



0317-E

A

Central Statistical Service

# October Household Survey

## 1994

### Visiting Point:

District: .....

Town/Place Name: .....

Enumerator Area: .....

Number of Visiting Point: .....

Number of Substitute (if applicable): .....

Reason for Substitution (if applicable): .....

Telephone number of Visiting Point: .....

### Interview details:

Name of Interviewer: .....

Date of Interview: .....

Number of households at visiting point
-------------------------------------------

For office use only
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Description of settlement

Urban metropolis:	Formal dwelling	1
	Backyard dwelling	2
	Squatter dwelling	3
	Hostel	4
Urban towns:	Formal dwelling	5
	Squatter dwelling	6
Peri-urban		7
Functionally urban		8
Non-urban:	Own dwelling	9
	Dwelling supplied by someone else	10

Return checked by chief enumerator: .....

**This section covers information regarding the dwelling and perceived quality of life**  
**Interviewer:** Start with this section and complete each section separately. Circle the applicable code.

## Dwelling

### 1.1 Type of dwelling:

House/part of a house	1
Flat (including flat on same site as house)	2
Town/cluster/semi-detached house	3
Traditional dwelling (huts)	4
Shack	5
Shack on same site as house	6
Hostel/Compound	7
Other (specify): .....	8

### 1.2 Ownership:

Own dwelling	Fully paid off	1
	Partly paid off	2
Rented dwelling		3
Free dwelling (company/job benefit)		4

### 1.3 Main materials used for roof and walls:

	Roof	Walls
Bricks	-	01
Cement block/Concrete	02	02
Prefab	03	03
Corrugated iron	04	04
Wood	05	05
Plastic	06	06
Cardboard	07	07
Mixture of mud and cement	08	08
Wattle and daub	09	09
Tile	10	-
Mud	-	11
Thatching	12	12
Asbestos	13	13
Other (specify): .....	14	14

1.4 Estimated value of dwelling (excluding site) R .....

Unspecified = 9999999

### 1.5 Rooms in dwelling:

Total number of livingrooms, including bedrooms	
Number of bedrooms	

## Services for dwelling

### 1.6 Main source of domestic water:

Running tap water in the dwelling	01
Running tap water on the site	02
Water carrier/tanker	03
Piped to public tap/kiosk (free)	04
Piped to public tap/kiosk (payment required)	05
Borehole with handpump on site	06
Borehole with handpump: communal	07
Borehole with engine on site	08
Borehole with engine: communal	09
Rainwater tank	10
Flowing water/stream	11
Dam/pool/stagnant water	12
Well (non-borehole) on site	13
Well (non-borehole): communal	14
Protected spring	15
Unprotected spring	16
Other (specify): .....	17

Continue on next page.

### 1.7 Is water obtained adequate for normal household purposes?

Always	1
Mostly yes	2
Mostly no	3
No	4

### 1.8 How far is the water if it has to be fetched?

Less than 100 m	1
100 m - less than 200 m	2
200 m - less than 1 km	3
1 km or more	4

### 1.9 Does the household have to pay for its water?

Yes	1
No	2
Sometimes	3

### 1.10 Energy sources: (Up to three most important sources in order of importance).

	Cooking	Heating	Lighting
Electricity from public supply			
Electricity from generator			
Electricity from battery			
Electricity from solar system			
Gas			
Paraffin			
Wood			
Coal			
Candles			
Other (specify)			

### 1.11 Sanitation:

Flush toilet	1
Chemical toilet	2
Pit latrine with ventilation (VIP)	3
Other pit latrine	4
Bucket toilet	5
None	6

### 1.12 Is facility shared with other households?

Shared - yes and available most of time	1
Shared - yes and not available most of time	2
Shared - no	3

### 1.13 If shared - with how many households?

### 1.14 Refuse disposal:

Removed by local authority	1
Communal refuse dump	2
Own refuse dump	3
None	4

### 1.15 If removed by local authority - how often?

Once a week	1
Once a fortnight	2
Once a month	3
Irregularly	4

### 1.16 Telecommunication:

Telephone in dwelling	1
Communal telephone (e.g. tickey-box)	2
Access to telephone at neighbour	3
Access to telephone at shop	4
None	5

*Continue on next page.*

## Section 1 (concluded)

**1.17 If there is no telephone in the dwelling - how far is the nearest available telephone?**

Less than 100 m	1
100 m - less than 200 m	2
200 m - less than 1 km	3
1 km or more	4

### Perceived quality of life

**1.18 Thinking about your physical safety in your neighbourhood, how safe do you feel living there?**

Very safe	1
Rather safe	2
Rather unsafe	3
Very unsafe	4

**1.19 Thinking about your physical safety in your own dwelling, how safe do you feel?**

Very safe	1
Rather safe	2
Rather unsafe	3
Very unsafe	4

**1.20 Has your physical safety in your own dwelling changed, if at all, since October 1993?**

**Are you safer than you were a year ago, about the same, or less safe?**

More	1
The same	2
Less	3

**1.21 In winter, how difficult is it to breathe where you live, because of smoke and pollution?**

Very difficult	1
Rather difficult	2
Slightly difficult	3
Not difficult	4

**1.22 In the last year has there ever been a time when you did not have enough money to feed the children in the household?**

