

# CAPE AREA PANEL STUDY

## Older Adult Cover Page




# Wave 4 2006

A.1 Q ID	A.2 Person ID	A.3.1 HH Q ID	A.3.2 HH Q ID correct?				A.3.3 New HH Q ID
			Yes	1	No	2	
A.4.1 Original EA	A.4.2 Still at original address?	A.4.3 Area			A.4.4 Community		
A.5 Last information		A.6 Fieldwork conducted by					
		UCT	1	Citizen Surveys		2	

**Interviewer:** Check that the details for the older adult below are correct. If correct, tick the middle box. If incorrect then or now, please record the correct details in the right-hand column.

			✓	
A.7	First Name			
A.8	Surname			
A.9 w4o_sex	Gender			
A.10 w4o_popgrp	Pop. group			
A.11	Current Address			
A.12	Community/Suburb			
A.13	Postal Code			
A.14	Work phone			
A.15	Home phone			
A.16	Cell phone			
A.17	Email			
A.18 w4o_lang*	Preferred Lang(s)			
A.19 How old are you now? w4o_age	A.20 What is your date of birth?			
	DAY (1-31)		MONTH (e.g. jan, feb) w4o_bmth	YEAR (e.g. 1985,1987) w4o_byr
A.21 OA Eligible? (Born on or before 1 January 1956)			Yes	1
			No	2
			END INTERVIEW	

A.22 Date of interview		A.23 Interview start time			
Day w4o_initv day	Month w4o_intvmth	h	h	m	m
A.24.1 Interviewer name		A.24.2 Interviewer code			
A.25 Final result code w4o_finalresult		A.26.1 Questionnaire QC code			A.26.2 Bundle QC code
A.26.3 Back-checked		A.26.4 QC Result code			A.27 Data capturer code

 <i>University of Cape Town</i>	<h1><i>Cape Area Panel Study</i></h1> <h2><b>Wave 4 (2006)</b></h2> <h3><b>Older Adult Consent Form</b></h3>
 <i>University of Michigan</i>	
 <i>Princeton University</i>	

In 2002 you or someone in your household generously agreed to be a part of the Cape Area Panel Study. The Cape Area Panel Study is a study of the health and well-being of households in South Africa. It is run by researchers at the University of Cape Town together with colleagues at the University of Michigan and Princeton University in the United States. The purpose of this study is to learn more about the challenges and opportunities facing young people in South Africa. In 2006 we are also studying the health and well-being of older South Africans and the connections between younger and older generations. A panel study is a study in which we re-interview the same individuals and households over time. We may have re-interviewed you or someone in your household in 2003, 2004, or 2005.

We would like to interview you for our 2006 survey. The questionnaire will ask about your work history, your children, your sources of financial support, and your health. In the health portion of the questionnaire we would like to weigh you, measure your height, and measure your blood pressure. We will also ask you to do some simple exercises such as standing up from your chair. You can always refuse to participate in this or any other part of the questionnaire. We will not have you do any exercises if you are not comfortable doing them.

The results of this study will be used by researchers to improve our understanding of the health and well-being of South Africans. By participating in the study you will be contributing to the development of better policies and programs to improve the lives of people in South Africa.

We want to make sure that you understand the following information about the study.

- Your participation in the study is entirely voluntary. You may refuse to take part in the interview, and may stop at any time if you do not want to continue. You may also skip any particular question or questions if you do not wish to answer them.
- We expect that the interview will take approximately 45 minutes.
- All information collected for this study will be kept strictly confidential. Individual responses to our questions will never be made public, and no information which could identify you or your household will ever be released.
- You have the right to ask questions at any point before the interview, during the interview, or after the interview is completed.
- We may want to re-interview you again in the future. But we will ask for permission again at that time. Agreeing to participate now does not mean you have to participate the next time around.

By signing below, you signify that you agree to continue to be a participant in the Cape Area Panel Study.

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SIGNATURE

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DATE

If you have questions about this interview or the CAPS project contact Viki Elliott (Tel 021-650-5785 fax 021-650-5697 or Email: [veliott@commerce.uct.ac.za](mailto:veliott@commerce.uct.ac.za)).

This study has been reviewed and approved by the ethical review committees of The University of Cape Town (contact: Gita Valodia, Senate Officer, Bremner Building, University of Cape Town; Email: [gvalodia@bremner.uct.ac.za](mailto:gvalodia@bremner.uct.ac.za), Phone: 021- 650 2193) and the University of Michigan (contact: Kate M. Keever; Email [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu)) and Princeton University.

 <p>University of Cape Town</p>  <p>University of Michigan</p>  <p>Princeton University</p>	<h2 style="margin: 0;">Cape Area Panel Study</h2> <p style="margin: 0;"><i>A study of the changing lives of young people in Cape Town</i></p> <h3 style="margin: 10px 0 0 0;">Wave 4 (2006)</h3> <h2 style="margin: 0;">Older Adult Questionnaire</h2>
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### Module B: Employment, Income, Education and Marital Status

B.1	What is the highest level of education you have successfully completed? (Do not count the final year you were in school if you did not successfully complete the year).	Grade 1/Sub A	01	
		Grade 2/Sub B	02	
		Grade 3/Standard 1	03	
		Grade 4/Standard 2	04	
		Grade 5/Standard 3	05	
		Grade 6/Standard 4	06	
		Grade 7/Standard 5	07	
		Grade 8/Standard 6	08	
		Grade 9/Standard 7	09	
		Grade 10/Standard 8	10	
		Grade 11/Standard 9	11	
		Grade 12/Standard 10/Matric	12	
		Undergraduate Diploma/Certificate from a Technikon with Grade 12/Std 10	20	
		Undergraduate Diploma/Certificate from a University with Grade 12/Std 10	21	
		Undergraduate degree from a Technikon	22	
		Undergraduate degree from a University	23	
		Postgraduate degree or diploma	24	
		Diploma/Cert that requires matric, not from University or Technikon	26	
		Diploma/Cert that does not require matric, not from University or Technikon	27	
		Other (specify):	25	

B.2	What is your current marital status?	Married, co-resident	1	B.7
		Married, not co-resident	2	B.5
		Not married, co-resident	3	B.7
		Never married	4	B.7
		Separated/Divorced	5	B.6
		Widow/Widower	6	B.3
		Don't know	9	B.7
B.3	In what year did your spouse pass away?	Year (4 digits)		
		Refused	9998	
		Don't know	9999	
B.4	Did he/she die suddenly or after an illness?	Sudden death	1	B.7
		Illness	2	
B.5	Where does your spouse live?	Cape Town	01	B.7
		Other Western Cape	02	
		Eastern Cape	03	
		Northern Cape	04	
		Free State	05	
		KwaZulu-Natal	06	
		North-West	07	
		Gauteng	08	
		Mpumalanga	09	
		Limpopo	10	
		Outside South Africa	11	
		Don't Know	99	
B.6	In what year were you separated or divorced?	Year		B.7
		Refused	9998	
		Don't know	9999	
B.7	I would like to ask about the work you have done in your life. For most of your working life, have you: worked at a regular pay job, done odd jobs, worked for yourself, or did you not work for pay?	Regular pay job	1	B.11
		Do odd jobs	2	
		Worked for self	3	
		Never worked for pay	4	B.11
		Don't know	9	
B.8	Are you looking for work now?	Yes	1	B.10
		No	2	

B.9	Why not? <b>Interviewer: More than one answer allowed.</b> <b>Do not read out.</b>	Not allowed to work because I receive State Old Age Pension	01	
		There are no jobs available/I was discouraged by the lack of jobs/there are too many people looking for work	02	
		It is too expensive to look	03	
		I cannot be bothered	04	
		I don't have time	05	
		I am too old	06	
		I am too busy at home / caring for my child/grandchild/ caring for a sick or elderly member of the household	07	
		I don't need money	08	
		I don't have ID documents	09	
		My husband / children/ household do not allow me to look for work	10	
		I am sick / disabled	11	
		I do not have the work experience to look for a job	12	
		Other ( <b>specify</b> ):	13	
B.10	If you are not currently doing anything to earn money, how do you support yourself?  <b>Interviewer: Circle all that apply</b>	Odd jobs	1	B.19
		Supported by persons in household	2	B.41
		Supported by persons not in household	3	
		Supported by charity/church	4	
		UIF	5	
		Savings/ money previously earned	6	
		Old age pension/disability or other government grant	7	
		Pension from work	8	
		Other (e.g. bursary, loans)	9	
B.11	For most of your working life, have you worked full time part time, or as a seasonal worker?	Full time	1	
		Part time	2	
		Seasonal worker	3	
		Don't know	9	
B.12	What was your occupation for most of your working life? <b>Interviewer: Write out description</b>			
B.13	Do you currently do anything to earn money including work for a wage or salary, work in business for yourself, do odd jobs, collect wood, do domestic work, work in a family business, do construction work, or any other activity to make money?	Yes	1	B.19
		No	2	

