

Questionnaire ID



Preferred supplier of quality statistics



General Household Survey

2006

Particulars of the dwelling

PSU number

Dwelling unit number

Physical identification of the dwelling unit/household

Telephone number of enumerated household (if any)

Total number of persons in the household

Questionnaire no. for this household (for persons no. 01 - 10 = 1, etc.)

Households at the selected dwelling

Household number for this household

Total number of households at the selected dwelling

Field staff

Interviewer

Number

Interview date

Supervisor

Number

Date checked

R / PSM / QA

Number

Date checked

Survey start date

For office use

Response details

Visit no	Date (actual)	Result code	Next visit (planned)
1			
2			
3			
4			

FINAL RESULT

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

RESULT CODES (for response details)

1	Completed	} Comment and give full details above of all non-response
2	Non-contact	
3	Refused	
4	Partly complete	
5	No usable information	
6	Vacant dwelling	} Comment and give full details above of all out-of scope cases
7	Listing error	
8	Other	
9	Unoccupied dwelling	
0	Ended at question B	

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Questionnaire id

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Locality Information:

Plot / stand no.:

Street no:

Street name:

Street type:

Village / suburb / locality:

Identifiers (unit / other no):

Building / school / flat / farm name:

Further identification:

Surname of household head:

First name of household head:

For hostels:

Block no:

Room no:

Bed no:

Codes for street type:

Street type	Abbreviation	Street type	Abbreviation
Avenue/Laan	AVE	Road	RD
Circle/sirkel	CR	RyLaan	RLA
Close	CL	Singel	SGL
Crescent	CRES	Street/Straat	STR
Drive	DR	Way	W
Grove	GR	Boulevard	BVR
Lane	LN		

INTERVIEW START TIME:

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FLAP This section covers particulars of each person in the household

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks.
Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

		Person (respondent) number									
		01	02	03	04	05	06	07	08	09	10
	Ask who the head (or the acting head) of the household is and record that person in column 01.										
A	First name and surname Write down first name and surname of each member of the household, starting with the head or acting head.										
	If more than one head or acting head, take the oldest Write sideways if necessary										
B	Has stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = YES 2 = No → End of questions for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
C	Is a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
D	How old is? (In completed years - In whole numbers) Less than 1 year = 00										
E	What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify in the box at the bottom	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
F	Is there any other person residing in this household, other than those already mentioned, who is not presently here?	<input type="checkbox"/> YES <input type="checkbox"/> NO	→ If "YES", Go back to A								

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Questionnaire id

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SECTION 1 This section covers particulars of each person in the household

		01	02	03	04	05	06	07	08	09	10
1.1	What is’s relationship to the head of the household? (i.e. to the person in column 1) 1 = <i>Mark the head/acting head</i> 2 = HUSBAND/WIFE/PARTNER 3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD 4 = BROTHER/SISTER/STEP BROTHER/STEP SISTER 5 = FATHER/MOTHER/STEP FATHER/STEP MOTHER 6 = GRANDPARENT/GREAT GRANDPARENT 7 = GRANDCHILD/GREAT GRANDCHILD 8 = OTHER RELATIVE (E.G. IN-LAWS OR AUNT/UNCLE) 9 = NON-RELATED PERSONS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
1.2.a	What is’s present marital status? 1 = MARRIED 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE 3 = WIDOW/WIDOWER 4 = DIVORCED OR SEPARATED 5 = NEVER MARRIED <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → Go to Q 1.3.a </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1.2.b	Does’s spouse/partner live in this household? 1 = YES 2 = NO <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> → Go to Q 1.3.a </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
1.2.c	Which person is the spouse/partner of? <i>Give person number</i>										
1.3.a	Is’s biological father still alive? 1 = YES 2 = NO 3 = DON'T KNOW <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → Go to Q1.4.a </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
1.3.b	Is’s biological father part of this household? 1 = YES 2 = NO <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> → Go to Q1.4.a </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

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		01	02	03	04	05	06	07	08	09	10
1.3.c	Which person is’s biological father? <i>Give person number</i>										
1.4.a	Is’s biological mother still alive? 1 = YES 2 = NO 3 = DON'T KNOW } → <i>Go to Q1.5.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.4.b	Is’s biological mother part of this household? 1 = YES 2 = No → <i>Go to Q1.5.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.4.c	Which person is’s biological mother? <i>Give person number</i>										
1.5.a	In the last seven days, did spend at least one hour fetching water for home use (not for sale) from a source outside the property? 1 = YES 2 = No → <i>Go to Q 1.6.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.5.b	How many hours did spend on fetching water from a source outside the property in the last seven days?										
1.6.a	In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale) from a source outside the property? 1 = YES 2 = No → <i>Go to Q 1.7</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.6.b	How many hours did spend on fetching wood/dung from a source outside the property in the last seven days?										

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Questionnaire ID

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EDUCATION

Ask for everyone in the household

Read out: Now I am going to ask you questions related to education for each member of the household

		01	02	03	04	05	06	07	08	09	10
1.7	Can read in at least one language? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.8	Can write in at least one language? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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		01	02	03	04	05	06	07	08	09	10
1.9	What is the highest level of education that has successfully completed?										
	00 = No SCHOOLING	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = GRADE 1/ SUB A	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = GRADE 2 / SUB B	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = Grade 4/ STANDARD 2	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = GRADE 5/ STANDARD 3	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = GRADE 10/ STANDARD 8/ FORM 3	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = GRADE 11/ STANDARD 9/ FORM 4	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = DIPLOMA WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
	19 = CERTIFICATE WITH GRADE 12/STD 10	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
	20 = DIPLOMA WITH GRADE 12/STD 10	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
	21 = BACHELORS DEGREE	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
	22 = BACHELORS DEGREE AND DIPLOMA	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
	23 = HONOURS DEGREE	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
	24 = HIGHER DEGREE (MASTERS, DOCTORATE)	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24
	25 = OTHER, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25
	26 = DON'T KNOW	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26

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Questionnaire ID

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	Diplomas or certificates should be of at least six months study duration full-time (or equivalent)										
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		01	02	03	04	05	06	07	08	09	10	
1.10	Is currently attending school or any other educational institution? 1 = YES 2 = No → Go to Q 1.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
1.11	Which of the following educational institutions does attend? <i>Include distance and correspondence education</i> 1 = Pre-school (including day care, crèche, pre-primary) 2 = School 3 = University 4 = Technikon 5 = College 6 = Adult basic education and training/literacy classes 7 = Other adult educational classes 8 = Other than any of the above	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
1.12	Is it a correspondence/distance educational institution? 1 = YES 2 = No → Go to Q 1.14	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
1.13	How long does it take to get to the school/educational institution where he/she attends? 1 = LESS THAN 15 MINUTES 2 = 15 - 30 MINUTES 3 = MORE THAN 30 MINUTES 4 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

