Assessment (English)

Section 1. Interview ID and Hidden Variables

1.1 Start

Press NEXT to start the interview.

1.2 TimePoint

Numeric

This field is not displayed on the device, Value: Override with "0" for Baseline, "1" for -1m, "3" for 3m and "12" for 12m.

1.3 PID

Numeric

This field is not displayed on the device, Value: If this is the Baseline, override with "0", and then there is a set operator to update this based on what gets captured into Baseline. If this is the -1m, 3m or 12m assessment, override with the PID number of the participant.

1.4 Arm

Text

This field is not displayed on the device, Value: If this is the Baseline, override with "Baseline"as the arm is not yet assigned. If this is the -1m, 3m or 12m assessment, override with "I" for intervention, and "C" for control.

1.5 TotalBabies

Numeric

This field is not displayed on the device

1.6 EPDSTotal

Numeric

This field is not displayed on the device

1.7 SuicideScore

Numeric

This field is not displayed on the device

1.8 Sum_AUD2_AND_AUD3

Numeric

This field is not displayed on the device

Prerequisites
Skip when *TimePoint (1.2)* Equals '0'

1.9 Context

This is the ##Timepoint## interview for ##FirstName LastName (PID 123)##. Their contact information is as follows: Mother: ##Mothers contact number##; ##Alt contact 1: ##Alt number 1 (Name)##; Alt contact 2: ##Alt number 2 (Name)##; Alt contact 3: ##Alt number 1 (Name)##. Addrees: ##Address##.

1.10 Changes

Have any of the displayed contact details changed?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

1.11 UpdatedDetails

Please capture the new details here:

Expects a single line text response (**required**)

[   ]

1.12 Date

Please confirm the date of this interview:

Expects a date response (**required**)

[   ]

1.13 DCInitials

Please capture your initials as the data collector:

Expects a single line text response (**required**)

[   ]

1.14 Confidentiality

These questions are completely confidential and will only be used by UCT and to help you. We are not connected to any banks or SARS or ALLpay or any funding or loans or grants. We will not give or take any money from you. The purpose is only to find out information about your health, and help you with it by providing support from community health workers and counsellors.

1.15 Blinding

Please remember I am not allowed to know whether you got counselling or phone calls or saw any other AFFIRM members. Please DO NOT tell me if you saw or spoke to anyone.

1.16 InterviewConsent

Does the participant consent to this interview?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

Section 2. Baseline Identifiers and Contact Information

2.1 Consent

Has the participant completed the Informed Consent Process, and do they consent to participate?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

Branches

If response **Equals 'No [2]'** then skip to *RefusalReason (28.1)*

2.2 PID1

Please capture the PID number that you will assign to this mother:

Expects a numeric response (**required**)

[   ]

2.3 PID2

Please recapture the PID number that you have assigned to this mother:

Expects a numeric response (**required**)

[   ]

Constraints

Response must be **Equals '*q202335*'**

2.4 Set_PID

Operator

This field is not displayed on the device, Operator: Set(**PID (1.3)** , q202335)

2.5 FirstName

Mother's first name:

Expects a single line text response (**required**)

[   ]

2.6 LastName

Mother's last name:

Expects a single line text response (**required**)

[   ]

2.7 Address

Address:

Expects a single line text response (**required**)

[   ]

2.8 StudySite

Which site is the participant being recruited at?

Expects a single option response (**required**)

☐ Michael M [2089227]

☐ Site B [2089228]

Section 3. Baseline Demographics

3.1 NumPreg

Total number of pregnancies (including this pregnancy):

Expects a numeric response (**required**)

[   ]

Constraints

Response must be Greater Than or Equal '1' AND

Response must be Less Than or Equal '15'

3.2 NumLB

Total number of live births:

Expects a numeric response (**required**)

[   ]

Constraints

Response must be Less Than 'q202673'

3.3 Gestation

Gestation (number of weeks) for this pregnancy:

Expects a decimal response (**required**)

[   ]

3.4 28WeekIneligible

This mother is not eligible for the study as she is not less than 28 weeks pregnant. Please select Options, Quit Survey and discard the interview before starting a new one. If the response was entered incorrectly, select Edit to go back and make the change.

Expects a single option response (**required**)

☐ Edit [1]

Branches

If response **Equals 'Edit [1]'** then skip to *Gestation (3.3)*

3.5 HomeLanguage

Participant's home language:

Expects a single option response (**required**)

☐ Xhosa [1]

☐ English [2]

☐ Other [3]

3.6 HomeLanguageOther

Please specify:

Expects a single line text response (**required**)

[   ]

3.7 InterviewLanguage

Language of interview:

Expects a single option response (**required**)

☐ Xhosa [1]

☐ English [2]

3.8 MotherAge

How old is the mother?

Expects a numeric response (**required**)

[   ]

Constraints
*Response must be **Greater Than or Equal '18'***

3.9 Population

What is your population group?

Expects a single option response (**required**)

☐ African [1]

☐ Indian [2]

☐ Coloured [3]

☐ White [4]

☐ Other [5]

3.10 Grade

What is the highest grade you have completed?

Expects a single option response (**required**)

☐ No schooling [0]

☐ Grade 1 [1]

☐ Grade 2 [2]

☐ Grade 3 [3]

☐ Grade 4 [4]

☐ Grade 5 [5]

☐ Grade 6 [6]

☐ Grade 7 [7]

☐ Grade 8 [8]

☐ Grade 9 [9]

☐ Grade 10 [10]

☐ Grade 11 [11]

☐ Grade 12 [12]

☐ Post schooling diploma/degree [13]

3.11 EDD

When is your baby due? (Estimate if unknown - DD-MM-YYYY).

Expects a date response (**required**)

[   ]

Section 4. Demographics for All Timepoints

4.1 Working

Are you currently working?

Expects a single option response (**required**)

- ☐ Employed full time permanently [1]
- ☐ Employed part-time permanently [2]
- ☐ Do casual/piece jobs [3]
- ☐ Self employed [4]
- ☐ Unemployed and looking for work [5]
- ☐ Unemployed and not looking for work [6]
- ☐ Post matric studying [7]
- ☐ Still in school [8]

4.2 IncomeAmt

Which income amount best describes the money you personally get every month?

Expects a single option response (**required**)

- ☐ R0 [1]
- ☐ R1 - R500 [2]
- ☐ R501 - R1000 [3]
- ☐ R1001 – 2000 [4]
- ☐ R2001 – 5000 [5]
- ☐ More than R5000 [6]
- ☐ Refused [98]
- ☐ Don't know [99]

4.3 MainIncomeSource

What is your main source of income?

Expects a single option response (**required**)

- ☐ My own business [1]
- ☐ Salary or wage [2]
- ☐ Husband or partner [3]
- ☐ Social grant [4]
- ☐ Family [5]
- ☐ I have no income [6]
- ☐ Other [7]

Prerequisites
Skip when *MainIncomeSource (4.3)* **Not Equal 'Other [7]'**

4.4 MainIncomeSOurceOther

Please specify:

Expects a single line text response (**required**)

4.5 Grants

What government grants or pensions do you and other people in your household receive? (Select all that apply)

Expects multiple selected options (**required**)

- ☐ Child support grant [1]
- ☐ Care dependency grant (disability grant for children) [2]
- ☐ Foster care grant [3]
- ☐ Disability grant (disability grant for adults) [4]
- ☐ Old age pension [5]
- ☐ Other [6]
- ☐ No grants [95]

Prerequisites
Skip when *Grants (4.5)* Excludes 'Other [6]'

4.6 GrantsOther

Please specify:

Expects a single line text response (**required**)

[   ]

4.7 Partner

Do you have a partner and do you live together?

Expects a single option response (**required**)

- ☐ Yes and we live together [1]
- ☐ Yes, but we do not live together [2]
- ☐ No, and I live with my family [3]
- ☐ No and I live alone (with or without baby) [4]

Branches
If response Equals 'No, and I live with my family [3]' then skip to *OwnDwelling (4.9)*
If response Equals 'No and I live alone (with or without baby) [4]' then skip to *OwnDwelling (4.9)*

4.8 PartnerIncomeSource

What is your partner's main source of income?

Expects a single option response (**required**)

- ☐ Own business [1]
- ☐ Salary or wage [2]
- ☐ You as his partner [3]
- ☐ Social grant [4]
- ☐ Family [5]
- ☐ He has no income [6]

4.9 OwnDwelling

Do you own any of the following?

Expects multiple selected options (**required**)

- ☐ House [1]
- ☐ Flat [2]
- ☐ Shack [3]
- ☐ None of these [4]
- ☐ Refused [98]
- ☐ Don't know [99]

4.10   DwellingType

What type of dwelling or home do you live in?

Expects a single option response (**required**)

☐ Shack/informal dwelling [1]

☐ Backyard dwelling [2]

☐ Formal house [3]

☐ Flat/ council house [4]

☐ Other [5]

4.11   DwellingTypeOther

Please specify:

Expects a single line text response (**required**)

[   ]

4.12   HHAdultCount

Including yourself, how many adults live in your home?