B.14	At what age or in what year did you last work?	B14.1	Age or year			B.15
			Refused		-8	
			Don't know		-9	
		B14.2	Units form	Age	1	
				Year	2	
B.15	Do you ever intend to work again?	Yes			1	B.18
		No			2	
		Don't know			9	
B.16	Are you looking for work now?	Yes			1	B.18
		No			2	
B.17	Why not? <b>Interviewer: More than one answer allowed.</b> <b>Do not read out.</b>	Not allowed to work because I receive State Old Age Pension			01	
		There are no jobs available/I was discouraged by the lack of jobs/there are too many people looking for work			02	
		It is too expensive to look			03	
		I cannot be bothered			04	
		I don't have time			05	
		I am too old			06	
		I am too busy at home / caring for my child / caring for a sick or elderly member of the household			07	
		I don't need money			08	
		I don't have ID documents			09	
		My parents / husband / household do not allow me to look for work			10	
		I am sick / disabled			11	
		I do not have the work experience to look for a job			12	
		I am retired			13	
		Other (Specify):				
		Don't know			99	
B.18	If you are not currently doing anything to earn money, how do you support yourself?  <b>Interviewer: Circle all that apply</b>	Odd jobs			1	B.19
		Supported by persons in household			2	
		Supported by persons not in household			3	
		Supported by charity/church			4	
		UIF			5	
		Savings/ money previously earned			6	
		Old age pension/disability or other government grant			7	
		Pension from work			8	
		Other (e.g. bursary, loans) (Specify):			9	

B.19	Do you currently have a regular pay job, do odd jobs, or work for yourself? <b>Interviewer: Circle all that apply and ask follow-up questions for all that apply. For example: if the respondent has both a regular pay job and works for themselves ask B.20 to B.25 and B.26 to B.31.</b>	Regular pay job		1	B.20 to B.25		
		Do odd jobs		2	B.26 to B.31		
		Worked for self		3			
		Don't know		9	B.32		
B.20	<b>Interviewer: If regular pay job:</b> What is your occupation? <b>Interviewer: Write out description</b>						
B.21	About how many hours do you work in a typical week at your regular pay job or doing regular work for several employers?	Hours per week (if 1 write 001, etc.)					
		Refused		998			
		Don't know		999			
B.22	How many weeks do you work each year, including paid vacation and sick leave? <b>Interviewer: If full time employment, record 52 weeks.</b>	Weeks per year (if 1 write 01, etc.)					
		Refused		98			
		Don't know		99			
B.23	How much do you earn in take home pay from this work in a typical month?	R					
		Refused		-8			
		Don't know		-9			
B.24	Which of the following job benefits and characteristics are true for your job? <b>Interviewer: Circle all that apply</b>			Yes	No	Don't know	
		B.24a	Private pension	1	2	9	
		B.24b	Medical aid	1	2	9	
		B.24c	UIF	1	2	9	
B.25	Do you have any other source of earnings? <b>Interviewer: If the respondent mentions an additional source of earnings go back to B.19 and fix it as necessary.</b>	Yes			1	B.19	
		No			2	B.32	
		Don't know			9		
B.26	<b>Interviewer: If odd jobs or works for self:</b> What type of work do you do? <b>Interviewer: Write out description</b>						
B.27	How long have you been working at this job?	B27.1	Length (if 1 write 01, etc.)			B.28	
			Refused		-8		
			Don't know		-9		
		B27.2	Time period	Months	1		
				Years	2		

B.28	About how many hours do you work in a typical week that you work?	Hours (if 1 write 001, etc.)			
		Refused		998	
		Don't know		999	
B.29	How many weeks do you work each year?	Weeks (if 1 write 01, etc.)			
		Refused		98	
		Don't know		99	
B.30	About how much do you earn from this work in a usual month? I am thinking about how much money you are able to keep and spend after paying expenses.	R			
		Refused		-8	
		Don't know		-9	

B.31	Is this amount for a week, month or year?	Week		1		
		Month		2		
		Year		3		
B.32	Are you currently looking for additional or different employment?	Yes		1		
		No		2		
		Don't know		9		
B.33	<b>Interviewer: Is respondent a women aged 60 or older or a man aged 65 or older?</b>	Women aged 60+/Man aged 65+		1	B.41	
		Women younger than 60/Man younger than 65		2		
B.34	As you got close to an age when you could get a pension, did you stop working, reduce your working hours or change the type of work that you were doing? <b>Interviewer: Circle all that apply</b>	I was not working at the time		1	B.41	
		Stopped working		2		
		Reduced hours		3	B.41	
		Changed type of work		4		
		No change		5		
		Other		6	B.41	
		Can't remember		7		
		Don't know		9		
B.35	At what age or in what year did you stop working or make this change in your work?	B35.1	Age or year		B.3 6	
			Refused			-8
			Don't know			-9
		B35.2	Units	Age	1	
				Year	2	
B.36	Did you retire from a regular pay job?	Yes		1	B.41	
		No		2		
B.37	When you left your regular job, did you receive a retrenchment or retirement package from any source (provident fund, employer, etc.)?	Yes		1	B.40	
		No		2		
		Don't know		9		
B.38	What was the amount of money you received as a lump sum for your retirement or retrenchment package?	Rand				
		Refused		-8		
		Don't know		-9		
B.39	What did you spend the money on? (For example: invested it, paid off debt, started a small business)					
		Refused		-8		
		Don't know		-9		
B.40	How much were you earning per month when you left your regular pay job?	Rand				
		Refused		-8		
		Don't know		-9		



B.41	Do you currently receive the state old age pension?	Yes	1	B.47
		No	2	
		Refused	8	B.48
		Don't know	9	
B.42	How old were you when you began receiving this pension?	Age in years		
		Refused	-8	
		Don't know	-9	
B.43	What is the amount you currently receive each month?	Rand		
		Refused	-8	
		Don't know	-9	
B.44	Who in the household has the most say in how your pension is spent? What is this person/these people's relationship to you? This person is your _____.  <b>Interviewer: Allow multiple responses.</b>	Self	01	
		Wife / husband / partner	02	
		Ex wife/husband/partner	40	
		Biological father / mother	11	
		Step-father / step-mother	20	
		Adoptive or foster parent	24	
		Father-in-law / mother-in-law	12	
		Biological son or daughter	03	
		Stepson / stepdaughter	04	
		Adoptive/foster child	42	
		Son-in-law / daughter-in-law	05	
		Grandchild	06	
		Great-grandchild	17	
		Brother / sister	07	
		Half/step brother/sister	41	
		Brother in-law / sister-in-law	08	
		Nephew / niece	15	
		Cousin	16	
		Father's brother/sister	38	
		Mother's brother/sister	39	
		Father's father / mother	29	
		Mother's father / mother	30	
		Other kin on father's side	31	
		Other kin on mother's side	32	
		Friend	21	
		Neighbour	35	
		Other unrelated	22	
		Don't know	99	
B.45	When you started receiving the old age pension did other people expect you to support them financially?	Yes	1	B.51
		No	2	
		Refused	8	
		Don't know	9	

B.46	<p>What is your relationship to the person/people who expect you to support them financially? This person is your _____.</p> <p><b><u>Interviewer:</u> Multiple mentions allowed.</b></p>	Wife / husband / partner	02	B.51
		Ex wife/husband/partner	40	
		Biological father / mother	11	
		Step-father / step-mother	20	
		Adoptive or foster parent	24	
		Father-in-law / mother-in-law	12	
		Biological son or daughter	03	
		Stepson / stepdaughter	04	
		Adoptive/foster child	42	
		Son-in-law / daughter-in-law	05	
		Grandchild	06	
		Great-grandchild	17	
		Brother / sister	07	
		Half/step brother/sister	41	
		Brother in-law / sister-in-law	08	
		Nephew / niece	15	
		Cousin	16	
		Father's brother/sister	38	
		Mother's brother/sister	39	
		Father's father / mother	29	
		Mother's father / mother	30	
		Other kin on father's side	31	
		Other kin on mother's side	32	
		Friend	21	
		Neighbour	35	
		Other unrelated	22	
		<i>Don't know</i>	99	

