

This table must be completed and used by the fieldworker whenever there is more than one household at a visiting point

Household Number	Names of all persons at a visiting point	Cumulative Total	Household Number	Names of all persons at a visiting point	Cumulative Total
		1			16
		2			17
		3			18
		4			19
		5			20
		6			21
		7			22
		8			23
		9			24
		10			25
		11			26
		12			27
		13			28
		14			28
		15			30

For official use only

Initials

Date

ID

Cover Page

Classify

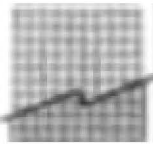
Check

Control

Capture

Control

P	B	D



Statistics
South Africa

October household survey
1998

Particulars of the visiting point

Physical address of the visiting point:

Suburb/village/settlement:

City/town/farm/tribal authority:

Magisterial district: (name)

Magisterial district No:

Enumerator area No:

Visiting point No:

Substitute visiting point No: (if applicable)

Reason for substitution: (if applicable)

Telephone number of enumerated household: (if any)

Number of households at the enumerated visiting point:

Interview details

Name of Fieldworker:

Date of interview:

Name of Fieldwork Supervisor

Date when checked:

SECTION 1

This section covers particulars of each person in the household

Start from the left (person No. 1) and complete Section 1 (pages 2 to 10) for each person in the household separately. Circle the applicable code.

Please ask who the head of household is	1	2	3	4	5	6	7	8	9	10
1.1 What is (each individual's) relationship to (the person listed in column 1)?										
1 = HEAD/ACTING HEAD OF HOUSEHOLD	1	1	1	1	1	1	1	1	1	1
2 = HUSBAND/WIFE/PARTNER	2	2	2	2	2	2	2	2	2	2
3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD	3	3	3	3	3	3	3	3	3	3
4 = BROTHER/SISTER	4	4	4	4	4	4	4	4	4	4
5 = FATHER/MOTHER	5	5	5	5	5	5	5	5	5	5
6 = GRANDPARENT	6	6	6	6	6	6	6	6	6	6
7 = GRANDCHILD	7	7	7	7	7	7	7	7	7	7
8 = OTHER RELATIVE, E.G. IN-LAWS OR AUNT/UNCLE	8	8	8	8	8	8	8	8	8	8
9 = NON-RELATED PERSONS	9	9	9	9	9	9	9	9	9	9
1.2 Is (the person's) <u>own mother</u> by birth still alive?										
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 = DO NOT KNOW	3	3	3	3	3	3	3	3	3	3
1.3 Is (the person's) <u>own father</u> by birth still alive?										
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 = DO NOT KNOW	3	3	3	3	3	3	3	3	3	3
1.4										
(a) How many sisters <u>born to the same mother</u> has (the person) ever had (including those who are now dead)?										
(b) How many of those sisters <u>ever reached age 15</u> (including those who are now dead)?										
(c) How many of those sisters <u>who ever reached age 15</u> are alive now?										

Section 1

	1	2	3	4	5	6	7	8	9	10
(d) How many of those sisters <u>who ever reached age 15</u> are now dead?										
(e) How many of these dead sisters died during the time while <u>they were pregnant</u> , or during <u>childbirth</u> , or during the <u>six weeks</u> after the end of pregnancy?										
1.5 What is (the person's) present marital status? 1 = MARRIED - CIVIL 2 = MARRIED - TRADITIONAL (CUSTOMARY) 3 = LIVING TOGETHER WITH PARTNER 4 = WIDOWER/WIDOW 5 = DIVORCED/SEPARATED 6 = NEVER MARRIED	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
Go to 1.7										
1.6 If (the person) is married or living with a partner, give respondent number of spouse if he/she is part of the household (e.g. if respondent No.1 is married to respondent No.2, then write "2" in column 1 and "1" in column 2).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.7 If (the person) has ever been married or lived with a partner, is the first spouse/partner still alive? 1 = YES 2 = NO 3 = DO NOT KNOW 4 = NOT APPLICABLE	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Go to 1.9										
1.8 How old was (the person) when he/she first married or lived with any partner?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.9 Which language does (the person) speak most often at home?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
1.10 What is the highest school class/standard that (the person) completed? <i>If no schooling, or currently in sub A/Grd 1 write none</i>										
1.11 Does (the person) presently attend school, college, technikon or university? <i>(This includes study by correspondence but excludes crèche and pre-school)</i> 1 = YES, FULL-TIME 2 = YES, PART-TIME 3 = NO	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
1.12 Does (the person) have a technical or artisan certificate, diploma or degree, completed at an educational institution (e.g. teachers diploma, BA degree or NTC 111)? 1 = YES 2 = NO 3 = DO NOT KNOW	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
<i>If "Yes",</i> (a) What is the highest qualification he/she has? <i>Specify, e.g. BA, HED</i>										
(b) What is (the person's) main field of study? <i>(e.g. plumbing, teaching, law, etc)</i>										

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR EVERY PERSON 7 YEARS OR OLDER WHO										
• has never attended school, OR										
• has dropped out of school (i.e. has not completed Std 10 and is not attending school)										
1.13 Would (the person) wish to continue with his/her education or training?										
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 = DO NOT KNOW	3	3	3	3	3	3	3	3	3	3
If "Yes",										
What prevents (the person) from continuing with his/her education or training?										
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 = CHILD CARE	3	3	3	3	3	3	3	3	3	3
4 = OTHER RESPONSIBILITIES TOWARDS THE FAMILY	4	4	4	4	4	4	4	4	4	4
5 = PREGNANCY DURING CURRENT EDUCATION YEAR	5	5	5	5	5	5	5	5	5	5
6 = POOR HEALTH	6	6	6	6	6	6	6	6	6	6
7 = LACK OF FACILITY FOR ADULT SCHOOLING	7	7	7	7	7	7	7	7	7	7
8 = WORK COMMITMENTS	8	8	8	8	8	8	8	8	8	8
9 = OTHER (SPECIFY IN COLUMN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
ASK FOR EVERY PERSON 6 YEARS OR YOUNGER										
1.14 Which of the following institutions does (the person) attend?										
1 = Pre-primary or reception class at primary school	1	1	1	1	1	1	1	1	1	1
2 = Grade one at a primary school	2	2	2	2	2	2	2	2	2	2
3 = Crèche/educare centre/pre-school	3	3	3	3	3	3	3	3	3	3
4 = Daymother/gogo	4	4	4	4	4	4	4	4	4	4
5 = None	5	5	5	5	5	5	5	5	5	5