Expects a numeric response (**required**)

[   ]

Constraints

Response must be *Greater Than or Equal '1'*

4.13   HHChildCount

How many children live in your home?

Expects a numeric response (**required**)

[   ]

4.14   RoomsCount

How many rooms in total do you have in your dwelling?

Expects a numeric response (**required**)

[   ]

4.15   SleepRoomCount

How many people sleep in the same room that you sleep in, including you?

Expects a numeric response (**required**)

[   ]

Constraints

Response must be *Greater Than or Equal '1'*

4.16 HHIncome

What is the total income for your household per month? (Include all money coming in including grants and money from family)

Expects a single option response (**required**)

☐ R0 [1]

☐ R1 - R500 [2]

☐ R501 - R1000 [3]

☐ R1001 – 2000 [4]

☐ R2001 – 5000 [5]

☐ More than R5000 [6]

☐ Refused [98]

☐ Don't know [99]

4.17 HHIncomeFixed

Is this amount the same every month?

Expects a single option response (**required**)

☐ Yes, the same every month [1]

☐ Yes, most of the time it is the same [2]

☐ No, it varies a lot each month [3]

☐ Don't know [99]

4.18 Electricity

Do you have electricity at home?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

4.19 Water

Where do you get water for the household?

Expects a single option response (**required**)

☐ In the dwelling [1]

☐ In the yard [2]

☐ From a neighbour's yard [3]

☐ From a public tap [4]

☐ We have no regular access to water [5]

☐ Other [6]

Prerequisites
Skip when *Water (4.19)* **Not Equal 'Other [6]'**

4.20 WaterOther

Please specify:

Expects a single line text response (**required**)

[   ]

4.21 Toilet

What type of toilet do you have?

Expects a single option response (**required**)

☐ Flush toilet inside dwelling [1]

☐ Flush toilet outside dwelling [2]

☐ Communal flush toilet [3]

☐ Bucket system or pit latrine [4]

4.22 Shopping

Where do you shop for food and other groceries?

Expects multiple selected options (**required**)

☐ Supermarkets [1]

☐ Local spaza shop [2]

☐ Other [3]

☐ N/A - I don't shop [4]

4.23 Bank

Which of the following do you have? (Tick all that apply)

Expects multiple selected options (**required**)

☐ A bank account [1]

☐ An ATM card [2]

☐ A credit card [3]

☐ Informal saving scheme (e.g. stokvel/ umgalelo) [4]

☐ None of these [95]

4.24 Medication

Are you currently taking any medication prescribed by a medical doctor or nurse?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

Prerequisites
Skip when *Medication (4.24)* Not Equal 'Yes [1]'

4.25 MedicationDetails

What is the medication for?

Expects a single option response (**required**)

☐ Physical illness [1]

☐ Psychiatric illness [2]

☐ Other [3]

☐ Don't know [99]

Prerequisites
Skip when *MedicationDetails (4.25)* Not Equal 'Other [3]'

4.26 MedicationDetailsOther

Please specify:

Expects a single line text response (**required**)

Section 5. Obstetric Outcomes

5.1 BirthExPrmpt

Now I would like to ask about your birth experience.

5.2 StageBorn

At what stage of pregnancy was your baby/babies born?

Expects a single option response (**required**)

☐ Miscarriage and loss of baby [1]

☐ Preterm and baby is born live [2]

☐ At term [3]

☐ Overterm [4]

Prerequisites
Skip when *StageBorn (5.2)* **Not Equal 'Preterm and baby is born live [2]'**

5.3 GestationAge

How far pregnant were you when your baby was born (in weeks)?

Expects a numeric response (**required**)

```
[                                    ]
```

5.4 Labour

How long were you in labour for?

Expects a single option response (**required**)

☐ 12 hours or less [1]

☐ 13 - 24 hours [2]

☐ More than 24 hours [3]

5.5 PainRelief

Was pain relief provided during labour?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

5.6 Delivery

What type of delivery?

Expects a single option response (**required**)

☐ Vaginal [1]

☐ Caesarian [2]

5.7 DescribeDelivery

How would you describe the delivery?

Expects a single option response (**required**)

☐ Unproblematic [1]

☐ Problematic [2]

5.8 ProblematicWhy

Why would you say your delivery was problematic?

Expects a single line text response (**required**)

[   ]

5.9 PlaceDelivery

Place of delivery:

Expects a single option response (**required**)

☐ Site B [0]

☐ Michael Mapongwana MOU [1]

☐ Hospital [2]

☐ Home [3]

☐ Other [95]

5.10 DeliveryHosp

Please specify which hospital:

Expects a single line text response (**required**)

[   ]

5.11 DeliveryOthSpecify

Please specify:

Expects a single line text response (**required**)

[   ]

5.12 TimeClinicHosp

How long did you spend in the clinic/hospital?

Expects a single option response (**required**)

☐ Less than 1 day [1]

☐ 1 - 3 days [2]

☐ More than 3 days [3]

5.13 ChildPrompt

Now I would like to ask about your baby. If you have twins/triplets we will start with one a time.

Section 6. Obstetric Outcomes Child

6.1   ChildGender

Is your baby a boy or a girl?

Expects a single option response (**required**)

☐ Boy [1]

☐ Girl [2]

6.2   ChildName

What is your child's name?

Expects a single line text response (**required**)

[   ]

6.3   StatusBabyBirth

Please record status of Q207965 at birth:

Expects a single option response (**required**)

☐ Alive [1]

☐ Dead [2]

Branches

If response **Equals 'Dead [2]'** then skip to *EPDSIntro (8.1)*

6.4   Apgar

Record the Apgar (5 min) score as reported on the Road to Health Chart (RTHC) for Q207965 or reported by mother (if not reported on RTHC):

Expects a numeric response (**required**)

[   ]

6.5   BirthWeight

Q207965 's weight at birth in kg (Capture 999 if unknown):

Expects a decimal response (**required**)

[   ]

6.6   BirthHeight

Q207965 's height at birth in cm (Capture 999 if unknown):

Expects a decimal response (**required**)

[   ]

6.7   BirthHC

Q207965 's head circumference at birth in cm (Capture 999 if unknown):

Expects a decimal response (**required**)

[   ]

6.8   Incubator

Was Q207965 placed in an incubator?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

6.9   IncubatorLength

For how long? (Write the length of time in days).

Expects a numeric response (**required**)

6.10   HealthProb

Were any problems noted in Q207965 's health at birth?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

6.11   HealthProbDescribe

Please describe any health problems noted at birth. (Write down what the mother says).

Expects a single line text response (**required**)

Section 7. Infant Health and Feeding - Post Birth Follow Up

7.1 InfantHealthPrmpt

Now I have a few questions about QI(**ChildName (6.2)** ,REPEAT IDX) which require us to look at the baby's RTHC if you have it with you.

7.2 RTHC

Is the RTHC available?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

Prerequisites
Skip when *RTHC (7.2)* **Not Equal 'Yes [1]'**

7.3 Immunisations

Please check on QI(**ChildName (6.2)** ,REPEAT IDX) 's road to health card and tick all of the following immunizations that have been complete:

Expects multiple selected options (**required**)

☐ BCG [1]

☐ OPV0 [2]

☐ OPV1 [3]

☐ RV1 [4]

☐ DTaB-IPV-Hib1 [5]

☐ Hep B 1 [6]

☐ PCV 1 [7]

☐ DTaB-IPV-Hib2 [8]

☐ Hep B 2 [9]

☐ DTaB-IPV-Hib3 [10]

☐ Hep B 3 [11]

☐ PCV2 [12]

☐ RV2 [13]

☐ Measles 1 [14]

☐ PCV3 [15]

☐ None of these [16]

7.4 WeightKnown

Is the weight of QI(**ChildName (6.2)** ,REPEAT IDX) measured or known?

Expects a single option response (**required**)

☐ Yes, measured by fieldworker [1]

☐ Yes, estimated by mother [2]

☐ No, baby not present and weight unknown by mother [3]

☐ No, weight refused [4]

7.5 Weight

What is QI(**ChildName (6.2)** ,REPEAT IDX) 's weight in kilograms?

Expects a decimal response (**required**)

7.6 HeightKnown

Is the height of QI(**ChildName (6.2)** ,REPEAT IDX) measured or known?

Expects a single option response (**required**)

☐ Yes, measured by fieldworker [1]

☐ Yes, estimated by mother [2]

☐ No, baby not present and heigh unknown by mother [3]

☐ No, height refused [4]

7.7 Height

What is QI(**ChildName (6.2)** ,REPEAT IDX) 's height in cm?

Expects a decimal response (**required**)

7.8 HCKnown

Was the head circumference of QI(**ChildName (6.2)** ,REPEAT IDX) measured?

Expects a single option response (**required**)

☐ Yes, measured by fieldworker [1]

☐ No, baby not present [2]

☐ No, HC measurement refused [4]

7.9 HC

What is QI(**ChildName (6.2)** ,REPEAT IDX) 's head circumference in cm?