B.47	Why are you not receiving a state old age pension now?	Earn/own too much	1	
		Have applied, waiting	2	
		Temporary problem receiving	3	
		Too young	4	
		Other	6	
		Don't know	9	
B.48	<b>Interviewer: Is respondent a women younger than 60 or a man younger than 65?</b>	Women younger than 60/Man younger than 65	1	B.51
		Women aged 60+/Man aged 65+	2	
B.49	Do you expect to receive the old age pension when you get to pension eligible age?	Yes	1	B.51
		No	2	
		Refused	8	
		Don't know	9	
B.50	When you start receiving the pension, do you intend to stop working or reduce the hours of work that you do or change the kind of work that you do?	Yes	1	
		No	2	
		Refused	8	
		Don't know	9	
B.51	Do you currently have a bank or savings account?	Yes	1	
		No	2	
		Don't know	9	
B.52	Do you participate in an savings club such as a Stokvel or Gooi Gooi?	Yes	1	
		No	2	
		Don't know	9	
B.53	We would like to know how your family makes decisions about the money that they spend. In your household, who makes decisions about routine purchases for the household of items such as groceries? What is this person/these people's relationship to you? This person is your _____. <b>Interviewer: Allow multiple responses.</b>	Self	01	
		Wife / husband / partner	02	
		Ex wife/husband/partner	40	
		Biological father / mother	11	
		Step-father / step-mother	20	
		Adoptive or foster parent	24	
		Father-in-law / mother-in-law	12	
		Biological son or daughter	03	
		Stepson / stepdaughter	04	
		Adoptive/foster child	42	
		Son-in-law / daughter-in-law	05	
		Grandchild	06	
		Great-grandchild	17	
		Brother / sister	07	
		Half/step brother/sister	41	
		Brother in-law / sister-in-law	08	
		Nephew / niece	15	
		Cousin	16	
		Father's brother/sister	38	
		Mother's brother/sister	39	
		Father's father / mother	29	
		Mother's father / mother	30	
		Other kin on father's side	31	
		Other kin on mother's side	32	
		Friend	21	
		Neighbour	35	
		Other unrelated	22	
		Don't know	99	

B.54	In your household, who makes decisions about large expensive purchases for the household (i.e., refrigerator or TV)? What is this person/these people's relationship to you? This person is your _____. <b><u>Interviewer:</u> Allow multiple responses.</b>	Self	01	
		Wife / husband / partner	02	
		Ex wife/husband/partner	40	
		Biological father / mother	11	
		Step-father / step-mother	20	
		Adoptive or foster parent	24	
		Father-in-law / mother-in-law	12	
		Biological son or daughter	03	
		Stepson / stepdaughter	04	
		Adoptive/foster child	42	
		Son-in-law / daughter-in-law	05	
		Grandchild	06	
		Great-grandchild	17	
		Brother / sister	07	
		Half/step brother/sister	41	
		Brother in-law / sister-in-law	08	
		Nephew / niece	15	
		Cousin	16	
		Father's brother/sister	38	
		Mother's brother/sister	39	
		Father's father / mother	29	
		Mother's father / mother	30	
		Other kin on father's side	31	
		Other kin on mother's side	32	
		Friend	21	
		Neighbour	35	
		Other unrelated	22	
		<i>Don't know</i>	99	
B.55	How would you characterize your family's financial situation when you were a child? Would you say you were very comfortable, comfortable, just getting by, poor, or very poor?	Very comfortable	1	
		Comfortable	2	
		Just getting by	3	
		Poor	4	
		Very poor	5	
		Don't know	9	

B.56	How would you characterize your family's financial situation today? Would you say you are very comfortable, comfortable, just getting by, poor, or very poor?	Very comfortable	1	
		Comfortable	2	
		Just getting by	3	
		Poor	4	
		Very poor	5	
		Don't know	9	
B.57	How would you compare your financial situation this year to your financial situation ten years ago -1996? Is the situation this year much better, slightly better, about the same, slightly worse, or much worse than it was ten years ago?	Much better than 10 years ago	1	
		Slightly better than 10 years ago	2	
		About the same as 10 years ago	3	
		Slightly worse than 10 years ago	4	
		Much worse than 10 years ago	5	
		Refused	8	
		Don't know	9	

**Module C: Roster of Children**

C.1	How many children have you ever had that were born alive? <b>Interviewer: Write 01 if 1, etc.</b>	None	-5	C.5
		Number of children:		
C.2a	Have any of these children died after birth?	Yes	1	
		No	2	C.3
C.2b	How many of your children have died? <b>Interviewer: Write 01 if 1, etc.</b>	Number of children:		C.7
C.3	<b>Interviewer checkpoint: Does the respondent have any living children?</b>	Yes	1	
		No	2	C.5
C.4	<b>Interviewer: If the respondent has any living children record the names of each of these children in column C.25 in the Roster of Young Adults and Children. Do not repeat any children who are already pre-printed in the roster. Begin with line number 61 in column C.24 for any children that you add to the roster. When you have completed this go to C.6.</b>			C.6
C.5	<b>Interviewer checkpoint: Are there any Young Adults pre-printed in the Roster of Young Adults and Children?</b>	Yes	1	
		No	2	D.1
C.6	<b>Interviewer: Fill in the information (C.26 to C.49) for all people listed in the Roster of Young Adults and Children.</b>			

C.7	<b>Interviewer:</b> Fill in the Roster of Deceased Children who have died for all deceased children. If more than 5 children have died record details for the 5 most recent deaths. When you have completed this go back to C.3.	C.3
-----	--	-----

### Roster of Deceased Children

		1	2	3	4	5
C.8	Name of deceased child.					
C.9	How old was --- when he/she died? <b>WRITE -5 IF LESS THAN 1 YEAR OLD, WRITE 01 IF 1 ETC. IF &lt; 15 YEARS GO TO NEXT DECEASED CHILD.</b>					
C.10	In what year did --- die?					
C.11	What is the highest level of education that --- completed? <b>USE CODE C.11</b>					
C.12	Did ---- die suddenly or after an illness? 1 Sudden death <b>GO TO C.14</b> 2 Illness 9 Don't know <b>GO TO C.14</b>					
C.13	Did you care for --- when he/she was ill? 1 Yes 2 No					
C.14	How many children did --- have? <b>WRITE 01 IF 1 ETC. IF 0 GO TO NEXT DECEASED CHILD</b>					
C.15	How many of ---'s children are still alive? <b>WRITE 01 IF 1 ETC. IF 0 GO TO NEXT DECEASED CHILD</b>					
C.16	How many of these children currently live with you? <b>WRITE 01 IF 1 ETC. IF ALL OF THESE CHILDREN LIVE WITH THE RESPONDENT GO TO C.22</b>					
C.17	In the past year, have you given ---'s children any money or in-kind transfers, such as food or clothing, or have you paid any of -- -s children's expenses, such as school fees, or health expenses? 1 Yes 2 No <b>GO TO C.19</b> 9 Don't know <b>GO TO C.19</b>					
C.18	In the past year, how much was the support (money and in-kind transfers) that you gave in total? <b>-8= Refused</b> <b>-9= Don't know</b>					
C.19	In the past year have you received financial or in-kind support from ---'s children? 1=Yes 2 No <b>GO TO C.22</b> 9 Don't know <b>GO TO C.22</b>					
C.20	In the past year, how much was the support (money and in-kind transfers) that you received in total? <b>-8= Refused</b> <b>-9= Don't know</b>					
C.21	Do you consider this help as income you can count on in the future? 1= Yes 2= No 9= Don't know					
C.22	In the past year, how often did you help ---'s children with tasks such as child care, household chores, errands, transportation etc? <b>USE CODE C22</b>					
C.23	In the past year how often have ---'s children helped you with household chores, errands, transportation etc? <b>USE CODE C23</b>					

**Interviewer:** Check if there are any other children who have died. When you have completed this table for all deceased children go back to C.3





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## Module D: Income and Family Support

Now I would like to ask about how much money you receive in a typical month from different sources outside this household, aside from money from the state old age pension and employment, which we have just discussed.