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR EVERY PERSON ATTENDING PRIMARY SCHOOL										
1.15 Does (the person) get <u>free food</u> through the school feeding scheme?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
ASK FOR EVERY PERSON IN THE HOUSEHOLD										
PRIMARY HEALTH CARE										
1.16 Has (the person) been ill during <u>the past month</u>? (<i>Exclude injury</i>)										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
1.17 Has (the person) been injured during the <u>past month</u>?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
1.18 Has (the person) been admitted to a hospital during the <u>past month</u>?										
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"										
Was the care received in the hospital satisfactory?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
1.19 Does (the person) have access to a medical aid scheme?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
1.20 During the <u>past month</u> did (the person) go to any health worker such as a nurse, doctor or traditional healer as a result of illness or injury?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO Go to 1.24	2	2	2	2	2	2	2	2	2	2
<i>If "Yes", indicate which type of health worker</i>										
<i>Circle the applicable codes</i>										
1 = NURSE	1	1	1	1	1	1	1	1	1	1
2 = DOCTOR	2	2	2	2	2	2	2	2	2	2
3 = MEDICAL SPECIALIST	3	3	3	3	3	3	3	3	3	3
4 = PHARMACIST/CHEMIST	4	4	4	4	4	4	4	4	4	4
5 = DENTIST	5	5	5	5	5	5	5	5	5	5
6 = SPIRITUAL HEALER (CHURCH RELATED)	6	6	6	6	6	6	6	6	6	6
7 = TRADITIONAL HEALER (SANGOMA/ INYANGA)	7	7	7	7	7	7	7	7	7	7
8 = ANY OTHER HEALTH CARE PROVIDER (INCLUDING PSYCHOLOGIST, PHYSIOTHERAPIST, CHIROPRACTOR, HOMEOPATH, OPTOMETRIST)	8	8	8	8	8	8	8	8	8	8
9 = COMMUNITY HEALTH WORKER	9	9	9	9	9	9	9	9	9	9

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR ALL PERSONS WHO CONSULTED A HEALTH WORKER DURING THE PAST MONTH										
1.21 Where did this consultation take place?										
<i>1 - 3 = Public sector (i.e. government, provincial or community institution)</i>										
1 = HOSPITAL	1	1	1	1	1	1	1	1	1	1
2 = CLINIC	2	2	2	2	2	2	2	2	2	2
3 = OTHER	3	3	3	3	3	3	3	3	3	3
<i>4 - 8 = Private sector (including private clinics, surgery, private hospitals and sangomas)</i>										
4 = HOSPITAL	4	4	4	4	4	4	4	4	4	4
5 = CLINIC	5	5	5	5	5	5	5	5	5	5
6 = PRIVATE DOCTOR/SPECIALIST	6	6	6	6	6	6	6	6	6	6
7 = TRADITIONAL HEALER	7	7	7	7	7	7	7	7	7	7
8 = PHARMACY/CHEMIST	8	8	8	8	8	8	8	8	8	8
9 = HEALTH FACILITY PROVIDED BY EMPLOYER	9	9	9	9	9	9	9	9	9	9
10 = OTHER	10	10	10	10	10	10	10	10	10	10
1.22 How satisfied was (the person) with the care received from the health worker?										
1 = VERY SATISFIED	1	1	1	1	1	1	1	1	1	1
2 = SATISFIED	2	2	2	2	2	2	2	2	2	2
3 = SLIGHTLY SATISFIED	3	3	3	3	3	3	3	3	3	3
4 = NOT AT ALL SATISFIED	4	4	4	4	4	4	4	4	4	4
5 = DO NOT KNOW	5	5	5	5	5	5	5	5	5	5
1.23 How much did the household have to pay for this service? (If the service was free, write 00)										
<i>NB: Include amount paid by medical aids</i>										
	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
1.24 Which members of the household smoke?										
<i>Circle the appropriate person number</i>										
	1	2	3	4	5	6	7	8	9	10

Section 1 (continued)

ASK FOR EVERY PERSON IN THE HOUSEHOLD DISABILITY

I am now going to ask about major disabilities experienced by any persons within the household.

1.25 Is (the person) limited in his/her daily activities (at home, at work or at school) because of a long term physical or mental condition (lasting six months or more)?

1 = YES

2 = NO *Go to the next person*

If "last person" Go to Question 1.26

If "Yes",

Describe the difficulty or difficulties that (the person) has? (circle each applicable code for each person)

1 = SEEING (EVEN WITH GLASSES, IF WORN)

2 = HEARING (EVEN WITH HEARING AID, IF USED)

3 = COMMUNICATING (TALKING, CONVEYING INFORMATION, LISTENING)

4 = MOVING (WALKING, CLIMBING STAIRS)

5 = STANDING (UNABLE TO STAND FOR A SHORT TIME)

6 = GRASPING (USING FINGERS TO GRASP OR HANDLE OBJECTS)

7 = INTELLECTUAL (DIFFICULTY IN LEARNING, RETARDATION)

8 = EMOTIONAL (PSYCHOLOGICAL, BEHAVIOURAL PROBLEMS)

9 = OTHER (EXPLAIN)

	1	2	3	4	5	6	7	8	9	10
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
1 = SEEING (EVEN WITH GLASSES, IF WORN)	1	1	1	1	1	1	1	1	1	1
2 = HEARING (EVEN WITH HEARING AID, IF USED)	2	2	2	2	2	2	2	2	2	2
3 = COMMUNICATING (TALKING, CONVEYING INFORMATION, LISTENING)	3	3	3	3	3	3	3	3	3	3
4 = MOVING (WALKING, CLIMBING STAIRS)	4	4	4	4	4	4	4	4	4	4
5 = STANDING (UNABLE TO STAND FOR A SHORT TIME)	5	5	5	5	5	5	5	5	5	5
6 = GRASPING (USING FINGERS TO GRASP OR HANDLE OBJECTS)	6	6	6	6	6	6	6	6	6	6
7 = INTELLECTUAL (DIFFICULTY IN LEARNING, RETARDATION)	7	7	7	7	7	7	7	7	7	7
8 = EMOTIONAL (PSYCHOLOGICAL, BEHAVIOURAL PROBLEMS)	8	8	8	8	8	8	8	8	8	8
9 = OTHER (EXPLAIN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR EVERY PERSON IN THE HOUSEHOLD										
CRIME										
I am now going to ask about crimes, which may have been experienced by some members of the household.										
1.26 In the past 12 months has (the person) been a victim of any crime?										
1 = YES										
2 = No										
Go to the next person,										
If "last person" Go to Section 2										
If "Yes",										
Which of the following crimes has (the person) experienced?										
Circle each applicable code for each person)										
1 = Mugging	1	1	1	1	1	1	1	1	1	1
2 = Rape	2	2	2	2	2	2	2	2	2	2
3 = Domestic violence (e.g. child abuse, woman abuse)	3	3	3	3	3	3	3	3	3	3
4 = Abduction/kidnapping	4	4	4	4	4	4	4	4	4	4
5 = Car hijacking	5	5	5	5	5	5	5	5	5	5
6 = White collar crime (e.g. fraud, scam)	6	6	6	6	6	6	6	6	6	6
7 = Other (Specify in column)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SECTION 2

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first born. Do not include still births 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:

2.1 How many children (live births) have you ever given birth to?

2.2 How many of your children are still living?

2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the eldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	<i>Is/Was the child a boy or a girl?</i>		<i>In what year, month and day was the child born?</i>			<i>Where was the child born?</i>			<i>Was the birth registered?</i>		<i>If not registered Why?</i> 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			<i>Is the child still alive?</i>		<i>If alive Is the child currently living with this household?</i>		<i>If alive How old is he/she?</i> <i>Record age in completed years Less than 1 year = 0</i>	<i>If dead How old was the child when he/she died?</i> <i>Record age in completed years Less than 1 year = 0</i>	<i>For office use only Respondent No</i>
Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hos- pital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first born. Do not include still births 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 (b): Respondent No:

