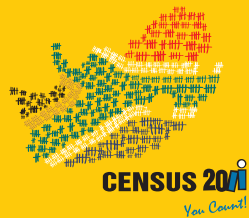




HOUSEHOLD QUESTIONNAIRE  
FOR STATISTICAL USE ONLY

A



STATISTICS ACT NO. 6 OF 1999 (CONFIDENTIALITY)

17(1) Despite any other law, no return or other information collected by Statistics South Africa for the purposes of official or other statistics that relates to an individual or a household may be disclosed to any person.

17(3b) Any person who is involved in the collection of, or who may use, that information or data, must first take an oath of confidentiality.

18(1e) Any officer of Statistics South Africa who willfully discloses any data or

18(1g) information obtained in the course of such employment to a person not authorised to receive that information is guilty of an offence and liable on conviction to a fine not exceeding R10 000, or to imprisonment for a period not exceeding 6 months or to both.

ENUMERATION AREA NUMBER

Province ..... Local municipality .....

Main place ..... Sub-place .....

Physical identification of the dwelling unit .....

Postal code      Landline/Cell phone of enumerated household .....

PARTICULARS OF THE HOUSEHOLD

Dwelling unit number      Total number of persons in the household      Males      Females      Total

Household number      Questionnaire      of      completed for this household

Total number of households at this dwelling      Map reference number      Listing record number

If more than one questionnaire is used in the household, write the barcode of the 1st questionnaire below

METHOD OF QUESTIONNAIRE COMPLETION - Mark the appropriate circle with an X

A fieldworker through an interview      A household member through self-completion

FIELD STAFF

Fieldworker ID No.      Supervisor ID No.

Signature ..... Signature .....

RESPONSE DETAILS

| Visit No. | Date (actual) | Interview  |          | Result Code | Next Visit (Planned) |      |
|-----------|---------------|------------|----------|-------------|----------------------|------|
|           |               | Start Time | End Time |             | Date                 | Time |
| 1         |               |            |          |             |                      |      |
| 2         |               |            |          |             |                      |      |
| 3         |               |            |          |             |                      |      |
| 4         |               |            |          |             |                      |      |

Comments and full details of all non-response / unusual circumstances

| RESULT CODE | RESPONSE DETAILS                |
|-------------|---------------------------------|
| 11          | Completed                       |
| 12          | Partly completed                |
| 21          | Non-contact                     |
| 22          | Refusal                         |
| 31          | Unoccupied                      |
| 32          | Vacant                          |
| 33          | Demolished                      |
| 34          | New dwelling under construction |

FINAL RESULT CODE     

SHOULD YOU ENCOUNTER ANY DIFFICULTIES IN THE COMPLETION OF THE QUESTIONNAIRE, PLEASE CONTACT:

..... ON .....

OR PHONE THE CENSUS HOTLINE, TOLL FREE, ON 0800 110 248

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X-123456789



A0C

PROCEDURES OF ENUMERATION

Who should be the respondent?

- The head/acting head of the household.
- In the absence of head/acting head, any responsible adult member left in charge of the household.

Note:

A household is a group of persons who live together, and provide themselves jointly with food or other essentials for living, or a single person who lives alone.

- Domestic workers are counted as a separate household even if they live in the same dwelling as the employer.

Who should be counted in this questionnaire?

- All persons present in the household on the reference night (midnight 9-10 October 2011)
- Include babies born before the reference night as well as visitors.
- Members who died after the reference night must be counted as alive.
- Members of the household who were absent overnight, for example working, travelling or at an entertainment venue, religious gathering, if they returned to the household the next day.
- Individuals in converted hostels, residential hotels and old age homes (depending on arrangement).

How to complete the questionnaire

- Read every question carefully
- Make sure that all the codes are written inside the boxes.

For example:

3      3

Correct

Incorrect

- For numeric values, such as age, person number, number of children, the enumerator/respondent should write the correct answer in the box and include leading zeros. For example:

0 0 7

- For open-ended questions, the enumerator/respondent should write legibly in CAPITAL LETTERS in the boxes provided with no spaces between the words. For example Cape Town should be written as:

C A P E T O W N

- Do not write zeros in boxes where questions are not applicable

What to use when completing this questionnaire?

Use only a pencil. If you make a mistake, use a soft rubber to erase the mistake and write the correct answer.

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X-123456789



X-123456789

CENSUS 2011 DRESS REHEARSAL



X-123456789

FLAP: PARTICULARS OF ALL INDIVIDUALS

Please write the name and surname of the household head and first names of every person who was present in this household on the census night (midnight 9-10 October 2011)

One name on each row. Start with head or acting head of household.

The head or acting head is the person who is the main decision-maker of the household. If people are equally decision-makers, then take the oldest person as the household head.

For babies with no name, write BABY.