Yes	1
No	2
Not applicable (no children)	3

**1.23 Does head of household normally reside at least 4 nights a week at this household?**

Yes	1
No	2

*Go to flap.*

## Section 2

This section covers particulars of each person in the household

*Interviewer: Start from the left (person No 1) and complete Section 2 (pages 4 to 8) for each person in the household separately.  
Circle applicable code.*

	1	2	3	4	5	6	7	8	9	10
2.1 Population group										
1 = Asian	1	1	1	1	1	1	1	1	1	1
2 = Coloured	2	2	2	2	2	2	2	2	2	2
3 = White	3	3	3	3	3	3	3	3	3	3
4 = Black	4	4	4	4	4	4	4	4	4	4
2.2 Relationship to head/acting head of household										
1 = Head/acting head	1	1	1	1	1	1	1	1	1	1
2 = Spouse (could be husband or wife)	2	2	2	2	2	2	2	2	2	2
3 = Child	3	3	3	3	3	3	3	3	3	3
4 = Grandchild	4	4	4	4	4	4	4	4	4	4
5 = Other relative	5	5	5	5	5	5	5	5	5	5
6 = Boarder (share meals)	6	6	6	6	6	6	6	6	6	6
7 = Domestic worker	7	7	7	7	7	7	7	7	7	7
8 = Other household members	8	8	8	8	8	8	8	8	8	8
9 = Visitor	9	9	9	9	9	9	9	9	9	9
2.3 Marital status										
1 = Never married	1	1	1	1	1	1	1	1	1	1
2,3 = Married: 2 = civil	2	2	2	2	2	2	2	2	2	2
3 = traditional (customary)	3	3	3	3	3	3	3	3	3	3
4 = Living together	4	4	4	4	4	4	4	4	4	4
5 = Widower/Widow	5	5	5	5	5	5	5	5	5	5
6 = Divorced/separated	6	6	6	6	6	6	6	6	6	6
2.4 Place of birth:										
State town/place name, province and country.										
Unspecified: district	953									
country	63									
See code lists for district and country										

Continue on next page.

**Section 2 (continued)**

	1	2	3	4	5	6	7	8	9	10
<b>2.5</b> Did... move into this area <b>after 1 October 1993?</b>										
1 = No ( <i>Go to Question 2.6</i> )	1	1	1	1	1	1	1	1	1	1
2 = Yes	2	2	2	2	2	2	2	2	2	2
If "Yes", from where?										
State town/place name, province and country										
unspecified: district	953									
country	63									
See code lists for district and country										
Was ... previous place of residence, as mentioned above, a city/town, next to a city/town (peri-urban) or outside a city/town (rural)?										
1 = In city/town	1	1	1	1	1	1	1	1	1	1
2 = Next to city/town	2	2	2	2	2	2	2	2	2	2
3 = Outside city/town	3	3	3	3	3	3	3	3	3	3
If in city/town or next to city/town: Describe type of dwelling:										
1 = Formal dwelling	1	1	1	1	1	1	1	1	1	1
2 = Backyard dwelling	2	2	2	2	2	2	2	2	2	2
3 = Squatter dwelling	3	3	3	3	3	3	3	3	3	3
4 = Hostel	4	4	4	4	4	4	4	4	4	4
If outside city/town:										
5 = Own dwelling	5	5	5	5	5	5	5	5	5	5
6 = Dwelling supplied by some one else (includes rented dwelling)	6	6	6	6	6	6	6	6	6	6
<b>2.6</b> Is ... presently <b>attending</b> school/college/university/ technikon, etc.?										
1 = Yes, full-time	1	1	1	1	1	1	1	1	1	1
2 = Yes, part-time	2	2	2	2	2	2	2	2	2	2
3 = No	3	3	3	3	3	3	3	3	3	3

*Continue on next page.*

	1	2	3	4	5	6	7	8	9	10
2.7 Highest school standard passed or education level obtained										
00 = No schooling	00	00	00	00	00	00	00	00	00	00
01 = Sub A/Sub B/grade 1/grade 2/Std-1	01	01	01	01	01	01	01	01	01	01
02 = Std 2	02	02	02	02	02	02	02	02	02	02
03 = Std 3	03	03	03	03	03	03	03	03	03	03
04 = Std 4	04	04	04	04	04	04	04	04	04	04
05 = Std 5	05	05	05	05	05	05	05	05	05	05
06 = Std 6	06	06	06	06	06	06	06	06	06	06
07 = Std 7	07	07	07	07	07	07	07	07	07	07
08 = Std 8	08	08	08	08	08	08	08	08	08	08
09 = Std 9	09	09	09	09	09	09	09	09	09	09
10 = Std 10	10	10	10	10	10	10	10	10	10	10
11 = Diploma/certificate with Std 9 or lower	11	11	11	11	11	11	11	11	11	11
12 = Diploma/certificate with Std 10	12	12	12	12	12	12	12	12	12	12
13 = Degree	13	13	13	13	13	13	13	13	13	13
14 = Other (specify in column)	14									
15 = Unspecified	15									
<i>If respondent is 16 years or older and he/she has not yet obtained Std 10 and does not also attend school, go to Question 2.8. Otherwise go to Question 2.9.</i>										
2.8 Would ... wish to continue his/her education?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No (Go to Question 2.9)	2	2	2	2	2	2	2	2	2	2
If "Yes", what prevents ... from continuing his/her education?										
1 = Not enough money	1	1	1	1	1	1	1	1	1	1
2 = Distance from school/college, etc.	2	2	2	2	2	2	2	2	2	2
3 = Responsibilities towards family	3	3	3	3	3	3	3	3	3	3
4 = Other (specify)	4									

Continue on next page.