A. Do you receive money from ____?				B. Amount received (Refused -8; Don't know -9)	C. Time Period	
D.1.1	Pensions (excluding state old age pension), such as provident funds, pensions and annuities	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.2	Interest from investments (other than pension annuities) and rental income	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.3	Disability grant	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.4	Unemployment insurance (UIF)	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.5	Foster care grant	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.6	Care dependency grant/single care grant	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.7	Government Child Support Grant	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.8	Transfers (money and goods) from people <u>outside</u> the household (including children, grand-children, siblings)	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.9	Other (specify below)  <u>Interviewer:</u> Probe for other sources of income from <u>outside this household</u> .	Yes	1	_____ Rands per	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
D.1.9 S	Description of other sources of income					

D.2	Now I would like to ask you about money that you put towards general household expenses. By this we mean contributing to food, rent, electricity etc. In a usual month can you tell me about how much money this is?	Rand amount		
		None	-5	
		Refused	-8	
		Don't know	-9	
D.3	<u>Interviewer:</u> Does respondent receive transfers from people outside the household (D.1.8a=1)?	Yes	1	D5.1
		No	2	
		Refused	8	
		Don't know	9	

	D.4.1		D.5.1	
	You mentioned that you receive money or goods from people outside the household. Are any of these transfers from people <u>other than your children or grandchildren</u> ?		Does anyone <u>in this household</u> other than your children or grandchildren contribute to any of your expenses, such as clothing, transport, fees, or contribute toward your share of food, electricity, rent, etc?	
Yes	1		1	
No	2	go to D.5.1	2	go to D.6.1
Refused	8	go to D.5.1	8	go to D.6.1
Don't know	9	go to D.5.1	9	go to D.6.1
	D.4.2a		D.5.2	
	What is this person/these people's relationship to you? This person is your _____. → <b>Interviewer: Multiple mentions allowed.</b>		What is this person/these people's relationship to you? This person is your _____. → <b>Interviewer: Multiple mentions allowed.</b>	
Wife / husband / partner	02		02	
Ex wife/husband/partner	40		40	
Biological father / mother	11		11	
Step-father / step-mother	20		20	
Adoptive or foster parent	24		24	
Father-in-law / mother-in-law	12		12	
Stepson / stepdaughter	04		04	
Adoptive/foster child	42		42	
Son-in-law / daughter-in-law	05		05	
Great-grandchild	17		17	
Brother / sister	07		07	
Half/step brother/sister	41		41	
Brother in-law / sister-in-law	08		08	
Father's brother/sister	38		38	
Mother's brother/sister	39		39	
Father's father / mother	29		29	
Mother's father / mother	30		30	
Cousin	16		16	
Other kin on father's side	31		31	
Other kin on mother's side	32		32	
Nephew / niece	15		15	
Related through marriage	43		43	
Other related	44		44	
Friend	21		21	
Neighbour	35		35	
Other unrelated	22		22	
Don't know	99		99	

	D.6.1		D.7.1			
	In the past year, has anyone <u>outside of this household</u> other than your children or grandchildren paid for or contributed to any large expenses of yours, such as funerals, weddings, housing, vehicles, or a large sum in cash?		In the last 12 months did you send money or goods to anyone <u>outside of this household</u> other than your children and grandchildren?			
Yes	1		1			
No	2	go to D.7.1	2	go to D.8.1		
Refused	8	go to D.7.1	8	go to D.8.1		
Don't know	9	go to D.7.1	9	go to D.8.1		
	D.6.2a	D.6.2b	D.7.2a	D.7.2b		
	What is this person/these people's relationship to you? This person is your _____. → <b>Interviewer:</b> Multiple mentions allowed.	In the past year about how much was the support from this person? <b>Enter Rand amount</b>	What is this person/these people's relationship to you? This person is your _____. → <b>Interviewer:</b> Multiple mentions allowed.	About how much was the support for this person?		
				Rand amount	Usual month	Last 12 months
Wife / husband / partner	02		02	R	1	2
Ex wife/husband/partner	40		40	R	1	2
Biological father / mother	11		11	R	1	2
Step-father / step-mother	20		20	R	1	2
Adoptive or foster parent	24		24	R	1	2
Father-in-law / mother-in-law	12		12	R	1	2
Stepson / stepdaughter	04		04	R	1	2
Adoptive/foster child	42		42	R	1	2
Son-in-law / daughter-in-law	05		05	R	1	2
Great-grandchild	17		17	R	1	2
Brother / sister	07		07	R	1	2
Half/step brother/sister	41		41	R	1	2
Brother in-law / sister-in-law	08		08	R	1	2
Father's brother/sister	38		38	R	1	2
Mother's brother/sister	39		39	R	1	2
Father's father / mother	29		29	R	1	2
Mother's father / mother	30		30	R	1	2
Cousin	16		16	R	1	2
Other kin on father's side	31		31	R	1	2
Other kin on mother's side	32		32	R	1	2
Nephew / niece	15		15	R	1	2
Related through marriage	43		43	R	1	2
Other related	44		44	R	1	2
Friend	21		21	R	1	2
Neighbour	35		35	R	1	2
Other unrelated	22		22	R	1	2
Don't know	99		99	R	1	2

	D.8.1		D.9.1	
	In the last year, did anyone other than your children or grandchildren <u>help you</u> with domestic chores, errands, transport etc. including care for you when you were ill?		In the last year, did <u>you help</u> anyone other than your children or grandchildren with basic personal activities such as dressing, eating or bathing or with daily activities such as household chores, errands, and transportation?	
Yes	1		1	
No go to next column	2	go to D.9.1	2	go to section E
Refused go to next column	8	go to D.9.1	8	go to section E
Don't know go to column	9	go to D.9.1	9	go to section E
	D.8.2a	D.8.2b	D.9.2a	D.9.2b
	<p>What is this person/these people's relationship to you? This person is your _____. →</p> <p><b>Interviewer:</b> Multiple mentions allowed.</p>	<p><b>Interviewer:</b> For each person that <u>helps you</u> ask: How often did he/she <u>help you</u> with these chores? 1=Regular help daily 2=Regular help at least once a week 3=Regular help at least once a month 4=Help as needed for at least a month in the last 12 months 5=Help as needed for at least a week in the last 12 months 6=Help as needed for at least a day in the last 12 months 9=Don't know</p>	<p>What is this person/these people's relationship to you? This person is your _____. →</p> <p><b>Interviewer:</b> Multiple mentions allowed.</p>	<p><b>Interviewer:</b> For each person that <u>you help</u> ask: How often did <u>you help</u> him/her with these chores? 1=Regular help daily 2=Regular help at least once a week 3=Regular help at least once a month 4=Help as needed for at least a month in the last 12 months 5=Help as needed for at least a week in the last 12 months 6=Help as needed for at least a day in the last 12 months 9=Don't know</p>
Wife / husband / partner	02		02	
Ex wife/husband/partner	40		40	
Biological father / mother	11		11	
Step-father / step-mother	20		20	
Adoptive or foster parent	24		24	
Father-in-law / mother-in-law	12		12	
Stepson / stepdaughter	04		04	
Adoptive/foster child	42		42	
Son-in-law / daughter-in-law	05		05	
Great-grandchild	17		17	
Brother / sister	07		07	
Half/step brother/sister	41		41	
Brother in-law / sister-in-law	08		08	
Father's brother/sister	38		38	
Mother's brother/sister	39		39	
Father's father / mother	29		29	
Mother's father / mother	30		30	
Cousin	16		16	
Other kin on father's side	31		31	
Other kin on mother's side	32		32	
Nephew / niece	15		15	
Related through marriage	43		43	
Other related	44		44	
Friend	21		21	
Neighbour	35		35	
Other unrelated	22		22	
Don't know	99		99	

## Module E: Connections to the Eastern Cape

**Interviewer:** Only ask for African respondents. All others go to Module F.

E.1	Do you have a home (you or your extended family) in the Eastern Cape?	Yes	1	F.1
		No	2	
		Don't know	9	
E.2	Where in the Eastern Cape is this home? For example Cofimvaba, Lady Frere, Umtata  <b>Interviewer:</b> Record specific place. For example Ciskei or Transkei alone is not sufficient information.			
		Refused	8	
		Don't know	9	
E.3	How often do you travel to the Eastern Cape?	Once a month or more	1	E.6
		Several times a year	2	
		Once a year	3	
		Every few years	4	
		Never	5	
E.4	When you go do you take goods or money to the people that you visit in the Eastern Cape?	Yes	1	E.6
		No	2	
		Refused	8	
E.5	What do you take?  <b>Interviewer:</b> Circle all that apply	Food	1	
		Money	2	
		Clothing	3	
		Other ( <b>Specify</b> ):	6	
E.6	Do you sometimes send money or goods even when you don't travel there?	Yes	1	E.9
		No	2	
		Refused	8	
E.7	What do you send?  <b>Interviewer:</b> Circle all that apply	Food	1	
		Money	2	
		Clothing	3	
		Other ( <b>Specify</b> ):	6	