Please include babies, small children, old people and visitors who were present in this household on the census night (9-10 October 2011)

| F-00 PERSON NUMBER   | F-01 PERSON NAME  | F-02 AGE IN COMPLETED YEARS   | F-03 SEX<br>1 = Male<br>2 = Female  |                    |
|--|---|---|---|--------------------|
| <div>Write 0 or 1 in the first box for all persons listed on the flap</div> <div>Example:<br/>Row 1<br/>0 1<br/>Row 10<br/>1 0</div> | <div>Example</div> <div>J O H N M A L U<br/>L E K E</div> | <div>Example 1</div> <div>0 3 1</div> <div>Example 2</div> <div>Child less than 1 year</div> <div>0 0 0</div> | <div>Example</div> <div>X 1 Male<br/>2 Female</div> <div>Mark the appropriate circle with an X.</div> |                    |
|  | 1   |   |   | 1 Male<br>2 Female |
|  | 2   |   |   | 1 Male<br>2 Female |
|  | 3   |   |   | 1 Male<br>2 Female |
|  | 4   |   |   | 1 Male<br>2 Female |
|  | 5   |   |   | 1 Male<br>2 Female |
|  | 6   |   |   | 1 Male<br>2 Female |
|  | 7   |   |   | 1 Male<br>2 Female |
|  | 8   |   |   | 1 Male<br>2 Female |
|  | 9   |   |   | 1 Male<br>2 Female |
| 0  |   |   | 1 Male<br>2 Female  |                    |

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A0F

SECTION A: DEMOGRAPHICS - ASK OF EVERYONE LISTED ON THE FLAP

| P-01 DATE OF BIRTH   | P-02 RELATIONSHIP   | P-03 MARITAL STATUS   | P-04 SPOUSE OR PARTNER   | P-05 POPULATION GROUP  | P-06 LANGUAGE  |
|--|---|---|--|--|--|
| <p>What is (name's) date of birth?</p> <div>Example</div> <div>1 9<br/>0 4<br/>1 9 7 9</div> | <p>What is (name's) relationship to the head or acting head of the household?</p> <p>The head or acting head is the person listed in row 1 of the first questionnaire, if more than one questionnaire has been completed for this household.</p> <p>01 = Head/Acting Head<br/>02 = Husband/Wife/Partner<br/>03 = Son/Daughter<br/>04 = Adopted Son/Daughter<br/>05 = Stepchild<br/>06 = Brother/Sister<br/>07 = Parent (Mother/Father)<br/>08 = Parent-in-law<br/>09 = Grand/Great Grandchild<br/>10 = Son/Daughter-in-law<br/>11 = Brother/Sister-in-law<br/>12 = Grandmother/Father<br/>13 = Other relative<br/>14 = Non-related person</p> <p>Write the appropriate code in the boxes.</p> | <p>What is (name's) PRESENT marital status?</p> <p>1 =Married<br/>2 =Living together like married partners<br/>3 =Never married<br/>4 =Widower/widow<br/>5 =Separated<br/>6 =Divorced</p> <p>Write the appropriate code in the box.</p> <div>If 3-6, Go to P-05</div> | <p>Who in this household is (name's) spouse or partner?</p> <p>Write the <b>person number</b> of the spouse or partner in the appropriate boxes.</p> <p>If the spouse or partner does not reside in the household, write 98.</p> <p><b>Note:</b> Refer to person on flap e.g. 02</p> | <p>How would (name) describe him/herself in terms of population group?</p> <p>1 = Black African<br/>2 = Coloured<br/>3 = Indian or Asian<br/>4 = White<br/>5 = Other</p> <p>Write the appropriate code in the box.</p> | <p>Which two languages does (name) speak most often in this household?</p> <p>01 = Afrikaans<br/>02 = English<br/>03 = IsiNdebele<br/>04 = IsiXhosa<br/>05 = IsiZulu<br/>06 = Sepedi<br/>07 = Sesotho<br/>08 = Setswana<br/>09 = SiSwati<br/>10 = Tshivenda<br/>11 = Xitsonga<br/>12 = Sign language<br/>13 = Other</p> <p>Write the appropriate code in the boxes.</p> <p>If no other language, write 00 in the second box.</p> |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |
| <div>D D<br/>M M<br/>Y Y Y Y</div>   | <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div>First</div> <div></div> <div>Second</div> <div></div>   |

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A01

[illegible]

## SECTION B: MIGRATION (Continued)

[illegible]



SECTION C: GENERAL HEALTH AND FUNCTIONING -  
ASK OF EVERYONE LISTED ON THE FLAP

P-12 HEALTH AND FUNCTIONING

Does (name) have difficulty in the following?

- A = Seeing even when using eye glasses?  
B = Hearing even when using a hearing aid?  
C = Communicating in his/her language (i.e. understanding others or being understood by others)?  
D = Walking or climbing stairs?  
E = Remembering or concentrating?  
F = With self-care such as washing all over, dressing or feeding?

- 1 = No difficulty  
2 = Some difficulty  
3 = A lot of difficulty  
4 = Cannot do at all  
5 = Do not know  
6 = Cannot yet be determined

Write the appropriate code in the box.

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

- ☐ Seeing (A) ☐ Walking / Climbing (D)  
☐ Hearing (B) ☐ Remembering / Concentrating (E)  
☐ Communicating (C) ☐ Self-care (F)

P-13 ASSISTIVE DEVICES AND  
MEDICATION

Does (name) use any of the following?

- A = Eye glasses  
B = Hearing aid  
C = Walking stick or frame  
D = A wheelchair  
E = Chronic medication

- 1 = Yes  
2 = No  
3 = Do not know

Write the appropriate code in the box.

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

- ☐ Glasses (A) ☐ Wheelchair (D)  
☐ Hearing aid (B) ☐ Chronic medication (E)  
☐ Walking stick / frame (C)

SECTION D: PARENTAL SURVIVAL AND  
INCOME - ASK OF EVERYONE LISTED ON  
THE FLAP

P-14 MOTHER  
ALIVE

Is (name's) own  
biological mother  
still alive?