2.1 How many children (live births) have you ever given birth to?

2.2 How many of your children are still living?

2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the eldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	<i>Is/Was the child a boy or a girl?</i>		<i>In what year, month and day was the child born?</i>			<i>Where was the child born?</i>			<i>Was the birth registered?</i>		<i>If not registered Why?</i> 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			<i>Is the child still alive?</i>		<i>If alive Is the child currently living with this household?</i>		<i>If alive How old is he/she?</i> <i>Record age in completed years Less than 1 year = 0</i>	<i>If dead How old was the child when he/she died?</i> <i>Record age in completed years Less than 1 year = 0</i>	<i>For office use only</i> <i>Respondent No</i>
Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hos- pital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first born. Do not include still births 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 (c): Respondent No:

2.1 How many children (live births) have you ever given birth to?

2.2 How many of your children are still living?

2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the eldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	Is/Was the child a boy or a girl?		In what year, month and day was the child born?			Where was the child born?			Was the birth registered?		If not registered Why? 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			Is the child still alive?		If alive Is the child currently living with this household?		If alive How old is he/she? <i>Record age in completed years Less than 1 year = 0</i>	If dead How old was the child when he/she died? <i>Record age in completed years Less than 1 year = 0</i>	For office use only Respondent No
Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hos- pital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first born. Do not include still births 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 (d): **Respondent No:**

2.1 How many children (live births) have you ever given birth to?

2.2 How many of your children are still living?

2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the eldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	<i>Is/Was the child a boy or a girl?</i>		<i>In what year, month and day was the child born?</i>			<i>Where was the child born?</i>			<i>Was the birth registered?</i>		<i>If not registered Why?</i> 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			<i>Is the child still alive?</i>		<i>If alive Is the child currently living with this household?</i>		<i>If alive How old is he/she?</i> <i>Record age in completed years Less than 1 year = 0</i>	<i>If dead How old was the child when he/she died?</i> <i>Record age in completed years Less than 1 year = 0</i>	<i>For office use only</i> <i>Respondent No</i>
Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hos- pital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first born. Do not include still births 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 (e): Respondent No:

2.1 How many children (live births) have you ever given birth to?

2.2 How many of your children are still living?

2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the oldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	Is/Was the child a boy or a girl?		In what year, month and day was the child born?			Where was the child born?			Was the birth registered?		If not registered Why? 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			Is the child still alive?		If alive Is the child currently living with this household?		If alive How old is he/she? <i>Record age in completed years Less than 1 year = 0</i>	If dead How old was the child when he/she died? <i>Record age in completed years Less than 1 year = 0</i>	For office use only Respondent No
Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hos- pital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

SECTION 3

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

Start from the left (person No.1) and complete Section 3 (pages 16 to 31) for each person 15 years and older separately.

	1 (Head/ Acting head)	2	3	4	5	6	7	8	9	10
ASK FOR ALL PERSONS 15 YEARS OR OLDER										
3.1 During the <u>past 7 days</u>, did (the person) do work for pay, profit, or family gain, for example										
<ul style="list-style-type: none"> • formal work for a salary, wage or profit • informal work such as making things for sale, selling things or providing a service • work on a farm or land, whether for a wage or as part of the household's farming activities • casual work 										
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 = YES, CASUAL	3	3	3	3	3	3	3	3	3	3
4 = NO	4	4	4	4	4	4	4	4	4	4
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> } </div> <div> Go to 3.5 </div> </div>										
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> } </div> <div> Go to 3.2 </div> </div>										

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR ALL PERSONS WHO DID NOT WORK DURING THE PAST 7 DAYS										
3.2a During the <u>past 7 days</u>, did (the person) actually have a full time, part time or a casual job even though he/she was absent from work?										
1 = YES <i>Go to 3.3</i>	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
If "No",										
3.2b In which of the following categories does (the person) fall?										
3 = Going to school/college/university, etc.	3	3	3	3	3	3	3	3	3	3
4 = Not working (but looking for work)	4	4	4	4	4	4	4	4	4	4
5 = Not working, not looking for work but available for work	5	5	5	5	5	5	5	5	5	5
6 = full time househusband/ housewife	6	6	6	6	6	6	6	6	6	6
7 = Retired (pensioner)	7	7	7	7	7	7	7	7	7	7
8 = Permanently unable to work	8	8	8	8	8	8	8	8	8	8
9 = Not working, not looking for work not available for work	9	9	9	9	9	9	9	9	9	9
10 = Other (specify in column)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
<i>ASK EVERY PERSON WHO WAS ABSENT FROM WORK</i>										
3.3 Why did (the person) not work during the <u>past week</u>?										
01 = ILLNESS OR INJURY RELATED TO WORK	01	01	01	01	01	01	01	01	01	01
02 = ILLNESS OR INJURY NOT RELATED TO WORK	02	02	02	02	02	02	02	02	02	02
03 = STRIKE OR STAY-AWAY	03	03	03	03	03	03	03	03	03	03
04 = BAD WEATHER	04	04	04	04	04	04	04	04	04	04
05 = PROBLEMS WITH TRANSPORT	05	05	05	05	05	05	05	05	05	05
06 = VACATION, LEAVE	06	06	06	06	06	06	06	06	06	06
07 = STUDY OR TRAINING LEAVE	07	07	07	07	07	07	07	07	07	07
08 = MATERNITY OR PATERNITY LEAVE	08	08	08	08	08	08	08	08	08	08
09 = OFF-SEASON ACTIVITY	09	09	09	09	09	09	09	09	09	09
10 = UNREST (VIOLENCE)	10	10	10	10	10	10	10	10	10	10
11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY, SUCH AS:	11	11	11	11	11	11	11	11	11	11
• LOWER PRODUCTION DUE TO LESS DEMAND;										
• SHORTAGE OF IRRIGATION WATER, OR										
• SHORTAGE OF RAW MATERIALS										
12 = OTHER REASON (SPECIFY IN COLUMN)										
Go to 3.5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL PERSONS WHO DID NOT WORK DURING THE PAST 7 DAYS BECAUSE THEY DID NOT HAVE A JOB										
3.4 During the <u>past year</u> did (the person) work for <u>pay, profit or family gain</u> , for example										
<ul style="list-style-type: none"> • formal work for a salary, wage or profit • informal work such as making things for sale, selling things or providing a service • work on a farm or land, whether for a wage or as part of the household's farming activities • casual work 										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO Go to 3.32	2	2	2	2	2	2	2	2	2	2
If "Yes",										
How long ago was it since (the person) last worked?										
3 = LESS THAN 1 MONTH	3	3	3	3	3	3	3	3	3	3
4 = 1 MONTH - LESS THAN 6 MONTHS	4	4	4	4	4	4	4	4	4	4
5 = 6 MONTHS - 1 YEAR	5	5	5	5	5	5	5	5	5	5

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR ALL PERSONS WHO WERE EMPLOYED DURING THE PAST SEVEN DAYS										
3.5 (a) How many hours did (the person) actually work during the past 7 days?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(b) How many hours per week does (the person) usually work?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
If 35 hours or more, go to Question 3.7 Otherwise go to Question 3.6										
3.6 Would (the person) like to work more hours? 1 = Yes 2 = No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
3.7 What time does (the person) usually leave home for work?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.8 What time does (the person) usually get to his/her place of work?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.9 Where does (the person) work?										
Town/place name										
Magisterial										
Province										
Country (only if not										
RSA)										

