



**Statistics
South Africa**

Preferred supplier of quality statistics



General Household Survey 2011

A: Particulars of the dwelling

A1: PSU Number

A2: Assignment Number

A3: Dwelling Unit Number

A4: Physical ID of the Dwelling Unit/Household

A5: Telephone number of enumerated household

A6: Total number of persons in household

A7: Questionnaire number of this household

B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling

C: Field staff

Survey Officer name

Persal Number

DSC name

Persal Number

PQM name

Persal Number

Unique No.

D: Survey period

3 2 0 1 1

E: Response details

| Visit No. | Date actual | | | | | | | | Result Code |
|-----------|-------------|---|---|---|---|---|---|---|-------------|
| | d | d | m | m | y | y | y | y | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

E2: FINAL RESULT CODE

E3: Comments and full details for result codes 2-11

| RESULT CODES | | | |
|--------------|-----------------------|----|--------------------|
| 01 | Completed | 07 | Listing error |
| 02 | Non-contact | 08 | Demolised |
| 03 | Refused | 09 | Change of status |
| 04 | Partly completed | 10 | Other non-response |
| 05 | No usable information | 11 | End at Question B |
| 06 | Vacant/unoccupied DU | | |



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Aim and use of the survey

The aim of the General Household Survey (GHS) is to measure the level of development and performance of various government programmes and projects.

It is essential for any country to measure the characteristics of its population and monitor changes in those characteristics over time. Various Government Departments are stakeholders in the GHS and the information collected is provided to them for further analysis. The GHS's results will help in the compilation of indicators of living standards and service delivery such as average household size, literacy, patterns of home ownership, access to water and sanitation facilities, access to social welfare services, use and access to transport as well as access and service delivery related to healthcare facilities and education institutions.

The survey design

A representative national sample of 31 932 Dwelling Units (DUs) has been drawn from the 3 072 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2001 Population Census Enumeration Areas (EAs). Between 1 and 30 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

Write figures very carefully

Close the zeros (0) so that they will not be mistaken for the sixes (6).

When there is more than one zero (0), as for instance in the value 1 000, do not connect the zeros on top, which is very common. Don't write the figures sideways or diagonally. Never use decimal points (or decimal commas).

Your figures should be made like this:

| | | | | |
|----------|----------|----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 0 |

Your crosses should not touch the sides:



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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 is considered to be a member of the household.

Only add persons who had stayed here for at least four nights on average per week for at least four weeks. **Do not forget babies.**

If there are more than 10 persons in the household, use a second questionnaire.

INTERVIEW START TIME h h m m

| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|----------|---|--|--|--|--|--|--|--|--|--|--|
| A | First name and surname <i>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.</i> | | | | | | | | | | |
| | First name: Surname: | | | | | | | | | | |
| 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 → If "No", End of interview | <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 |
| D | What is’s date of birth and age in completed years? | | | | | | | | | | |
| | Day of Birth: <i>Example of day 05</i> | d d <input type="text"/> <input type="text"/> |
| | Month of birth: <i>Example of month 11</i> | m m <input type="text"/> <input type="text"/> |
| | Year of birth: <i>Example of year 2007</i> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Age in years <i>Less than one year = 0</i> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|----------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| E | What population group does belong to? | | | | | | | | | | |
| | 1 = Black African | <input type="checkbox"/> 1 |
| | 2 = Coloured | <input type="checkbox"/> 2 |
| | 3 = Indian/Asian | <input type="checkbox"/> 3 |
| | 4 = White | <input type="checkbox"/> 4 |
| | 5 = Other (specify in box below) | <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