	1	2	3	4	5	6	7	8	9	10
2.9 If ... is a scholar, what did the household spend on ... education fees during the <b>past month</b> ?										
School fees	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
Transport	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
Other (books, school uniforms, boarding)	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
PRIMARY HEALTH CARE										
2.10 Has ... been ill during the <b>last month</b> ?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
2.11 Has ... been injured during the <b>last month</b> ?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
2.12 Was ... discharged from hospital during the <b>last month</b> ?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
2.13 Did ... consult any of the following during the <b>last month</b> ?										
Nurse										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
Doctor										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
Medical specialist										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
Dentist										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
Pharmacist										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
Any other health care provider (including psychologist, physiotherapist, chiropractor, homeopath, optometrist)										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
Spiritual healer (church related)										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
Traditional healer (sangoma/ngaka/inanga)										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2

Continue on next page.



## Section 2 (concluded)

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	1	2	3	4	5	6	7	8	9	10
2.14 How far is ... closest medical service?										
1 = Less than 1 km	1	1	1	1	1	1	1	1	1	1
2 = 1 km - less than 5 km	2	2	2	2	2	2	2	2	2	2
3 = 5 km or more	3	3	3	3	3	3	3	3	3	3
2.15 Does ... have access to a medical aid benefit fund?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
2.16 Does ... smoke?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2

*Go to next person. If last person go to Section 3.*

This section covers information regarding workers (formal and informal), unemployed and not economically active persons

**Interviewer:** Start from the left (person No 1) and complete Section 3 (pages 9 to 18) for each person 10 years and older separately.

Circle applicable code.

	1	2	3	4	5	6	7	8	9	10
3.1 Now I am going to ask questions about ... activities. What did ... do most during the last 7 days?										
1 = Working ( <i>Go to 3.3</i> )	1	1	1	1	1	1	1	1	1	1
2 = With a job but absent from work (eg. sick-leave, leave, etc.)	2	2	2	2	2	2	2	2	2	2
3 = Going to school/college/university, etc.	3	3	3	3	3	3	3	3	3	3
4 = Unemployed (but looking for work)	4	4	4	4	4	4	4	4	4	4
5 = Not working, not looking for work	5	5	5	5	5	5	5	5	5	5
6-10 = Housekeeping, specify:										
6 = cleaning	6	6	6	6	6	6	6	6	6	6
7 = cooking	7	7	7	7	7	7	7	7	7	7
8 = caring for children	8	8	8	8	8	8	8	8	8	8
9 = caring for old/disabled people in the household	9	9	9	9	9	9	9	9	9	9
10 = none of the above	10	10	10	10	10	10	10	10	10	10
11 = Retired (pensioner)	11	11	11	11	11	11	11	11	11	11
12 = Permanently unable to work ( <i>Go to 3.36</i> )	12	12	12	12	12	12	12	12	12	12
13 = Other (specify in column)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Did ... do any work (formal or informal) for <b>pay, profit</b> or <b>family gain</b> during the <b>past year</b> ? (This includes any work done for pay, profit or family gain by housewives and scholars.)										
<b>Note:</b> Work also includes:										
-Car wash, parking indicator										
-Car repairs at home, typing at home, pottery, dressmaking at home, baking at home, etc.										
-Looking after cattle, poultry										
-Vegetable, fruit gardening										
-Making baskets, carpets, mats										
-Recycling, hawking, spaza shop										
<b>Interviewer:</b> Responses for question 3.2 on next page										

Continue on next page.