E.8	What is your relationship to the person/people to whom you send goods or money? <b>Interviewer: Circle all that apply</b>	Wife / husband / partner	02	
		Ex wife/husband/partner	40	
		Biological father / mother	11	
		Step-father / step-mother	20	
		Adoptive or foster parent	24	
		Father-in-law / mother-in-law	12	
		Biological son or daughter	03	
		Stepson / stepdaughter	04	
		Adoptive/foster child	42	
		Son-in-law / daughter-in-law	05	
		Grandchild	06	
		Great-grandchild	17	
		Brother / sister	07	
		Half/step brother/sister	41	
		Brother in-law / sister-in-law	08	
		Nephew / niece	15	
		Cousin	16	
		Father's brother/sister	38	
		Mother's brother/sister	39	
		Father's father / mother	29	
		Mother's father / mother	30	
		Other kin on father's side	31	
		Other kin on mother's side	32	
		Friend	21	
		Neighbour	35	
		Other unrelated ( <b>Specify</b> ):	22	
		Don't know	99	
E.9	Have family or friends living in the Eastern Cape come to stay with this household in the last year?	Yes	1	E.12
		No	2	
		Refused	8	
		Don't know	9	

E.10	What is your relationship to the person/people who have come to stay? <b>Interviewer: Circle all that apply</b>	Wife / husband / partner	02	
		Ex wife/husband/partner	40	
		Biological father / mother	11	
		Step-father / step-mother	20	
		Adoptive or foster parent	24	
		Father-in-law / mother-in-law	12	
		Biological son or daughter	03	
		Stepson / stepdaughter	04	
		Adoptive/foster child	42	
		Son-in-law / daughter-in-law	05	
		Grandchild	06	
		Great-grandchild	17	
		Brother / sister	07	
		Half/step brother/sister	41	
		Brother in-law / sister-in-law	08	
		Nephew / niece	15	
		Cousin	16	
		Father's brother/sister	38	
		Mother's brother/sister	39	
		Father's father / mother	29	
		Mother's father / mother	30	
		Other kin on father's side	31	
		Other kin on mother's side	32	
		Friend	21	
		Neighbour	35	
		Other unrelated ( <b>Specify</b> ):	22	
		Don't know	99	
E.11	How long do they stay when they come to your household?	A few days	1	
		A few weeks	2	
		A few months	3	
		A year or more	4	
		Refused	8	
		Don't know	9	
E.12	Are you planning to go back to the Eastern Cape to live permanently at some point in your life?	Yes	1	E.14.1
		No	2	
		Don't know	9	

E.13	<b>Interviewer: If yes</b> When?  <b>Interviewer: Circle all that apply</b>	In less than 1 year	1	
		1 to 3 years	2	
		More than 3 years	3	
		When I retire / get my pension	4	
		If or when I get a job there	5	
		If or when I have enough money	6	
		When I'm older	7	
		Other ( <b>Specify</b> ):	8	
		Don't know	9	
E.14.1	Do you own a plot of land in the Eastern Cape?	Yes	1	
		No	2	
		Don't know	9	
E.14.2	Do you own a house in the Eastern Cape?	Yes	1	
		No	2	
		Don't know	9	
E.14.3	Do you own livestock in the Eastern Cape?	Yes	1	
		No	2	
		Don't know	9	
E.14.4	Do you own any other assets in the Eastern Cape?	Yes ( <b>specify</b> )	1	
		No	2	
		Don't know	9	
E.15	Do you have plans to be buried in the Eastern Cape	Yes	1	
		No	2	
		Don't know	9	

## Module F: Health and Health Seeking Behaviour

Now I would like to ask some questions about your health.

F.1	How would you describe your health at present? Would you say it is excellent, very good, good, fair, or poor?	Poor	1	
		Fair	2	
		Good	3	
		Very good	4	
		Excellent	5	
F.2	Compared to a year ago, how would you say your health is now?	Better than a year ago	1	
		The same	2	
		Worse than a year ago	3	
		Don't know	9	
F.3	Are you covered by any medical aid or medical insurance?	Yes	1	
		No	2	
		Don't know	9	
F.4	Has a doctor, nurse or health care professional <u>ever</u> told you that you have high blood pressure?	Yes	1	F.8
		No	2	
		Don't know	9	

F.5	Have you received any medication or treatment for high blood pressure from a doctor, nurse, clinic or hospital?	Yes	1	F.8
		No	2	
		Don't know	9	
F.6	Are you currently taking medication for high blood pressure?	Yes	1	F.8
		No	2	
F.7	Why did you stop taking medication for high blood pressure?  <b>Interviewer: Do not read out. Circle if mentioned. Multiple responses allowed</b>	I felt better	1	
		Doctor said I was cured	2	
		No time to go to clinic	3	
		Clinic queues too long	4	
		No medicine in clinic	5	
		Medicine made me feel ill	6	
		Other ( <b>specify</b> )	7	
		Refused	8	
		Don't know	9	

F.8	Now I would like to ask you about some health conditions that people sometimes complain about. Have you experienced _____ in the last 30 days?		Yes	No	Don't know	
	F.8.1	Flu symptoms	1	2	9	
	F.8.2	Fever	1	2	9	
	F.8.3	Persistent cough	1	2	9	
	F.8.4	Cough with blood	1	2	9	
	F.8.5	Tight chest	1	2	9	
	F.8.6	Chest pain	1	2	9	
	F.8.7	Headache	1	2	9	
	F.8.8	Joint pain/Arthritis	1	2	9	
	F.8.9	Back ache	1	2	9	
	F.8.10	Other body ache	1	2	9	
	F.8.11	Vomiting	1	2	9	
	F.8.12	Diarrhea	1	2	9	
	F.8.13	Felt weak	1	2	9	
	F.8.14	Felt tired	1	2	9	
	F.8.15	Worms in stool	1	2	9	
	F.8.16	Pain in upper abdomen	1	2	9	
	F.8.17	Pain in lower abdomen	1	2	9	
	F.8.18	Painful urination	1	2	9	
	F.8.19	Swelling ankles	1	2	9	
	F.8.20	Rash	1	2	9	
	F.8.21	Severe weight loss (not related to religious fasting)	1	2	9	
	F.8.22	Memory loss	1	2	9	
F.9	<b>Interviewer: Did the respondent answer 'Yes' to at least one symptom in F.8 above?</b>		Yes		1	F.11
			No		2	

F.10	<b>Interviewer: If 'No' to all symptoms:</b> When did you last consult someone about your health?	In the last 12 months	1	F.15
		Two to four years ago	2	F.14
		Five to ten years ago	3	
		More than ten years ago	4	
		Never	5	
		Don't know	9	
F.11	<b>Interviewer: If 'Yes' to at least 1 symptom:</b> Did you consult anyone about the symptoms in the last 30 days?	Yes	1	F.15
		No	2	
F.12	Why didn't you consult anyone? <b>Interviewer: Multiple responses allowed</b>	Distance/lack of transport	01	
		Did not have the time	02	
		Did not have the money	03	
		The care is not good	04	
		I didn't think I was sick enough	05	
		On treatment/consulted someone before/ knew what to buy	06	
		Did not want to talk about/private	07	
		Other ( <b>specify</b> )	08	
		Refused	98	
		Don't know	99	
F.13	Did you consult anyone about your health in the past twelve months?	Yes	1	F.15
		No	2	
F.14	Why didn't you consult anyone (in such a long time)? <b>Interviewer: Multiple responses allowed</b>	Distance/lack of transport	01	F.16
		Did not have the time	02	
		Did not have the money	03	
		The care is not good	04	
		I didn't think I was sick enough	05	
		Did not want to talk about/private	06	
		I have not been sick	07	
		Other ( <b>specify</b> )	08	
		Refused	98	
		Don't know	99	

F.15	Whom did you consult? <b><u>Interviewer:</u> Multiple responses allowed. Don't read out. Probe "Anyone else?"</b>  <b>Interviewer: If F.11=Yes ask about consultations in the last 30 days. If F.13=Yes ask about consultations in the last 12 months.</b>	
------	---	--