- 1 = Yes  
2 = No  
3 = Do not know

Mark the appropriate  
circle with an X.

If 2-3,  
Go to P-15

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

P-14a MOTHER  
PERSON NUMBER

Who in this  
household is  
(name's) biological  
mother?

If the person's  
mother does not  
reside in the  
household (not  
listed on the flap),  
write 98.

Note: Refer to  
person number on  
flap e.g. 02

P-15 FATHER  
ALIVE

Is (name's) own  
biological father  
still alive?

- 1 = Yes  
2 = No  
3 = Do not know

Mark the  
appropriate circle  
with an X.

If 2-3,  
Go to P-16

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know

- ☐ 1 Yes  
☐ 2 No  
☐ 3 Do not know



SECTION D: PARENTAL SURVIVAL AND INCOME  
(Continued)

| P-15a FATHER PERSON NUMBER   | P-16 INCOME CATEGORY  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
|--|---|---------|--------|----------------|-----------|----------------|-------------|------------------|-----------------|--------------------|------------------|----------------------|-------------------|----------------------|-------------------|-----------------------|--------------------|------------------------|---------------------|------------------------|---------------------|-------------------------|-----------------------|--------------------------|-------------------------|-----------------------|--------------------|
| <b>Who in this household is (name's) biological father?</b><br><br><i>If the person's father does not reside in the household (not listed on the flap), write 98.</i><br><b>Note:</b> Refer to person number on flap e.g. 02 | <b>What is the income category that best describes the gross monthly or annual income of (name) before deductions and including all sources of income?</b><br><br><table><tr><th>Monthly</th><th>Annual</th></tr><tr><td>01 = No income</td><td>No income</td></tr><tr><td>02 = R1 - R400</td><td>R1 - R4 800</td></tr><tr><td>03 = R401 - R800</td><td>R4 801 – R9 600</td></tr><tr><td>04 = R801 – R1 600</td><td>R9 601 – R19 200</td></tr><tr><td>05 = R1 601 – R3 200</td><td>R19 201 – R38 400</td></tr><tr><td>06 = R3 201 – R6 400</td><td>R38 401 – R76 800</td></tr><tr><td>07 = R6 401 – R12 800</td><td>R76 801 – R153 600</td></tr><tr><td>08 = R12 801 – R25 600</td><td>R153 601 – R307 200</td></tr><tr><td>09 = R25 601 – R51 200</td><td>R307 201 – R614 400</td></tr><tr><td>10 = R51 201 – R102 400</td><td>R614 401 – R1 228 800</td></tr><tr><td>11 = R102 401 – R204 800</td><td>R1 228 801 – R2 457 600</td></tr><tr><td>12 = R204 801 or more</td><td>R2 457 601 or more</td></tr></table><br><i>Gross income should include all sources of income e.g. Social grants, UIF, remittances, rentals, investments, sales or products, services, etc.</i> | Monthly | Annual | 01 = No income | No income | 02 = R1 - R400 | R1 - R4 800 | 03 = R401 - R800 | R4 801 – R9 600 | 04 = R801 – R1 600 | R9 601 – R19 200 | 05 = R1 601 – R3 200 | R19 201 – R38 400 | 06 = R3 201 – R6 400 | R38 401 – R76 800 | 07 = R6 401 – R12 800 | R76 801 – R153 600 | 08 = R12 801 – R25 600 | R153 601 – R307 200 | 09 = R25 601 – R51 200 | R307 201 – R614 400 | 10 = R51 201 – R102 400 | R614 401 – R1 228 800 | 11 = R102 401 – R204 800 | R1 228 801 – R2 457 600 | 12 = R204 801 or more | R2 457 601 or more |
| Monthly  | Annual  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 01 = No income   | No income   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 02 = R1 - R400   | R1 - R4 800   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 03 = R401 - R800   | R4 801 – R9 600   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 04 = R801 – R1 600   | R9 601 – R19 200  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 05 = R1 601 – R3 200   | R19 201 – R38 400   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 06 = R3 201 – R6 400   | R38 401 – R76 800   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 07 = R6 401 – R12 800  | R76 801 – R153 600  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 08 = R12 801 – R25 600   | R153 601 – R307 200   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 09 = R25 601 – R51 200   | R307 201 – R614 400   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 10 = R51 201 – R102 400  | R614 401 – R1 228 800   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 11 = R102 401 – R204 800   | R1 228 801 – R2 457 600   |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| 12 = R204 801 or more  | R2 457 601 or more  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |
| <input type="text"/>   | <input type="text"/>  |         |        |                |           |                |             |                  |                 |                    |                  |                      |                   |                      |                   |                       |                    |                        |                     |                        |                     |                         |                       |                          |                         |                       |                    |