## Section 3 (continued)

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	1	2	3	4	5	6	7	8	9	10
3.2 continued										
1 = No <i>If respondent is 15 years and older go to Question 3.23, otherwise end interview and go to next person. If last person, go to Section 4.</i>	1	1	1	1	1	1	1	1	1	1
2 = Yes	2	2	2	2	2	2	2	2	2	2
If "Yes", how long ago?										
3 = 1 week - less than 1 month	3	3	3	3	3	3	3	3	3	3
4 = 1 month - less than 3 months	4	4	4	4	4	4	4	4	4	4
5 = 3 months - less than 6 months	5	5	5	5	5	5	5	5	5	5
6 = 6 months - 1 year	6	6	6	6	6	6	6	6	6	6
3.3 How many hours did ... actually work during the last 7 days that he/she worked? If more than 35 hours go to Question 3.5, otherwise go to Question 3.4.										
3.4 Would ... have liked to work more hours?										
1 = No	1	1	1	1	1	1	1	1	1	1
2 = Yes	2	2	2	2	2	2	2	2	2	2
If "Yes", how many hours in total?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.5 What kind of transport does/did ... use to get to and from work? (Up to three responses allowed.)										
1 = Bus	1	1	1	1	1	1	1	1	1	1
2 = Taxi	2	2	2	2	2	2	2	2	2	2
3 = Train	3	3	3	3	3	3	3	3	3	3
4 = Bicycle	4	4	4	4	4	4	4	4	4	4
5 = Car/Motor Bike	5	5	5	5	5	5	5	5	5	5
6 = On foot	6	6	6	6	6	6	6	6	6	6
7 = Other (specify)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.6 Does/did ... usually travel to and from work after sunset and/or before sunrise?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
3.7 How long does/did ... usually take to travel from home to place of work? Coded 45 minutes	hours	minutes	hours	minutes	hours	minutes	hours	minutes	hours	minutes

Continue on next page.

	1	2	3	4	5	6	7	8	9	10
3.8 Does/did ... work for him/herself (formal or informal) or does/did ... work for someone else? 1 = Someone else (Go to 3.9) 2 = Him/herself (Go to 3.16) 3 = Someone else and him/herself (Go to 3.9)	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
3.9 What is/was the name of ... employer?										
3.10 What is/was the main activity of ... employer? See code list of industry										
3.11 Is/was ... a member of a trade union? 1 = Yes 2 = No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
3.12 What kind of work is/was ... doing at ... main job? (Give full description) See code list of occupations										

Continue on next page.

	1	2	3	4	5	6	7	8	9	10
<b>3.13 INCOME from main job:</b>										
What is/was ... total salary/pay (including overtime) at main job?										
Rand Unspecified = 9999999	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
01 = None	01	01	01	01	01	01	01	01	01	01
02 = R1 - 99	02	02	02	02	02	02	02	02	02	02
03 = R100 - 199	03	03	03	03	03	03	03	03	03	03
04 = R200 - 499	04	04	04	04	04	04	04	04	04	04
05 = R500 - 999	05	05	05	05	05	05	05	05	05	05
06 = R1 000 - 1 999	06	06	06	06	06	06	06	06	06	06
07 = R2 000 - 3 999	07	07	07	07	07	07	07	07	07	07
08 = R4 000 - 7 999	08	08	08	08	08	08	08	08	08	08
09 = R8 000 - 15 999	09	09	09	09	09	09	09	09	09	09
10 = R16 000 - 32 999	10	10	10	10	10	10	10	10	10	10
11 = R33 000+ Unspecified	11	11	11	11	11	11	11	11	11	11
IMPORTANT: Specify per day/week/month/year	12									
1 = day	1	1	1	1	1	1	1	1	1	1
2 = week	2	2	2	2	2	2	2	2	2	2
3 = month	3	3	3	3	3	3	3	3	3	3
4 = year	4	4	4	4	4	4	4	4	4	4
What is/was the estimated value ... receives/received in kind for:										
- transport	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
- clothing	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
- food	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
- other Unspecified = 9 999	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
IMPORTANT: Specify per day/week/month/year										
1 = day	1	1	1	1	1	1	1	1	1	1
2 = week Calculated per month	2	2	2	2	2	2	2	2	2	2
3 = month	3	3	3	3	3	3	3	3	3	3
4 = year	4	4	4	4	4	4	4	4	4	4

Continue on next page.

# Section 3 (continued)

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	1	2	3	4	5	6	7	8	9	10
<b>3.14</b> Indicate whether ... income previously stated is/was total salary/pay (before deductions) or is/was 'take-home' pay? 1 = Total salary/pay before deductions. 2 = Take-home pay If "Total salary/pay", what is the amount that is/was deducted? <i>Unspecified 99999</i>	1 2 R .....	1 2 R .....	1 2 R .....	1 2 R .....	1 2 R .....	1 2 R .....	1 2 R .....	1 2 R .....	1 2 R .....	1 2 R .....
<b>3.15</b> In addition to the main occupation, did ... also do any other work for him/herself (part-time or informal) for own account during the past year? 1 = Yes Go to Question 3.16 2 = No Go to Question 3.22	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
<b>3.16</b> Describe the work ... does/did for him/herself (own account) See code list for occupations and industry <i>Note: Describe type of work in detail. See note at Question 3.2 for examples.</i>										
<b>3.17</b> Now I would like to determine whether ... job/business is/was informal or formal (registered). There are several ways of registering a business. Many small businesses do not register at the following offices: - Registrar of companies - Commissioner of unemployment insurance - Commissioner of workmen's compensation Is/was ... business registered at any of the above-mentioned? 1 = Yes 2 = No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
<b>3.18</b> Does/did ... have a VAT number? 1 = Yes 2 = No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

Continue on next page.