Expects a decimal response (**required**)

7.10   BreastmilkDuration

How long did you breastfeed QI(**ChildName (6.2)** ,REPEAT IDX) for?

Expects a single option response (**required**)

☐ Never breastfed [1]

☐ Less than 1 week [2]

☐ 1 week [3]

☐ 2 weeks [4]

☐ 3 weeks [5]

☐ 4 weeks [6]

☐ 5 weeks [7]

☐ 6 weeks [8]

☐ 7 weeks [9]

☐ 8 weeks [10]

☐ 9 weeks 11 [9 weeks 11]

☐ 10 weeks [12]

☐ 11 weeks [13]

☐ 12 weeks [14]

☐ Up to 6 months [15]

☐ More than 6 months [16]

☐ Currently breastfeeding [17]

7.11   FeedingPrompt

Now I have some questions about how and what you have been feeding QI(**ChildName (6.2)** ,REPEAT IDX) .

7.12   Breastfed24Hours

Thinking one week back, have you breastfed QI(**ChildName (6.2)** ,REPEAT IDX) ?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

7.13 FoodItemsEver

I am now going to ask you if you have ever given the following to QI(**ChildName (6.2)** ,REPEAT IDX) ? [Tick all that apply].

Expects multiple selected options (**required**)

- ☐ Water [1]
- ☐ Water with sugar or glucose [2]
- ☐ Fruit juice [3]
- ☐ Tea without milk [4]
- ☐ Tea with milk [5]
- ☐ Diluted cows milk [6]
- ☐ Non Diluted cows milk [7]
- ☐ Other powdered milk [8]
- ☐ Goats milk [9]
- ☐ Infant formula [10]
- ☐ Fruits / Vegetables [11]
- ☐ Meat [12]
- ☐ Fish [13]
- ☐ Eggs [14]
- ☐ Dairy product (e.g. yoghurt, cheese or ice-cream) [15]
- ☐ Cereals, porridge or bread [16]
- ☐ Prescribed medicines [17]
- ☐ Herbs / traditional medicine [18]
- ☐ Over-the-counter medicines (e.g. gripe water) [19]
- ☐ Other [20]
- ☐ None of these [21]

7.14 FoodItemsWeek

Thinking one week back, have you given any of these items to QI(**ChildName (6.2)** ,REPEAT IDX) ? [Tick all that apply].

Expects multiple selected options (**required**)

☐ Water [1]

☐ Water with sugar or glucose [2]

☐ Fruit juice [3]

☐ Tea without milk [4]

☐ Tea with milk [5]

☐ Diluted cows milk [6]

☐ Non Diluted cows milk [7]

☐ Other powdered milk [8]

☐ Goats milk [9]

☐ Infant formula [10]

☐ Fruits / Vegetables [11]

☐ Meat [12]

☐ Fish [13]

☐ Eggs [14]

☐ Dairy product (e.g. yoghurt, cheese or ice-cream) [15]

☐ Cereals, porridge or bread [16]

☐ Prescribed medicines [17]

☐ Herbs / traditional medicine [18]

☐ Over-the-counter medicines (e.g. gripe water) [19]

☐ Other [20]

☐ None of these [21]

7.15   FoodItems24Hours

From the time you woke up yesterday morning until you woke up this morning, did you give any of the following items to QI(**ChildName (6.2)** ,REPEAT IDX) ? [Tick all that apply].

Expects multiple selected options (**required**)

☐ Water [1]

☐ Water with sugar or glucose [2]

☐ Fruit juice [3]

☐ Tea without milk [4]

☐ Tea with milk [5]

☐ Diluted cows milk [6]

☐ Non Diluted cows milk [7]

☐ Other powdered milk [8]

☐ Goats milk [9]

☐ Infant formula [10]

☐ Fruits / Vegetables [11]

☐ Meat [12]

☐ Fish [13]

☐ Eggs [14]

☐ Dairy product (e.g. yoghurt, cheese or ice-cream) [15]

☐ Cereals, porridge or bread [16]

☐ Prescribed medicines [17]

☐ Herbs / traditional medicine [18]

☐ Over-the-counter medicines (e.g. gripe water) [19]

☐ Other [20]

☐ None of these [21]

7.16   HealthPrompt

Now I have some questions about the health of QI(**ChildName (6.2)** ,REPEAT IDX) in the last two weeks.

7.17   Diarrhoea

The definition of diarrhoea is the passage of 3 or more loose, liquid or watery stools in a 24 hr period. During the last two weeks that ended yesterday morning, did QI(**ChildName (6.2)** ,REPEAT IDX) have diarrhoea?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

Branches
If response Equals 'No [2]' then skip to *Cough (7.20)*

7.18   DiarrhoeaHosp

Was the QI(**ChildName (6.2)** ,REPEAT IDX) admitted to a hospital because of this diarrhoea?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

7.19   DiarrhoeaDuration

How many days did the diarrhoea last?

Expects a single option response (**required**)

☐ 1-3 days [1]

☐ 4-7 days [2]

☐ 8-14 days [3]

☐ More than 14 days [4]

7.20   Cough

During the last two weeks that ended yesterday morning, did QI(**ChildName (6.2)** ,REPEAT IDX) have a cough?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

7.21   DifficultBreathing

During the last two weeks that ended yesterday morning, did QI(**ChildName (6.2)** ,REPEAT IDX) have fast or difficulty breathing?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

7.22   SumCoughAndDifficultBreathing

Numeric

This field is not displayed on the device, Value: 0

7.23   Set_SumCoughAndDifficultBreathing

Operator

This field is not displayed on the device, Operator: Set(**SumCoughAndDifficultBreathing (7.22)** , Sum of (q208032 , q208033))

Prerequisites
Skip when *SumCoughAndDifficultBreathing (7.22)* Greater Than '3'

7.24   PnuHosp

Was QI(**ChildName (6.2)** ,REPEAT IDX) admitted to a hospital because of this cough or fast and difficult breathing?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

7.25   Harm

Have you had any thoughts of wanting to harm QI(**ChildName (6.2)** ,REPEAT IDX) in the last 3m?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

☐ Refused [98]

Section 8. EPDS

8.1 EPDSIntro

In this next section, we will ask you questions about how you have been feeling recently. Please provide the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

8.2 Laughing

In the past 7 days, I have been able to laugh and see the funny side of things.
Expects a single option response (required)

- ☐ As much as I always could [0]
- ☐ Not quite so much now [1]
- ☐ Definitely not so much now [2]
- ☐ Not at all [3]

8.3 Enjoyment

In the past 7 days, I have looked forward with enjoyment to things.
Expects a single option response (required)

- ☐ As much as I always did [0]
- ☐ Rather less than I used to [1]
- ☐ Definitely less than I used to [2]
- ☐ Hardly at all [3]

8.4 Blame

In the past 7 days, I have blamed myself unnecessarily when things went wrong.
Expects a single option response (required)

- ☐ Yes, most of the time [3]
- ☐ Yes, some of the time [2]
- ☐ Not very often [1]
- ☐ No, never [0]

8.5 Anxiety

In the past 7 days, I have been anxious or worried for no good reason.
Expects a single option response (required)

- ☐ No, not at all [0]
- ☐ Hardly ever [1]
- ☐ Yes, sometimes [2]
- ☐ Yes, very often [3]

8.6 Scared

In the past 7 days, I have felt scared or panicky for no good reason.
Expects a single option response (required)

- ☐ Yes, quite a lot [3]
- ☐ Yes, sometimes [2]
- ☐ No, not much [1]
- ☐ No, not at all [0]

8.7 Coping

In the past 7 days, things have been getting on top of me.

Expects a single option response (**required**)

☐ Yes, most of the time I haven't been able to cope at all [3]

☐ Yes, sometimes I haven't been coping as well as usual [2]

☐ No, most of the time I have coped quite well [1]

☐ No, I have been coping as well as ever [0]

8.8 Difficulty Sleeping

In the past 7 days, I have been so unhappy that I have had difficulty sleeping.

Expects a single option response (**required**)

☐ Yes, most of the time [3]

☐ Yes, sometimes [2]

☐ Not very often [1]

☐ No, not at all [0]

8.9 Sadness

In the past 7 days, I have felt sad and miserable.

Expects a single option response (**required**)

☐ Yes, most of the time [3]

☐ Yes, quite often [2]

☐ Not very often [1]

☐ No, not at all [0]

8.10 Crying

In the past 7 days, I have been so unhappy that I have been crying.

Expects a single option response (**required**)

☐ Yes, most of the time [3]

☐ Yes, quite often [2]

☐ Only occasionally [1]

☐ No, never [0]

8.11 Harming Self

In the past 7 days, the thought of harming myself has occurred to me.