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1.14	What is the total amount of tuition fees paid for in a year? <i>Do not include the cost of uniforms, books and other learning materials.</i> 01 = R1 – R100 02 = R101 – R200 03 = R201 – R300 04 = R301 – R500 05 = R501 – R1000 06 = R1001 – R2000 07 = R2001 – R3000 08 = R3001 – R4000 09 = R4001 – R8000 10 = R8001 – R12000 11 = MORE THAN R12000 12 = NONE 13 = DON'T KNOW	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
1.15	This academic year, has benefited from any fee exemptions and/or bursaries? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

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1.16	During the past 12 months, what problems, if any, did experience at the school (or other educational institution)?										
	1 = Lack of books	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Poor teaching	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Lack of teachers	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Facilities in bad condition	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Fees too high	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Classes too large/too many learners	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Other, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	→ Go to Q 1.18										

Ask if “no” in Q1.10

1.17	What is the main reason why is currently not attending school or any other education institution?										
	01 = TOO OLD/YOUNG	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = HAS COMPLETED SCHOOL/EDUCATION	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = SCHOOL/EDUCATION INSTITUTION IS TOO FAR AWAY	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = NO MONEY FOR FEES	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = HE/SHE IS WORKING (AT HOME OR JOB)	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = EDUCATION IS USELESS OR UNINTERESTING	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = ILLNESS	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = PREGNANCY	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = FAILED EXAMS	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = GOT MARRIED	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = FAMILY COMMITMENT (CHILD MINDING, ETC.)	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = OTHER, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12

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HEALTH**Ask for everyone in the household****Read out: Now I am going to ask you health-related questions for each member of the household**

		01	02	03	04	05	06	07	08	09	10
1.18	Is covered by a medical aid or medical benefit scheme or other private health insurance? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.19	During the past month, did suffer from any illnesses or injuries? 1 = YES 2 = No → Go to Q 1.28	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.20	What sort of illnesses or injuries did suffer from? Did suffer from 01 = Flu or acute respiratory tract infection 02 = Diarrhoea 03 = Severe trauma (e.g. due to violence, motor vehicle accident, gunshot, assault, beating) 04 = TB or severe cough with blood 05 = Abuse of alcohol or drugs 06 = Depression or mental illness 07 = Diabetes 08 = High or low blood pressure 09 = HIV/AIDS 10 = Other sexually transmitted disease 11 = Other illness or injury	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2

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1.21	During the past month, did consult a health worker such as a nurse, doctor or traditional healer as a result of illness or injury? 1 = YES 2 = No → <i>Go to Q 1.27</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.22	For’s most recent consultation, what kind of health worker did he/she consult? 1 = NURSE 2 = DOCTOR 3 = MEDICAL SPECIALIST 4 = PHARMACIST/CHEMIST 5 = DENTIST 6 = SPIRITUAL HEALER (CHURCH RELATED) 7 = TRADITIONAL HEALER 8 = ANY OTHER HEALTH CARE PROVIDER <i>Including psychologist, physiotherapist, chiropractor, homeopath, optometrist</i> 9 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

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1.23	Where did the consultation take place? <i>If more than one consultation, ask about the most recent one.</i>										
	Public sector (i.e. government, provincial or community institution)										
	01 = HOSPITAL	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = CLINIC	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = OTHER IN PUBLIC SECTOR, <i>specify</i>	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	Private sector (including private clinics, surgery, private hospitals and sangomas)										
	04 = HOSPITAL	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = CLINIC	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = PRIVATE DOCTOR/SPECIALIST	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = TRADITIONAL HEALER	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = PHARMACY/CHEMIST	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = HEALTH FACILITY PROVIDED BY EMPLOYER	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHIST	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER IN PRIVATE SECTOR, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = DON'T KNOW	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12

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		01	02	03	04	05	06	07	08	09	10
1.24	Did experience any of the following during this particular visit to the health worker?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	1 = Facilities not clean	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Long waiting time	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Opening times not convenient	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Too expensive	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Drugs that were needed, not available	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Staff rude or uncaring or turned patient away	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Incorrect diagnosis	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	8 = Other, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.25	How satisfied was with the service he/she received?										
	1 = VERY SATISFIED	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = SOMEWHAT SATISFIED	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = NEITHER SATISFIED NOR DISSATISFIED	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = SOMEWHAT DISSATISFIED	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = VERY DISSATISFIED	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	6 = DON'T KNOW	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

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		01	02	03	04	05	06	07	08	09	10
1.26	Did have to pay for this service?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	→ Go to Q 1.28										

Ask only if "No" to Q 1.21

1.27	Why did not consult any health worker during the past month?										
	1 = TOO EXPENSIVE	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = TOO FAR	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Not necessary	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Don't know	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Other, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

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DISABILITY**Ask for everyone in the household****Read out: I am now going to ask about disabilities experienced by any persons within the household.**

		01	02	03	04	05	06	07	08	09	10
1.28	Is limited in his/her daily activities, at home, at work or at school, because of a long-term physical, sensory, hearing, intellectual, or psychological condition, lasting six months or more? 1 = YES 2 = No → Go to Q1.30	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.29	What difficulty or difficulties does have? Is it 1 = Sight (<i>blind/severe visual limitation</i>) 2 = Hearing (<i>deaf, profoundly hard of hearing</i>) 3 = Communicating (<i>speech impairment</i>) 4 = Physical (<i>e.g. needs wheel chair, crutches or prosthesis; limb or hand usage limitation</i>) 5 = Intellectual (<i>serious difficulties in learning, mental retardation</i>) 6 = Emotional (<i>behavioural, psychological problems</i>) 7 = Other, <i>specify in the box at the bottom</i>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2

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		01	02	03	04	05	06	07	08	09	10
1.30	During the past 12 months, did make use of a welfare office or services? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	} → Go to Q1.33										
1.31	Which of the following services/assistance did ... make use of? a. Social worker 1 = YES 2 = No 3 = DON'T KNOW b. Social grant 1 = YES 2 = No 3 = DON'T KNOW c. Poverty relief 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

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	01	02	03	04	05	06	07	08	09	10
1.32 <i>Ask only if there is a "YES" in any part of Q 1.31</i>										
How satisfied was with the service/assistance rendered at the welfare office?										
1 = Very satisfied	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = Somewhat satisfied	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Neither satisfied nor dissatisfied	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 = Somewhat dissatisfied	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 = Very dissatisfied	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 = DON'T KNOW	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

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Read out: Now I am going to ask you about social grants for each member in the household

	01	02	03	04	05	06	07	08	09	10
1.33 Does ... receive any of the following Welfare grants?										
a) Old age pension										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Don't know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
b) Disability grant										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Don't know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
c) Child support grant										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Don't know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
d) Care dependency grant										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Don't know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
e) Foster care grant										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Don't know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
f) Grant in aid										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Don't know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
g) Social relief										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Don't know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

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SECTION 2 This section covers activities of household members aged 15 and above in the last seven days, unemployment and non-economic activities.