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
3.10a Which is the main type of transport that (the person) uses to get to and from work? (main=longest distance)										
01 = Bus	01	01	01	01	01	01	01	01	01	01
02 = Metered taxi	02	02	02	02	02	02	02	02	02	02
03 = Minibus taxi	03	03	03	03	03	03	03	03	03	03
04 = Train	04	04	04	04	04	04	04	04	04	04
05 = Bicycle	05	05	05	05	05	05	05	05	05	05
06 = Car	06	06	06	06	06	06	06	06	06	06
07 = Motorbike	07	07	07	07	07	07	07	07	07	07
08 = Truck/lorry	08	08	08	08	08	08	08	08	08	08
09 = Donkey cart/horseback/animal transport	09	09	09	09	09	09	09	09	09	09
10 = On foot	10	10	10	10	10	10	10	10	10	10
11 = Not applicable (e.g. working from home)	11	11	11	11	11	11	11	11	11	11
12 = Other (specify in column)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.10b Who owns this transport?										
1 = Not applicable (working from home, travel on foot)	1			1	1	1	1	1	1	1
2 = Public transport (transport that anyone in the public can use, e.g. bus, train, taxi)	2	1 2	1 2	2	2	2	2	2	2	2
3 = Private transport (transport not available for the public, e.g. own car, lift club)	3	3	3	3	3	3	3	3	3	3
4 = Transport supplied by employer	4	4	4	4	4	4	4	4	4	4
3.11 Who does (the person) work for?										
1 = Someone else (Go to 3.12)	1	1	1	1	1	1	1	1	1	1
2 = Him/herself (Go to 3.21)	2	2	2	2	2	2	2	2	2	2
3 = Both someone else and him/herself (Go to 3.12)	3	3	3	3	3	3	3	3	3	3
3.12 If (the person) is working for someone else does he/she work for										
1= One employer	1	1	1	1	1	1	1	1	1	1
2 = More than one employer	2	2	2	2	2	2	2	2	2	2

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL EMPLOYEES WHO WERE EMPLOYED DURING THE PAST 7 DAYS										
3.13 What is the name of (the person's) employer (firm, institution or private individual)? If employed by an individual, write private individual. If employed by more than one employer give the name of the main/usual employer.										
3.14 What is the main activity of (the person's) firm, institution or private employer? Note: <i>Describe the activity in as much detail as possible</i>										
3.15 What kind of work is (the person) doing at his/her job? <i>(If the person has more than one job, describe the main job where the employee spends most time)</i> <i>(Give a full description of the kind of work)</i>										
3.16 When did (the person) start working with the employer mentioned above? (firm, institution or private individual) (State year and month) <div>Year</div> <div>Month</div>	19.....	19.....	19.....	19.....	19.....	19.....	19.....	19.....	19.....	19.....
3.17 Is (the person) 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

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
3.18 If working for someone else is this employment (main employment) in:										
1= the formal sector	1	1	1	1	1	1	1	1	1	1
2= the informal sector (including domestic work)	2	2	2	2	2	2	2	2	2	2
Note : <i>Formal sector employment is where the employer (institution, business or private individual) is registered to perform the activity. Informal sector employment is where the registration to perform the activity has not been done)</i>										

Section 3 (continued)

			1	2	3	4	5	6	7	8	9	10
ASK ALL EMPLOYEES WHO WERE EMPLOYED DURING THE PAST WEEK Income from main job 3.19 What is (the person's) total salary/pay (including overtime and bonus) at the MAIN job (before any deductions) Is this : 1= per day 2 = per week 3 = per month Note: If refusal or don't know then show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on the show card and circle the applicable code.			R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
			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
Weekly	Monthly	Annually										
1 = None	1 = None	1 = None	01	01	01	01	01	01	01	01	01	01
2 = R1 - R46	2 = R1 - R200	2 = R1 - R2 400	02	02	02	02	02	02	02	02	02	02
3 = R47 - R115	3 = R201 - R500	3 = R2 401- R6 000	03	03	03	03	03	03	03	03	03	03
4 = R116 - R231	4 = R501 - R1 000	4 = R6 001 - R12 000	04	04	04	04	04	04	04	04	04	04
5 = R232 - R346	5 = R1 001 - R1 500	5 = R12 001 - R18 000	05	05	05	05	05	05	05	05	05	05
6 = R347 - R577	6 = R1 501 - R2500	6 = R18 001 - R30 000	06	06	06	06	06	06	06	06	06	06
7 = R578 - R808	7 = R2 501 - 3500	7 = R30 001 - R42 000	07	07	07	07	07	07	07	07	07	07
8 = R809 - R1 039	8 = R3 501- R4 500	8 = R42 001 - R54 000	08	08	08	08	08	08	08	08	08	08
9 = R1 040 - R1 386	9 = R4501-R6 000	9 = R54 001 - R72 000	09	09	09	09	09	09	09	09	09	09
10 = R1 387 - R1 848	10 = R6 001 - R8 000	10 = R72 001 - R96 000	10	10	10	10	10	10	10	10	10	10
11 = R1 849 - R2 540	11 = 8 001 - R11000	11 = R96 001 - R132 000	11	11	11	11	11	11	11	11	11	11
12 = R2 541 - R3 695	12 = R11 001 - R16 000	12 = R132 001 - R192 000	12	12	12	12	12	12	12	12	12	12
13 = R3 696 - R6 928	13 = R16 001 - R30 000	13 = R192 001 - R360 000	13	13	13	13	13	13	13	13	13	13
14 = R6 929 or more.	14 = R30 001 or more.	14 = R360 001 or more.	14	14	14	14	14	14	14	14	14	14

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL EMPLOYEES WHO WERE EMPLOYED DURING THE PAST 7 DAYS AND ALL PERSONS WHO WORKED SOMETIME DURING THE PAST YEAR 3.20 In the past 7 days or the past year, did (the person) do any work for him/herself , such as making things for sale, selling things or providing a service? 1 = Yes (Go to 3.21) 2 = No (Go to 3.28)	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
ASK ALL EMPLOYERS AND SELF-EMPLOYED PERSONS 3.21 What is the main activity of (the person) or his/her business?										
3.22 Describe the work (the person) does/did for him/herself or for his/her business? Note: <i>Describe the type of work in as much detail as possible</i>										
3.23 Now I would like to determine whether (the person's) job/business is/was formal (registered) or informal (unregistered). <i>READ OUT:</i> <i>There are several ways of registering a business such as, registration at Registrar of companies, Commissioner of unemployment, South African medical and dental council or Commissioner of workmen's compensation. Many small businesses do not register at any of the above offices:</i> [Now ask] Do you consider your work/business to be formal or informal ? 1 = Formal 2 = Informal	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
3.24 Does/did (the person) 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

Section 3 (continued)