SECTION E: EDUCATION - ASK OF ALL PERSONS AGED 5 YEARS AND OLDER LISTED ON THE FLAP

| P-17 SCHOOL ATTENDANCE   | P-18 EDUCATIONAL INSTITUTION  | P-19 PUBLIC OR PRIVATE  |
|--|---|---|
| <b>Does (name) presently attend an educational institution?</b><br><br>1 = Yes<br>2 = No<br>3 = Do not know<br><br><i>Mark the appropriate circle with an X.</i><br><br><i>Attendance includes all part-time and full-time studies, whether in person or as a distance learner.</i><br><br><div>If 2-3, Go to P-20</div> | <b>Which of the following educational institutions does (name) attend?</b><br><br>1 = Pre-school (including day care, crèche, Grade R and Pre-Grade R in an ECD centre)<br>2 = Ordinary school (including Grade R learners who attend a formal school, Grade 1-12 learners & learners in special class)<br>3 = Special school<br>4 = Further Education and Training College (FET)<br>5 = Other College<br>6 = Higher Educational Institution (University/University of Technology)<br>7 = Adult Basic Education and Training Centre (ABET Centre)<br>8 = Literacy classes (e.g. Kha Ri Gude, SANLI)<br>9 = Home based education/home schooling<br><br><i>Write the appropriate code in the box.</i> | <b>Is the institution that (name) is attending public or private?</b><br><br>1 = Public (Government)<br>2 = Private (Independent)<br>3 = Do not know<br><br><i>Mark the appropriate circle with an X.</i> |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |
| <input type="radio"/> 1 Yes<br><input type="radio"/> 2 No<br><input type="radio"/> 3 Do not know   | <input type="text"/>  | <input type="radio"/> 1 Public<br><input type="radio"/> 2 Private<br><input type="radio"/> 3 Do not know  |

SECTION E: EDUCATION (Continued)

| P-20 LEVEL OF EDUCATION   | P-21 FIELD OF EDUCATION   |
|---|---|
| <p><b>What is the highest level of education that (name) has completed?</b></p> <div><div>98 = No schooling<br/>00 = Grade 0<br/>01 = Grade 1/Sub A<br/>02 = Grade 2/Sub B<br/>03 = Grade 3/Std 1/ABET 1 (Kha Ri Gude, SANLI)<br/>04 = Grade 4/Std 2<br/>05 = Grade 5/Std 3 / ABET 2<br/>06 = Grade 6/Std 4<br/>07 = Grade 7/Std 5 / ABET 3<br/><b>If 98 or 00-07, Go to P-22</b><br/>08 = Grade 8/Std 6 / Form 1<br/>09 = Grade 9/Std 7/Form 2/ ABET 4<br/>10 = Grade 10/Std 8/Form 3<br/>11 = Grade 11/Std 9/Form 4<br/>12 = Grade 12/Std 10 /Form 5<br/><b>If 08-12, Go to P-23</b><br/>13 = NTC I/N1/ NIC/(V) Level 2<br/>14 = NTCII/N2/ NIC/(V) Level 3</div><div>15 = NTCIII/N3/NIC/(V) Level 4<br/>16 = N4/NTC 4<br/>17 = N5/NTC 5<br/>18 = N6/NTC 6<br/>19 = Certificate with less than Grade 12 /Std 10<br/>20 = Diploma with less than Grade 12/Std 10<br/>21 = Certificate with Grade 12/Std 10<br/>22 = Diploma with Grade 12/Std 10<br/>23 = Higher Diploma<br/>24 = Post Higher Diploma (Masters, Doctoral Diploma)<br/>25 = Bachelors degree<br/>26 = Bachelors degree and Post graduate diploma<br/>27 = Honours degree<br/>28 = Higher degree (Masters/PhD)<br/>29 = Other</div></div> <p><b>If 13-28, Go to P-21</b></p> <p><b>If 29, Go to P-22</b></p> <p><i>READ OUT: Diploma or certificate should have been at least six months study duration full-time (or equivalent).</i></p> <p><i>Write the appropriate code in the boxes.</i></p> | <p><b>In which field is (name's) highest post-school qualification?</b></p> <div><div><b>UNIVERSITY/TECHNIKON/COLLEGE</b><br/>01 = Agriculture or Renewable Natural Resources<br/>02 = Architecture or Environmental Design<br/>03 = Arts, Visual or Performing<br/>04 = Business, Commerce or Management Sciences<br/>05 = Communication<br/>06 = Computer Sciences<br/>07 = Education, Training or Development<br/>08 = Engineering or Engineering Technology<br/>09 = Health Care or Health Sciences<br/>10 = Home Economics<br/>11 = Industrial Arts, Traders or Technology<br/>12 = Languages, Linguistics or Literature<br/>13 = Law<br/>14 = Libraries or Museums<br/>15 = Life Sciences or Physical Sciences<br/>16 = Mathematical Sciences<br/>17 = Military Sciences<br/>18 = Philosophy, Religion or Theology<br/>19 = Physical Education or Leisure<br/>20 = Psychology<br/>21 = Public Administration or Social Services<br/>22 = Social Sciences or Social Studies<br/>23 = Other</div><div><b>FURTHER EDUCATION AND TRAINING (FET)</b><br/>24 = Management<br/>25 = Marketing<br/>26 = Information Technology and Computer Science<br/>27 = Finance, Economics and Accounting<br/>28 = Office Administration<br/>29 = Electrical Infrastructure Construction<br/>30 = Civil Engineering and Building Construction<br/>31 = Engineering<br/>32 = Primary Agriculture<br/>33 = Hospitality<br/>34 = Tourism<br/>35 = Safety in society<br/>36 = Mechatronics<br/>37 = Education and Development<br/>38 = Other</div></div> <p><i>Write the appropriate code in the boxes.</i></p> <p><b>Any response, Go to P-23</b></p> |
| <div><div></div><div></div></div>   | <div><div></div><div></div></div>   |
| <div><div></div><div></div></div>   | <div><div></div><div></div></div>   |
| <div><div></div><div></div></div>   | <div><div></div><div></div></div>   |
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| <div><div></div><div></div></div>   | <div><div></div><div></div></div>   |
| <div><div></div><div></div></div>   | <div><div></div><div></div></div>   |
| <div><div></div><div></div></div>   | <div><div></div><div></div></div>   |



SECTION E: EDUCATION  
(Continued)

P-22 LITERACY

Does (name) have difficulty in doing any of the following?