Ask for all household members aged 15 and above. **It is very important that you try to ask these questions of each person themselves if at all possible.**

Read out: **Now I am going to ask some questions about activities in the last seven days for each household member aged 15 and above**

		01	02	03	04	05	06	07	08	09	10
2.0	Interviewer to answer Is the person him/herself responding to questions? 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.1	In the last seven days did do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i> 1 = YES → Go to Q 2.5 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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		01	02	03	04	05	06	07	08	09	10
2.2	<p>In the last seven days, did do any of the following activities, even for only one hour? Show prompt card 2.</p> <p>a) Run or do any kind of business, big or small, for himself/herself or with one or more partners?</p> <p><i>Examples: Selling things, making things for sale, repairing things, guarding cars, brewing beer, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, etc.</i></p> <p>b) Do any work <u>as a domestic worker</u> for a wage, salary, or any payment in kind?</p> <p>c) Help unpaid in a household business of any kind?</p> <p><i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc. Don't count normal housework.</i></p> <p>d) Do any work on his/her own or the household's plot, farm, food garden, cattle post or kraal or help in growing farm produce or in looking after animals for the household?</p> <p><i>Examples: ploughing, harvesting, looking after livestock.</i></p> <p>e) Do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household?</p> <p>f) Catch any fish, prawns, shells, wild animals or other food for sale or household food?</p> <p>g) Beg for money or food in public?</p>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2

If "YES" for a person to any part of Question 2.2→ Go to Q 2.5 for that person.

If "No" to all options for a person, continue with next question.

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		01	02	03	04	05	06	07	08	09	10
2.5	<p><i>Read out:</i></p> <p>You said was doing these activities during the last seven days (or was temporarily absent). <i>Refer to Q 2.1</i></p> <p>What kind of work did do in his/her <u>main</u> job during the last seven days (or usually does, even if he/she was absent in the last seven days)? Give occupation or job title.</p> <p><i>Work includes all the activities mentioned earlier</i></p> <p><i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</i></p> <p><i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i></p>										
2.6	<p>What were 's <u>main</u> tasks or duties in this job?</p> <p><i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</i></p>										
	CODE BOX FOR OFFICE USE										

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		01	02	03	04	05	06	07	08	09	10
2.7	What is the name of’s place of work? <i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div. Write ‘Own house’ or ‘No fixed location’, if relevant.</i>										
2.8	What are the main goods and services produced at’s place of work? What are its main functions? <i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes.</i>										
	CODE BOX FOR OFFICE USE										
2.9	What is’s total salary/pay at his/her <u>main</u> job? <i>Including overtime, allowances and bonus, before any tax or deductions.</i> <i>Give amount in whole figures, without any text or decimals</i> If “NONE”, “REFUSE” or “DON’T KNOW” → Go to Q 2.11										

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			01	02	03	04	05	06	07	08	09	10
2.10	Ask only if an amount is given in Q 2.9 Is this 1 = Per week 2 = Per month 3 = Annually		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.11	Only if "NONE", "REFUSE" or "DON'T KNOW" in Q 2.9 Show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on prompt card 3 and mark the applicable code.											
		Weekly	Monthly	Annually								
01	NONE	NONE	NONE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03
02	R1 - R46	R1 - R200	R1 - R2 400	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
03	R47 - R115	R201 - R500	R2 401 - R6 000	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
04	R116 - R231	R501 - R1 000	R6 001 - R12 000	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
05	R232 - R346	R1 001 - R1 500	R12 001 - R18 000	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
06	R347 - R577	R1 501 - R2 500	R18 001 - R30 000	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
07	R578 - R808	R2 501 - R3 500	R30 001 - R42 000	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
08	R809 - R1 039	R3 501 - R4 500	R42 001 - R54 000	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
09	R1 040 - R1 386	R4 501 - R6 000	R54 001 - R72 000	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
10	R1 387 - R1 848	R6 001 - R8 000	R72 001 - R96 000	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
11	R1 849 - R2 540	R8 001 - R11 000	R96 001 - R132 000	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
12	R2 541 - R3 695	R11 001 - R16 000	R132 001 - R192 000	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
13	R3 696 - R6 928	R16 001 - R30 000	R192 001 - R360 000	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
14	R6 929 OR MORE	R30 001 OR MORE	R360 001 OR MORE	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
15	DON'T KNOW	DON'T KNOW	DON'T KNOW									
16	REFUSE	REFUSE	REFUSE									

→ Go to Q2.19. The following questions cover unemployment and non-economic activities

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Ask for all household members aged 15 and above who did not work and were not absent from work (i.e. for those whose answer on Q 2.3 = 2).

Read out: **Now I am going to ask some questions about whether you (.....) wanted and were (was) available for any of the types of work mentioned earlier**

		01	02	03	04	05	06	07	08	09	10
2.12	How does support him/herself?	YES No	YES No	YES No	YES No	YES No	YES No	YES No	YES No	YES No	YES No
	1 = Did odd jobs during the past seven days	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Supported by persons in the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Supported by persons not in the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Supported by charity, church, welfare, etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Unemployment Insurance Fund (UIF)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Savings or money previously earned	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Old age or disability pension	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	8 = Other sources, e.g. bursary, study loan, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	If "YES" to response category 1										
	→ Go back to Q 2.2 for that person										

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		01	02	03	04	05	06	07	08	09	10
2.13	Why did not work during the past seven days?										
	01 = HAS FOUND A JOB, BUT IS ONLY STARTING AT A DEFINITE DATE IN THE FUTURE → Go to Q 2.17	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = SCHOLAR OR STUDENT <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = HOUSEWIFE/HOMEMAKER <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = RETIRED <u>AND</u> PREFERS NOT TO SEEK FORMAL WORK	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED)	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = TOO YOUNG OR TOO OLD TO WORK	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = CANNOT FIND ANY WORK	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY)	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = CONTRACT WORKER, E.G. MINE WORKER RESTING ACCORDING TO CONTRACT	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = RETRENCHED	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = OTHER REASON	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
2.14	If a suitable job is offered, will accept it?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW } → Go to Q 2.17	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2.15	How soon can start work?										
	1 = WITHIN A WEEK	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = WITHIN TWO WEEKS	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = WITHIN FOUR WEEKS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = LATER THAN FOUR WEEKS FROM NOW	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = DON'T KNOW	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

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2.16	During the past four weeks, has taken any action 1 = to look for any kind of work 2 = to start any kind of business	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
2.17	Has ever worked before? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Section 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.18	How long ago was it since last worked? 01 = 1 WEEK - LESS THAN 1 MONTH 02 = 1 MONTH - LESS THAN 2 MONTHS 03 = 2 MONTHS - LESS THAN 3 MONTHS 04 = 3 MONTHS - LESS THAN 4 MONTHS 05 = 4 MONTHS - LESS THAN 5 MONTHS 06 = 5 MONTHS - LESS THAN 6 MONTHS 07 = 6 MONTHS - LESS THAN 1 YEAR 08 = 1 YEAR - LESS THAN 2 YEARS 09 = 2 YEARS - LESS THAN 3 YEARS 10 = 3 YEARS OR MORE 11 = DON'T KNOW	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11

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Section 3 This section covers information about trips taken by one or more members of the household in the past 12 months that lasted at least one night away from home where a person/s did not receive any remuneration (did not make any profit) at that destination.

