|  |
| --- |
| **Baseline Household Survey Questionnaire** |
| Date of interview:|\_\_\_| \_\_\_|\_\_\_|\_\_\_|\_\_|\_\_ | | Interviewer’s Name: |  |
| Respondent Number: |  |
| **Question** | **Options**  | **Code**  |
| 1. ***Socio-demographic information***
 |
| 1. Respondent’s relationship to household head.**(Kodi chibale chanu ndi mwini nyumba**  **ndi chotani?)** | a. Head of householdb. Husbandc. Wife d. Mother/Fathere. Son/Daughterf. Other relativeg. Non relative |  |
| 2. Respondent’s Sex. **(Kodi oyakha mafunsoyo ndi wam’munaKapena wamkazi?)** | a. Maleb. Female |  |
| 3. Respondent’s age is *(in complete years):***(Muli ndi zaka zingati?)** |  |  |
| 4. Respondent’s dwelling unit is in what area?**( Amakhala dela lanji?)** |  a. Rural b. Urban (Boma or Trading Center) |  |
| 5. What is the respondent’s marital status?**(Kodi muli pa banja?)** | a. Marriedb. Divorced /separatedc. Widowedd. Never married  |  |
| 6. What is the highest qualification attained by the respondent?**(Kodi maphunziro anu munalekezera pati?)** | a. None b. Primary Levelc. Secondary Leveld. Diploma/Degreee Postgraduate |  |
| 7. What is your main source of income for the household?**(Kodi pakhomo panopa kwenikweni mumadalira chiyani kuti mupeze ndalama?)** | a. Farmingb Businessc. Casual work d. Civil Servante. Private Sectorf. Craftsmang. Remittancesh. Social Cash Transferi. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 8. What is your occupation?**(Mumagwira ntchito yanji?)** | a. Farmingb Businessc. Casual work d. Employede. Studentf. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 9 a) How many people in total usually sleepin this house?**(Nyumba inoyi mumagona anthu angati onse pamodzi?)** b) State the number for each  age group**.(Ndi anthu angati azaka izi amene amagona mnyumba mwanumu?)** | Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<15 years old: |  |
| 15 - 39 years old: |  |
| 40+ years: |  |
| 10. What is the main source of energy for cooking in this household?**(Kodi mumagwilitsa tchito njira yanji pophika nthawi zambiri?)** | a. Paraffin/Kerosineb. Charcoalc. Firewoodd. Crop residues e. Electricityf. Dungg. Liquid Petroleum Gash. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. ***DISABILITY SCREEN***
 |
| 1. **Does the respondent have difficulty or problem in the following?**
 |
| 1. Seeing even if wearing glasses?

**(kodi mumavutika kuwona ngakhale mutavala magalasi amaso?)** | 1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot see at all
 |  |
| 1. Hearing even if using a hearing aid?**(Kodi mumavutika kumva ngakhale mutavala zothandizira kumva?)**
 | 1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot hear at all
 |  |
| 1. Walking or climbing uphill?

**(kodi mumavutika Kuyenda kapena kukwera chitunda?)** | 1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot walk or climb at all
 |  |
| 1. Remembering or concentrating?

**( kodi mumavutika kukumbukira kapena kukhala ndi chidwi pa zithu?)** | 1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot remember or concentrate at all
 |  |
| 1. With (self-care such as) washing all over or dressing?

**(Kodi mumavutika kudzisamalira monga kuzisambitsa kapena kuvala nokha?)**  | 1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot care for myself at all
 |  |
| 1. Using the usual (customary) language, do you have difficulty communicating/speaking (for example understanding or being understood by others)?**(Kodi mumavutika kuyakhula, kumva kapena kuti anthu ena akumveni bwinobwino?)**
 | 1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot communicate at all
 |  |
| **If III or IV to any of the questions above, go to Question 2 and answer first then loop back to continue Question 1, otherwise go to CAD/TB Screen** |
| 2. a)What are the likely causes of this condition?**(Kodi chinayambitsa vutoli ndi chiyani?)** | 1. Born with
2. Illness
3. Accident

 4. Do not know |  |
| b) What is the duration (in years) of the condition?**(Kodi vuto limeneli mwakhala nalo kwa nthawi yayitali bwanji? (in years)** |  |  |
| c) What is the status of the condition?**(Nanga panopa mukupeza/kuona bwanji? (Pali kusintha kwina kulikonse?)** | 1. Getting better
2. No change
3. Getting worse
 |  |
| 1. ***CAD/TB SCREEN: Medical history (need specificity)***
 |
| 1. Which of these symptoms have you had over the past 1 year?