			1	2	3	4	5	6	7	8	9	10
ASK ALL EMPLOYERS AND SELF-EMPLOYED PERSONS												
3.25 For <u>how many months</u> during the <u>past 12 months</u> has/was (the person's) business/enterprise operated?			.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.26 What is/was (the person's) <u>total income/turnover (before deducting expenses) from his/her own activities/ business?</u>			R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
Is this												
1 = Weekly			1	1	1	1	1	1	1	1	1	1
2 = Monthly			2	2	2	2	2	2	2	2	2	2
3 = Annual			3	3	3	3	3	3	3	3	3	3
If refusal or don't know then show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on the show card and circle the applicable categories.												
Weekly	Monthly	Annually										
01 = None	01 = None	01 = None	01	01	01	01	01	01	01	01	01	01
02 = R1 - R46	02 = R1 - R200	02 = R1 - R2 400	02	02	02	02	02	02	02	02	02	02
03 = R47 - R115	03 = R201 - R500	03 = R2 401- R6 000	03	03	03	03	03	03	03	03	03	03
04 = R116 - R231	04 = R501 - R1 000	04 = R6 001 - R12 000	04	04	04	04	04	04	04	04	04	04
05 = R232 - R346	05 = R1 001 - R1 500	05 = R12 001 - R18 000	05	05	05	05	05	05	05	05	05	05
06 = R347 - R577	06 = R1 501 - R2 500	06 = R18 001 - R30 000	06	06	06	06	06	06	06	06	06	06
07 = R578 - R808	07 = R2 501 - R3 500	07 = R30 001 - R42 000	07	07	07	07	07	07	07	07	07	07
08 = R809 - R1 039	08 = R3 501 - R4 500	08 = R42 001 - R54 000	08	08	08	08	08	08	08	08	08	08
09 = R1 040 - R1 386	09 = R4 501 - R6 000	09 = R54 001 - R72 000	09	09	09	09	09	09	09	09	09	09
10 = R1 387 - R1 848	10 = R6 001 - R8 000	10 = R72 001 - R96 000	10	10	10	10	10	10	10	10	10	10
11 = R1 849 - R2 540	11 = R8 001 - R11 000	11 = R96 001 - R132 000	11	11	11	11	11	11	11	11	11	11
12 = R2 541 - R3 695	12 = R11 001 - R16 000	12 = R132 001 - R192 000	12	12	12	12	12	12	12	12	12	12
13 = R3 696 - R6 928	13 = R16 001 - R30 000	13 = R192 001 - R360 000	13	13	13	13	13	13	13	13	13	13
14 = R6 929 - R10 393	14 = R30 001 - R45 000	14 = R360 001 - R540 000	14	14	14	14	14	14	14	14	14	14
15 = R10 394 - R13 857	15 = R45 001 - R60 000	15 = R540 001 - R720 000	15	15	15	15	15	15	15	15	15	15
16 = R13 858 or more	16 = R60 001 or more	16 = R720 001 or more	16	16	16	16	16	16	16	16	16	16

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
3.27 How much money did (the person) spend on the following items in order to earn his/her total income during the <u>last month</u> that (the person) worked?										
Goods/materials	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
Salaries/Wages/Commissions	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
Other expenses	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
3.28 How many people are/were working for (the person) (including unpaid family workers) during the last month that he/she worked?										
Number of employees Unpaid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL PERSONS WHO WORKED ANY TIME DURING THE PAST 12 MONTHS										
3.29 Have you stayed away from work during the past 12 months due to any health problems <u>related to your work?</u>										
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 3.31										
<i>If "Yes",</i>										
What was the health problem?										
01 = UPPER RESPIRATORY ILLNESS (LARYNX, THROAT, NOSE, SINUS)	01	01	01	01	01	01	01	01	01	01
02 = LOWER RESPIRATORY ILLNESS (ASTHMA, TUBERCULOSIS, PNEUMONIA)	02	02	02	02	02	02	02	02	02	02
03 = PNEUMOCONIOSIS (LUNG DISEASE DUE TO DUST EXPOSURE)	03	03	03	03	03	03	03	03	03	03
04 = HEARING LOSS DUE TO WORK	04	04	04	04	04	04	04	04	04	04
05 = UPPER LIMB DISORDERS DISEASE/CONDITION OF ARMS)	05	05	05	05	05	05	05	05	05	05
06 = LOWER LIMB DISORDERS DISEASE/CONDITION OF LEGS)	06	06	06	06	06	06	06	06	06	06
07 = OTHER MUSCULOSKELETAL CONDITIONS	07	07	07	07	07	07	07	07	07	07
08 = SKIN DISEASES	08	08	08	08	08	08	08	08	08	08
09 = HEADACHE/EYE STRAIN	09	09	09	09	09	09	09	09	09	09
10 = STRESS/DEPRESSION	10	10	10	10	10	10	10	10	10	10
11 = OTHER REASON (SPECIFY IN COLUMN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<i>If "Yes", to the above question, Go to 3.30</i>										

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL PERSONS WHO WORKED ANY TIME DURING THE PAST 12 MONTHS										
3.30 Have you stayed away from work during the past 12 months due to any health problems that <u>became worse due to work</u>?										
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",										
What was the health problem?										
01 = UPPER RESPIRATORY ILLNESS (LARYNX, THROAT, NOSE, SINUS)	01	01	01	01	01	01	01	01	01	01
02 = LOWER RESPIRATORY ILLNESS (ASTHMA, TUBERCULOSIS, PNEUMONIA)	02	02	02	02	02	02	02	02	02	02
03 = PNEUMOCONIOSIS (LUNG DISEASE DUE TO DUST EXPOSURE)	03	03	03	03	03	03	03	03	03	03
04 = HEARING LOSS DUE TO WORK	04	04	04	04	04	04	04	04	04	04
05 = UPPER LIMB DISORDERS DISEASE/CONDITION OF ARMS)	05	05	05	05	05	05	05	05	05	05
06 = LOWER LIMB DISORDERS DISEASE/ CONDITION OF LEGS)	06	06	06	06	06	06	06	06	06	06
07 = OTHER MUSCULOSKELETAL CONDITIONS	07	07	07	07	07	07	07	07	07	07
08 = SKIN DISEASES	08	08	08	08	08	08	08	08	08	08
09 = HEADACHE/EYE STRAIN	09	09	09	09	09	09	09	09	09	09
10 = STRESS/DEPRESSION	10	10	10	10	10	10	10	10	10	10
11 = OTHER REASON (SPECIFY IN COLUMN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.31 From what I have been told so far, I just want to make sure in which of the following categories (the person) falls										
1 = Worked during the <u>past 7 days</u>	1	1	1	1	1	1	1	1	1	1
2 = Has a job but was absent from work for some reason	2	2	2	2	2	2	2	2	2	2
3 = Other	3	3	3	3	3	3	3	3	3	3
If "1" or "2" Section 3 is complete for (the person). Go to next person at the beginning of Section 3. If "last person", go to Section 4.										
If "3" Go to 3.32										

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL PERSONS 15 YEARS AND OLDER WHO DID NOT WORK DURING THE PAST 7 DAYS BECAUSE THEY DID NOT HAVE A JOB										
3.32 Since (the person) did not work for the past 7 days and does not have any job; if a suitable job is offered, will he/she accept it?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO (Go to 3.35)	2	2	2	2	2	2	2	2	2	2
If "Yes"										
How soon can (the person) start work?										
3 = WITHIN A WEEK	3	3	3	3	3	3	3	3	3	3
4 = WITHIN 2 WEEKS	4	4	4	4	4	4	4	4	4	4
5 = AFTER 2 WEEKS	5	5	5	5	5	5	5	5	5	5
3.33 How long has (the person) been seeking work?										
1 = LESS THAN A MONTH	1	1	1	1	1	1	1	1	1	1
2 = 1 MONTH - LESS THAN 6 MONTHS	2	2	2	2	2	2	2	2	2	2
3 = 6 MONTHS - LESS THAN 1 YEAR	3	3	3	3	3	3	3	3	3	3
4 = 1 YEAR - LESS THAN 3 YEARS	4	4	4	4	4	4	4	4	4	4
5 = MORE THAN 3 YEARS	5	5	5	5	5	5	5	5	5	5
3.34 In the past 4 weeks, what has (the person) 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 FROM 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 = WAITING AT THE STREET SIDE	9	9	9	9	9	9	9	9	9	9
3.35 Has (the person) ever worked in the past for pay, profit or family gain?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO (Go to 3.37)	2	2	2	2	2	2	2	2	2	2