Expects a single option response (**required**)

☐ Yes, quite often [3]

☐ Sometimes [2]

☐ Hardly ever [1]

☐ Never [0]

8.12 Set_EPDSTotal

Operator

This field is not displayed on the device. Operator: Set(**EPDSTotal (1.6)** , Sum of

(q202195 , q202196 , q202197 , q202198 , q202199 , q202200 , q202201 , q202202 , q202203 , q202204))

8.13 EPDSTerminateBaseline

As this mother is not at risk for depression, she is not eligible for participation. Please select PROCEED to terminate the interview.

Expects a single option response (**required**)

☐ Proceed [1]

Branches

If response **Equals 'Proceed [1]'** then skip to *EndInstruction (28.2)*

Section 9. Mini Depression Pre-screener

9.1 A1a

Were you ever depressed or down, most of the day, nearly every day, for two weeks?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

Prerequisites
Skip when *A1a (9.1)* Equals 'No [0]'

9.2 A1b

For the past two weeks, were you depressed or down, most of the day, nearly every day?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

9.3 A2a

Were you ever much less interested in most things or much less able to enjoy the things you used to enjoy most of the time, for two weeks?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

Prerequisites
Skip when *A2a (9.3)* Equals 'No [0]'

9.4 A2b

In the past two weeks, were you much less interested in most things or much less able to enjoy the things you used to enjoy, most of the time?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

Section 10. Mini Depression Hidden Variables

10.1 Sum_A12b_YES_True_AND_A6_IsEqual_1_True

Numeric

This field is not displayed on the device, Value: 0

10.2 A12a_YES_True

Numeric

This field is not displayed on the device, Value: 0

10.3 A12b_YES_True

Numeric

This field is not displayed on the device, Value: 0

10.4 A6_IsEqual_1_True

Numeric

This field is not displayed on the device, Value: 0

10.5 Set_A12a_YES_True_0

Operator

This field is not displayed on the device, Operator: Set(**A12a_YES_True (10.2)** ,0)

Prerequisites
Skip when *A1a (9.1)* **Not Equal 'Yes [1]'**

10.6 Set_A12a_YES_True_1

Operator

This field is not displayed on the device, Operator: Set(**A12a_YES_True (10.2)** ,1)

Prerequisites
Skip when *A2a (9.3)* **Not Equal 'Yes [1]'**

10.7 Set_A12a_YES_True_One

Operator

This field is not displayed on the device, Operator: Set(**A12a_YES_True (10.2)** ,1)

10.8 Set_A12b_YES_True_0

Operator

This field is not displayed on the device, Operator: Set(**A12b_YES_True (10.3)** ,0)

Prerequisites
Skip when *A1b (9.2)* **Not Equal 'Yes [1]'**

10.9 Set_A12b_YES_True_1

Operator

This field is not displayed on the device, Operator: Set(**A12b_YES_True (10.3)** ,1)

10.10   Set_A12b_YES_True_One

Operator

This field is not displayed on the device, Operator: Set(**A12b_YES_True (10.3)** ,1)

Section 11. Mini Depression Full

11.1 A6

How many episodes of depression did you have in your lifetime? (Between each episode there must be at least 2 months without any significant depression.)

Expects a numeric response (**required**)

Constraints

Response must be **Greater Than or Equal '1'**

11.2 Set_A6_IsEqual_1_True_0

Operator

This field is not displayed on the device, Operator: Set(**A6_IsEqual_1_True (10.4)** ,0)

11.3 Set_A6_IsEqual_1_True_1

Operator

This field is not displayed on the device, Operator: Set(**A6_IsEqual_1_True (10.4)** ,1)

11.4 Set_Sum_A12b_YES_True_AND_A6_IsEqual_1_True

Operator

This field is not displayed on the device, Operator: Set(**Sum_A12b_YES_True_AND_A6_IsEqual_1_True (10.1)** , Sum of (q203390 , q220182))

11.5 A3a-Current

Was your appetite decreased or increased nearly every day over the past 2 week period? Did your weight decrease or increase without trying intentionally (i.e., by 5% of body weight or 8 lb or 3.5 kg, for a 160 lb/70 kg person in a month)? [If yes to either in the past 2 weeks, say YES].

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.6 A3a-Past

During episodes of depression in the past, was your appetite decreased or increased? Did your weight decrease or increase without trying intentionally (i.e., by 5% of body weight or 8 lb or 3.5 kg, for a 160 lb/70 kg person in a month)? [If yes to either in the 2 week period, say YES].

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.7 A3b-Current

Did you have trouble sleeping nearly every night over the past 2 week period? (Difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.8 A3b-Past

During episodes of depression in the past, did you have trouble sleeping nearly every night? (Difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.9 A3c-Current

Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day over the past 2 week period?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.10 A3c-Past

During episodes of depression in the past, did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.11 A3d-Current

Did you feel tired or without energy almost every day over the past 2 week period?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.12   A3d-Past

During episodes of depression in the past, did you feel tired or without energy almost every day?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.13   A3e-Current

Did you feel worthless or guilty almost every day over the past 2 week period?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.14   A3e-Past

During episodes of depression in the past, did you feel worthless or guilty almost every day?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.15   A3f-Current

Did you have difficulty concentrating or making decisions almost every day over the past 2 week period?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.16   A3f-Past

During episodes of depression in the past, did you have difficulty concentrating or making decisions almost every day?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.17   A3g-Current

Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead over the past 2 week period? Did you attempt suicide or plan a suicide? [If yes to either over the past 2 week period, say YES].

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.18 A3g-Past

During episodes of depression in the past, did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead? Did you attempt suicide or plan a suicide? [If yes to either, say YES].

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.19 A4-Current

Did these symptoms cause significant problems at home, at work, socially, at school or in some other important way over the past 2 week period?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.20 A4-Past

During episodes of depression in the past, did these symptoms cause significant problems at home, at work, socially, at school or in some other important way?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

11.21 A5-Past

In between 2 episodes of depression, did you ever have an interval of at least 2 months, without any significant depression or any significant loss of interest?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

Section 12. Mini Suicide

12.1   SuicideInstruction

Now we have some questions which apply to THE LAST MONTH ONLY.

12.2   B1-Accident

In the last month, did you suffer any accident? This includes taking too much of your medication accidentally.

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

Branches

If response **Equals 'No [2]'** then skip to *B2-Hopeless (12.5)*

12.3   B1a-InterndHurt

In the last month, did you plan or intend to hurt yourself in any accident either actively or passively (e.g. by not avoiding a risk)?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

12.4   B1b-IntendDie

In the last month, did you intend to die as a result of any accident?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

12.5   B2-Hopeless

In the last month, did you feel hopeless?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

12.6   B3-WishDead

In the last month, did you think that you would be better off dead or wish you were dead?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

12.7   B4-SelfInjury

In the last month, did you think about hurting or injuring yourself or have mental images of harming yourself, with at least some intent or awareness that you might die as a result?

Expects a single option response (**required**)

☐ Yes [4]

☐ No [0]

12.8   SelfInjuryCount

About how many times did you think about this in the last month?

Expects a numeric response (**required**)

[   ]

12.9   B5-SuicideThoughts

In the last month, did you think about suicide (killing yourself)?

Expects a single option response (**required**)

☐ Yes [6]

☐ No [0]

Branches
If response **Equals 'No [0]'** then skip to *B7-SuicidePlan (12.14)*

12.10   SuicideThoughtsCount

About how many times did you think about killing yourself in the last month?

Expects a numeric response (**required**)

[   ]

12.11   FreqSucicideThoughts

How often did you think about killing yourself?

Expects a single option response (**required**)

☐ Occasionally [1]

☐ Often [2]

☐ Very often [3]

12.12   IntensitySuicideThoughts

What was the intensity of these thoughts?

Expects a single option response (**required**)

☐ Mild [1]

☐ Moderate [2]

☐ Severe [3]

12.13   B6-UnableControl

Did you feel unable to control these impulses?

Expects a single option response (**required**)

☐ Yes [8]

☐ No [0]

12.14   B7-SuicidePlan

In the last month, did you have a suicide method or plan in mind (e.g. how, when or where)?

Expects a single option response (**required**)

☐ Yes [8]

☐ No [0]

Branches
If response **Equals 'No [0]'** then skip to *B9-IntendDieSuicide (12.16)*

12.15 B8-SuicideFollowThrough

In the last month, did you intend to follow through on a suicide plan?

Expects a single option response (**required**)

☐ Yes [8]

☐ No [0]

12.16 B9-IntendDieSuicide

In the last month, did you intend to die as a result of a suicidal act?

Expects a single option response (**required**)

☐ Yes [8]

☐ No [0]

12.17 B10-ActiveSteps

In the last month, did you take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die?

Expects a single option response (**required**)

☐ Yes [9]

☐ No [0]

Branches

If response **Equals 'No [0]'** then skip to *B11-InjureNoIntent (12.19)*

12.18 ActiveStepsCount

How many times?

Expects a numeric response (**required**)

```
[                              ]
```

12.19 B11-InjureNoIntent

In the last month, did you injure yourself on purpose without intending to kill yourself?