**(Kodi ndi ziti mwa zizindikiro izi zimene mwakhala nazo kwa chaka chimodzi chapitachi?)** | a. Chronic/persistent cough other than when you have had a cold Yes □ No □ |  |
| b. Coughing Blood Yes □ No □ |  |
| c. Wheezing or whistling in the chest  Yes □ No □ |  |
| d. Shortness of breath when hurrying on the level or walking up a slight hill Yes □ No □ |  |
| e. Bringing sputum up from your chest other than  when you have had a cold  Yes □ No □ |  |
| f. Other(Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. ***PATIENT CONSENT SECTION***

The questions on this form are about patient's costs and are part of the assessment of patient treatment costs and coping strategies. |
| 1. Did you seek treatment or advice for these symptoms (in C1) at any of the following?

**(Kodi munapitako kukalandira chithandizo chilichonse chifukwa cha zizindikiro zomwe munatchula zija kumalo awa?)** | 1. Central Hospital Yes □ No □
2. District Hospital Yes □ No □
3. Dispensary Yes □ No □
4. Health Centre Yes □ No □
5. Mission Hospital Yes □ No□
6. Pharmacy, drug &Grocery store Yes □ No □
7. Herbalist Yes □ No □
8. Private hospital/clinic Yes □ No □
9. Self-Treatment Yes □ No □

j. Prayers Yes □ No □ |
| 1. Have you ever been treated for any of the following?

**(Kodi munalandilako chithandizo chamatenda awa?)** |

|  |
| --- |
| a) TB Yes □ No □ |
| b) Asthma Yes □ No □ |
| c) COPD Yes □ No □ |
| d) Bronchiectasis Yes □ No □ |
| e) Lower Respiratory Tract Infection Yes □ No □(**If all NO, go to Question K1, If only one Yes, go to E1,** **if multiple diagnoses then answer D6)** |

 |
| 1. May I see all your health passports or any medical records?

**(Kodi ndingawoneko kabuku kachipatala/kazaumoyo ngati muli nako?)** | a) Yesb) No, I don’t havec) No, I don’t wantd) No, I lost ite) No, I can’t retrieve it |
|
|
|
|
| 1. a. Are the following diagnoses written in health passport or medical records?**(Kodi matenda awa alembedwa mukabuku ka zaumoyoka?)**

**(0 = no, 1 = yes for each)** b. If there are no records of  diagnosis shown in the health  passport/medical records ,  explain why?(**Nchifukwa chani**  **simunalembedwe kalikonse**  **ka za matendawa mu kabuku**  **kachipatala/ ka zaumoyo?)** | 1. TB
 |
| 1. Asthma
 |
| 1. COPD
 |
| 1. Bronchiectasis
 |
| 1. Lower Respiratory Tract Infection

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What drugs are prescribed in health passport for the diagnoses made?**(Ndimankhwala anji omwe analembedwa mukabukuko kutengela ndi matenda omwe anapezeka nawo?)**

**(0 = no, 1 = yes for each)** | 1. TB drugs
 |
| 1. Salbutamol Inhalers
 |
| 1. Inhaled Corticosteroid
 |
| 1. Salbutamol tablets
 |
| 1. Aminophylline tablets
 |
| 1. Antibiotics
 |
| 1. Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If more than one diagnosis made, go to D6, if just one diagnosis made then go to Question E1.** |
| 1. If more than one diagnosis was made, which was the most recent one?**( Ngati munalembedwa matenda oposela amodzi, ndi matenda ati omwe munthuyo anadwala chaposachedwa?)**
	1. TB
	2. Asthma
	3. COPD
	4. Bronchiectasis
	5. Lower Respiratory Tract Infection
 |
| ***E. PREDIAGNOSTIC AND DIAGNOSTICS COSTS*** |
| 1. In Malawi Kwacha, about how much did you spend on the following before your most recent illness?