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
3.36 What was (the person's) last occupation (nature of work)? <i>Describe the nature of work in as much detail as possible</i>										
3.37 Why did (the person) not work during the <u>past 7 days</u>?										
01 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS	01	01	01	01	01	01	01	01	01	01
02 = HAS FOUND A JOB, BUT ONLY STARTING AT A DEFINITE DATE IN THE FUTURE	02	02	02	02	02	02	02	02	02	02
03 = SCHOLAR OR STUDENT, PREFERS NOT TO WORK	03	03	03	03	03	03	03	03	03	03
04 = HOUSEWIFE/HOMEMAKER, PREFERS NOT TO WORK	04	04	04	04	04	04	04	04	04	04
05 = RETIRED AND PREFERS NOT TO SEEK FORMAL WORK	05	05	05	05	05	05	05	05	05	05
06 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED)	06	06	06	06	06	06	06	06	06	06
07 = TOO YOUNG OR TOO OLD TO WORK	07	07	07	07	07	07	07	07	07	07
08 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER	08	08	08	08	08	08	08	08	08	08
09 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY)	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)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.38 How does (the person) support him/herself?										
1 = DID ODD JOBS DURING THE PAST WEEK (<i>Go back to 3.1</i>)	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 PERSONS 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 FUND	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, STUDY LOAN	9	9	9	9	9	9	9	9	9	9
If any of the codes 2-9 in question 3.38 above is the answer: <i>then, Section 3 is complete for this person. Go to the next person at the beginning of Section 3.</i>										
If last person: Go to Section 4.										

SECTION 4

This section must be answered by or for every member of the household

	1	2	3	4	5	6	7	8	9	10
During the past year (12 months) did (the person) get income from any of the following sources? <i>If "Yes", state annual amount</i>										
4.1 Old age pension from the state/government? 1 = YES 2 = NO	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.....
4.2 Pension from his/her specific work/retirement benefits? 1 = YES 2 = NO	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.....
4.3 Disability grant? 1 = YES 2 = NO	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.....
4.4 Worker's Compensation? 1 = YES 2 = NO	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.....
4.5 State maintenance grant (for parents or for children)? 1 = YES 2 = NO	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.....
4.6 Private maintenance by father/former spouse (not living in the household)? 1 = YES 2 = NO	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.....

Section 4 (continued)

	1	2	3	4	5	6	7	8	9	10
4.7 Care dependency grant?(Single care grant) 1 = YES 2 = NO	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.....
4.8 Foster care grant? 1 = YES 2 = NO	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.....
4.9 Unemployment Insurance Fund/Maternity benefit? 1 = YES 2 = NO	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.....
4.10 Remittance/financial support from relatives/persons not in the household? 1= YES 2= NO	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.....
4.11 Gratuities/other lump sums? 1 = YES 2 = NO	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.....
4.12 Other sources (Specify) 1= YES 2= NO <i>If "Yes", specify source and amount</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.....
Source	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Amount	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....

SECTION 5

This section covers information regarding migrant workers

<p>5.1 Are there any persons who are usually regarded as members of this household, but who are away for a month or more because they are migrant workers?</p> <p><i>A migrant worker is someone who is absent from home for more than a month each year to work or to seek work</i></p> <p>1 = YES Go to 5.2</p> <p>2 = NO Go to Section 6</p>	<p>1</p> <p>2</p>
--	-------------------

If Yes, please complete the following table for all the migrant workers

	Migrant worker 1	Migrant worker 2	Migrant worker 3	Migrant worker 4	Migrant worker 5	Migrant worker 6
5.2 First name?						
5.3 Is this person regarded as						
1 = Head of the household	1	1	1	1	1	1
2 = Other member of the household?	2	2	2	2	2	2
5.4 Gender?						
1 = MALE	1	1	1	1	1	1
2 = FEMALE	2	2	2	2	2	2
5.5 What kind of work is (the person) doing as a migrant worker?						
<i>Describe the type of work in as much detail as possible</i>						

Section 5 (continued)

	Migrant worker 1	Migrant worker 2	Migrant worker 3	Migrant worker 4	Migrant worker 5	Migrant worker 6
5.6 What is the highest school class/standard that (the person) completed? <i>If no schooling, or currently in sub A/Grd 1, write "none"</i>						
5.7 Does (the person) have a technical or artisan certificate, diploma or degree, completed at an educational institution (e.g. teachers diploma, BA degree or NTC 111)? 1 = YES 2 = NO 3 = DO NOT KNOW	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
If "Yes", (a) What is the highest qualification he/she has? <i>Specify, e.g. BA, HED</i>						
(b) What is (the person's) main field of study? <i>(e.g. plumbing, teaching, law, etc)</i>						
5.8 How much money, if any, has (the person) given to this household during the past 12 months?	R.....	R.....	R.....	R.....	R.....	R.....

Section 5 (continued)

	Migrant worker 1	Migrant worker 2	Migrant worker 3	Migrant worker 4	Migrant worker 5	Migrant worker 6
5.9 Where does/did (the person) work?						
Town/place name						
Magisterial district						
Province						
Country (only if not RSA)						
5.10 What is the main activity of (the person's) firm, institution or private employer?						
<i>(Describe the activity in as much detail as possible)</i>						
5.11 How often does (the person) come home?						
1 = Every weekend	1	1	1	1	1	1
2 = About once in 2 weeks	2	2	2	2	2	2
3 = About once a month	3	3	3	3	3	3
4 = About once in 3 months	4	4	4	4	4	4
5 = About once in 6 months	5	5	5	5	5	5
6 = About once a year	6	6	6	6	6	6
7 = Less frequently than once a year	7	7	7	7	7	7

SECTION 6

This section covers information regarding deaths in the household

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 January 1997**
- Make sure that **babies** and **elderly persons** are not omitted.
- Stillbirths must **NOT** be included.

6.1 Were there any deaths in this household since **1 January 1997**?

Yes	(Go to 6.2)	1
No	(Go to Section 7)	2

6.2	6.3		6.4	6.5(a)	6.5(b)	6.6		6.7			6.8			
Name/relationship (optional)	Gender		Age (years) Note: Less than 1 year = 0	Give month of death since 1/1/97	Give year of death since 1/1/97	Was the death registered?		If not registered Why? 1= Far distance 2= Lack of knowledge 3= Does not seem important			Cause of death: Indicate whether the death was due to:			
	M	F				Yes	No				Natural causes	Accident	Violence	Other
1.	1	2				1	2	1	2	3	1	2	3	4
2.	1	2				1	2	1	2	3	1	2	3	4
3.	1	2				1	2	1	2	3	1	2	3	4
4.	1	2				1	2	1	2	3	1	2	3	4
5.	1	2				1	2	1	2	3	1	2	3	4

Go to Section 7.