Note: People who went on business or professional trips do qualify for this section since they do not get paid at their destination.

Read out: **Now I am going to ask some questions about trips undertaken in the past 12 months that lasted at least one night away from home for each household member.**

3.1	During the past 12 months did one or more members of the household undertake any trip/s that lasted at least one night away from home? 1 = YES 2 = No 3 = DON'T KNOW } → Go to section 4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.2	How many trips of this nature did one or more members of the household take ... In the past 4 weeks? In the past 12 months?		<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3.3	How many of these trips were ...	NUMBER OF TRIPS	DON'T KNOW
	1. Trips where all nights were spent only in South Africa.		<input type="checkbox"/>
	2. Trips where all nights were spent only outside South Africa. → Go to section 4		<input type="checkbox"/>
	3. Trips that included nights spent in South Africa and outside South Africa → Go to section 4		<input type="checkbox"/>
	4. Total		<input type="checkbox"/>
Add 1 + 2 + 3 to confirm 4			

Read out: **I am now going to ask you some questions about the last domestic trip**

3.4	Considering the last domestic trip undertaken by one or more members of the household, what was the main reason for this trip? Was it a ... 1 = Leisure/vacation/holiday trip 2 = Trip visiting friends or family 3 = Business/conference or professional trip 4 = Medical 5 = Religious 6 = Funeral 7 = Study trip 8 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
3.5	What was the household's principal destination in this last domestic trip? Was it... 1 = Western Cape 2 = Eastern Cape 3 = Northern Cape 4 = Free State 5 = Kwa-Zulu Natal 6 = North West 7 = Gauteng 8 = Mpumalanga 9 = Limpopo	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

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3.6	How many nights were members of this household away from home on the last domestic trip?	NUMBER OF NIGHTS	DON'T KNOW
	a. Number of nights spent away from home?		<input type="checkbox"/>
3.7	How many members of this household went on this last domestic trip?	NUMBER OF HOUSEHOLD MEMBERS	DON'T KNOW
	a. Children aged 12 years or less		<input type="checkbox"/>
	b. Persons aged 13 to 20 years		<input type="checkbox"/>
	c. Persons aged 21 to 64 years		<input type="checkbox"/>
	d. Persons aged 65 years or more		<input type="checkbox"/>
	e. Total		
	Add a + b + c + d to confirm e.		

3.8	Was this last domestic trip a package deal with an all-inclusive price?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = Yes	
	2 = No	
	3 = Don't know	
} → Go to Q3.11		

3.9	Please indicate which of the following items were included in the package and state the value of each item, a. Airfare b. Land transport c. Accommodation d. Food and beverages e. Recreation and entertainment (eg payments to a botanical garden, zoo etc) f. Medical expenses g. Shopping h. Other i. Total trip Add a – h to confirm i	INCLUDED		VALUE	DON'T KNOW
		Yes	No		
		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>
					<input type="checkbox"/>

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3.10	How much did the members of the household spend/consume/ use on the following, which was NOT included in the package, during this last domestic trip?	AMOUNT SPENT/ CONSUMED/USED	DON'T KNOW
	a. Airfare		<input type="checkbox"/>
	b. Land transport		<input type="checkbox"/>
	c. Accommodation		<input type="checkbox"/>
	d. Food and beverages		<input type="checkbox"/>
	e. Recreation and entertain- ment <i>eg payments to a botanical garden, zoo etc)</i>		<input type="checkbox"/>
	f. Medical expenses		<input type="checkbox"/>
	g. Shopping		<input type="checkbox"/>
	h. Other		<input type="checkbox"/>
	i. Total		<input type="checkbox"/>
Add a – h to confirm i			
Go to Q3.12			

Ask only if “No” or “Don’t know” to Q 3.8

3.11	How much did the members of the household spend/consume/ use on the following during this last domestic trip?	AMOUNT SPENT/ CONSUMED/USED	DON'T KNOW
	a. Airfare		<input type="checkbox"/>
	b. Land transport		<input type="checkbox"/>
	c. Accommodation		<input type="checkbox"/>
	d. Food and beverages		<input type="checkbox"/>
	e. Recreation and entertain- ment <i>e.g payments to a botanical garden, zoo etc)</i>		<input type="checkbox"/>
	f. Medical expenses		<input type="checkbox"/>
	g. Shopping		<input type="checkbox"/>
	h. Other		<input type="checkbox"/>
	i. Total		<input type="checkbox"/>
Add a – h to confirm i			

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3.12	What type of accommodation did the members of the household use during the stay on this last domestic trip?	YES	NO	If yes, number of nights spent
	1 = Hotel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	2 = Bed and breakfast establishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	3 = Guest House	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	4 = Lodge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	5 = Self catering establishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	6 = Stayed with friends or family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	7 = Other (specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
3.13	What was the principal mode of transport that the members of the household used during this last domestic trip?			
	1 = TRAIN	<input type="checkbox"/> 1		
	2 = BUS	<input type="checkbox"/> 2		
	3 = TAXI	<input type="checkbox"/> 3		
	4 = AIRCRAFT	<input type="checkbox"/> 4		
	5= OTHER (Specify).....	<input type="checkbox"/> 5		

3.14	Did this household incur any trip-related expenses before setting out on the last domestic trip (including travel insurance, buying clothes for the trip, camera film, batteries, etc)? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q3.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.15	<i>If yes in Q3.14</i> How much did the household spend (total pre-trip spend)? (R)	
3.16	Did this household incur any trip-related expenses after returning from the last domestic trip (including development of films, etc)? 1 = YES 2 = No 3 = DON'T KNOW } → Go to section 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.17	<i>If yes in Q3.16</i> How much did the household spend (total post-trip spend)? (Rands)	

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SECTION 4 This section covers information regarding the household.**Ask a responsible adult in the household**

4.1	Indicate the type of main dwelling and other dwelling that the household occupies?	Main dwelling	Other dwelling
	01 = DWELLING/HOUSE OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN/CLUSTER/SEMI-DETACHED HOUSE (<i>Simplex, Duplex or Triplex</i>)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING/ SERVANTS QUARTERS/GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11

4.2	Thinking back five years ago, what type of dwelling/dwellings did this household occupy?	Main dwelling	Other dwelling
	01 = DWELLING/HOUSE OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN/CLUSTER/SEMI-DETACHED HOUSE (<i>Simplex, Duplex or Triplex</i>)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING/ SERVANTS QUARTERS/GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = HOUSEHOLD DID NOT EXIST	<input type="checkbox"/> 12	<input type="checkbox"/> 12