		A. Consulted _____ ?		B. How much did this cost? <b>No charge = -5</b> <b>Refused = -8</b> <b>Don't know = -9</b>	C. Time period	
F.15.1	Doctor/Nurse at Public Clinic	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.2	Doctor/Nurse at a Public Day Hospital	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.3	Doctor/Nurse at Public Hospital	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.4	Doctor/Nurse at Private Doctor Office	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.5	Doctor/Nurse at Private Hospital	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.6	Traditional Healer/ Sangoma/ Prophet	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.7	Inyanga/ Herbalist	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.8	Chemist/Pharmacist	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			
F.15.9	Other ( <b>specify</b> )	Yes	1	_____ Rands	Month	1
		No	2		Year	2
		Refused	8			
		Don't know	9			

F.16	Do you use spectacles or glasses, including for reading?	Yes	1	F.18
		No	2	
F.17	How is your vision with your glasses?	Excellent	1	F.19
		Very good	2	
		Good	3	
		Fair	4	
		Poor	5	
		Blind	6	
F.18	How is your vision?	Excellent	1	
		Very good	2	
		Good	3	
		Fair	4	
		Poor	5	
		Blind	6	
F.19	Has your vision ever been tested?	Yes	1	F.21
		No	2	
F.20	When was the last time that it was tested?	Year (4 digits)		
		Don't know	9999	
F.21	Do you use a hearing aid:	Yes	1	
		No	2	
F.22	<b>Interviewer:</b> If F.21 was “yes” ask: How is your hearing with your hearing aid? <b>Interviewer:</b> If F.21 was “no” ask: How is your hearing?	Excellent	1	
		Very good	2	
		Good	3	
		Fair	4	
		Poor	5	

	The next questions are about how you have been feeling during the past 30 days.	None of the time	A little of the time	Some of the time	Most of the time	All the time	Don't Know/ Refused	
F.23a	About how often during the past 30 days did you feel <u>nervous</u> , would you say none of the time, a little of the time, some of the time, most of the time or all of the time?	1	2	3	4	5	9	
F.23b	During the past 30 days, about how often did you feel <u>hopeless</u> , would you say none of the time, a little of the time, some of the time, most of the time or all of the time?	1	2	3	4	5	9	
F.23c	During the past 30 days, about how often did you feel <u>restless or fidgety</u> , would you say none of the time, a little of the time, some of the time, most of the time or all of the time?	1	2	3	4	5	9	
F.23d	During the past 30 days, how often did you feel so <u>depressed</u> that nothing could cheer you up?	1	2	3	4	5	9	
F.23e	During the past 30 days, about how often did you feel that <u>everything was an effort</u> ?	1	2	3	4	5	9	
F.23f	During the past 30 days, about how often did you feel <u>worthless</u> ?	1	2	3	4	5	9	

F.24	<b>Interviewer:</b> Did respondent answer “A little”, “Some”, “Most” or “All” to at least once question in the F.23 series?	Yes	1	
		No	2	G.1



F.25	The last set of questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur more often in the past 30 days than is usual for you, about the same as usual, or less often than usual?	About the same as usual	1	F.28
		More than usual	2	F.27
		Less than usual	3	
		Refused	8	F.28
		Don't know	9	
F.26	A lot less than usual, somewhat less, or only a little less than usual?	A lot	1	F.28
		Somewhat	2	
		A little	3	
		Refused	8	
		Don't know	9	
F.27	A lot more than usual, somewhat more, or only a little more than usual?	A lot	1	
		Somewhat	2	
		A little	3	
		Refused	8	
		Don't know	9	
F.28	The next questions are about how these feelings may have affected you in the past 30 days. How many days out of the past 30 were you totally unable to work or carry out your normal activities because of these feelings?	Days		
		Refused	98	
		Don't know	99	
F.29	<b>Interviewer:</b> Did respondent answer “30” in F.28?	Yes	1	F.31
		No	2	
F.30	[Not counting (that day/those days)], how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?	Days		
		Refused	98	
		Don't know	99	
F.31	During the past 30 days, how many times did you see a doctor or other health professional about these feelings?	Days		
		Refused	98	
		Don't know	99	
F.32	During the past 30 days, how often have physical health problems been the main cause of these feelings – all of the time, most of the time, some of the time, a little of the time, or none of the time?	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		A little of the time	4	
		None of the time	5	
		Refused	8	
		Don't know	9	

## Module G: Habits

G.1	Do your daily activities (at home or work) involve any physical activity? If yes, is this activity moderate or intense?	No				1	
		Yes, moderate				2	
		Yes, intense				3	
G.2	Do you sometimes walk or use a bicycle for at least 10 minutes continuously to get to and from places?	Yes				1	G.5
		No				2	
G.3	In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?	How many days?					G.5
		None				8	
		Do not know				9	
G.4	On one of those days, how much time would you spend walking or bicycling?	Time		in	mins	1	
		Do not know	-9		hrs	2	
G.5	Apart from these activities, do you play sports or exercise regularly?	No				1	
		Less than once a week				2	
		Once a week, twice a week				3	
		Three or more times a week				4	
G.6	In the past week, how many days did you eat fruit?	Days ( <b>write 1 for 1 day, etc.</b> )					
		Do not know				9	
G.7	In the past week, how many days did you eat vegetables (do not include potatoes)?	Days ( <b>write 1 for 1 day, etc.</b> )					
		Do not know				9	
G.8	Do you smoke, use snuff, or chew tobacco? <b>Interviewer: Circle all that apply</b>	Cigarettes / Cigars				1	G.10
		Snuff				2	
		Chewing tobacco				3	
		None				4	
		Refused				8	
G.9	How much do you usually use in a day? <b>Interviewer: Record the number, e.g. 01 for 1</b> <b>-7 for None, -8 for Refused, -9 Don't know</b>	G9.1	Cigarettes / Cigars				G.11
		G9.2	Pipefuls of snuff				
		G9.3	Pinches of chew				
G.10	If not, have you ever regularly smoked at least one cigarette, cigar, or pipeful per day or used snuff or chew tobacco daily in the past?	Yes				1	
		No				2	
		Refused				8	
G.11	Some people drink alcohol. Do you ever drink alcohol or home brew?	Yes				1	G.13
		No				2	
		Refused				8	
G.12	Do you typically drink more often than once a week?	Yes				1	
		No				2	
		Refused				8	

G.13	Sometimes we have ideas about how we look and how we might like to look. Among this set of people, which best describes your body shape? <b>Interviewer: Show bodyshapes for same sex</b>	Record the number		
G.14	Among this set of people, which best describes the body shape you would most like to have? <b>Interviewer: Show bodyshapes for same sex</b>	Record the number		
G.15	Which of these people do you find the most attractive? <b>Interviewer: Show bodyshapes for opposite sex</b>	Record the number		

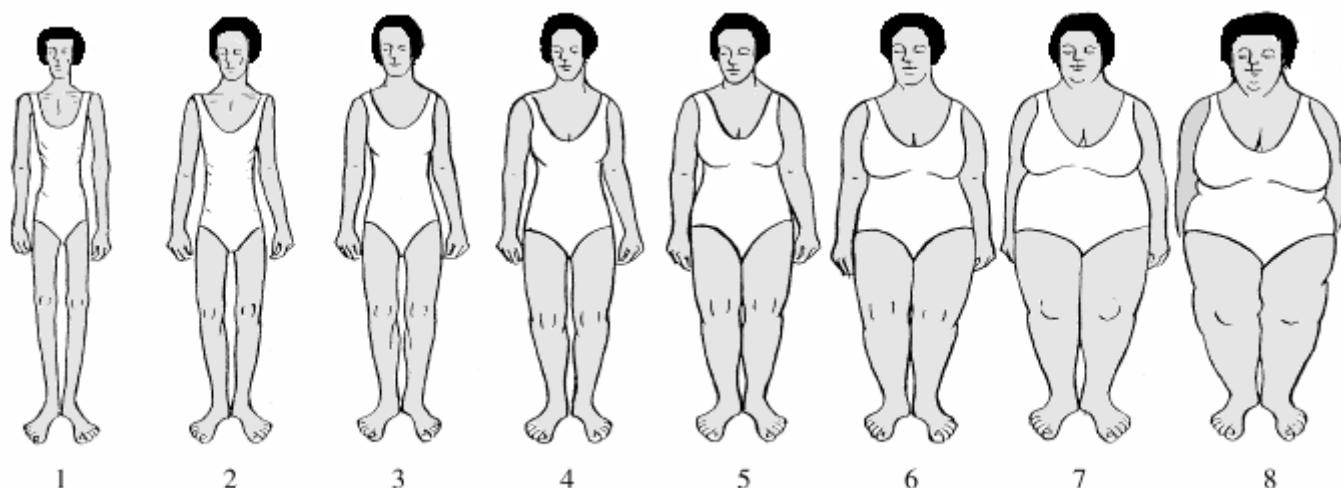


Figure 1 The illustrations of body shapes used for women.