# Section 3 (continued)

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	1	2	3	4	5	6	7	8	9	10
3.19 What was ... gross income/turnover (before deducting expenses) for all own account activities?										
Rand Unspecified = 9999999	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
01 = None	01	01	01	01	01	01	01	01	01	01
02 = R1 - 99	02	02	02	02	02	02	02	02	02	02
03 = R100 - 199	03	03	03	03	03	03	03	03	03	03
04 = R200 - 499	04	04	04	04	04	04	04	04	04	04
05 = R500 - 999	05	05	05	05	05	05	05	05	05	05
06 = R1 000 - 1 999	06	06	06	06	06	06	06	06	06	06
07 = R2 000 - 3 999	07	07	07	07	07	07	07	07	07	07
08 = R4 000 - 7 999	08	08	08	08	08	08	08	08	08	08
09 = R8 000 - 15 999	09	09	09	09	09	09	09	09	09	09
10 = R16 000 - 31 999	10	10	10	10	10	10	10	10	10	10
11 = R32 000 - 63 999	11	11	11	11	11	11	11	11	11	11
12 = R64 000 - 127 999	12	12	12	12	12	12	12	12	12	12
13 = R128 000+ Unspecified	13	13	13	13	13	13	13	13	13	13
14										
IMPORTANT: Specify per day/week/month/year										
1 = day	1	1	1	1	1	1	1	1	1	1
2 = week	2	2	2	2	2	2	2	2	2	2
3 = month	3	3	3	3	3	3	3	3	3	3
4 = year	4	4	4	4	4	4	4	4	4	4
Note to enumerator: If the respondent earned less than R500 per month, ask the following question:										
If a suitable job is offered to ..., will ... accept it?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2

Continue on next page.

## Section 3 (continued)

Unspecified Fisser = 99999

	1		2		3		4		5		6		7		8		9		10	
3.20 How much money did ... spend on salaries/wages/commission and goods/materials, etc. in order to earn his/her gross income during the last month that ... worked?																				
3.21 State number of persons working for ... (including unpaid family workers) and total salaries and wages paid during the last month that ... worked. 1 Number of employees: Unpaid ----- Paid ----- 2 Total salaries/wages/commission paid ----- <i>Note to enumerator: If one or more of the employees are part of the household, write down their respondent number(s).</i>	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs	Total	Under 15 yrs
	R. 99 999		R. ....		R. ....		R. ....		R. ....		R. ....		R. ....		R. ....		R. ....		R. ....	
3.22 Did ... do the formal or informal job as specified earlier during the last 7 days? 1 = Yes Section 3 completed for this person. Go to next person. If last person, go to Section 4. 2 = No Go to Question 3.23	1		1		1		1		1		1		1		1		1		1	
	2		2		2		2		2		2		2		2		2		2	
3.23 Even if ... did not work the past week for some reason, did ... have a job or enterprise or an attachment to a job or enterprise such as a business, farm, etc. ? 1 = Yes, an enterprise such as a business, farm, etc. 2 = Yes, payment for duration of absence 3 = Yes, assurance or agreement on return to work 4 = Yes, but starting later 5 = No (Go to 3.26)	1		1		1		1		1		1		1		1		1		1	
	2		2		2		2		2		2		2		2		2		2	
	3		3		3		3		3		3		3		3		3		3	
	4		4		4		4		4		4		4		4		4		4	
	5		5		5		5		5		5		5		5		5		5	

Continue on next page.



# Section 3 (continued)

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	1	2	3	4	5	6	7	8	9	10
3.24 Why did ... not work the past week?										
01 = Illness or injury	01	01	01	01	01	01	01	01	01	01
02 = Strike or stay-away	02	02	02	02	02	02	02	02	02	02
03 = Bad weather	03	03	03	03	03	03	03	03	03	03
04 = Problems with transport	04	04	04	04	04	04	04	04	04	04
05 = Vacation, leave	05	05	05	05	05	05	05	05	05	05
06 = Study or training leave	06	06	06	06	06	06	06	06	06	06
07 = Maternity or parental leave	07	07	07	07	07	07	07	07	07	07
08 = Off-season activity	08	08	08	08	08	08	08	08	08	08
09 = Unrest (violence)	09	09	09	09	09	09	09	09	09	09
10 = Reduction in economic activity such as: lower production due to less demand; shortage of irrigation water or shortage of raw materials	10	10	10	10	10	10	10	10	10	10
11 = Other reason (specify in column)	.....11.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.25 What kind of work does ... usually do? (Give full description of job.) See code list of occupations  <b>IMPORTANT: Section 3 is completed for this person. Go to next person. If last person go to Section 4.</b>										
3.26 If a suitable job is offered to ...will ... accept it? 1 = Yes 2 = No (Go to 3.35)	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
3.27 How soon could ... start working? 1 = Within a week 2 = Within 2 weeks 3 = After 2 weeks	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
3.28 How long has ... been seeking work? 1 = Less than a month 2 = 1 to 2 months 3 = 2 to 6 months 4 = 6 months to a year 5 = More than a year	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