4.3	What is the main material used for the walls and the roof of the main dwelling? <i>Mark one code in each column.</i> 01 = BRICKS 02 = CEMENT BLOCK/CONCRETE 03 = CORRUGATED IRON/ZINC 04 = WOOD 05 = PLASTIC 06 = CARDBOARD 07 = MIXTURE OF MUD AND CEMENT 08 = WATTLE AND DAUB 09 = TILE 10 = MUD 11 = THATCHING 12 = ASBESTOS 13 = OTHER, <i>specify</i>	Walls	Roof
		<input type="checkbox"/> 01	<input type="checkbox"/> 01
		<input type="checkbox"/> 02	<input type="checkbox"/> 02
		<input type="checkbox"/> 03	<input type="checkbox"/> 03
		<input type="checkbox"/> 04	<input type="checkbox"/> 04
		<input type="checkbox"/> 05	<input type="checkbox"/> 05
		<input type="checkbox"/> 06	<input type="checkbox"/> 06
		<input type="checkbox"/> 07	<input type="checkbox"/> 07
		<input type="checkbox"/> 08	<input type="checkbox"/> 08
		<input type="checkbox"/> 09	<input type="checkbox"/> 09
		<input type="checkbox"/> 10	<input type="checkbox"/> 10
		<input type="checkbox"/> 11	<input type="checkbox"/> 11
		<input type="checkbox"/> 12	<input type="checkbox"/> 12
		<input type="checkbox"/> 13	<input type="checkbox"/> 13
4.4	In what condition are the walls and the roof of the main dwelling? 1 = Very weak 2 = Weak 3 = Needs minor repairs 4 = Good 5 = Very good	Walls	Roof
		<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 5

4.5	What is the total number of rooms in the dwelling(s) that the household occupies? <i>Excluding toilets and bathrooms</i>	
4.6	Is the dwelling 1 = Owned and fully paid off → Go to Q4.12.3 2 = Owned, but not yet fully paid off → Go to Q4.12 3 = Rented → Go to Q4.7.a 4 = Occupied rent-free as part of employment contract of family member or yourself → Go to Q4.7.b 5 = Occupied rent-free not as part of employment contract of family member → Go to Q4.7.b 6 = Occupied as a Boarder → Go to Q4.8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

Ask if answer to Q4.6 is 3 (dwelling rented)

4.7.a	What is the amount of rent paid for this dwelling? 1.1 Amount paid by you excluding amount subsidised 1.2 Amount subsidised (e.g. by employer) 1.3 Amount paid for garage and/or domestic worker's room if rented separately 1.4 Total rent paid, for this dwelling unit <i>Add 1.1, 1.2 and 1.3 to confirm 1.4</i> Go to Q4.9	Costs for the past month	

Ask if answer to Q4.6 is 4 or 5 (dwelling occupied rent-free)

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4.7.b	What is the value of monthly rent you would pay? (for only those who occupy dwellings rent free Q4.6) → GO TO Q4.10	
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Ask if answer to Q4.6 is 6 (dwelling occupied as a boarder)

4.8	What is the amount of boarding or lodging (in this dwelling) paid for the past month? (This item only covers permanent boarding and also includes amounts paid to members of your family if you board with them, excluding meals) (Rands) → Go TO Q4.10	
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→ **GO TO Q4.18**

4.9	How much levy did you pay in the last month? (in the case of dwelling-units under sectional title or share-holding / block scheme)															
4.10	Does the rent / boarding include ...? 1 = Electricity 2 = Water 3 = Garage/parking space 4 = Refuse removal 5 = Levy 6 = Other, specify	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
YES	NO															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
4.11	Is this dwelling unit rented with or without furniture? 1 = UNFURNISHED 2 = SEMI-FURNISHED 3 = FURNISHED	<table border="1"> <tbody> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3											
<input type="checkbox"/> 1																
<input type="checkbox"/> 2																
<input type="checkbox"/> 3																

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Ask if answer to Q4.6 is 1 or 2 (dwelling owned) otherwise go to Q4.18

4.13	ADDITIONAL SINGLE AMOUNT PAID TO BANK/BUILDING SOCIETY REGARDING MORTGAGE BOND (You can ask for a copy of the loan statement)	Cost for the past 12 months
4.13.1	Capital payments (including deposit)	
4.13.2	Other payments such as transfers duty and transfer costs and registration of mortgage bond	
4.13.3	Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap)	
4.13.4	Payment for right to access a piece of land (tribal/shacks)	

4.14	Did the household do any repairs and improvements to this dwelling-unit of which payments were not included in the dwelling-unit mortgage bond above in the past 12 months? 1 = YES 2 = No → Go to Q4.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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Ask if answer to Q4.6 is 2(dwelling owned but not fully paid off)

4.12	PAYMENT ON THE DWELLING (including additional payments for immovable improvements) you can ask for a copy of mortgage bond statement).	Cost for the past month
4.12.1	Monthly instalment for the past month (including voluntary additional monthly payment but excluding insurance) a. Capital b. Interest	
4.12.2	Subsidy (Amount received from employer, or value of reduction in instalment if loan is repaid at a rate lower than the current interest rate)	

Ask if answer to Q4.6 is 1 or 2 (dwelling owned)

4.12.3	Please state the amount of <u>levy</u> paid for the past month (Rands)	
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4.15	Amount paid on:	Cost for the past 12 months
	a. Maintenance and repair of dwelling (existing buildings, swimming pools, etc. Including paints, wallpaper, etc.)	
	b. Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc)	
	c. Improvements (Additions and alterations including installation of security systems, build-in furniture, solar energy systems, swimming pools and garden lay-outs)	
	d. Services for improvements (carpenters, electricians, etc)	
	e. Security structures (including fences, electric gates)	
	f. Security systems (including alarms, panic buttons)	
	g. Security Services (including reaction services and neighbourhood watch)	
h. Building materials not included in (a) or (c) (e.g. for building houses)		
4.16	What is the value of rent you could collect per month, if you were to rent this dwelling out?	

4.17	State the estimated reasonable market value for which this property could be sold (Rands)	Amount	Don't know
			<input type="checkbox"/>

Ask all households

4.18	<p>Did any member of this household receive a government housing subsidy, such as RDP housing subsidy, to obtain this dwelling or any other dwelling? <i>Do not include housing subsidies for government employees.</i></p> <p>1 = YES 2 = No 3 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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WATER**Ask all households**

4.19	What is the household's main source of water? <i>Mark one code only</i>	Drinking	Other
	01 = PIPED (TAP) WATER IN DWELLING	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = PIPED (TAP) WATER ON SITE OR IN YARD	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = BOREHOLE ON SITE	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = RAIN-WATER TANK ON SITE	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = NEIGHBOUR'S TAP	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = PUBLIC/COMMUNAL TAP	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = WATER-CARRIER/TANKER	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = BOREHOLE OFF SITE/COMMUNAL	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = FLOWING WATER/STREAM/RIVER	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = STAGNANT WATER/DAM/POOL	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = WELL	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = SPRING	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = OTHER, specify	<input type="checkbox"/> 13	<input type="checkbox"/> 13