- A = Writing his/her name  
B = Reading (e.g. newspapers, magazines, religious books etc) in any language  
C = Filling in a form (e.g. social grants forms)  
D = Writing a letter in any language  
E = Calculating/working out how much change he/she should receive when buying something  
F = Reading road signs

- 1 = No difficulty  
2 = Some difficulty  
3 = A lot of difficulty  
4 = Unable to do  
5 = Do not know

Write the code in the appropriate box.

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

- ☐ Writing his/her name (A)
- ☐ Writing a letter (D)
- ☐ Reading (B)
- ☐ Calculating (E)
- ☐ Filling a form (C)
- ☐ Reading road signs (F)

SECTION F: EMPLOYMENT - ASK OF ALL PERSONS AGED  
15 YEARS AND OLDER LISTED ON THE FLAP

P-23 EMPLOYMENT STATUS

(Answer all three questions and then follow the skip instruction below)

In the SEVEN DAYS before  
10 October ...  
P-23a

Did (name) work for a wage,  
salary, commission or any  
payment in kind (including  
paid domestic work), even if  
it was for only one hour?

- 1 = Yes  
2 = No  
3 = Do not know

Mark the appropriate circle  
with an X.

In the SEVEN DAYS before  
10 October ...  
P-23b

Did (name) run or do any kind  
of business, big or small, for  
herself/himself or with one or  
more partners, even if it was  
for only one hour?

- 1 = Yes  
2 = No  
3 = Do not know

Mark the appropriate circle  
with an X.

In the SEVEN DAYS before  
10 October ...  
P-23c

Did (name) help without  
being paid in any kind of  
business run by her/his  
household, even if it was  
for only one hour?

- 1 = Yes  
2 = No  
3 = Do not know

Mark the appropriate circle  
with an X.

If 1 (Yes) to any of P-23a, P-23b or P-23c, Go to P-29a

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Do not know



SECTION F: EMPLOYMENT (Continued)

| P-24 TEMPORARY ABSENCE FROM WORK  | P-25 LOOKING FOR WORK  | P-26 LIKED TO WORK  | P-27 REASONS FOR NOT WORKING  | P-28 AVAILABLE TO WORK   |
|---|--|---|---|--|
| <p>Even though (name) did not do any work for pay, profit or did not help without pay in a household business in the SEVEN DAYS before 10 October, did he/she have a paid job or business that he/she would definitely return to?</p> <p>1 = Yes<br/>2 = No<br/>3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> | <p>In the four weeks before 10 October was (name) looking for any kind of job or trying to start any kind of business?</p> <p>1 = Yes<br/>2 = No<br/>3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> | <p>Would (name) have liked to work in the SEVEN DAYS before 10 October?</p> <p>1 = Yes<br/>2 = No<br/>3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> | <p>What was the main reason for not trying to find work or starting a business in the last four weeks before 10 October?</p> <p>01 = Awaiting the season for work<br/>02 = Waiting to be recalled to former job<br/>03 = Health reasons<br/>04 = Pregnancy<br/>05 = Disabled or unable to work (handicapped)<br/>06 = Housewife/homemaker (family considerations/child care)<br/>07 = Undergoing training to help find work<br/>08 = No jobs available in the area<br/>09 = Lack of money to pay for transport to look for work<br/>10 = Unable to find work requiring his/her skills<br/>11 = Lost hope of finding any kind of work<br/>12 = No transport available<br/>13 = Scholar or student<br/>14 = Retired<br/>15 = Too old/young to work<br/>16 = Did not want to work<br/>17 = Other</p> <p>Write the appropriate code in the boxes.</p> | <p>If a suitable job had been offered or circumstances had allowed, would (name) have been able to start work or a business in the SEVEN DAYS before 10 October?</p> <p>1 = Yes<br/>2 = No<br/>3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> |
| <p>If 1,<br/>Go to P-29a</p>  | <p>If 1,<br/>Go to P-28</p>  | <p>If 2 or 3,<br/>Go to P-32</p>  |   | <p>Any response,<br/>Go to P-32</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |
| <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>   | <div></div>   | <p><input type="radio"/> 1 Yes<br/><input type="radio"/> 2 No<br/><input type="radio"/> 3 Do not know</p>  |