## Section 3 (continued)

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	1	2	3	4	5	6	7	8	9	10
3.29 In the past 4 weeks, what has ... done to find work?										
1 = Nothing, but still wants work	1	1	1	1	1	1	1	1	1	1
2 = Nothing: wants work but already has a job to start at a definite date in the future	2	2	2	2	2	2	2	2	2	2
3 = Waited/registered at employment agency/trade union	3	3	3	3	3	3	3	3	3	3
4 = Enquired at workplaces, farms, factories or called on other possible employers	4	4	4	4	4	4	4	4	4	4
5 = Placed/answered advertisement(s)	5	5	5	5	5	5	5	5	5	5
6 = Sought assistance of relatives or friends	6	6	6	6	6	6	6	6	6	6
7 = Looked for land, building, equipment or applied for permit to start own business or farming	7	7	7	7	7	7	7	7	7	7
8 = Sought/underwent training	8	8	8	8	8	8	8	8	8	8
9 = Other (specify in column)	9	9	9	9	9	9	9	9	9	9
3.30 Is ... trained or skilled to do a specific job?										
1 = Yes	1	1	1	1	1	1	1	1	1	1
2 = No	2	2	2	2	2	2	2	2	2	2
If "Yes", describe skill or qualification	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
See code list of occupations	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.31 What is the minimum salary or wage ... is prepared to work for? Unspecified = 9999999	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....	R .....
IMPORTANT: Specify per day/week/month/year	per	per	per	per	per	per	per	per	per	per
1 = day	1	1	1	1	1	1	1	1	1	1
Calculated per month	2	2	2	2	2	2	2	2	2	2
2 = week	3	3	3	3	3	3	3	3	3	3
3 = month	4	4	4	4	4	4	4	4	4	4
4 = year										
3.32 Has ... ever worked in the past for pay, profit or family gain?										
1 = No (Go to 3.35)	1	1	1	1	1	1	1	1	1	1
2 = Yes	2	2	2	2	2	2	2	2	2	2
If "Yes", how long ago? See question 3.28 for codes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.33 What was ... last occupation (nature of work)?										
See code list of occupations										

# Section 3 (concluded)

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	1	2	3	4	5	6	7	8	9	10
3.34 What was ... reason for leaving his/her previous (last) job?										
1 = Resigned voluntarily	1	1	1	1	1	1	1	1	1	1
2 = Retired	2	2	2	2	2	2	2	2	2	2
3 = Retrenched/Closure of business or workplace	3	3	3	3	3	3	3	3	3	3
4 = Fired	4	4	4	4	4	4	4	4	4	4
5 = Boarded on medical grounds	5	5	5	5	5	5	5	5	5	5
6 = Non-permanent (temporary) job ended	6	6	6	6	6	6	6	6	6	6
3.35 Why did ... not work during the last 7 days?										
01 = Lack of skills or qualifications for available jobs	01	01	01	01	01	01	01	01	01	01
02 = Cannot find suitable work (salary, location of work or conditions not satisfactory)	02	02	02	02	02	02	02	02	02	02
03 = Has found a job, but only starting at a definite date in the future	03	03	03	03	03	03	03	03	03	03
04 = Scholar or student, prefers not to work	04	04	04	04	04	04	04	04	04	04
05 = Housewife, prefers not to work	05	05	05	05	05	05	05	05	05	05
06 = Retired and prefers not to work	06	06	06	06	06	06	06	06	06	06
07 = Illness, invalid, cripple or unable to work (handicapped)	07	07	07	07	07	07	07	07	07	07
08 = Too young or too old to work	08	08	08	08	08	08	08	08	08	08
09 = Seasonal worker e.g. fruit-picker, wool-shearer	09	09	09	09	09	09	09	09	09	09
10 = Contract worker e.g. mine-worker resting according to contract	10	10	10	10	10	10	10	10	10	10
11 = Other reason (specify in column)	11									
3.36 How does ... support him/herself?										
1 = Did odd jobs during the past week (Go to 3.1)	1	1	1	1	1	1	1	1	1	1
2 = Supported by persons in the household	2	2	2	2	2	2	2	2	2	2
3 = Supported by relatives not in the household	3	3	3	3	3	3	3	3	3	3
4 = Supported by friends not in the household	4	4	4	4	4	4	4	4	4	4
5 = Supported by charity, church, welfare, etc.	5	5	5	5	5	5	5	5	5	5
6 = Unemployment benefit	6	6	6	6	6	6	6	6	6	6
7 = Savings or money previously earned	7	7	7	7	7	7	7	7	7	7
8 = Old age or disability pension	8	8	8	8	8	8	8	8	8	8
9 = Other e.g. bursary, loan	9	9	9	9	9	9	9	9	9	9

If answered 2 - 0 Section 2 is completed for this person. Go to next person. If last person go to Section 4.

## Section 4

This section covers information regarding deaths in the household during the past year

**Interviewer:** This section must be answered by a senior member of the household (preferably a woman).

Record all the deaths of household members that occurred since 1 September 1993.

Make especially sure of babies and elderly persons.

Stillbirths must not be included.

4.1 Were there any deaths in this household since 1 September 1993?

1 = Yes (Go to 4.2)..... 

1
---

2 = No (Go to Section 5).... 