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Ask if water is not in dwelling, yard or on site, otherwise go to Q4.21

4.20	How far is the water source for drinking from the dwelling, yard or site (200m is equal to two football fields)?	
	1 = LESS THAN 200M	<input type="checkbox"/> 1
	2 = BETWEEN 201M – 500M	<input type="checkbox"/> 2
	3 = BETWEEN 501M – 1KM	<input type="checkbox"/> 3
	4 = MORE THAN 1 KM	<input type="checkbox"/> 4
	5 = DON'T KNOW	<input type="checkbox"/> 5

4.21	Is the water from the main source of drinking water.....	YES	NO
	1 = Safe to drink?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Clear (have no colour / free of mud)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Good in taste?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Free from bad smells?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4.22	Do household members treat the water used for drinking?		
	1 = Yes, always	<input type="checkbox"/> 1	
	2 = Yes, sometimes	<input type="checkbox"/> 2	
	3 = No, never	<input type="checkbox"/> 3	

4.23	Does this household have access to piped water from a local municipality?	
	1 = Yes	<input type="checkbox"/> 1
	2 = No → Go to 4.30	<input type="checkbox"/> 2

4.24	How do you rate the municipal water services you receive?	
	1 = GOOD	<input type="checkbox"/> 1
	2 = AVERAGE	<input type="checkbox"/> 2
	3 = POOR	<input type="checkbox"/> 3
4.25	Does the household pay for water?	
	1 = YES → Go to Q 4.27	<input type="checkbox"/> 1
	2 = No → Go to Q 4.26	<input type="checkbox"/> 2
4.26	Why does the household not pay for water?	YES NO
	01 = Metering system is irregular	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	02 = No metering system is in place	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	03 = Billing system is irregular	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	04 = No billing system is in place	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	05 = Meter is broken	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	06 = Can't afford to pay for water	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	07 = Unhappy with the level of service provided	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	08 = The government should supply all water free	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	09 = Others do not pay for water	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	10 = The household only uses the free basic amount	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	11 = Other, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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4.27	How often does the household have water interruptions in its piped water supply?	
	1 = DAILY	<input type="checkbox"/> 1
	2 = WEEKLY	<input type="checkbox"/> 2
	3 = MONTHLY	<input type="checkbox"/> 3
	4 = 6 MONTHLY	<input type="checkbox"/> 4
	5 = YEARLY	<input type="checkbox"/> 5
	6 = ALMOST NEVER → Go to Q 4.30	<input type="checkbox"/> 6
4.28	What normally causes the interruption?	
	1 = Burst Pipes	<input type="checkbox"/> 1
	2 = Pump not working	<input type="checkbox"/> 2
	3 = General Maintenance	<input type="checkbox"/> 3
	4 = Not enough water in the system (demand too high)	<input type="checkbox"/> 4
	5 = Water only delivered at fixed times	<input type="checkbox"/> 5
	6 = non-payment for services (cutt off)	<input type="checkbox"/> 6
	7 = Vandalism	<input type="checkbox"/> 7
	8 = Other, specify	<input type="checkbox"/> 8
	9 = Don't know	<input type="checkbox"/> 9
4.29	The last time it happened, when was the problem rectified?	
	1 = THE SAME DAY	<input type="checkbox"/> 1
	2 = WITHIN TWO DAYS	<input type="checkbox"/> 2
	3 = WITHIN A WEEK	<input type="checkbox"/> 3
	4 = LONGER THAN A WEEK	<input type="checkbox"/> 4
	5 = LONGER THAN A MONTH, <i>specify</i>	<input type="checkbox"/> 5
	6 = DON'T KNOW	<input type="checkbox"/> 6

SANITATION

Ask all households

4.30	What type of toilet facility is available for this household? <i>Main type</i>			
		In dwelling	On site	Off site
	Toilet facility			
	1 = FLUSH TOILET WITH OFFSITE DISPOSAL	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
	2 = FLUSH TOILET WITH ON SITE DISPOSAL (SEPTIC TANK)	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23
	3 = CHEMICAL TOILET		<input type="checkbox"/> 32	<input type="checkbox"/> 33
	4 = PIT LATRINE WITH VENTILATION PIPE		<input type="checkbox"/> 42	<input type="checkbox"/> 43
	5 = PIT LATRINE WITHOUT VENTILATION PIPE		<input type="checkbox"/> 52	<input type="checkbox"/> 53
	6 = BUCKET TOILET	<input type="checkbox"/> 62	<input type="checkbox"/> 63	
	7 = NONE → Go to Q 4.31		<input type="checkbox"/> 73	

Ask if the toilet is not in dwelling, otherwise Go to Q 4.32

4.31	How far is the nearest toilet facility to which the household has access?	
	1 = LESS THAN 2 MINUTES (LESS THAN 200M)	<input type="checkbox"/> 1
	2 = 2 MINUTES BUT LESS THAN 5 MINUTES (201M - 500M)	<input type="checkbox"/> 2
	3 = MORE THAN 5 MINUTES (MORE THAN 500M)	<input type="checkbox"/> 3

4.32	Is the toilet facility shared with other households?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2

Ask if answer to Q 4.30 is "BUCKET TOILET". Otherwise Go to Q 4.34

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4.33	How frequently is it removed?	
	1 = ONCE A WEEK OR MORE OFTEN	<input type="checkbox"/> 1
	2 = ABOUT ONCE A FORTNIGHT	<input type="checkbox"/> 2
	3 = ABOUT ONCE A MONTH	<input type="checkbox"/> 3
	4 = LESS OFTEN THAN ONCE A MONTH	<input type="checkbox"/> 4

ELECTRICITY*Ask all households*

4.34	Does this household have a connection to the MAINS electricity supply?	
	1 = YES	<input type="checkbox"/> 1
	2 = No → <i>Go to Q 4.37</i>	<input type="checkbox"/> 2
4.35	Does this household receive free electricity?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2

4.36	Was electricity cut off for non-payment for this household in the past month?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2

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4.37	What is the main source of energy/fuel for this household?	Cooking	Heating	Lighting
	01 = ELECTRICITY FROM MAINS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = ELECTRICITY FROM GENERATOR	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = GAS	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = PARAFFIN	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = WOOD	<input type="checkbox"/> 05	<input type="checkbox"/> 05	
	06 = COAL	<input type="checkbox"/> 06	<input type="checkbox"/> 06	
	07 = CANDLES			<input type="checkbox"/> 07
	08 = ANIMAL DUNG	<input type="checkbox"/> 08	<input type="checkbox"/> 08	
	09 = SOLAR ENERGY	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = OTHER, <i>specify</i>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = NONE	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

4.38	Thinking back five years ago, did this household have a connection to the MAINS electricity supply, then?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = HOUSEHOLD DID NOT EXIST	<input type="checkbox"/> 3
	4 = DON'T KNOW	<input type="checkbox"/> 4