**(Kodi ndi ndalama zingati zomwe mwagwiritsa tchito pa izi achipatala asanakupezeni ndi \_\_\_\_ (*mention the most recent disease*?)** | * 1. Administrative costs:
	2. Tests costs:
	3. X-ray costs:
	4. Drug costs:
	5. Travel costs:
	6. Food costs:
	7. Accommodation cost:
 |  |
| **Coping Costs**2. a) Did you borrow any money to cover costs due to for your most recent illness?**(Kodi munatengako ngongole kuti mulipire mabill pamatenda amenewawa?)** | Yes □ No □**If No, go to question J3** |
| **b)** If Yes, how much did you borrow?**(Munakongola ndalama zingati?)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**c)** From whom did you borrow? **(Munakongola kwa ndani?)****i)** Family: ……………… Yes □ No □ **ii)** Neighbours/friends:……Yes □ No □ **iii)** Bank: …… Yes □ No □ **iv)** Cooperative:………………Yes □ No □ **v)** Other: ………………Yes □ No □ **d)** If Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**e)**What is the duration of the loan?**(Kodi ngongoleyi inali yayitali bwanji?)** …………Weeks …………Months ………… Years (single answer)**f)** Please indicate the intervals at which repayments are to be made:**(fotokozani kapelekedwe kangongoleyi)** 1) Weekly 2) Monthly 3) Annually 4)I am not expected to pay the money back5) Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**g)** What is the interest rate on the loan? (%) **(Nanga ngongoleyi inali ndi chiwongola dzanja chochuluka bwanji?)** 1) Less than 10 2) 10 to 15 3)More than 15 4) I don’t pay interest:  |
| **3. a)** Have you sold any of your property to finance the cost of for your most recent illness?**(Kodi mwagulitsako katundu wina aliyense kuti mupeze thandizo chifukwa cha matendawa?)** | Yes □ No □ |
| **b)** If Yes, what did you sell? **(Munagulitsa chain?)****i)** Land: ………………..Yes  No **ii)** Livestock: …Yes  No  **iii)** Vehicle:Yes  No **iv)** Household item:…….Yes  No   **v)** Farm Produce: ……Yes  No **vi)** Other: …………………Yes  No  **c)** If Other, specify:………………………………………………………………………………………………………………**d)** How much did you earn from the sale of your property?:**(Kodi munapeza ndalama zingati mutagulitsa katunduyu?)****e)** What is the estimated market value of the property you sold?:**(Kodi katundu ameneyu pansika mukanamugulitsa ndalama zingati?)**…………………………………………………………………………………………… |
| ***F. TREATMENT COSTS SECTION*** |
| 1. Where do you currently get your drugs for your most recent illness?**(Kodi mankhwala anu mumakatenga kuti?)**

**(If the patient has visited two different health facilities places, tick the current place and report costs only for that place.**) | □Public Health Facility/hospital ……□Workplace □Community □Dispensary □Private Health Facility/hospital……  |
| 1. How many times a month do you go there to take your drugs?**(Pa mwenzi mumapita kangati kukatenga mankhwala?)** (select one answer)

 □1 □2 □3 □4 □5 □6 □7 |
| 1. Who supports you when getting your drugs? **(Amakuperekezani ndi ndani pokatenga mankhwala?)**

(**select one answer**)  | □Family member □HSA□IHP □Self/no one  |
| 1. a) How do you get there? (indicate main means of transport)**(Mumayenda bwanji pokatenga mankhwala kumeneku?)**
 | * 1. Walking
	2. Bicycle
	3. Bicycle taxi
	4. Ox-Cart
	5. Motorcycle
	6. Bus
	7. Car
	8. Other (Specify
 |
| b) How long does it take to get there (in minutes)?**(Mumatenga nthawi yayitala bwanji kuti mukafike kotenga mankhwala?) (Mphindi)**: |
| 1. How long does one of these visits take on average, including time on the road and waiting time?

 (total turnaround time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes**Kodi ulendo umodzi mongoyelekeza, nthawi yoyenda komanso yodikilira chithandinzo umakhala nthawi yochuluka bwanji? (ulendo onse kupita ndikubwela)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes **(Mphindi)** |
| 1. From your home to the health facility, how much does it cost if you take transport (both ways)? **Kodi mumagwiritsa ntchito ndalama zingati ngati mwagwilitsa tchito transipoti kuchoka kunyumba kwanu kupita kuchipatala?)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. If you need to buy food (e.g. lunch), how much do you spend on food while travelling or waiting?

**(kodi mumagwiritsa ntchito ndalama zingati kugulira chakudya monga khomaliro mukamayenda kapena kudikilira chithandizo?**   |
| 1. a) Do you have to pay administration fees when you go to receive treatment for your most recent illness?