SECTION 7

This section must be completed for the Head/Acting head of the household

7.1 Have you lived here since birth?

Yes	(Go to Section 8)	1
No	(Go to 7.2)	2

RESIDENCE	NAME OF PLACE	NEAREST TOWN/CITY	MAGISTERIAL DISTRICT	PROVINCE (new) COUNTRY (only if not RSA)	TYPE OF PLACE 1 = Rural area 2 = Urban area 3 = squatter inside urban area 4 = squatter next to urban area 5 = squatter in rural area 6 = Commercial farm 7 = Other (specify)	DATE OF ARRIVAL (year)	MAIN REASONS FOR LEAVING PREVIOUS PLACE OF RESIDENCE 1 = Marriage related reasons (being married, divorced, widowed or separated). 2 = Work related reasons (find a new job, lost a job by being retrenched or fired, left to look for work). 3 = Moved to a new house (as individual or with parents) 4 = Could no longer afford to pay rent. 5 = Evicted by owner of former house 6 = Left to escape crime/violence 7 = Lack of land 8 = Political reasons 9 = Other reasons (specify)
7.2 Present residence							
7.3 Previous residence (before 7.2)							
7.4 Previous residence (before 7.3)							
7.5 Residence at birth							

SECTION 8

This section covers information regarding domestic workers employed by the household in the past month

8.1 Did this household make use of a domestic worker during the past month?

Yes (Go to 8.2)	1
No (Go to Section 9)	2

8.2 PARTICULARS OF DOMESTIC WORKERS AS AT THE END OF PAST MONTH

This question must be completed only for those who answered “Yes” to question 8.1.

Particulars of Domestic workers			Total monthly remuneration to domestic workers during past month (to the nearest rand)				
Type of domestic work	Number of domestic workers	Total number of hours usually worked per month	Cash wage, including transport allowance	Contributions to personnel funds (such as pension and medical aid)	Estimated value of free food	Estimated value of free accommodation	Free clothing, health care etc
General	01	08	15 R.....	22 R.....	29 R.....	36 R.....	43 R.....
Nurse maid	02	09	16 R.....	23 R.....	30 R.....	37 R.....	44 R.....
Chauffeur	03	10	17 R.....	24 R.....	31 R.....	38 R.....	45 R.....
Clothes washer or ironer	04	11	18 R.....	25 R.....	32 R.....	39 R.....	46 R.....
Gardener	05	12	19 R.....	26 R.....	33 R.....	40 R.....	47 R.....
Other	06	13	20 R.....	27 R.....	34 R.....	41 R.....	48 R.....
TOTAL	07	14	21 R.....	28 R.....	35 R.....	42 R.....	49 R.....

Section 9
Household information
This section covers information regarding the dwellings, services and perceived quality of life of the household.

9.1 How many dwellings does this household occupy on this particular site? *By household we mean a person or a group of persons who live together at least four nights a week at the same address, eat together and share resources.*

Less than one dwelling (sharing a dwelling with other households)	1
One dwelling	2
Two dwellings	3
Three dwellings	4
More than three dwellings	5

9.2 Indicate the type of main dwelling and other dwelling(s) that the household occupies?

You can circle more than one code for the other dwelling(s) if the household occupies more than 2 dwellings

Type of dwelling	Main dwelling	Other dwelling
Dwelling/house or brick structure on a separate stand or yard	1	1
Traditional dwelling/hut/structure made of traditional materials	2	2
Flat or apartment in a block of flats	3	3
Town/cluster/semi-detached house (simplex, duplex or triplex)	4	4
Unit in retirement village	5	5
Dwelling/house/flat/room in backyard	6	6
Informal dwelling/shack, in backyard	7	7
Informal dwelling/shack NOT in back yard, e.g. in an informal/squatter settlement	8	8
Room /flatlet	9	9
Caravan/tent	10	10
Other (specify)	11	11

9.3 What is the **MAIN material** used for the roof and the walls of the (*main*) dwelling?(Circle one code in each column)

Material	Roof	Walls
Bricks		01
Cement block/concrete	02	02
Corrugated iron/zinc	03	03
Wood	04	04
Plastic	05	05
Cardboard	06	06
Mixture of mud and cement	07	07
Wattle and daub	08	08
Tile	09	
Mud		10
Thatching	11	11
Asbestos	12	12

9.4 What is the total number of rooms in the dwelling(s) that the household occupies?

Total number of rooms including living rooms, bedrooms and kitchens (excluding bathrooms and toilets)	
--	--

9.5 Is this dwelling (main dwelling, if more than one) owned by the household (even if not yet fully paid) ?

Yes (Go to question 9.11)	1
No (Continue)	2

IF THE HOUSEHOLD **DOES NOT OWN** THE DWELLING(S),
ANSWER QUESTIONS 9.6 TO 9.10

9.6 **If the dwelling(s) is/are not owned by the household**, [*Ask*] Are you required to pay rent for the dwelling(s)?

Yes (continue)	1
No (Go to question 9.10)	2

9.7 What was the rent that was **charged last month**?

R.....

9.8 Is this rent subsidised?

Yes	1
No	2
Do not know	3

9.9 Do you rent this dwelling with or without furniture ?

With furniture	1
Without furniture	2

9.10 Is the dwelling owned by:

Employer (eg Eskom, AECI, Transnet, Farmer)	1
Government (national, provincial or local)	2
Charity organisation	3
Private owner	4
Other (specify).....	5

IF THE HOUSEHOLD **DOES OWN** THE DWELLING(S),
ANSWER QUESTIONS 9.11 TO 9.12)

9.11 **Since this dwelling is owned by the household,** [Ask] Is this ownership:

Full title (including free-hold and lease-hold)	1
Sectional title	2
Do not know	3

If **'Sectional title'** what was the levy paid last month?

R.....

9.12 Is this household presently paying off a bond on the dwelling(s)?

Yes	1
No	2

If **'Yes'** how much did you pay last month?

R.....

ASK EVERY HOUSEHOLD

SERVICES AVAILABLE FOR THE DWELLING

9.13	What is this household's <u>main</u> source of water? <i>Circle only one code</i>
1	PIPED (TAP) WATER, IN DWELLING
2	PIPED (TAP) WATER, ON SITE OR IN YARD
3	PUBLIC TAP
4	WATER-CARRIER/TANKER
5	BOREHOLE ON SITE
6	BOREHOLE: OFF SITE/COMMUNAL
7	RAIN-WATER TANK ON SITE
8	FLOWING WATER/STREAM
9	DAM/POOL/STAGNANT WATER
10	WELL
11	SPRING
12	OTHER (SPECIFY)

9.14	<i>If the water source is outside the dwelling(s)</i> How far is the water source from the dwelling(s)?
1	LESS THAN 100 M
2	100 M - LESS THAN 200 M
3	200 M - LESS THAN 500 M
4	500 M - LESS THAN 1 KM
5	1 KM OR MORE
6	NOT APPLICABLE (WATER ON SITE)
9.15	Does the household have to pay for its water?
1	ALWAYS
2	SOMETIMES
3	NEVER
9.16	<i>If the household has to pay for its water</i> How much does the household pay?
1	LESS THAN R50
2	R 50 OR MORE
3	DO NOT KNOW

9.17			What is the <i>main</i> source of energy/fuel for this household? <i>Circle one code for each source</i>
Cooking	Heating	Lighting	Energy/fuel source
1	1	1	ELECTRICITY
2	2	2	GAS
3	3	3	PARAFFIN
4	4		WOOD
5	5		COAL
		6	CANDLES
7	7		ANIMAL DUNG
8	8	8	SOLAR ENERGY
.....	.....	.....	OTHER (SPECIFY)