SECTION F: EMPLOYMENT (Continued)

| P-29a INDUSTRY  | P-29b MAIN GOODS OR SERVICES  | P-30a OCCUPATION   | P-30b MAIN TASK/DUTY   | P-31 TYPE OF SECTOR  |
|---|---|--|--|--|
| <p><b>What is the name of (name's) place of work/organisation/ company/business?</b></p> <p><i>Examples: KOMANIHOSPITAL, RAPELEPRIMARYSCHOOL, HARMONYGOLDMINING</i></p> <p><i>Write OWNHOUSE or NOFIXEDLOCATION, if relevant</i></p> <p><i>Use CAPITAL LETTERS only</i></p> | <p><b>What are the main goods or services produced at (name's) place of work or its main functions?</b></p> <p><i>Examples: REALESTATE, CONSTRUCTION, CARREPAIRING, HOSPITALITYSERVICES</i></p> <p><i>For domestic workers, write PRIVATEHOUSEHOLD</i></p> <p><i>Use CAPITAL LETTERS only</i></p> | <p><b>What kind of work does (name) usually do in his/her main job/business?</b></p> <p><i>Examples: PRIMARYSCHOOLTEACHER, BUSINESSOWNER, OFFICECLEANER</i></p> <p><i>Use CAPITAL LETTERS only</i></p> | <p><b>What is (name's) main task or duty in this work?</b></p> <p><i>Examples: TEACHINGCHILDREN, SELLINGFRUIT, BOOKKEEPING, FEEDINGCATTLE</i></p> <p><i>Use CAPITAL LETTERS only</i></p> | <p><b>Is (name's) place of work .....?</b></p> <p>1 = In the formal sector<br/>2 = In the informal sector<br/>3 = Private household<br/>4 = Do not know</p> <p><i>Write the appropriate code in the box.</i></p> |
| <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div></div>  |
| <div></div>   | <div></div>   | <div></div>  | <div></div>  | <div></div>  |
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SECTION G: FERTILITY - ASK OF WOMEN AGED 12-50 YEARS LISTED ON THE FLAP

| P-32 CHILDREN EVER BORN  | P-33 AGE AT FIRST BIRTH  | P-34 TOTAL CHILDREN EVER BORN  | P-35 TOTAL SURVIVING AND LIVING IN THE HOUSEHOLD   | P-36 TOTAL SURVIVING AND LIVING ELSEWHERE   | P-37 TOTAL CHILDREN NO LONGER ALIVE   | P-38 LAST CHILD BORN   | P-39 SEX OF LAST CHILD BORN   | P-40 LAST CHILD BORN ALIVE  | P-41 DATE OF DEATH OF LAST CHILD BORN   |
|--|--|--|--|---|---|--|---|---|---|
| <p>Has (name) ever given birth to a live child, even if the child died soon after birth?</p> <p>1 = Yes<br/>2 = No<br/>3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> | <p>At what age did (name) have her first child born?</p> <p>Example</p> <p>2 5</p> | <p>How many children has (name) ever had that were born alive?</p> <p>Example</p> <p>Boys 0 2<br/>Girls 0 2<br/>Total 0 4</p> <p>Write the correct number in the boxes below</p> | <p>How many of (name's) children are still alive and living with her in this household, including grown-ups?</p> <p>Example</p> <p>Boys 0 2<br/>Girls 0 1<br/>Total 0 3</p> <p>Write the correct number in the boxes below</p> | <p>How many of (name's) children are still alive and living elsewhere, including grown-ups?</p> <p>Example</p> <p>Boys 0 0<br/>Girls 0 0<br/>Total 0 0</p> <p>Write the correct number in the boxes below</p> | <p>How many of (name's) children are no longer alive?</p> <p>Example</p> <p>Boys 0 0<br/>Girls 0 1<br/>Total 0 1</p> <p>Write the correct number in the boxes below</p> | <p>When was (name's) last child born, even if the child died soon after birth?</p> <p>Example</p> <p>1 9<br/>0 4<br/>2 0 0 5</p> | <p>Is (name's) last child born male or female?</p> <p>1 = Male<br/>2 = Female<br/>3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> | <p>Is (name's) last child born still alive?</p> <p>1 = Yes<br/>2 = No<br/>3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> | <p>When did (name's) last child born die?</p> <p>Example</p> <p>1 0<br/>0 3<br/>2 0 0 7</p> |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |
| <p>1 Yes<br/>2 No<br/>3 Do not know</p>  |  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>  | <p>Boys<br/>Girls<br/>Total</p>   | <p>Boys<br/>Girls<br/>Total</p>   | <p>DD<br/>MM<br/>YY YY</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>1 Yes<br/>2 No<br/>3 Do not know</p>   | <p>DD<br/>MM<br/>YY YY</p>  |

SECTION H: HOUSING, HOUSEHOLD GOODS AND SERVICES AND AGRICULTURAL ACTIVITIES - ASK OF EVERY HOUSEHOLD

H-01 TYPE OF LIVING QUARTERS

What is the type of these living quarters?

01 = Housing unit

02 = Converted Hostel (e.g. family unit)

03 = Residential Hotel

04 = Home for the aged

05 = Other

Write the appropriate code in the boxes.

If 03-05, Go to H-07

H-04 TENURE STATUS

What is the tenure status of this dwelling?

1 = Rented

2 = Owned but not yet paid off

3 = Occupied rent-free

4 = Owned and fully paid off

5 = Other

Write the appropriate code in the box.

Refers to the MAIN dwelling structure only and NOT to the land that it is situated on.

H-02 TYPE OF MAIN DWELLING

Which of the following best describes the MAIN dwelling and OTHER dwelling(s) that this household occupies?

01 = House or brick/concrete block structure on a separate stand or yard or on a farm

02 = Traditional dwelling/hut/structure made of traditional materials

03 = Flat or apartment in a block of flats

04 = Cluster house in complex

05 = Townhouse (semi-detached house in a complex)

06 = Semi-detached house

07 = House/flat/room in backyard

08 = Informal dwelling (shack in backyard)

09 = Informal dwelling (shack not in backyard, e.g. in an informal/squatter settlement or on a farm)

10 = Room/flatlet on a property or a larger dwelling/servants' quarters/ granny flat

11 = Caravan/tent

12 = Other

Main dwelling

Other dwelling

Write the appropriate code in the boxes.

