

Mark 6

KHAYELITSHA/MITCHELL'S PLAIN SURVEY 2000: HOUSEHOLD MODULE

Thank you for allowing us into your home. We are from the University of Cape Town. We would like to ask you some questions about education, jobs, wages and your views about who gets what in this country. The information we receive from you will be absolutely confidential and no names or addresses will be recorded in the database. Thank you so much for your time and for enabling us to make this project a success.

To be completed by a knowledgeable adult in each Household

Interviewer: Complete before beginning the interview

1. Place Name	
2. E.A Number	
3. Household	

4. Interviewer Code	
5. Field Supervisor Code	

6. Attempted visits	Date (dd, mm, yy)	Starting time of Module (Hour, Min)	Ending time of Module (Hour, Min)
Visit #1			
Visit #2			
Visit #3			

Type of Dwelling Code (circle appropriate code)	
01 = Shack in Backyard	05 = Flat in Block of Flats
02 = Brick Room in Backyard	06 = Hostel
03 = Shack Elsewhere	996 = Other (specify)
04 = House on Separate Stand	

SECTION 1: Household Roster Codes

Codes for Question 2 SECTION 1	Codes for Questions 3 and 5 of SECTION 2	Codes for Question 13 SECTION 1	Codes for Question 15 SECTION 1
01 = Resident Head	01 = Sub A/Grade 1	01 = Working	01 = Never married
02 = Spouse/Partner	02 = Sub B/Grade 2	02 = Looking for work	02 = Married (civil ceremony)
03 = Biological son/daughter	03 = Std 1/Grade 3	03 = Schooling	03 = Married (traditional ceremony)
04 = Step son/daughter	04 = Std 2/Grade 4	04 = Student	04 = Living with a partner (unmarried)
05 = Son/daughter-in-law	05 = Std 3/Grade 5	05 = Personal Reasons	05 = Widowed
06 = Grandchild	06 = Std 4/Grade 6	06 = Visiting partner or family	06 = Divorced
07 = Grandparent	07 = Std 5/Grade 7	07 = Visiting friends	07 = Separated
08 = Brother/sister	08 = Std 6/Grade 8	08 = Living with other partner	999 = Don't know
09 = Father/mother	09 = Std 7/Grade 9	09 = Prison	
10 = Father/mother-in-law	10 = Std 8/JR Cert/Grade 10	10 = Vacation	
11 = Brother/sister-in-law	11 = Std 9/Form 4/Grade 11	11 = In hospital or clinic	
12 = Uncle/aunt	12 = Std 10/Form 5/SR. Cert/Grade 12	12 = Away on business	
13 = Nephew/niece	13 = Std 7/8/9/ + Diploma	996 = Other	
14 = Cousin	14 = Matric +Teacher Train	999 = Don't know	
15 = Great-grandparent	15 = Matric +Nursing		
16 = Other family	16 = Matric +Technikon		
17 = Lodger (relative)	17 = Some Univ		
18 = Lodger (non-relative)	18 = Completed Univ		
19 = Friend or non-family	0 = No Education at All		
	996 = Other (Specify)		
996 = Other (specify)	999 = Don't know		

Interviewer: Ask of all members of the household who meet all three of the following requirements

- a) live under this "roof" or within the same compound/homestead/stand at least 15 days in the past year, and
- b) when they are together, they share food from a common source, and
- c) contribute to or share in a common resource pool

Household Roster

SECTION 1: HOUSEHOLD ROSTER

Interviewer Note: Please list all members of the household who are 18 years and over in the top half of the grid.

Please then list all members of the household who are 17 years of age and under in the bottom half of the grid.

Person Code	1 List names of all individuals who meet the 3 criteria above. (List household head first in the section above the line. Use first names only) Name	2 What is his/her relationship to the head of Household Code	3 Gender Male-M Female-F	4 In what year was he/she born, or how old is he/she now? Year/Age	5 If the spouse of ----- lives here, write the spouse pcode. If absent, code 99, if deceased code 88. Code	6 If the father of ----- lives here, write the father's pcode. If absent, code 99, if deceased code 88 Code	7 If the mother of ----- lives here, write the mother's pcode. If absent, code 99, if deceased code 88 Code	8 How many genetic children does he/she have living in this household? Number	9 How many genetic children does he/she have living in other households? Number	10 How many grand-children does he/she have living in the household? Number	11 How many grand-children does he/she have living in other households? Number	12 How many months did ----- spend away from the household in the last 12 Months Months	13 What is the main reason for his/her absence from this Household (Use code box) Code	14 Has ____ lived under this roof for more than 15 days of the last 30 days? (If yes circle code in col 1) Yes No		15 What is his/her marital status (Use code box) Code
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
ALL YOUNGER MEMBERS OF THE HOUSEHOLD, THAT IS ALL THOSE PERSONS 17 YEARS AND UNDER THE AGE OF 17 SHOULD BE ENTERED BELOW THIS LINE																
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	
			M F											-1	-2	

16. How much income comes to the household from all sources in a typical month? R_____

SECTION 2: YOUNG PERSONS MODULE. 17 YEARS AND YOUNGER

Note to interviewer: Please ask question 8 about all children over the age of 6 years.

Person Code	1		2		3	4	5	6	7	8		9	10		11		12
	Is this ----- attending school?		If Yes, does _____ receive any free meals at school?		What grade is _____ currently in?	If not currently attending, what age did _____ stop attending school?	What is the highest educational grade _____ passed?	How old was _____ when first attended Sub A?	How many times did _____ repeat a grade?	During the previous two weeks did _____ do any work for pay?		If they did some work, how much did they earn in the last month?	Did --- look for work during the last month?		Does this person have any disability or illness?		If Yes, what disability or illness?
	Yes	No	Yes	No	Code	Age	Code	Age	No of times	Yes	No	Rands	Yes	No	Yes	No	Code
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	
	-1	-2	-1	-2						-1	-2		-1	-2	-1	-2	

Codes for Question 12

01 = Heart related disease
 02 = Chronic Respiratory (asthma, bronchitis)
 03 = TB
 04 = Sexually transmitted disease
 05 = HIV
 06 = AIDS
 07 = Sight impairment
 08 = Hearing impairment
 09 = Mental disability
 10 = Physical disability
 996 = Other