Expects a single option response (**required**)

☐ Yes [4]

☐ No [0]

12.20 B12-AttemptedSuicide

In the last month, did you attempt suicide (to kill yourself)? [Note: A suicide attempt means you did something where you could possibly be injured, with at least a slight intent to die.]

Expects a single option response (**required**)

☐ Yes [9]

☐ No [0]

Branches

If response **Equals 'No [0]'** then skip to *B13-LifetimeSuicideAttempt (12.23)*

12.21 AttemptedSuicideCount

How many times?

Expects a numeric response (**required**)

```
[                              ]
```

12.22 AttemptedSuicideIntention

Did you:

Expects a single option response (required)

☐ Hope to be rescued / survive [1]

☐ Expected / intended to die [2]

12.23 B13-LifetimeSuicideAttempt

In your lifetime, have you EVER made a suicide attempt (try to kill yourself)?

Expects a single option response (required)

☐ Yes [4]

☐ No [0]

12.24 SuicideNotes

Data collector: Capture any additional notes about the mother's suicidality here (optional):

Expects a single line text response (optional)

[   ]

12.25 Set_SuicideScore

Operator

This field is not displayed on the device, Operator: Set(**SuicideScore (1.7)** , Sum of

(q203209 , q203210 , q203211 , q203213 , q203217 , q203218 , q203219 , q203220 , q203221 , q203223 , q203224 , q203227))

Prerequisites
Skip when *SuicideScore (1.7)* **Less Than '17'**

12.26 SuicideRefer

This mother is a suicide risk. Please refer her to the appropriate facility as per the study SOP. Then select PROCEED to continue.

Expects a single option response (required)

☐ Proceed [1]

Section 13. Antenatal Visits

13.1 AntenatalVisits

How many antenatal visits have you had for this pregnancy so far, including todays visit?

Expects a numeric response (**required**)

```
[                                    ]
```

Constraints

*Response must be **Greater Than or Equal '0'***

13.2 ANTravelTime

On average, how long did it take you to travel to each visit? (single journey, in minutes).

Expects a numeric response (**required**)

```
[                                    ]
```

13.3 ANWaitTime

On average, how long did you spend at the clinic on each visit (in minutes)?

Expects a numeric response (**required**)

```
[                                    ]
```

13.4 ANFees

On average, how much did you, your family or friends have to pay in total in consultation fees for each visit? (IN RANDS)

Expects a numeric response (**required**)

```
[                                    ]
```

13.5 ANTravelCost

On average, how much did you, your family or friends have to pay in total for travel for each visit?

Expects a numeric response (**required**)

```
[                                    ]
```

Section 14. Postnatal Visits

14.1 PostnatalVisits

How many well baby visits have you had for this baby so far, including today's visit?

Expects a numeric response (**required**)

Constraints

Response must be ***Greater Than or Equal '0'***

14.2 PNTravelTime

On average, how long did it take you to travel to each visit? (single journey, in minutes).

Expects a numeric response (**required**)

14.3 PNWaitTime

On average, how long did you spend at the clinic on each visit (in minutes)?

Expects a numeric response (**required**)

14.4 PNFees

On average, how much did you, your family or friends have to pay in total in consultation fees for each visit? (IN RANDS)

Expects a numeric response (**required**)

14.5 PNTravelCost

On average, how much did you, your family or friends have to pay in total for travel for each visit?

Expects a numeric response (**required**)

Section 15. Health Care Utilization - Hospital Admission Count

15.1 HealthCare

I would now like to know about your recent experiences with obtaining health care for yourself and your children.

15.2 HospOvernight

In the last 6 months, have you or any of your children ever stayed overnight in a hospital?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

Branches

If response **Equals 'No [0]'** then skip to *OtherProviders (17.1)*

15.3 NumHosp

How many times have you or your children been admitted into hospital in the last 6 months?

Expects a numeric response (**required**)

[   ]

Constraints

Response must be **Greater Than or Equal '1'**

Section 16. Health Care Utilization - Hospital Admission Details

16.1 AdmitWho

For admission #<u>REPEAT IDX</u>, was it you or one of your children who was admitted?

Expects a single option response (**required**)

☐ Myself [1]

☐ This child [2]

☐ One of my other children [3]

16.2 AdmitReason

For admission #<u>REPEAT IDX</u>, why were you/ your child admitted?

Expects a single option response (**required**)

☐ Infectious disease (e.g. malaria) [1]

☐ Maternal/ perinatal condition [2]

☐ Flu or cough [respiratory infection] [3]

☐ Diarrhoea [4]

☐ Injury [5]

☐ Sleep problems [6]

☐ Depression or anxiety [7]

☐ Alcohol problems [8]

☐ Other mental health problems [9]

☐ Other chronic disease (e.g. heart, diabetes) [10]

☐ Other condition [77]

☐ Don't know [888]

Prerequisites
Skip when *AdmitReason (16.2)* **Not Equal 'Other condition [77]'**

16.3 AdmitReasonOther

Please specify:

Expects a single line text response (**required**)

[   ]

16.4 AdmitLocation

Where was the admission?

Expects a single option response (**required**)

☐ Charity/ church-run hospital [1]

☐ Private hospital [2]

☐ Government hospital [3]

16.5 AdmitLength

How long was the admission (in days)?

Expects a numeric response (**required**)

[   ]

Constraints
Response must be *Greater Than or Equal '1'*

16.6 FeesCost

How much did you, your family or friends have to pay in total (for hospital fees, medicines, investigations) IN RANDS?

Expects a decimal response (**required**)

How much did you, your family or friends have to pay in total (for hospital fees, medicines, investigations) IN RANDS?

Expects a decimal response (**required**)

Section 17. Health Care Utilization - Outpatient Care Count

17.1 OtherProviders

In these next few questions, I dont want you to think about inpatient care, antenatal care or well baby visits. IN THE LAST 3 MONTHS, did you or your children see any health care providers? (For example: Traditional healer/ community health worker/ general nurse/ Pharmacist/ Psychiatrist/ psychiatric nurse/ mental health worker/ HIV counsellor/ social worker/ medical doctor/ other health care provider?)

Expects a single option response (**required**)

☐ Yes [1]

☐ No [0]

Prerequisites
Skip when *OtherProviders (17.1)* Equals 'No [0]'

17.2 NumOtherProviders

How many times in the last 3 months did you/ your children see any of these health care providers?

Expects a numeric response (**required**)

```
┌─────────────────────────────┐
│                             │
└─────────────────────────────┘
```

Constraints

Response must be *Greater Than or Equal '1'*

Section 18. Health Care Utilization - Outpatient Care Details

18.1 HPCWho

For the outpatient visit number #REPEAT IDX, was it you or one of your children who was seen?

Expects a single option response (**required**)

☐ Myself [1]

☐ This child [2]

☐ One of my other children [3]

18.2 HCPSeen

For the outpatient visit number #REPEAT IDX, who did you/ one of your children see?

Expects multiple selected options (**required**)

☐ Traditional healer [1]

☐ Community health worker [2]

☐ Nurse / midwife [3]

☐ Pharmacist [4]

☐ General doctor [5]

☐ Specialist doctor [6]

☐ Psychiatrist [7]

☐ Other mental health worker [8]

☐ Social worker [9]

☐ Psychiatric nurse [10]

☐ HIV counsellor [11]

☐ Don't know [888]

☐ Other [77]

Prerequisites
Skip when *HCPSeen (18.2)* Excludes 'Other [77]'

18.3 HPCSeenOther

Please specify:

Expects a single line text response (**required**)

[   ]

18.4 HPCPlace

Where did you see them?

Expects a single option response (**required**)

☐ Your own home [1]

☐ Local health centre [2]

☐ Private office [3]

☐ Hospital outpatient [4]

☐ CHW's home [5]

18.5 HPCWhy

Why did you have this visit?

Expects a single option response (**required**)

- ☐ Infectious disease (e.g. malaria) [1]
- ☐ Maternal / perinatal condition [2]
- ☐ Flu or cough [respiratory infection] [3]
- ☐ Diarrhoea [4]
- ☐ Injury [5]
- ☐ Sleep problems [6]
- ☐ Depression or anxiety [7]
- ☐ Alcohol problems [8]
- ☐ Other mental health problems [9]
- ☐ Other chronic disease (e.g. heart, diabetes) [10]
- ☐ Other [77]
- ☐ Don't know [888]

Prerequisites
Skip when *HPCWhy (18.5)* **Not Equal 'Other [77]'**

18.6 HPCWhyOther

Please specify:

Expects a single line text response (**required**)

[   ]

18.7 HPCFeatures

What were the main features of the visit? (list up to three elements)

Expects multiple selected options (**required**)

- ☐ Assessment and/or diagnosis [1]
- ☐ Drug prescription (for condition listed previously) [2]
- ☐ Drug prescription (for other condition) [3]
- ☐ Psychosocial support / care [4]
- ☐ Follow-up visit [5]
- ☐ Referral (to other provider) [6]
- ☐ Blood test or other test [7]
- ☐ X-ray [8]
- ☐ Other [77]
- ☐ Don't know [888]

18.8 TravelTime

How long did it take you to travel to where you received care for this visit? (single journey, in minutes).