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4.39	How is the refuse or rubbish for this household taken care of?	
	1 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="checkbox"/> 1
	2 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 2
	3 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="checkbox"/> 3
	4 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 4
	5 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="checkbox"/> 5
	6 = OWN REFUSE DUMP	<input type="checkbox"/> 6
	7 = NO RUBBISH REMOVAL	<input type="checkbox"/> 7
	8 = OTHER, <i>specify</i>	<input type="checkbox"/> 8

Ask if answer to Q4.39 is 3, 4, 5, 6, 7 or 8 otherwise go to Q4.41

4.40	Would this household be willing to pay rates for a refuse service?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2
	3 = ALREADY PAYING	<input type="checkbox"/> 3
	4 = DON'T KNOW	<input type="checkbox"/> 4

Ask for all households

4.41	How far is the nearest buy back center, if any, from this dwelling? (e.g. a recycling center that exchanges recyclables for cash)	
	1 = LESS THAN 100 M	<input type="checkbox"/> 1
	2 = 100 M – LESS THAN 200 M	<input type="checkbox"/> 2
	3 = 200 M - LESS THAN 1 KM	<input type="checkbox"/> 3
	4 = 1 KM – LESS THAN 5 KM	<input type="checkbox"/> 4
	5 = 5 KM – LESS THAN 10 KM	<input type="checkbox"/> 5
	6 = 10 KM OR MORE	<input type="checkbox"/> 6
	7 = DON'T KNOW THE DISTANCE TO BUY BACK CENTRE	<input type="checkbox"/> 7
	8 = DON'T KNOW IF THERE IS ANY BUY BACK CENTER NEARBY	<input type="checkbox"/> 8
	9 = NO BUY BACK CENTRE	<input type="checkbox"/> 9
4.42	Does your neighbourhood have a community / school programme for recycling?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3
4.43	Does this household collect waste for recycling?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Q 4.46	<input type="checkbox"/> 2

4.44	Which of the following does the household collect for recycling?	YES NO a) Paper, cardboard / boxes <input type="checkbox"/> 1 <input type="checkbox"/> 2 b) Glass / glass bottles <input type="checkbox"/> 1 <input type="checkbox"/> 2 c) Plastic/plastic bags / plastic bottles <input type="checkbox"/> 1 <input type="checkbox"/> 2 d) Aluminium cans / metal <input type="checkbox"/> 1 <input type="checkbox"/> 2 e) Oil (household / automotive) <input type="checkbox"/> 1 <input type="checkbox"/> 2 f) Ash, rubble and bricks <input type="checkbox"/> 1 <input type="checkbox"/> 2
4.45	Why does the household collect waste for recycling?	YES NO a) To reduce waste <input type="checkbox"/> 1 <input type="checkbox"/> 2 b) To get money from recycled items <input type="checkbox"/> 1 <input type="checkbox"/> 2 c) To save energy/natural resources <input type="checkbox"/> 1 <input type="checkbox"/> 2 d) To save landfill space <input type="checkbox"/> 1 <input type="checkbox"/> 2 e) To reduce litter and pollution <input type="checkbox"/> 1 <input type="checkbox"/> 2 f) Don't know <input type="checkbox"/> 1 <input type="checkbox"/> 2
4.46	Does any member of this household earn a living by collecting waste for recycling? 1 = YES 2 = No → Go to Q 4.49	<input type="checkbox"/> 1 <input type="checkbox"/> 2

Ask if answer is "No" to Q 4.43. Otherwise Go to Q4.50

4.47	How does this household currently dispose of the following?	THROUGH GENERAL GARBAGE DISPOSAL	OWN REFUSE DUMP	OTHER
	a) Paper, cardboard / boxes b) Glass / glass bottles c) Plastic bags / plastic bottles d) Aluminium cans / metal e) Oil (household / automotive) f) Ash, rubble and bricks	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
4.48	Why does the household not collect waste for recycling? 1 = THROWN OUT INTO DUSTBIN FOR REFUSE COLLECTION 2 = DON'T THINK IT IS IMPORTANT 3 = DO NOT HAVE ADEQUATE FACILITIES 4 = TOO FEW RECYCLABLES 5 = NOT ENOUGH FINANCIAL BENEFIT 6 = NO TIME TO COLLECT WASTE 7 = DON'T KNOW			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
4.49	Does this household make compost from 1 = Kitchen waste? 2 = Garden waste? If No to both Go to Q 4.51			YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2

4.50	How much waste does this household compost on average per week from	LESS THAN 1 LARGE REFUSE REMOVAL BAG	1 – 3 LARGE REFUSE REMOVAL BAGS	MORE THAN 3 LARGE REFUSE REMOVAL BAGS	NO COMPOST FROM THIS SOURCE
	a) Kitchen waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	b) Garden waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

4.51	Which of the following environmental problems do you experience in your community?	YES	NO
	a) Waste removal / littering	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) Water pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Outdoor/indoor air pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d) Land degradation / overutilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	e) Excessive noise/noise pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	f) Other, specify	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4.52	In the past 12 months have you or any member of your household	YES	NO
	1 = Deliberately used public transport, walked or cycled instead of using a car?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Used pesticides in your dwelling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Used pesticides in your garden/yard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Used herbicides/weed killers in your garden/yard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4.53	Does the household	YES	NO
	a) Deliberately cut down on the amount of water use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) Deliberately cut down on the use of electricity/gas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Make sure that your noise do not disturb others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d) Have a car?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4.54	Does this household have a functional/working landline telephone in the dwelling?		
	1 = YES 2 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4.55	Is there a cellular telephone available to this household for regular use?		
	1 = YES 2 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Ask if answer is "No" to both Q 4.54 and Q 4.55. Otherwise Go to Q4.57

4.56	How far does it take from here, to the nearest accessible telephone, using your usual means of transport?	
	1 = 14 MIN OR LESS	<input type="checkbox"/> 1
	2 = 15 - 29 MIN	<input type="checkbox"/> 2
	3 = 30 – 44 MIN	<input type="checkbox"/> 3
	4 = 45 – 59 MIN	<input type="checkbox"/> 4
	5 = 60 MIN OR MORE	<input type="checkbox"/> 5

Ask for all households

4.57	Thinking back five years ago, did this household have a functional/working landline telephone in the dwelling then? 1 = YES 2 = NO 3 = HOUSEHOLD DID NOT EXIST 4 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4.58	How does this household receive most of its mail/post? 1 = DELIVERED TO THE DWELLING 2 = DELIVERED TO A POST BOX/PRIVATE BAG 3 = THROUGH FRIEND OR NEIGHBOUR 4 = THROUGH A SHOP 5 = THROUGH A SCHOOL 6 = THROUGH A WORKPLACE 7 = THROUGH A TRIBAL/LOCAL AUTHORITY OFFICE 8 = DO NOT RECEIVE MAIL 9 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