**(Kodi munapereka ndalama monga zogulira kabukhu kakuchipatala, komanso kuti mukumane ndi adokotala m’mene munapita kukalandira chithandizo pamatenda omwe munadwala chaposachedwapa?)** b) Do you have any accommodation costs when picking up your drugs for your most recent illness?**(Kodi munalipira malo ogona m’mene mukatenga mankhwala amatenda omwe mwadwala posachedwapa?)** | Yes □ No □If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes □ No □If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Repeated Question) |
| 1. a) Since the beginning of treatment , have

you ever had to go to the health facility in addition to your scheduled visits for follow up tests? ? **(Chiyambireni kulandira chithandizo, kodi munapitako kuchipatala kuti mukapimidwe kupatula maulendo omwe mumapita kukalandira chithandizo?)**b) How long does one of these assessment visits take on average, including time on the road, waiting time and tests (total turnaround time)?…………………minutes**(Kodi ulendo okapimidwawu mwachidule, umatenga nthawi yayitali bwanji kuphatikiza kuyenda, kudikila kuti mulandire chithandizo komanso kuti mupimidwe (Ulendo onse ndikubwelera kunyumb kwanu) in minutes)** | Yes □ No □**If No, go to question G1** |
| ***G. GUARDIAN COSTS SECTION*** |
| 1. Does any family/friend accompany you on any visits or go in your place to collect drugs for your most recent illness?

?**(Kodi wachibale kapena nzanu anakuperekezanipo pamaulendo okatenga mankhwala m’mene munadwala?)** | Yes □ No □**If No, go to question H1** |
| 1. On how many visits has your family/friend accompanied you or gone in your place

**(Ndi maulendo angati amene munthu ameneyu anakupelekezanipo kapena kupita m’malo mwanu?)****a)** For scheduled visits for assessmentfor your most recent illness/follow up?…□times **(Maulendo ochita kukuuzani achipatala kuti mukayesedwe m’mene mukumvera m’mene munadwala pochedwapa)****b)** For unscheduled visits to any health care facility?…………□ times**(Nanga maulendo ongopita opanda kuwuzidwa kuchipatala?**) |
| 3. How much does your supporter spend on scheduled visits for assessment for your most recent illness/follow up on:**(Kodi amene amakuprekezaniwo anagwilitsa ntchito ndalama zingati pa maulendo omwe adokotala adakuwuzani kuti mupite mukapimidwe m’mene munadwala chaposachedwapa?)****a)** Transport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **b)** Food:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**c)** Accommodation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **d)** Total Costs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. How much does your supporter spend on unscheduled visits to any health care facility on: **(Nanga adagwiritsa ntchito ndalama zingati pamaulendo ongopita kukalandira chithandizo kuchipatala?)**  **a)** Transport:………………………………… **b)** Food:………………………………… **c)** Accommodation:……………………… **d)** Total Costs:………………………**5. a)** Does your friend/family supporter have an income? Yes □ No □ **b)** If yes, how much per day?……………………………………………………………  |
| **6. a)** What was the main reason someone accompanied you? **(Kodi chifukwa chenicheni ndichani chimene munthu wina anakuprekezani?)**  □Administrative barriers……… □Distance □Security□Too ill to travel alone □Was required for treatment □Disability □Other(Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **b)** If Other, specify why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***H. HOSPITALISATION SECTION*** |
| 1. a) Have you been hospitalized for your most recent illness? **(Kodi munagonekedwa (admit) kuchipatala m’mene munadwala chaposachedwapa?)**Yes □ No □ **If No, go to question I1****b)** How many days in total did you stay at the hospital? **(kodi munagona masiku angati pamodzi kuchipatala?)**□□□DaysC) How much did you pay in the hospital during your entire stay? (If nothing was spent, enter 0) **(Kodi munapeleka ndalama zingati zonse pamodzi nthawi imene munali kuchipatala?)****i)** Total Cost:………………………………**ii)** Hospital Administration(consultation/Card Fee Cost:…………………………**iii)**Bed Cost:………………………**iv)** Food Cost:……………………………………………………………………………**v)** Transport Cost: …………………………… **vi)** Drugs:Cost:…………………………………………………………………………**vii)** Other Cost:………………………………… **d)** If Other Cost, specify what:………………………………………………………………………………………………………  |
| **2. a)** Did any family/friend stay with you while in hospital?**(kodi wachibale/nzanu anakhala nanu kuchipatalako?)** | Yes □ No □**If No, go to question H3** |
| **b)** How many days in total did family/friend stay with you (sleep there)? □□□Days **(Anakhala nanu masiku angati kuchipatala munthu ameneyu?)****c)** How much did your relative/friend pay for staying in the hospital? (If nothing was spent, enter 0) **(Nanga munthu ameneyu agwiritsa ntchito ndalama zingati kuti akhale nanu kuchipatala?)****i)** Total Cost: ……………………………………… **ii)** Accommodation Cost: ……………………………………………………… **iii)** Food:Cost:……………………………………**iv)** Transport Cost:……………………………………………………………**v)** Other Cost: …………………………………… **d)** If Other Cost, specify what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**e)** Does your friend/family have an income?……Yes □ No □**(munthu amene amakuthandiziraniyo kapena kupita nanu kuchipatala ali ndi njira yopezera ndalama?)** **f)** If Yes, how much per day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. a)** Did any other family/friend visit you whileyou were in hospital??**(Kodi wachibale aliyense kapena nzanu anabwela kudzakuwonani mutagonekedwa kuchipatala?)** | Yes □ No □**If No, go to question I1** |
| **b)** If Yes, how many people visited you? □□Persons If forgotten by respondent, probe**(Kodi ndi anthu angati omwe anabwera kudzakuwonani?)****c)** How many times did they visit you? □□Times If forgotten by respondent, probe**(Odzakuwonaniwo anabwera maulendo angati?)****d)** What were the costs for your relative/friend who visited you in the hospital most recently?  (If nothing was spent, enter 0) **(Kodi m’bale/mzanu yo anagwiritsa tchito ndalama zingati kuti abwere adzakuwoneni kuchipatala m’mene anabwera kudzakuwonani posachedwapa?)** **i)** Total Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ii)** AccommodationCost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **iii)** Food:Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **iv)** Transport: Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**v)** Other Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **e)** If Other Cost, specify what:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**f)** How long were the visits including travelling time? ……………hours……………minutes **(Kodi maulendo amenewa amatenga nthawi yayitali bwanji kuphatikizapo nthawi yoyenda?)** …………… |
| ***K. PRODUCTIVITY LOSS*** |
| 1. a) Have you ever stopped working/going to school/doing housework due to your illness Symptoms? Yes No