Expects a numeric response (**required**)

[   ]

18.9 WaitTime

How long did you wait for your consultation (in minutes)

Expects a numeric response (**required**)

[   ]

18.10   VisitTime

How long was the consultation (excluding waiting time) in minutes?

Expects a numeric response (**required**)

```

```

18.11   Fees

How much did you, your family or friends have to pay in total in consultation fees? (IN RANDS)

Expects a numeric response (**required**)

```

```

18.12   TravelCost

How much did you, your family or friends have to pay in total for travel for this visit?

Expects a numeric response (**required**)

```

```

Section 19. WHO-DAS 2 - 12 Item Scale

19.1 WhoDasPrompt

These next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, health problems that may be short or long lasting, injuries, and mental or emotional problems. Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities.

19.2 OverallHealth

How do you rate your overall health in the past 30 days? [Read choices to respondent].

Expects a single option response (**required**)

☐ Very good [1]

☐ Good [2]

☐ Moderate [3]

☐ Bad [4]

☐ Very Bad [5]

19.3 Standing

In the last 30 days how much difficulty did you have with standing for long periods such as 30 minutes?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.4 Responsibilities

In the last 30 days how much difficulty did you have with taking care of your household responsibilities?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.5 Learning

In the last 30 days how much difficulty did you have with learning a new task, for example, learning how to get to a new place?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.6 Activities

In the last 30 days how much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.7 Affected

In the last 30 days how much have you been emotionally affected by your health problems?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.8 ConcentrateOnTask

In the last 30 days how much difficulty did you have with concentrating on doing something for ten minutes?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.9 WalkingDistances

In the last 30 days how much difficulty did you have with walking a long distance such as a kilometre (or equivalent)?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.10 Washing

In the last 30 days how much difficulty did you have with washing your whole body?

Expects a single option response (**required**)

☐ None [1]

☐ Mild [2]

☐ Moderate [3]

☐ Severe [4]

☐ Extreme/cannot do [5]

19.11 Dressed

In the last 30 days how much difficulty did you have with getting dressed?

Expects a single option response (required)

- ☐ None [1]
- ☐ Mild [2]
- ☐ Moderate [3]
- ☐ Severe [4]
- ☐ Extreme/cannot do [5]

19.12 DealWithPeople

In the last 30 days how much difficulty did you have with dealing with people you do not know?

Expects a single option response (required)

- ☐ None [1]
- ☐ Mild [2]
- ☐ Moderate [3]
- ☐ Severe [4]
- ☐ Extreme/cannot do [5]

19.13 Friendships

In the last 30 days how much difficulty did you have with maintaining a friendship?

Expects a single option response (required)

- ☐ None [1]
- ☐ Mild [2]
- ☐ Moderate [3]
- ☐ Severe [4]
- ☐ Extreme/cannot do [5]

19.14 Work

In the last 30 days how much difficulty did you have with your day to day work?

Expects a single option response (required)

- ☐ None [1]
- ☐ Mild [2]
- ☐ Moderate [3]
- ☐ Severe [4]
- ☐ Extreme/cannot do [5]

19.15 DaysTotal

Overall, in the past 30 days, how many days were these difficulties present?

Expects a numeric response (required)

[   ]

Constraints

Response must be Greater Than or Equal '0' AND

Response must be Less Than or Equal '30'

19.16   UnableTotal

In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?

Expects a numeric response (**required**)

Constraints

*Response must be **Greater Than or Equal '0'** AND*

*Response must be **Less Than or Equal '30'***

19.17   TotalReduce

In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?

Expects a numeric response (**required**)

Constraints

*Response must be **Greater Than or Equal '0'** AND*

*Response must be **Less Than or Equal '30'***

Section 20. FAI - Functioning

20.1 FAIInstruction

I am going to ask you about different tasks and activities that you do currently in your everyday life. Thinking about the last 2 weeks, how much difficulty do you have doing the following tasks and activities?

20.2 Cleaning

Cleaning the house.

Expects a single option response (**required**)

☐ No difficulty [0]

☐ A little or some difficulty [1]

☐ A lot of difficulty (but can still do task) [2]

☐ Often can't do task or activity at all [3]

☐ Can never do task or activity [4]

☐ Not applicable [5]

20.3 Cooking

Preparing and cooking food for the family.

Expects a single option response (**required**)

☐ No difficulty [0]

☐ A little or some difficulty [1]

☐ A lot of difficulty (but can still do task) [2]

☐ Often can't do task or activity at all [3]

☐ Can never do task or activity [4]

☐ Not applicable [5]

20.4 Laundry

Doing laundry.

Expects a single option response (**required**)

☐ No difficulty [0]

☐ A little or some difficulty [1]

☐ A lot of difficulty (but can still do task) [2]

☐ Often can't do task or activity at all [3]

☐ Can never do task or activity [4]

☐ Not applicable [5]

20.5 BathingSelf

Bathing yourself.

Expects a single option response (**required**)

☐ No difficulty [0]

☐ A little or some difficulty [1]

☐ A lot of difficulty (but can still do task) [2]

☐ Often can't do task or activity at all [3]

☐ Can never do task or activity [4]

☐ Not applicable [5]

20.6 CommunityMeetings

Taking part in community meetings.

Expects a single option response (required)

- ☐ No difficulty [0]
- ☐ A little or some difficulty [1]
- ☐ A lot of difficulty (but can still do task) [2]
- ☐ Often can't do task or activity at all [3]
- ☐ Can never do task or activity [4]
- ☐ Not applicable [5]

20.7 CaringForBabies

Taking care of the physical needs of babies and children (bathing, feeding, preparing for crèche or school, taking to crèche and school, keeping them safe; etc.)

Expects a single option response (required)

- ☐ No difficulty [0]
- ☐ A little or some difficulty [1]
- ☐ A lot of difficulty (but can still do task) [2]
- ☐ Often can't do task or activity at all [3]
- ☐ Can never do task or activity [4]
- ☐ Not applicable [5]

20.8 EmotionalNeeds

Playing with your children and loving them.

Expects a single option response (required)

- ☐ No difficulty [0]
- ☐ A little or some difficulty [1]
- ☐ A lot of difficulty (but can still do task) [2]
- ☐ Often can't do task or activity at all [3]
- ☐ Can never do task or activity [4]
- ☐ Not applicable [5]

20.9 TimeWithFamily

Spending time and doing activities with family and friends.

Expects a single option response (required)

- ☐ No difficulty [0]
- ☐ A little or some difficulty [1]
- ☐ A lot of difficulty (but can still do task) [2]
- ☐ Often can't do task or activity at all [3]
- ☐ Can never do task or activity [4]
- ☐ Not applicable [5]

20.10   Exercising

Exercising.

Expects a single option response (**required**)

☐ No difficulty [0]

☐ A little or some difficulty [1]

☐ A lot of difficulty (but can still do task) [2]

☐ Often can't do task or activity at all [3]

☐ Can never do task or activity [4]

☐ Not applicable [5]

20.11   VolunteerWork

Doing volunteer work.

Expects a single option response (**required**)

☐ No difficulty [0]

☐ A little or some difficulty [1]

☐ A lot of difficulty (but can still do task) [2]

☐ Often can't do task or activity at all [3]

☐ Can never do task or activity [4]

☐ Not applicable [5]

Section 21. Hamilton Depression

21.1 HAMPrompt

Lets have a more detailed discussion about the different symptoms of your depression.

21.2 WorkAndActivities

During the past month, have you been less able than usual to work or do your usual activities? Do your activities make you feel tired, or have you lost interest in your activities?

Expects a single option response (**required**)

☐ No decrease in productivity or time spent at work and/or doing usual activities [0]

☐ Activities make you feel tired [1]

☐ Lost interest in work or activities [2]

☐ Decrease in productivity of work or activities [3]

☐ Spending less time at work or doing activities [4]

21.3 LossOfWeight

Have you gained or lost any weight during the past month?

Expects a single option response (**required**)

☐ No [0]

☐ Possibly [1]

☐ Yes, definite change in weight (not on diet) [2]

21.4 SomaticGastro

During the past month, have you experienced a loss of appetite?

Expects a single option response (**required**)

☐ No loss of appetite [0]

☐ Some loss of appetite but still eating [1]

☐ At least some loss of interest in food and requires encouragement to eat [2]

21.5 GenetalSymptoms

During the past month, have you had an interest in sex?

Expects a single option response (**required**)

☐ Yes, normal interest in sex (or is not sexually active) [0]

☐ Somewhat less interest [1]

☐ A lot less interest than usual or no interest at all [2]

21.6 InsomniaEarly

The following 3 questions will ask you about different aspects of sleep: going to sleep at night, waking up in the middle of the night, and waking up early or sleeping late in the morning. Firstly, during the past month, have you had troubles or difficulties falling asleep?