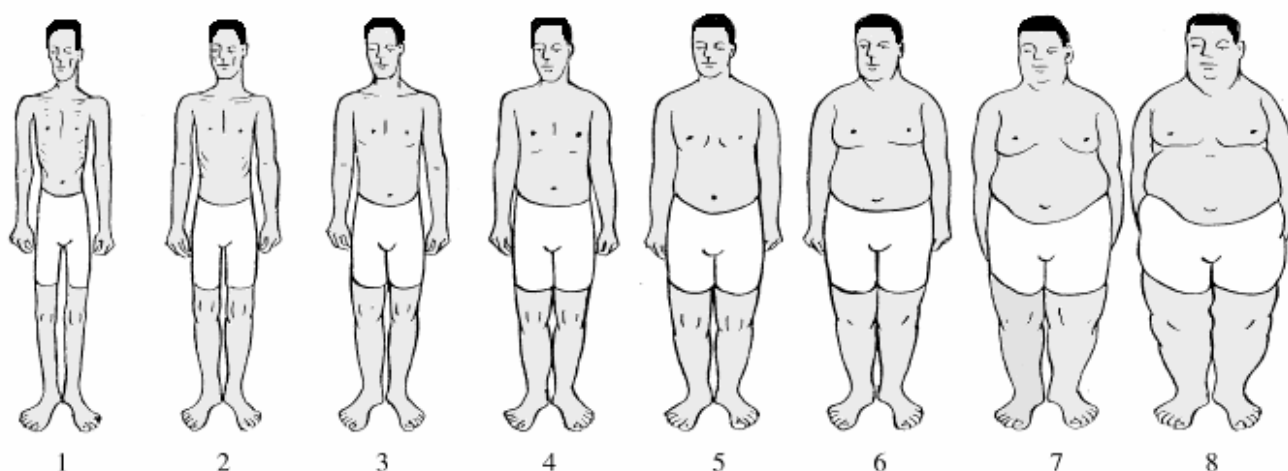


Figure 2 The illustrations of body shapes used for men.

## Module H: Functional Status

I would like to ask you some questions about some daily activities.

	What level of difficulty do you have ... by yourself? Would you say you can do it with no difficulty, it is difficult but you can do it with no help, you can do it but only with help, can't do it or you are able to do it but never do it?	A. Level of difficulty: 1. No difficulty 2. Difficult but can do with no help 3. Can do but only with help 4. Can't do 5. Able to do, but never do 6. Don't know <b>Interviewer: If the respondent answers 1,2 or 5 go to the next row.</b>	<b>Interviewer: Only ask if the respondent answers 3, 4 or 6 to part A:</b> B. Does anyone ever help you ...? 1. Yes 2. No <b>Interviewer: If the respondent answers "No" go to the next row</b>	<b>Interviewer: Only ask if the respondent answers 1 ("Yes") to part B:</b> C. Who helps you?  <b>Interviewer: Multiple responses allowed. Use Relationship codes (C29).</b>
H.1	Dressing			
H.2	Bathing or showering			
H.3	Eating			
H.4	Toileting			
H.5	Making a phone call			
H.6	Lifting or carrying heavy objects (e.g. a bag weighing 5 kg)			
H.7	Walking across a room			
H.8	Taking medicine as prescribed			
H.9	Climbing a flight of stairs			
H.10	Managing money			
H.11	Taking a bus, taxi or train by yourself			
H.12	With getting into or out of bed			
H.13	Shopping for groceries			
H.14	Going to the doctor			

H.15	Besides any vision (eyeglasses, contact lenses) or hearing aids, do you use any other assistive devices (such as a cane, walker, wheelchair, or other)?	Yes ( <b>specify</b> )	1	
		No	2	
		Refused	8	



I.5	Please tell me today's complete date: day of the month, month, and year.	I.5.1	Day given correctly	1	
			Day given incorrectly/does not know	2	
		I.5.2	Month given correctly	1	
			Month given incorrectly/does not know	2	
		I.5.3	Year given correctly	1	
			Year given incorrectly/does not know	2	
I.6	Please tell me what day of week it is today	Correct		1	
		Incorrect / Did not know		2	
I.7	<p>Now I would like you to name as many different animals as you can think of. You have one minute to do this.</p> <p><b>Interviewer: Write down answers, if respondent goes too fast use first 2 letters.</b></p>				
		Number of different answers:			
I.8	<p>A little while ago, you were read a list of words and you repeated the ones you could remember.</p> <p>Please tell me any of the words that you can remember now.</p> <p><b>Interviewer: Wait until respondent does not remember any more words. Maximum time one minute.</b></p>	Remembers?			
		Tree	Boom	Umthi	01
		Dog	Hond	Inja	02
		Table	Tafel	Itafile	03
		Doctor	Doktor	Ugqirha	04
		Maize	Mielie	Umbona	05
		Night	Nag	Ubusuku	06
		Water	Water	Amanzi	07
		Song	Lied	Ingoma	08
		Child	Kind	Umntwana	09
		Rain	Reen	Imvula	10
		None			97

## Module J: Measurements

J.1	Respondent's Height	_____ • _____ centimetres
J.2	Respondent's Weight	_____ • _____ kilograms
J.3	Respondent's Waist	_____ • _____ centimetres
J.4	Respondent's Hip	_____ • _____ centimetres

J.5.1 Blood Pressure reading 1	J.5.2 Blood Pressure reading 2
SYSTOLIC  _____  DIASTOLIC  _____  PULSE  _____	SYSTOLIC  _____  DIASTOLIC  _____  PULSE  _____

## Module K: Mobility

**Interviewer read out:** We would now like to do a few tests to measure your mobility and flexibility. First I will show you how to do each movement and then I would like you to try to do it. If you think you can't, or think it would be dangerous for you to try it, please say so and we will move on to another test.

K.1	<b>Interviewer Checkpoint:</b> Is this person disabled and cannot carry out the mobility and flexibility tests?		Yes	1	L.1
			No	2	
K.2	I want you to try to stand with your feet together while keeping your eyes open. Please keep this position until I tell you to stop (ten seconds). You may use your arms, bend your knees or move your body to keep you balance, but try not to move your feet.		Completed successfully	1	K.5
			Tried, but could not do it	5	
			Did not try it because of safety concerns	6	
			Refused to try it	8	
K.3	Now I want you to try to stand heel-to-toe for ten seconds. You can use either foot, whichever you feel most comfortable with. You can use your arms, bend your knees, or move your body to keep your balance, but try not to move your feet.  Please hold that position until I tell you (ten seconds).		Completed successfully	1	K.5
			Tried, but could not do it	5	
			Did not try it because of safety concerns	6	
			Refused to try it	8	
K.4	From a standing position, I would like you to try to stand on one foot without touching or holding on to anything. You may begin with either leg, and then we will try with the other. I will count time, and will tell you when to start and when to finish (ten seconds). We can stop whenever you feel that you are losing your balance.	K.4.1	<b>Right foot up</b>		
			Completed successfully	1	
			Tried, but could not do it	5	
			Did not try it because of safety concerns	6	
			Refused to try it	8	
		K.4.2	<b>Left foot up</b>		
			Completed successfully	1	
			Tried, but could not do it	5	
			Did not try it because of safety concerns	6	
			Refused to try it	8	
K.5	Do you feel capable of rising rapidly from the chair five times?  Now I want you to try to stand up from and sit down in a chair five times.	Time taken to perform task (e.g.05 for 5 seconds)			K.7
		Tried, but could not do it		-5	
		Did not try it because of safety concerns		-6	
		Refused to try it		-8	
K.6	Do you feel confident enough to try to stand from the chair five times with your arms crossed over your chest?  Now, keeping your arms crossed over your chest, please stand up from the chair as fast as you can five times without pausing. Every time you stand up, sit down and stand up again.	Time taken to perform task (e.g. 05 for 5 seconds)			
		Tried, but could not do it		-5	
		Did not try it because of safety concerns		-6	
		Refused to try it		-8	
K.7	Now, from a standing position, please squat, pick up this pencil, and stand up again.	Time taken to perform task (e.g. 05 for 5 seconds)			
		Tried, but could not do it		-5	
		Did not try it because of safety concerns		-6	
		Refused to try it		-8	