IF WOOD IS THE MAIN SOURCE OF FUEL FOR THE HOUSEHOLD, (FOR EITHER COOKING OR HEATING OR BOTH, ANSWER QUESTIONS 9.18 TO 9.22)

9.18	From where does the household get its wood? <i>Indicate the main source</i> <i>Circle one code</i>
1	WOODLOT
2	COMMERCIAL PLANTATIONS
3	NATURAL FOREST
4	VELD
5	HOME YARD TREES
6	MERCHANTS
9.19	Is the wood obtained enough for normal household purpose?
1	ALWAYS
2	MOSTLY YES
3	MOSTLY NO
4	NO
9.20	Does the household have to pay for the wood?
1	ALWAYS
2	SOMETIMES
3	NEVER

9.21	Does the household have to fetch wood?
1	YES
2	NO
9.22	How far is the wood if it has to be fetched?
1	LESS THAN 100 M
2	100 M - LESS THAN 200 M
3	200 M - LESS THAN 500 M
4	500 M - LESS THAN 1 KM
5	1 KM OR MORE

ASK EVERY HOUSEHOLD

SANITATION

9.23			What type of toilet facility is available for this household?
			<i>Circle only one code</i>
In dwelling	On site	Off site	Toilet facility
1	1	1	FLUSH TOILET
	2	2	CHEMICAL TOILET
	3	3	PIT LATRINE WITH VENTILATION (VIP)
	4		OTHER PIT LATRINE
	5		5.BUCKET TOILET
		6	6. NONE <i>Go to 9.25</i>
7	7		7.OTHER

9.24	Is the toilet facility shared with other households?
1	YES
2	NO

9.25	<i>If the toilet is not in the dwelling</i> How far is the nearest toilet facility to which the household has access?
1	LESS THAN 25M
2	25M- LESS THAN 50M
3	50M- LESS THAN 100M
4	100M OR MORE
9.26	<i>If the facility is a bucket toilet</i> How frequently is it removed?
1	ONCE A WEEK OR MORE OFTEN
2	ABOUT ONCE A FORTNIGHT
3	ABOUT ONCE A MONTH
4	LESS OFTEN THAN ONCE A MONTH

ASK EVERY HOUSEHOLD

REFUSE DISPOSAL

9.27	How is the refuse or rubbish of this household disposed of? <i>Circle only one code</i>
1	REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK
2	REMOVED BY LOCAL AUTHORITY LESS OFTEN
3	REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK
4	REMOVED BY COMMUNITY MEMBERS LESS OFTEN
5	COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER
6	OWN REFUSE DUMP
7	NO RUBBISH REMOVAL
8	OTHER (SPECIFY)

TELECOMMUNICATION

9.28	Does anyone in this household have a cellular telephone?
1	YES
2	NO
9.29	Is there a telephone in this dwelling? <i>Please DO NOT include cellular telephones</i>
1	YES
2	NO
9.30	<i>If there is no telephone in the dwelling(s)</i> How many minutes do you have to travel to the nearest telephone you can use (by your usual means of transport)?
1	0 - 5 MINUTES
2	6 - 15 MINUTES
3	16 - 30 MINUTES
4	31 - 60 MINUTES
5	1 - 2 HOURS
6	OVER 2 HOURS

ASK EVERY HOUSEHOLD

Let us talk about your safety and perceived quality of life

9.31	How safe do you feel living in the neighbourhood where you live?
1	VERY SAFE
2	RATHER SAFE
3	RATHER UNSAFE
4	VERY UNSAFE
9.32	How safe do you feel in the dwelling where you live?
1	VERY SAFE
2	RATHER SAFE
3	RATHER UNSAFE
4	VERY UNSAFE
9.33	Do you feel safer, about the same, or less safe, than you felt a year ago?
1	SAFER
2	THE SAME
3	LESS SAFE

9.34	During the past 12 months, has this household experienced any burglaries, robberies or housebreaking?
1	YES
2	NO
9.35	During the past 12 months, has anyone been murdered while he/she was a member of this household?
1	YES
2	NO
9.36	Do you have any street lighting where you live?
1	YES
2	NO
9.37	In the past year, was there ever a time when you could not afford to feed the children in the household?
1	YES
2	NO
3	NOT APPLICABLE (NO CHILDREN)

9.38	Taking everything into account, how satisfied is this household with the way it lives these days?
1	VERY SATISFIED
2	SATISFIED
3	NEITHER SATISFIED NOR DISSATISFIED
4	DISSATISFIED
5	VERY DISSATISFIED
9.39	Compared to one year ago, how would you say things are this household?
1	THINGS ARE BETTER
2	THINGS ARE ABOUT THE SAME
3	THINGS ARE WORSE
9.40	How much money did this household spend <u>in total</u>, on all items (including food, clothing, housing, transport, medical care, etc), <u>during the past month</u>?
R.....	
9.41	How much money did this household spend on <u>food</u>, during the past month?
R.....	

9.42		Were there any unusual <u>cash purchases</u> (e.g. car, fridge, furniture, etc.) during <u>the past month</u> and/or <u>the past year</u> ?
Past month	Past year	
1	1	YES
2	2	NO
9.43		<p>If there were any unusual cash purchases during the past month or past year</p> <p>How much did the household spend on them all together?</p> <p>R Past month</p> <p>R Past year (please do not include purchases for the past month)</p>

9.44	<p>If anyone in this household gets ill or injured and decides to seek medical help, where do they usually go first?</p> <p>Circle only one code</p>	
1	HOSPITAL	Public Sector
2	CLINIC	
3	OTHER (SPECIFY)	
4	HOSPITAL	Private Sector
5	CLINIC	
6	PRIVATE DOCTOR/SPECIALIST	
7	TRADITIONAL HEALER	
8	OTHER (SPECIFY)	

9.45	How far is the hospital/clinic/doctor/traditional healers where the household members usually go? <i>Circle only one code</i>
1	LESS THAN 1 KM
2	1 KM - LESS THAN 5 KM
3	5 KM - LESS THAN 10 KM
4	10 KM - LESS THAN 15 KM
5	15 KM OR MORE
9.46	How long does it usually take to get there?
1	LESS THAN 15 MINUTES
2	15 MINUTES - LESS THAN 30 MINUTES
3	30 MINUTES - LESS THAN 1 HOUR
4	1 HOUR - LESS THAN 2 HOURS
5	2 HOURS OR MORE

9.47	What means of transport do the members of this household <u>mainly</u> use to get to the health facility? (<i>mainly = longest distance</i>) <i>Circle only one code</i>
1	AMBULANCE
2	OWN TRANSPORT (CAR, MINIBUS, ETC.)
3	TRAIN
4	TAXI
5	BUS (PUBLIC)
6	ON FOOT
7	OTHER TRANSPORT (SPECIFY)

9.48	Where is this health care person/facility where household members usually go?		
	Town/place name	Magisterial district	Province (New)

9.49	How far is the nearest social welfare service point?
1	LESS THAN 1 KM
2	1 KM - LESS THAN 5 KM
3	5 KM OR MORE
4	DO NOT KNOW

9.50	<i>Please indicate the respondent number of the person who answered the questions in this section</i>
.....	

***You have come to the end of the interview for this household.
Thank the respondent for his/her co-operation.***