Expects a single option response (**required**)

☐ No [0]

☐ Sometimes (3-14 days) [1]

☐ Yes, almost every night has difficulty (15-30 days) [2]

21.7 InsomniaMiddle

During the past month, have you been waking up during the night?

Expects a single option response (**required**)

☐ No [0]

☐ Sometimes (3-14 days) [1]

☐ Yes, almost every night has difficulty and gets out of bed, other than for urinating/ peeing. (15-30 days) [2]

21.8 InsomniaLate

During the past month, have you either been waking up earlier in the morning than you wanted to or sleeping too much?

Expects a single option response (**required**)

☐ No [0]

☐ Sometimes (3-14 days) [1]

☐ Yes, wakes early and cannot go back to sleep, or sleeps too much most of the time (15-30 days) [2]

21.9 SomaticGeneral

During the past month, have you experienced fatigue or had less energy than usual? Or have you had headaches, backaches, or aches in specific parts of your body?

Expects a single option response (**required**)

☐ No [0]

☐ Some [1]

☐ Yes, a lot [2]

21.10 Guilt

During the past month, have you been feeling guilty or bad about something you have done? Do you feel you have let people down or that you are evil? Do you think your illness is punishment for something?

Expects a single option response (**required**)

☐ No guilty feelings. [0]

☐ Feels she has let people down OR feels evil or bad [1]

☐ Feels she has let people down AND feels evil or bad [2]

☐ Thinks that her illness is a punishment [3]

☐ You feel like you are hearing voices in your head or you feel you are so bad that you will hurt other people or it will lead to your own death [4]

21.11 AnxietyPsychic

During the past month, have you been feeling nervous, anxious, worried or frightened?

Expects a single option response (**required**)

☐ Never [0]

☐ Sometimes [1]

☐ Quite often [2]

☐ Most of the time [3]

☐ Yes, signs/problems are very bad all of the time [4]

21.12 Anxiety Somatic

Now I am going to read you a list of physical symptoms. Tell me if you experience any of these and how severe they are.

Expects multiple selected options (**required**)

- ☐ Stomach or digestive problems or pains [A]
- ☐ Heart palpitations [B]
- ☐ Breathing very fast or trouble breathing [C]
- ☐ Urinating often [D]
- ☐ Muscle aches, body aches [E]
- ☐ Unusual sensations like trembling or ringing in your ears [F]
- ☐ Flushing, feeling faint, or sweating [G]
- ☐ None of these [N]

21.13 Anxiety Somatic Rating

Think about the worst. How bad are these signs?

Expects a single option response (**required**)

- ☐ Not present [0]
- ☐ A little bit [1]
- ☐ Some [2]
- ☐ A lot [3]
- ☐ Severe and incapacitating problem [4]

21.14 Hypochondriasis

During the past month, have you been worrying more than usual about your health and how your body is working? (Apart from normal fears about your pregnancy) [DONT READ THE OPTIONS TO HER. YOU DECIDE.]

Expects a single option response (**required**)

- ☐ No unnecessary worries about her health [0]
- ☐ Some unnecessary worry about her health [1]
- ☐ A lot of unnecessary worries about her health [2]
- ☐ Strong beliefs she has a physical problem and doctors won't believe her [3]
- ☐ Delusional, i.e., has false beliefs, eg. Thinks her body is rotting [4]

21.15 Suicide

During the past month, have you had thoughts that life is not worth living, or that you would rather be dead? Have you had thoughts of hurting or killing yourself? (If yes, how often?)

Expects a single option response (**required**)

- ☐ No [0]
- ☐ Sometimes [1]
- ☐ Often [2]
- ☐ Most of the time [3]
- ☐ Suicide attempt [4]

21.16 Insight

Do you think that you have a psychological problem, such as depression? [DONT READ THE OPTIONS TO HER. YOU DECIDE.]

Expects a single option response (**required**)

- ☐ Acknowledges being depressed or having a psychological problem (OR is not currently depressed) [0]
- ☐ Acknowledges illness but blames it on something else [1]
- ☐ She says she is not depressed, but in my opinion she is depressed [2]

21.17 DepressedMood

During the past month, have you been feeling sad, depressed, helpless, hopeless, or worthless? If yes, how often do you feel this way?

Expects a single option response (required)

☐ No, not at all [0]

☐ Occasionally [1]

☐ Quite often [2]

☐ Very often [3]

☐ Yes, almost all the time [4]

21.18 Retardation

(Observation only): Observe and rate slowness of thought, speech, concentration, and physical movement

Expects a single option response (required)

☐ Normal speech and thought [0]

☐ A bit of slowness in thinking or speaking [1]

☐ A lot of slowness in thinking or speaking [2]

☐ A lot of very long pauses (Interview difficult) [3]

☐ Interview impossible [4]

21.19 Agitation

(Observation only): Observe and rate restlessness, fidgetiness and physical activity

Expects a single option response (required)

☐ None [0]

☐ Fidgetiness [1]

☐ Playing with hands, hair, obvious restlessness [2]

☐ Restless, moving about; can't sit still [3]

☐ Hand wringing, nail biting, hair pulling, biting of lips, patient is moving about a lot [4]

Section 22. Household Food Insecurity Assessment Scale

22.1 HFIASInstruction

For each of the following questions, consider what has happened in the last 30 days. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 30 days.

22.2 FoodWorry

Did you worry that your household would not have enough food?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.3 PrefFood

Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.4 FewFoods

Did you or any household member eat just a few kinds of food day after day due to a lack of resources?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.5 FoodNotPref

Did you or any household member eat food that you preferred not to eat because of a lack of resources to obtain other types of food?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.6 SmallMeals

Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.7 FewerMeals

Did you or any other household member eat fewer meals in a day because there was not enough food?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.8 NoFood

Was there ever no food at all in your household because there were not enough resources to get more?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.9 SleepHungry

Did you or any household member go to sleep at night hungry because there was not enough food?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

22.10 WholeDay

Did you or any household member go a whole day without eating anything because there was not enough food?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Rarely (once or twice in the past 30 days) [1]
- ☐ Sometimes (three to ten times in the past 30 days) [2]
- ☐ Often (more than 10 times in the past 30 days) [3]

Section 23. Multidimensional Scale of Perceived Social Support

23.1 StatementsInstruction

We are interested in how you feel about the following statements that I will read.

23.2 Needs

There is a special person who is around when I am in need.

Expects a single option response (**required**)

- ☐ Very strongly disagree [1]
- ☐ Strongly disagree [2]
- ☐ Mildly disagree [3]
- ☐ Neutral [4]
- ☐ Mildly agree [5]
- ☐ Strongly agree [6]
- ☐ Very strongly agree [7]

23.3 JoysAndSorrows

There is a special person with whom I can share my joys and sorrows.

Expects a single option response (**required**)

- ☐ Very strongly disagree [1]
- ☐ Strongly disagree [2]
- ☐ Mildly disagree [3]
- ☐ Neutral [4]
- ☐ Mildly agree [5]
- ☐ Strongly agree [6]
- ☐ Very strongly agree [7]

23.4 Family

My family really tries to help me.

Expects a single option response (**required**)

- ☐ Very strongly disagree [1]
- ☐ Strongly disagree [2]
- ☐ Mildly disagree [3]
- ☐ Neutral [4]
- ☐ Mildly agree [5]
- ☐ Strongly agree [6]
- ☐ Very strongly agree [7]

23.5   EmotionalHelp

I get the emotional help and support I need from my family.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.6   Comfort

I have a special person who is a real source of comfort to me.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.7   HelpFromFriends

My friends really try to help me.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.8   CountOnFriends

I can count on my friends when things go wrong.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.9 TalkAboutProblems

I can talk about my problems with my family.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.10 JoysAndSorrowsFriends

I have friends with whom I can share my joys and sorrows.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.11 PersonWhoCares

There is a special person in my life who cares about my feelings.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.12 Decisions

My family is willing to help me make decisions.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

23.13 ProblemsFriends

I can talk about my problems with my friends.

Expects a single option response (**required**)

☐ Very strongly disagree [1]

☐ Strongly disagree [2]

☐ Mildly disagree [3]

☐ Neutral [4]

☐ Mildly agree [5]

☐ Strongly agree [6]

☐ Very strongly agree [7]

Section 24. Alcohol Drug and Sexual Abuse

24.1 AUDInstruction

Now I am going to ask you some questions about your use of alcoholic beverages during this past year. [Visual cues for a drink - Explain what is meant by alcoholic beverages by using local examples of beer, wine, vodka, etc. Code answers in terms of standard drinks]

24.2 AUD1

How often do you have a drink containing alcohol?

Expects a single option response (**required**)

☐ Never [0]

☐ Monthly or less [1]

☐ 2-4 times a month [2]

☐ 2-3 times a week [3]

☐ 4 or more times a week [4]

Branches

If response **Equals 'Never [0]'** then skip to *AUD9 (24.11)*

24.3 AUD2

How many drinks containing alcohol do you have on a typical day when you are drinking?