 **(Kodi munasiyako kugwira tchito/kupita kusukulu /kugwira ntchito zapakhomo chifukwa chamatendawa?**b)If Yes, for how long? **(Mudasiya kwa nthawi yayitali bwanji?)**1) Less than a month 2) 1 month 3) 2-3 months 4) 4-5 months 5) More than 6 months1. **a)**Does someone stay home specifically to take care of you? Yes  No

**(Kodi alipo amene amangokhala kunyumba ndi cholinga choti adzikusamalirani basi?)** **b)** If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_Weeks**(Kwa nthawi yayitali bwanji?)** **c)** Did they quit their income-earning job to stay home and care for you? Yes No **(Kodi anasiya tchito yawo imene imawabweretsera ndalama ndi cholinga choti adzikuyang’anirani?)**1. How regularly did you work before you developed your lung symptoms?

**(Kodi ntchito munkagwira mochuluka bwanji musanapezeke ndi matendawa?)** a) Throughout the year b) Seasonal/part of the year c) Day labour d) Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. **a)** Did you have to change jobs when you developed this disease? Yes  No

**(Kodi munasitha ntchito mutapezeka ndizizindikiro za matenda amenewa?)****b)** What is your main occupation?:**(kodi mumagwira tchito yanji?):**  1) Farming 2) Business 3) Casual work 4) Employed 5) Student 6) Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. **a)** How many hours did you work/study on average per week BEFORE you developed the lung symptoms?**(Kodi munkagwira tchito maola angati mwachidule pa sabata musanapezeke ndizizindikilo zamatendawa?)**

\_\_\_\_\_\_\_\_\_Hours per week**b)** How many hours do you work/study on average NOW per week?**(Kodi mumagwira ntchito maola angati kapena kuphunzira maola angati mwachidule panopa pa sabata?)**\_\_\_\_\_\_\_\_\_Hours per week 1. **a)** *If answer to 44 a) differs from question 44 b):* Is the change related to the lung symptoms?:

**(Kodi kusintha kwa maolaku kwachitika kamba ka kubwera kwa matendawa?)** Yes  No  *b) If answer to 44 a) differs from answer to 44 b):* Is someone doing the work that you used todo? **(Kodi alipo amene akugwira tchito yomwe inuyo munkagwira?)**  Yes No **c)** If Yes:**(Tsopano ndi ndani amene akugwira ntchito mmalo mwanu?)** 1) Daughter 2) Son 3)Spouse 4) Friend 5) Nobody 6) Other family |