H-02a CONSTRUCTION MATERIAL

What is the main material used for the construction of the roof and wall of the MAIN dwelling?

01 = Brick

02 = Cement block/Concrete

03 = Corrugated iron/zinc

04 = Wood

05 = Plastic

06 = Cardboard

07 = Mud and cement mix

08 = Wattle and daub

09 = Tile

10 = Mud

11 = Thatch/Grass

12 = Asbestos

13 = Other

ROOF

WALL

Write the appropriate code in the boxes.

H-03 ROOMS

How many rooms are there in the MAIN dwelling of this household?

Dining rooms

Living rooms

Dining/Living room

Bedrooms

Study Rooms

One room with multiple uses

Other rooms

Total Rooms

Write the correct number of rooms in the boxes.

Exclude bathrooms and kitchen

Include garages if some members of the household are living in them

H-05 ESTIMATED VALUE OF PROPERTY

What would you estimate the market value or municipal valuation of this property to be?

1 = Less than R50 000

2 = R50 001 – R100 000

3 = R100 001 – R200 000

4 = R200 001 – R400 000

5 = R400 001 – R800 000

6 = R800 001 – R1 600 000

7 = R1 600 001 – R3 200 000

8 = More than R3 200 001

9 = Do not know

Write the appropriate code in the box.

H-06 AGE OF THE PROPERTY

What is the age of this dwelling?

01 = Less than one year

02 = 1 - 5 years

03 = 6 - 10 years

04 = 11 - 20 years

05 = 21 - 30 years

06 = 31 - 40 years

07 = 41 - 50 years

08 = 51 - 60 years

09 = 61 years or older

10 = Do not know

Write the appropriate code in the boxes.

The age of the dwelling refers to when the building was completed, not the time of any later remodelling, additions or conversions. If the actual age is not known, give the best estimate.

H-07 ACCESS TO PIPED WATER

In which way does this household mainly get piped water for household use?

1 = Piped (tap) water inside the dwelling

2 = Piped (tap) water inside the yard

3 = Piped (tap) water on community stand: distance less than 200m from dwelling

4 = Piped (tap) water on community stand: distance between 200m and 500m from dwelling

5 = Piped (tap) water on community stand: distance between 500m and 1000m (1 km) from dwelling

6 = Piped (tap) water on community stand: distance greater than 1000m (1 km) from dwelling

7 = No access to piped water

Write the appropriate code in the box.

H-08 SOURCE OF WATER

What is this household's MAIN source of WATER for household use?

1 = Regional/local water scheme (operated by municipality or other water services provider)

2 = Borehole

3 = Spring

4 = Rain water tank

5 = Dam/pool/stagnant water

6 = River/stream

7 = Water vendor

8 = Water tanker

9 = Other

Write the appropriate code in the box.

If 2-9, Go to H-10

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## SECTION H: HOUSING, HOUSEHOLD GOODS AND SERVICES AND AGRICULTURE ACTIVITIES (Continued)

### H-09 RELIABILITY OF WATER SUPPLY

In the last 12 months, has this household had any interruptions in piped water supply?

- ☐ 1 = Yes  
☐ 2 = No

If 2, Go to H-10

Mark the appropriate circle with an X.

### H-09a RELIABILITY OF WATER SUPPLY

Did any specific interruption(s) in piped water supply last longer than two days ?

- ☐ 1 = Yes  
☐ 2 = No

If 2, Go to H-10

Mark the appropriate circle with an X.

### H-09b ALTERNATIVE WATER SOURCE

What alternative water source did the household use during water supply interruption?

- 1 = Borehole  
2 = Spring  
3 = Rain water tank  
4 = Dam/pool/stagnant water  
5 = River/stream  
6 = Water vendor  
7 = Water tanker  
8 = Other  
0 = None

Write the appropriate code in the box.

### H-10 TOILET FACILITIES

What is the MAIN type of TOILET facility used by this household?

- 1 = Flush toilet (connected to sewerage system)  
2 = Flush toilet (with septic tank)  
3 = Chemical toilet  
4 = Pit toilet with ventilation (VIP)  
5 = Pit toilet without ventilation  
6 = Bucket toilet  
7 = Other  
0 = None

Write the appropriate code in the box.

### H-11 ENERGY/FUEL

What type of energy/fuel does this household MAINLY use for cooking, heating and lighting?

- |                                |                 |                 |
|--------------------------------|-----------------|-----------------|
| COOKING <input type="radio"/>  | 1 = Electricity | 6 = Candles     |
|                                | 2 = Gas         | 7 = Animal Dung |
| HEATING <input type="radio"/>  | 3 = Paraffin    | 8 = Solar       |
|                                | 4 = Wood        | 9 = Other       |
| LIGHTING <input type="radio"/> | 5 = Coal        | 0 = None        |

Write the appropriate code in the box.

#### Note

- Wood (4), coal (5) and animal dung (7) cannot be used for lighting
- Candles (6) cannot be used for heating or cooking

### H-12 REFUSE DISPOSAL

How is the refuse or rubbish from this household MAINLY disposed of?

- 1 = Removed by local authority/private company at least once a week  
2 = Removed by local authority/private company less often  
3 = Communal refuse dump  
4 = Own refuse dump  
5 = No rubbish disposal  
6 = Other

Write the appropriate code in the box.