Expects a single option response (**required**)

☐ 1-2 [0]

☐ 3-4 [1]

☐ 5-6 [2]

☐ 7-9 [3]

☐ 10 or more [4]

24.4 AUD3

How often do you have six or more drinks on one occasion?

Expects a single option response (**required**)

☐ Never [0]

☐ Less than monthly [1]

☐ Monthly [2]

☐ Weekly [3]

☐ Daily or almost daily [4]

24.5 Set_Sum_AUD2_AND_AUD3

Operator

This field is not displayed on the device, Operator: Set(**Sum_AUD2_AND_AUD3 (1.8)** , Sum of (q220216 , q220217))

24.6   AUD4

How often during the last year have you found that you were not able to stop drinking once you had started?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Less than monthly [1]
- ☐ Monthly [2]
- ☐ Weekly [3]
- ☐ Daily or almost daily [4]

24.7   AUD5

How often during the last year have you failed to do what was normally expected from you because of drinking?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Less than monthly [1]
- ☐ Monthly [2]
- ☐ Weekly [3]
- ☐ Daily or almost daily [4]

24.8   AUD6

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Less than monthly [1]
- ☐ Monthly [2]
- ☐ Weekly [3]
- ☐ Daily or almost daily [4]

24.9   AUD7

How often during the last year have you had a feeling of guilt or remorse after drinking?

Expects a single option response (**required**)

- ☐ Never [0]
- ☐ Less than monthly [1]
- ☐ Monthly [2]
- ☐ Weekly [3]
- ☐ Daily or almost daily [4]

24.10   AUD8

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Expects a single option response (**required**)

☐ Never [0]

☐ Less than monthly [1]

☐ Monthly [2]

☐ Weekly [3]

☐ Daily or almost daily [4]

24.11   AUD9

Have you or someone else ever been injured as a result of your drinking?

Expects a single option response (**required**)

☐ No [0]

☐ Yes, but not in the last year [2]

☐ Yes, during the last year [4]

24.12   AUD10

Has a relative or friend or a doctor or another health worker ever been concerned about your drinking or suggested you cut down?

Expects a single option response (**required**)

☐ No [0]

☐ Yes, but not in the last year [2]

☐ Yes, during the last year [4]

24.13   DrugFrequency

Now lets talk briefly about drug use. How often over the past 3 months have you taken drugs, excluding alcohol?

Expects a single option response (**required**)

☐ Never [1]

☐ Once a month or less [2]

☐ 2-4 times a month [3]

☐ 2-3 times a week [4]

☐ 4 or more times a week [5]

24.14   DrugDetails

What kind of drugs did you take?

Expects a single line text response (**required**)

┌───┐
│   │
└───┘

24.15   PhysicalViolence

Have you been a victim of physical violence in the last 3 months? (e.g. beating, pushing, kicking, biting, slapping etc.)

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

24.16 PhysicalAbuser

Who abused you physically? (Select all that apply)

Expects multiple selected options (**required**)

- ☐ Partner [1]
- ☐ Relative [2]
- ☐ Friend [3]
- ☐ Stranger [4]
- ☐ Aquaintance [5]

24.17 SexualViolence

Have you been a victim of sexual violence in the last 3 months?

Expects a single option response (**required**)

- ☐ Yes [1]
- ☐ No [2]

24.18 SexualAbuser

Who abused you sexually? (Select all that apply)

Expects multiple selected options (**required**)

- ☐ Partner [1]
- ☐ Relative [2]
- ☐ Friend [3]
- ☐ Stranger [4]
- ☐ Acquaintance [5]

Section 25. HIV

25.1   HIVPrompt

Now I have some questions about HIV. Please remember that anything you share will remain confidential.

25.2   HIVKnown

Do you know your HIV status?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

25.3   HIVStatus

What is your HIV status?

Expects a single option response (**required**)

☐ Positive [1]

☐ Negative [2]

☐ Refused [98]

25.4   HIVStatusKnownDate

When did you find out your HIV status?

Expects a single option response (**required**)

☐ Today [1]

☐ In the last month [2]

☐ In the last 6 months [3]

☐ Longer ago [4]

25.5   HIVTestDateKnown

Do you know the date of your most recent HIV test?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

☐ Refused [3]

25.6   HIVTestDate

What was the date of your most recent HIV test? (DD-MM-YYYY - If day of month unknown, capture 01-MM-YYYY).

Expects a date response (**required**)

[   ]

Constraints

Response must be Greater Than '01/01/1900'

Section 26. Contact Numbers

26.1 OwnPhoneNo

Does the mother have her own contact number that she is willing to share?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

26.2 MotherPhoneNo

What is the mother's contact number?

Expects a phone number (**required**)

[   ]

26.3 NumAltPhoneNos

How many alternative contact numbers for friends/relatives is the mother able to share?

Expects a single option response (**required**)

☐ One [1]

☐ Two [2]

☐ Three [3]

☐ None [4]

Branches

If response **Equals 'None [4]'** then skip to *HelpSought (27.1)*

26.4 AltPhone1

What is the first alternative contact number?

Expects a phone number (**required**)

[   ]

26.5 AltPhone1Name

Who does the number q202348 belong to? (Capture their first name)

Expects a single line text response (**required**)

[   ]

26.6 AltPhone1Rel

What is q202350 's relationship to the mother?

Expects a single line text response (**required**)

[   ]

26.7 AltPhone2

What is the second alternative contact number?

Expects a phone number (**required**)

[   ]

26.8   AltPhone2Name

Who does the number q202360 belong to? (Capture their first name)

Expects a single line text response (**required**)

26.9   AltPhone2Rel

What is q202361 's relationship to the mother?

Expects a single line text response (**required**)

26.10   AltPhone3

What is the third alternative contact number?

Expects a phone number (**required**)

26.11   AltPhone3Name

Who does the number q202364 belong to? (Capture their first name)

Expects a single line text response (**required**)

26.12   AltPhone3Rel

What is q202366 's relationship to the mother?

Expects a single line text response (**required**)

Section 27. Closing

27.1 HelpSought

Now I would like to know if you have seen anyone other than / (apart from) people from AFFIRM or UCT since we last saw you. Remember I dont want to know if you saw anyone from AFFIRM, only if you saw somebody such as a Philani Mentor Mother, a CHW, a Counsellor from the Parent Centre, or a counsellor from the church?

Expects a single option response (**required**)

☐ Yes [1]

☐ No [2]

27.2 HelpSoughtWHo

Who did you see?

Expects multiple selected options (**required**)

☐ Philani Mentor Mother [1]

☐ Community health worker [2]

☐ Counsellor from The Parent Centre [3]

☐ Spiritual healer or church member [4]

☐ Other [5]

27.3 HelpSoughtWhoOther

Please specify:

Expects a single line text response (**required**)

[   ]

27.4 DepressionSource

What do you think has caused your depression? (DC: Do not read options out loud, and check all that are mentioned)

Expects multiple selected options (**required**)

- ☐ HIV Status [1]
- ☐ Death of a loved one [2]
- ☐ Lack of money [3]
- ☐ Unwanted pregnancy [4]
- ☐ Partner rejection of the pregnancy [5]
- ☐ Lack of support from partner [6]
- ☐ Lack of support from family [7]
- ☐ Witchcraft [8]
- ☐ Unemployment [9]
- ☐ Violence/Abuse [10]
- ☐ Disagreements/arguments with a particular person [11]
- ☐ Worries about the future (eg. Finance, partner, family, baby) [12]
- ☐ Other [95]
- ☐ Don't know [99]

27.5 ChildAbuse

DC: DO NOT READ THIS QUESTION OUT LOUD. Is there any evidence of child abuse as reported by the mother or observed by the fieldworker?

Expects a single option response (**required**)

- ☐ Yes [1]
- ☐ No [2]

27.6 ChildAbuseDetails

Please capture the details regarding child abuse here:

Expects a single line text response (**required**)

_____

27.7 ArmDisclosure

(DO NOT ASK!) Did you find out whether the participant received counselling or phone calls?

Expects a single option response (**required**)

- ☐ Yes [1]
- ☐ No [2]

27.8 NextClinicVisit

When is your next clinic visit?

Expects a single line text response (**required**)

_____

27.9 BaselineClosing

Thank you for participating in our study. In the next few days a counsellor will phone you and either book an appointment to see you or ask you how you are, on the phone. Please make sure you answer their phone calls. They are trying to help you. Do you have any questions?

27.10 NextVisitClinic

What clinic will you be attending for your baby check-ups?

Expects a single line text response (required)

27.11 Moving

Are you planning on moving house or to the Eastern Cape?

Expects a single option response (required)

☐ Yes [1]

☐ No [2]

27.12 RelocationDate

When do you expect to leave? (Estimate if necessary)

Expects a date response (required)

27.13 RelocationAddress

Capture the address that they will be moving to, and any extra details about the move.

Expects a single line text response (required)

Section 28. End

28.1 RefusalReason

Why does the mother refuse to give consent?

Expects a single line text response (**required**)

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28.2 EndInstruction

This is the end of the survey. Please press NEXT to submit it, or step back to correct any previous answers.