2
---

4.2	4.3		4.4	4.5		4.6		4.7
Name / Relationship (optional)	Gender		Age (years) Note: Less than 1 year = 0	Give month and year of death		Was the death recorded?		Cause of death <i>See code list</i>
	M	F		Month	Year	Yes	No	
1.	1	2				1	2	
2.	1	2				1	2	
3.	1	2				1	2	
4.	1	2				1	2	
5.	1	2				1	2	

Go to Section 5.

## Section 5

This section covers information regarding births

**Interviewer:** This section must be completed for all women **younger than 55 years of age** in the household who have ever given birth (see flap).  
**Record all live births starting with the last born. Do not include stillbirths and children adopted by the mother.**  
 Remember to **include** children who have died and children who are not currently part of the household.

First name of woman (a): ..... Respondent No: ..... First name of respondent: ..... Respondent No: .....

5.1	5.2		5.3		5.4		5.5	5.6			5.7			5.8		
Name (Starting with last born)  <i>Interviewer: Record twins on separate lines and mark with a bracket</i>	Is/was... a boy or a girl?		Is ... still alive?		If alive: Is ... currently part of this household?		If alive: How old is he/she? <i>Interviewer: Record age in completed years.  Less than 1 year = 0</i>	If dead: How old was ... when he/she died? <i>Interviewer: Record in as much detail as possible</i>			All children: In what year and month was ... born?			All children: Was ... born		
Name of child (optional)	Boy	Girl	Yes	No	Yes	No	Age in years	Age at death			Date of birth			in hospital/ clinic	under other medical supervision	under no medical supervision
								Years	Months	Days	Year	Month	Day			
1.	1	2	1	2	1	2								1	2	3
2.	1	2	1	2	1	2								1	2	3
3.	1	2	1	2	1	2								1	2	3
4.	1	2	1	2	1	2								1	2	3
5.	1	2	1	2	1	2								1	2	3
6.	1	2	1	2	1	2								1	2	3
7.	1	2	1	2	1	2								1	2	3
8.	1	2	1	2	1	2								1	2	3
9.	1	2	1	2	1	2								1	2	3
10.	1	2	1	2	1	2								1	2	3

# Section 5 (continued)

First name of woman (b): ..... Respondent No: ..... First name of respondent: ..... Respondent No: .....

5.1	5.2		5.3		5.4		5.5	5.6			5.7			5.8		
Name (Starting with last born)  <i>Interviewer: Record twins on separate lines and mark with a bracket</i>	Is/was... a boy or a girl?		Is ... still alive?		If alive: Is ... currently part of this household?		If alive: How old is he/she? <i>Interviewer: Record age in completed years.  Less than 1 year = 0</i>	If dead: How old was ... when he/she died? <i>Interviewer: Record in as much detail as possible</i>			All children: In what year and month was ... born?			All children: Was ... born		
Name of child (optional)	Boy	Girl	Yes	No	Yes	No	Age in years	Age at death			Date of birth			in hospital/ clinic	under other medical supervision	under no medical supervision
								Years	Months	Days	Year	Month	Day			
1.	1	2	1	2	1	2								1	2	3
2.	1	2	1	2	1	2								1	2	3
3.	1	2	1	2	1	2								1	2	3
4.	1	2	1	2	1	2								1	2	3
5.	1	2	1	2	1	2								1	2	3
6.	1	2	1	2	1	2								1	2	3
7.	1	2	1	2	1	2								1	2	3
8.	1	2	1	2	1	2								1	2	3
9.	1	2	1	2	1	2								1	2	3
10.	1	2	1	2	1	2								1	2	3

# Section 5 (continued)

First name of woman (c): ..... Respondent No: ..... First name of respondent: ..... Respondent No: .....

5.1	5.2		5.3		5.4		5.5	5.6			5.7			5.8		
Name (Starting with last born)  <i>Interviewer: Record twins on separate lines and mark with a bracket</i>	Is/was... a boy or a girl?		Is ... still alive?		If alive: Is ... currently part of this household?		If alive: How old is he/she? <i>Interviewer: Record age in completed years.  Less than 1 year = 0</i>	If dead: How old was ... when he/she died? <i>Interviewer: Record in as much detail as possible</i>			All children: In what year and month was ... born?			All children: Was ... born		
Name of child (optional)	Boy	Girl	Yes	No	Yes	No	Age in years	Age at death			Date of birth			in hospital/ clinic	under other medical supervision	under no medical supervision
								Years	Months	Days	Year	Month	Day			
1.	1	2	1	2	1	2								1	2	3
2.	1	2	1	2	1	2								1	2	3
3.	1	2	1	2	1	2								1	2	3
4.	1	2	1	2	1	2								1	2	3
5.	1	2	1	2	1	2								1	2	3
6.	1	2	1	2	1	2								1	2	3
7.	1	2	1	2	1	2								1	2	3
8.	1	2	1	2	1	2								1	2	3
9.	1	2	1	2	1	2								1	2	3
10.	1	2	1	2	1	2								1	2	3

## Section 5 (continued)

First name of woman (d): ..... Respondent No: ..... First name of respondent: ..... Respondent No: .....