## Module L: Interviewer Evaluation

### To be completed by Interviewer only

L.1	Record time at end of interview.	24 hour clock	h	h	m	m	
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L.2	Language(s) used during interview?  <b>MULTI-MENTIONS POSSIBLE.</b>	English	1	
		Xhosa	2	
		Afrikaans	3	
		Other(specify)	4	

L.3	How would you describe the respondent's vocabulary (the variety of words the respondent used during the interview to express his/her thoughts)?	Below average	1	
		Average	2	
		Above average	3	

L.4	In general, how did the respondent act towards you during the interview?	Hostile	1	
		Neither hostile nor friendly	2	
		Friendly	3	

L.5	How attentive was the respondent to the questions during the interview?	Not at all attentive	1	
		Somewhat attentive	2	
		Very attentive	3	

L.6	Were other persons within hearing range at any time during the interview?	No other person within hearing range at any time	1	
		1+ persons within hearing range for <b>part</b> of interview	2	
		1+ persons within hearing range for <b>all</b> of the interview	3	

L.7	Did more than one person help to complete this questionnaire?	Yes	1	
		No	2	

L.8	If so, which household members helped to complete the questionnaire?  <b>FILL IN THE LINE NUMBERS OF THOSE WHO ASSISTED</b>	Line #:		
		Line #:		
		Line #:		

Interviewer: Any additional comments about specific questions or data quality should go on inside back of cover page				
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**Interviewer read out:** Thank you very much for your time. All of the information you have given me has been very helpful. As part of our quality control system, a supervisor from the University of Cape Town may visit or call you to check that this interview did take place. They will also ask you a few questions, some will be the same as what I have asked. This is nothing to be worried about. They are simply making sure I have done my job correctly.

## Cape Area Panel Study 2006

### Response Codes for Older Adult Questionnaire

C29, H1-H14: Relationships	
01	Self
02	Wife / husband / partner
03	Biological son or daughter
04	Stepson / stepdaughter
33	Adoptive child
34	Foster child
05	Son-in-law / daughter-in-law
06	Grandchild
17	Great-grandchild
07	Brother / sister
09	Step brother / step sister
10	Half brother / half sister
08	Brother in-law / sister-in-law
11	Biological father / mother
20	Step-father / step-mother
24	Adoptive or foster parent
12	Father-in-law / mother-in-law
25	Father's sister
26	Father's brother
27	Mother's sister
28	Mother's brother
29	Father's father / mother
30	Mother's father / mother
16	Cousin
31	Other kin on father's side
32	Other kin on mother's side
15	Nephew / niece
43	Related through marriage
44	Other related
19	Household help
21	Friend
22	Other unrelated
99	Don't know

C11, C35: Highest Education Level	
95	No schooling/Grade 0/Little sub-A
01	Grade 1/Sub A
02	Grade 2/Sub B
03	Grade 3/Standard 1
04	Grade 4/Standard 2
05	Grade 5/Standard 3
06	Grade 6/Standard 4
07	Grade 7/Standard 5
08	Grade 8/Standard 6
09	Grade 9/Standard 7
10	Grade 10/Standard 8
11	Grade 11/Standard 9
12	Grade 12/Standard 10/Matric
20	Undergraduate Diploma/Certificate from a Technikon with Grade 12/Std 10*
21	Undergraduate Diploma/Certificate from a University with Grade 12/Std 10*
22	Undergraduate degree from a Technikon
23	Undergraduate degree from a University
24	Postgraduate degree or diploma
26	Diploma/Cert that requires matric, not from Univ or Tech
27	Diploma/Cert that does not require matric, not from Univ or Tech
25	Other
28	Too young
99	Don't know

C33: Location	
01	Cape Town
02	Other Western Cape
03	Eastern Cape
04	Northern Cape
05	Free State
06	KwaZulu-Natal
07	North-West
08	Gauteng
09	Mpumalanga
10	Limpopo
11	Outside South Africa
99	Don't Know

C34: Frequency of contact	
1	Daily
2	At least once a week
3	At least once a month
4	At least once a year
5	Less than once a year
6	Never

C36: Financial Situation	
1	Very comfortable
2	Comfortable
3	Just getting by
4	Poor
5	Very Poor
6	Not applicable (still being supported by household)
9	Don't know

C22, C23, C46, C47, C48: Frequency of help	
1	Regular help daily
2	Regular help at least once a week
3	Regular help at least once a month
4	Help as needed for at least a month in the last 12 months
5	Help as needed for at least a week in the last 12 months
6	Help as needed for at least a day in the last 12 months
7	Never

## Previous Contact Information

<b>Wave 1 HH Respondent</b>	«h02firstname»	<b>HOME PHONE:</b>	«h02telhome»
<b>WORK PHONE:</b>	«h02telwork»	<b>CELL PHONE:</b>	«h02telcell»
<b>ADDRESS:</b>	«h02addr1» «h02addr2» «h02addr3» «h02comm1» «h02comm2»		
<b>Wave 1 HH</b>	<b>CONTACT 1</b>	<b>CONTACT 2</b>	<b>CONTACT3</b>
<b>FULL NAME:</b>	«h02e1name»	«h02e2name»	«h02e3name»
<b>RELATIONSHIP TO YOU:</b>	«h02e1rel»	«h02e2rel»	«h02e3rel»
<b>CURRENT ADDRESS:</b>	«h02e1addr1»	«h02e2addr1»	«h02e3addr1»
	«h02e1addr2»	«h02e2addr2»	«h02e3addr2»
	«h02e1addr3»	«h02e2addr3»	«h02e3addr3»
<b>CURRENT PHONE:</b>	«h02e1phone»	«h02e2phone»	«h02e3phone»
<b>YA</b>	<b>CONTACT 1</b>	<b>CONTACT 2</b>	<b>CONTACT3</b>
<b>FULL NAME:</b>	«w4y_name_1»	«w4y_name_2»	«w4y_name_3»
<b>RELATIONSHIP TO YOU:</b>			
<b>CURRENT ADDRESS:</b>	«w4y_addr_1»	«w4y_addr_2»	«w4y_addr_3»
<b>CURRENT CELL:</b>	«w4y_phcell_1»	«w4y_phcell_2»	«w4y_phcell_3»
<b>CURRENT PHONE:</b>	«w4y_phhome_1»	«w4y_phhome_2»	«w4y_phhome_3»
<b>CURRENT WORK:</b>	«w4y_phwork_1»	«w4y_phwork_2»	«w4y_phwork_3»
<b>PERSON ID</b>	«w4y_personidres_1»	«w4y_personidres_2»	«w4y_personidres_3»
<b>Q ID</b>	«w4y_qid_1»	«w4y_qid_2»	«w4y_qid_3»

## Current Contact Information

**Interviewer read out:** Thank you for participating in this research survey. We will try to contact you again in a year or two to learn more about how life changes for South Africans. Please can you provide us with the name and address of three people who would know where you are, or how to reach you, in the future. Again, all information you provide is kept confidential. No one outside of the research team will have access to this information, and the information will only be used for research purposes. No identifying information will be used in printed reports.

		A28	A29	A30
		CONTACT 1	CONTACT 2	CONTACT3
name	<b>FULL NAME:</b>			
rel	<b>RELATIONSHIP TO YOU:</b>			
add1	<b>CURRENT ADDRESS:</b>			
add2				
add3				
phone	<b>CURRENT PHONE:</b>			

## Appointments

#	Date & time	Scheduler	Appointment date	Appointment time	Appointment details/notes
1					
2					
3					

## Visits

#	Date & time	Fieldworker	Address	Contact	Outcome
	Date & time of visit/ contact		1 Respondent 2 Contact 1 3 Contact 2 4 Contact 3 9 Other (specify)	1 Respondent 2 Contact 1 3 Contact 2 4 Contact 3 5 Respondent's mother 6 Respondent's father 9 Other (specify)	01 Interview completed 02 Not available 03 Refused 04 Deceased 05 Partially completed 06 Moved within Cape Town (write details of new address) 07 Moved within South Africa (write details of new address) 08 Moved abroad 09 Moved no details 10 Temporary living situation 11 Mentally unfit/disabled 12 Made appointment (write details in table above) 13 Not applicable (OA not 50 years or older) 99 Other (specify)
1					
2					
3					
4					
5					

**Other notes: (fieldworker please note any other comments here)**