4.59	What means of transport are usually, or would usually be used by members of this household to get to the nearest of each of these facilities? <i>If more than one means of transport, take the one used over the longest distance</i>					
Facility	WALKING	MINIBUS TAXI	BUS (PUBLIC)	TRAIN	OWN TRANSPORT	OTHER, specify below
a) Food market	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Pre-Primary/Pre-school centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e) Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f) Clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g) Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h) Post office or post office agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i) Welfare office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

If "other" in Q4.58, specify:

4.60 How long in minutes does it take or would it take, from here to reach the nearestusing the usual means of transport?						
Facility	14 MIN OR LESS	15 - 29 MIN	30 - 44 MIN	45 - 59 MIN	60 MIN OR MORE	DON'T KNOW
a) Food market	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Pre-Primary/Pre-school centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e) Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f) Clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g) Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h) Post office or post office agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i) Welfare office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

4.61	Does this household have access to land that is or could be used for agricultural purposes?	
	1 = YES (Exclude communal grazing land)	<input type="checkbox"/> 1
	2 = No → Go to Q 4.65	<input type="checkbox"/> 2

4.62	How many square meters or hectares of land does the household have access to for agricultural purposes, if any?	
	1 = LESS THAN 5000 M ² (5000 m ² is approximately one soccer field)	<input type="checkbox"/> 1
	2 = 5000M ² - 9999M ²	<input type="checkbox"/> 2
	3 = 1 BUT LESS THAN 5 HA	<input type="checkbox"/> 3
	4 = 5 BUT LESS THAN 10 HA	<input type="checkbox"/> 4
	5 = 10 BUT LESS THAN 20 HA	<input type="checkbox"/> 5
	6 = 20 HA OR MORE	<input type="checkbox"/> 6
	7 = DON'T KNOW	<input type="checkbox"/> 7
4.63	On what basis does the household have access to the land?	
	1 = OWNS THE LAND	<input type="checkbox"/> 1
	2 = RENTS THE LAND	<input type="checkbox"/> 2
	3 = SHARECROPPING	<input type="checkbox"/> 3
	4 = TRIBAL AUTHORITY	<input type="checkbox"/> 4
	5 = OTHER, specify.....	<input type="checkbox"/> 5
	6 = DON'T KNOW	<input type="checkbox"/> 6

4.64	What farming activities, if any, take place on the land? Is it.....?	YES	NO
	1 = Field crops	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Horticulture	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Livestock	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Poultry	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Orchards	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Other, (Specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Ask for all households

4.65	In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food? 1 = NEVER 2 = SELDOM 3 = SOMETIMES 4 = OFTEN 5 = ALWAYS 6 = NOT APPLICABLE (NO ADULTS IN HOUSEHOLD)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.66	In the past 12 months, did any child (17 years or younger) in this household go hungry because there wasn't enough food? 1 = NEVER 2 = SELDOM 3 = SOMETIMES 4 = OFTEN 5 = ALWAYS 6 = NOT APPLICABLE (NO CHILDREN IN HOUSEHOLD)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.67	In the past 12 months, was there any young person, aged 5 – 17 years, who has left this household, and you do not know his/her whereabouts or to live on the streets? 1 = YES 2 = NO 3 = DON'T KNOW 4 = NOT APPLICABLE (NO CHILDREN IN HOUSEHOLD)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

4.68	What is the main source of income for this household? 1 = SALARIES AND/OR WAGES 2 = REMITTANCES 3 = PENSIONS AND GRANTS 4 = SALES OF FARM PRODUCTS AND SERVICES 5 = OTHER NON-FARM INCOME 6 = NO INCOME	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.69	What was the total household expenditure in the last month? <i>Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i> 01 = R 0 – R 399 02 = R 400 – R 799 03 = R 800 – R 1 199 04 = R 1 200 – R 1 799 05 = R 1 800 – R 2 499 06 = R 2 500 – R 4 999 07 = R 5 000 – R 9 999 08 = 10 000 OR MORE 09 = DON'T KNOW 10 = REFUSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10

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Questionnaire ID

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4.70	How much did this household spend on the following in the last month? (Rands only)	
	a) Transport	
	b) Housing	
	c) Clothing	
	d) Food	
	e) Personal appearance	
	f) Other	
4.71	During the past 12 months, has any member of this household	YES NO
	a) had things stolen?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	b) been harassed or threatened by a household member?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	c) been harassed or threatened by someone outside the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	d) been sexually molested by a household member?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	e) been sexually molested by someone outside the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	f) been beaten up or hurt by a household member?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	g) been beaten up or hurt by someone outside the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	h) been murdered by a household member	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	i) been murdered by someone outside the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2

4.72	<p>If anyone in this household gets ill and decides to seek medical help, where do they usually go first?</p> <p>Public sector (i.e. government, provincial or community institution)</p> <p>01 = HOSPITAL <input type="checkbox"/> 01</p> <p>02 = CLINIC <input type="checkbox"/> 02</p> <p>03 = OTHER IN PUBLIC SECTOR, specify <input type="checkbox"/> 03</p> <p>Private sector (including private clinics, surgery, private hospitals and sangomas)</p> <p>04 = Hospital <input type="checkbox"/> 04</p> <p>05 = Clinic <input type="checkbox"/> 05</p> <p>06 = Private doctor/specialist <input type="checkbox"/> 06</p> <p>07 = Traditional healer <input type="checkbox"/> 07</p> <p>08 = Pharmacy/chemist <input type="checkbox"/> 08</p> <p>09 = Health facility provided by employer <input type="checkbox"/> 09</p> <p>10 = Other in private sector, specify <input type="checkbox"/> 10</p> <p>11 = Don't know <input type="checkbox"/> 11</p>									
	<p>4.73 Is the facility you / this household consult(s) open 24 hours?</p> <p>1= YES <input type="checkbox"/> 1</p> <p>2= No <input type="checkbox"/> 2</p>									
4.74	From what time does the facility you / this household consult(s) open?	<table border="1"> <tr> <td>H</td> <td>H</td> <td>M</td> <td>M</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	H	H	M	M				
H	H	M	M							

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4.75	What time does the facility you/this household consult(s) close?	H	H	M	M

4.76	Does the household own any of the following?	Yes	No
	a) Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Books	<input type="checkbox"/> 1	<input type="checkbox"/> 2

INTERVIEW END TIME

End of interview.

Thank the respondent!

Interviewer to answer questions on next page.

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Questionnaire ID

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4.77	Indicate the column number of the person who answered the questions in Section 4	
4.78	In what language was the main part of the interview conducted? 01 = AFRIKAANS 02 = ENGLISH 03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE 04 = ISIXHOSA/XHOSA 05 = ISIZULU/ZULU 06 = SEPEDI/NORTHERN SOTHO 07 = SESOTHO/SOUTHERN SOTHO/SOTHO 08 = SETSWANA/TSWANA 09 = SISWATI/SWAZI 10 = TSHIVENDA/VENDA 11 = XITSONGA/TSONGA 12 = OTHER, specify	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
4.79	What is the type of these living quarters? 1 = PRIVATE DWELLING 2 = WORKERS HOSTEL	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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