### H-13 HOUSEHOLD GOODS AND SERVICES

Does this household own any of the following in working order?

- 1 = Yes  
2 = No

Write the appropriate code in the box.

- |  |   |
|--|---|
| Refrigerator <input type="radio"/>         | Motorcar <input type="radio"/>              |
| Electric/gas stove <input type="radio"/>   | Television <input type="radio"/>            |
| Vacuum cleaner <input type="radio"/>       | Radio <input type="radio"/>                 |
| Washing machine <input type="radio"/>      | Landline/Telephone <input type="radio"/>    |
| Computer <input type="radio"/>             | Cell phone <input type="radio"/>            |
| Satellite television <input type="radio"/> | Mail Post box/bag <input type="radio"/>     |
| DVD Player <input type="radio"/>           | Mail delivery at home <input type="radio"/> |

### H-13a ACCESS TO INTERNET

How does this household MAINLY access internet?

- 1 = From home  
2 = From Cell phone  
3 = From work  
4 = From elsewhere  
5 = No access to internet

Write the appropriate code in the box.

### H-14 AGRICULTURAL ACTIVITIES

What kind of agricultural activity is the household involved in? (More than 1 activity can be chosen)

- ☐ 1 = Livestock production (cattle, goats, sheep, pigs, etc)  
☐ 2 = Poultry production (chicken, ducks, geese, guinea fowl, ostrich, etc)  
☐ 3 = Vegetable production  
☐ 4 = Production of other crops (grains, fruits, etc)  
☐ 5 = Fodder grazing/pasture/grass for animals  
☐ 6 = Other  
☐ 0 = None

Mark the appropriate circle with an X.

If only 2-6, Go to H-14b. If 0, Go to M-00

### H-14a LIVESTOCK

How many of the following does the household own?

- |            | 0                     | 1 - 10                | 11 - 100              | + 100                 |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 = Cattle | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 = Sheep  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 = Goats  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 = Pigs   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 = Other  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Mark the appropriate circle with an X.

### H-14b PLACE OF AGRICULTURAL ACTIVITIES

Where does this household operate its agricultural activities?

- ☐ 1 = Farm land  
☐ 2 = Backyard or school  
☐ 3 = Communal or tribal land  
☐ 4 = Other

Mark the appropriate circle with an X.





SECTION I: MORTALITY IN THE LAST 12 MONTHS

M-00 DEATH OCCURRED

Has any member of this household passed away in the last 12 months (between 10 October 2010 and 9 October 2011)?

1 Yes

2 No

3 Do not know

Mark the appropriate circle with an X.

If 2 or 3, Questionnaire completed

M-00a NUMBER OF DEATHS

How many members of the household passed away in the last 12 months (between 10 October 2010 and 9 October 2011)?

ASK ONLY ABOUT DECEASED WOMEN THAT WERE AGED 12 - 50 AT THE TIME OF DEATH

| M-01 NAME OF DECEASED   | M-02 MONTH AND YEAR OF DEATH  | M-03 SEX OF THE DECEASED   | M-04 AGE OF THE DECEASED  | M-05 NATURAL OR UNNATURAL DEATH   | M-06 PREGNANT AT TIME OF DEATH   | M-07 DEATH DURING BIRTH   | M-08 POSTNATAL DEATH   |
|---|---|--|---|---|--|---|--|
| <div>What was the first name of (the deceased)?</div> <div>Use CAPITAL LETTERS only</div>   | <div>What was the MONTH and the YEAR of (the deceased's) death?</div> <div>Write the month and year in the appropriate boxes.</div>                   | <div>Was (the deceased) male or female?</div> <div>1 = Male<br/>2 = Female</div> <div>Mark the appropriate circle with an X.</div> | <div>What was (the deceased's) age in completed years at the time of death?</div> <div>Write the age in the boxes. If age is less than 1 year, write 000.</div> | <div>Was the death due to a natural or an unnatural cause?</div> <div>1 = Natural (e.g. illness)<br/>2 = Unnatural (e.g. accident, assault)<br/>3 = Do not know</div> <div>Mark the appropriate circle with an X.</div> | <div>Did (the deceased) die while pregnant?</div> <div>1 = Yes<br/>2 = No<br/>3 = Do not know</div> <div>Mark the appropriate circle with an X.</div> <div>If 1 to M-06 or M-07, Questionnaire completed</div> | <div>Did (the deceased) die while giving birth?</div> <div>1 = Yes<br/>2 = No<br/>3 = Do not know</div> <div>Mark the appropriate circle with an X.</div> | <div>Did (the deceased) die within 6 weeks after delivery?</div> <div>1 = Yes<br/>2 = No<br/>3 = Do not know</div> <div>Mark the appropriate circle with an X.</div> |
| <div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div></div> | <div><div><div>M</div></div><div><div>M</div></div><div><div>Y</div></div><div><div>Y</div></div><div><div>Y</div></div><div><div>Y</div></div></div> | <div><div><div></div></div>1 Male</div> <div><div><div></div></div>2 Female</div>  |   |   |  |   |  |

  | 1 Natural  2 Unnatural  3 Do not know |

 1 Yes  2 No  3 Do not know |

If more than 8 deaths in the household, use a second questionnaire. Write the barcode of the 1st questionnaire below:

THANK YOU FOR YOUR CO-OPERATION

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