5.1	5.2		5.3		5.4		5.5	5.6			5.7			5.8		
Name (Starting with last born)  <i>Interviewer: Record twins on separate lines and mark with a bracket</i>	Is/was... a boy or a girl?		Is ... still alive?		If alive: Is ... currently part of this household?		If alive: How old is he/she? <i>Interviewer: Record age in completed years.  Less than 1 year = 0</i>	If dead: How old was ... when he/she died? <i>Interviewer: Record in as much detail as possible</i>			All children: In what year and month was ... born?			All children: Was ... born		
Name of child (optional)	Boy	Girl	Yes	No	Yes	No	Age in years	Age at death			Date of birth			in hospital/ clinic	under other medical supervision	under no medical supervision
								Years	Months	Days	Year	Month	Day			
1.	1	2	1	2	1	2								1	2	3
2.	1	2	1	2	1	2								1	2	3
3.	1	2	1	2	1	2								1	2	3
4.	1	2	1	2	1	2								1	2	3
5.	1	2	1	2	1	2								1	2	3
6.	1	2	1	2	1	2								1	2	3
7.	1	2	1	2	1	2								1	2	3
8.	1	2	1	2	1	2								1	2	3
9.	1	2	1	2	1	2								1	2	3
10.	1	2	1	2	1	2								1	2	3



## Section 5 (continued)

First name of woman (e): ..... Respondent No: ..... First name of respondent: ..... Respondent No: .....

5.1	5.2		5.3		5.4		5.5	5.6			5.7			5.8		
Name (Starting with last born)  <i>Interviewer: Record twins on separate lines and mark with a bracket</i>	Is/was... a boy or a girl?		Is ... still alive?		If alive: Is ... currently part of this household?		If alive: How old is he/she? <i>Interviewer: Record age in completed years.  Less than 1 year = 0</i>	If dead: How old was ... when he/she died? <i>Interviewer: Record in as much detail as possible</i>			All children: In what year and month was ... born?			All children: Was ... born		
Name of child (optional)	Boy	Girl	Yes	No	Yes	No	Age in years	Age at death			Date of birth			in hospital/ clinic	under other medical supervision	under no medical supervision
								Years	Months	Days	Year	Month	Day			
1.	1	2	1	2	1	2								1	2	3
2.	1	2	1	2	1	2								1	2	3
3.	1	2	1	2	1	2								1	2	3
4.	1	2	1	2	1	2								1	2	3
5.	1	2	1	2	1	2								1	2	3
6.	1	2	1	2	1	2								1	2	3
7.	1	2	1	2	1	2								1	2	3
8.	1	2	1	2	1	2								1	2	3
9.	1	2	1	2	1	2								1	2	3
10.	1	2	1	2	1	2								1	2	3

# Section 5 (concluded)

First name of woman (f): ..... Respondent No: ..... First name of respondent: ..... Respondent No: .....

5.1	5.2		5.3		5.4		5.5	5.6			5.7			5.8		
Name (Starting with last born)  <i>Interviewer: Record twins on separate lines and mark with a bracket</i>	Is/was... a boy or a girl?		Is ... still alive?		If alive: Is ... currently part of this household?		If alive: How old is he/she? <i>Interviewer: Record age in completed years.  Less than 1 year = 0</i>	If dead: How old was ... when he/she died? <i>Interviewer: Record in as much detail as possible</i>			All children: In what year and month was ... born?			All children: Was ... born		
Name of child (optional)	Boy	Girl	Yes	No	Yes	No	Age in years	Age at death			Date of birth			in hospital/ clinic	under other medical supervision	under no medical supervision
								Years	Months	Days	Year	Month	Day			
1.	1	2	1	2	1	2								1	2	3
2.	1	2	1	2	1	2								1	2	3
3.	1	2	1	2	1	2								1	2	3
4.	1	2	1	2	1	2								1	2	3
5.	1	2	1	2	1	2								1	2	3
6.	1	2	1	2	1	2								1	2	3
7.	1	2	1	2	1	2								1	2	3
8.	1	2	1	2	1	2								1	2	3
9.	1	2	1	2	1	2								1	2	3
10.	1	2	1	2	1	2								1	2	3

## Flap

**Interviewer:** The following information must be obtained in respect of every person who has slept at least 4 nights during the last week in this household. Do not forget babies.

Question	Person (Respondent number)									
	1(Head/ acting head)	2	3	4	5	6	7	8	9	10
A. First name										
B. Is household member present during interview? 1 = Yes 2 = No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
C. Gender 1 = Male 2 = Female	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
D. Age (years - If less than 1 year = 0) ----- Year of birth -----	..... 19 ...	..... 19 ...	..... 19 ...	..... 19 ...	..... 19 ...	..... 19 ...	..... 19 ...	..... 19 ...	..... 19 ...	..... 19 ...
E. Women younger than 55 years who have ever given birth 1 = Yes    Code 3 = Woman who answered "Yes" 2 = No    but didn't give any information in section 5	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
F. All women 16 years and older but younger than 55 years. What does ... consider to be the ideal number of children a family should have. Unspecified Do not know	..... x w	.....	.....	.....	.....	.....	.....	.....	.....	.....

Go to Section 2. Keep flap unfolded so that it forms a heading for each page.