per week? _____
 How many tea-spoons of sugar do you add to your tea or coffee? _____
 How many sugar-containing foods [cold-drinks, cakes, sweets] do you use? none/few/lot
 How many glasses of waters do you drink per day? _____

Questions about alcohol and tobacco:

If you drink [or have ever drunk] alcohol, complete the table below:

kind of alcohol	amount/week		Year in which you	
	now	most	started	stopped
pints of beer				
glasses of wine				
tots of spirit				
cartons of mqomboti				

If you smoke [or have ever smoked], please complete the table below:

type of tobacco	amount		Inhale Yes/No	Year in which you	
	now	most		started	stopped
manufactured cigarettes/day					
hand-rolled cigarettes/day					
pipe tobacco g/week					
cheroots or cigars/day					

Questions about physical activity:

What type of transport do you usually use? bicycle/car/bus/train/own feet
Approximately how many minutes do you usually spend walking each day? _____
How many times per week do you go for a brisk walk or a jog? _____
Do you take part in any other physical activity? YES/NO
If YES, how many times/week? _____
what type of physical activity? gardening/gym/soccer/tennis/_____

Questions about employment, income and education:

What is your work situation? [You may circle more than 1 answer]
full time/part-time/flexi-time/temporary/permanent/self-employed/employed by others/
unemployed/voluntary worker/housewife/retired/pensioner/disabled

What kind of job are you doing now [give details]? _____

For how many months have you been doing this job? _____

List other jobs that you have done [in chronological order]: _____

Are you happy at work? YES/NO

Are you in control of what you are actually doing? YES/NO

Are you involved in decision making at work? YES/NO

Are there opportunities for your advancement at work? YES/NO

What is your personal monthly income [R]? _____

What is the nett family monthly income [R]? _____

How many people depend on this income [totally and partially]? ____/____

What formal education level have you reached? _____

Can you read and write English fluently? YES/NO

Can you read and write another language fluently? YES/NO

Questions about marital status, domestic arrangements and social networks:

What is your marital status? single/married/living together/separated/divorced/widowed

Do you live in a polygamous household? YES/NO

Do you live in an extended family? YES/NO

How many people share the place where you stay? _____

Who are they? partner/children/parents/friends/co-workers/_____

Do you get on well with the people you stay with? YES/NO

Generally speaking, do you think that most people can be trusted? YES/NO

If you are not staying with your partner how often do you see him/her per month? _____

If you are not staying with your parents how often do you see them per month? _____

If you are not staying with your children how often do you see them per month? _____

If you are not staying with your siblings how often do you see them per month? _____

Circle where the answer is YES

Do you get on well with your partner, parents, children, siblings, neighbours?
Can you ask your neighbours for help if necessary? YES/NO

How many times per month do you go to church? _____
How many times per month do you attend meetings? _____
Is there a library or recreation centre near your home? YES/NO
Is there a public park or play-ground near your home? YES/NO
Do you use them, or would you if they were near? YES/NO

Questions about place of residence

For how long have you stayed at your present address? _____ weeks/months/years
How many times in your life have you moved home? _____
How many times in the past 5 years have you moved home? _____
Where did you stay before you moved to your present address? [postal code] _____
[full address] _____

Questions about previous accommodation

Did you stay in a: house/flat/shack/room/hostel/street/veld/ _____
How many rooms [including the kitchen] were there in your home? _____
How many bedrooms were there in your home? _____

Questions about current accommodation

Do you stay in a: house/flat/shack/room/hostel/street/veld/ _____
How many rooms [including the kitchen] are there in your home? _____
How many bedrooms are there in your home? _____
Is there a bathroom inside the house? YES/NO

From where do you get water? inside tap/outside tap/pump/tanker/river/ _____
If there are no taps in your home how far is it to water? [minutes to walk] _____

What type of toilet do you use? water-flushed/pit/bucket/ _____
If water-flushed is the toilet in the building? YES/NO
How far is it from where you sleep to the toilet? [number of steps] _____
How many people share 1 toilet? _____

What type of fuel do you use for cooking? electricity/coal/wood/gas/ paraffin/ _____
What type of fuel do you use for heating? electricity/coal/wood/gas/oil/ _____
What do you use for lighting? electricity/candle/gas/paraffin lamp/ _____
Is your home adequately insulated? YES/NO

In your home:
Do you have a fridge? YES/NO
Do you have a telephone? YES/NO
Do you have a radio? YES/NO
Do you have a TV set? YES/NO