SECTION 1 : HOUSEHOLD SPECIFIC CHARACTERISTICS

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 = Head/acting head 2 = Husband/wife/partner of person 01 3 = Son/daughter/stepchild/adopted child of person 01 4 = Brother/sister/stepbrother/stepsister of person 01 5 = Father/mother/stepfather/stepmother of person 01 6 = Grandparent/great grandparent of person 01 7 = Grandchild/great grandchild of person 01 8 = Other relative (e.g. in-laws or aunt/uncle) of person 01 9 = Non-related persons | | | | | | | | | | |
| 1.2a What is’s present marital status? 1 = Legally married 2 = Living together like husband and wife 3 = Divorced 4 = Separated, but still legally married 5 = Widowed 6 = Single, but have been living together with someone as husband/wife before 7 = Single and have never been married/never lived together as husband/wife before Go to Q 1.3a | | | | | | | | | | |
| 1.2b Does’s spouse/partner live in this household? 1 = Yes 2 = No → Go to Q1.3a | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.2c Ask if yes in Q1.2b Which person is the spouse/partner of? Give person number → Go to Q1.3a | <input type="checkbox"/> <input type="checkbox"/> |



| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|-------------|---|--|--|--|--|--|--|--|--|--|--|
| 1.3a | Is’s biological father still alive? 1 = Yes 2 = No → Go to Q1.4a 3 = Do not know → Go to Q1.4a | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 1.3b | Is ...’s biological father part of this household? 1 = Yes 2 = No → Go to Q1.4a | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.3c | Which person is’s biological father? <i>Give person number</i> | <input type="checkbox"/> <input type="checkbox"/> |
| 1.4a | Is’s biological mother still alive? 1 = Yes 2 = No → Go to Q1.5 3 = Do not know → Go to Q1.5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 1.4b | Is’s biological mother part of this household? 1 = Yes 2 = No → Go to Q1.5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.4c | Which person is’s biological mother? <i>Give person number</i> | <input type="checkbox"/> <input type="checkbox"/> |
| 1.5 | <i>Only ask for people younger than 22 years that are not living with one or more of his/her biological parents; otherwise go to 1.6</i> Has been placed by the court (in terms of the children’s act of 2005) in the care of an individual in this household for the purposes of foster care? 1 = Yes 2 = No 3 = Do not know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

EDUCATION

Ask for all household members. 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 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>1.6 What is the highest level of education that has successfully completed? <i>Diplomas or certificates must be of six months plus study duration full-time (or equivalent) to be included</i></p> <p>98 = No schooling 00 = Grade R/0 01 = Grade 1/ Sub A/Class 1 02 = Grade 2 / Sub B/Class 2 03 = Grade 3/Standard 1/ ABET 1(Kha Ri Gude, Sanli) 04 = Grade 4/ Standard 2 05 = Grade 5/ Standard 3/ ABET 2 06 = Grade 6/Standard 4 07 = Grade 7/Standard 5/ ABET 3 08 = Grade 8/Standard 6/Form 1 09 = Grade 9/Standard 7/Form 2/ ABET 4 10 = Grade 10/ Standard 8/ Form 3 11 = Grade 11/ Standard 9/ Form 4 12 = Grade 12/Standard 10/Form 5/Matric (No Exemption) 13 = Grade 12/Standard 10/Form 5/Matric (Exemption *) 14 = NTC 1/ N1/NC (V) Level 2 15 = NTC 2/ N2/ NC (V) Level 3 16 = NTC 3/ N3/NC (V)/Level 4 17 = N4/NTC 4 18 = N5/NTC 5 19 = N6/NTC 6 20 = Certificate with less than Grade 12/Std 10 21 = Diploma with less than Grade 12/Std 10 22 = Certificate with Grade 12/Std 10 23 = Diploma with Grade 12/Std 10 24 = Higher Diploma (Technikon/University of Technology) 25 = Post Higher Diploma (Technikon/University of Technology Masters, Doctoral) 26 = Bachelors Degree 27 = Bachelors Degree and post-graduate diploma 28 = Honours Degree 29 = Higher degree (Masters, Doctorate) 30 = Other (specify in the box below) 31 = Do not know</p> | | | | | | | | | | |
| | <input type="checkbox"/> |



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Ask for all household members aged 0-4 years. Otherwise go to Q1.9

| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.7 | Does attend an Early Childhood Development Centre (ECD), e.g. day care centre, crèche, play group, nursery school or pre-primary school? | | | | | | | | | | |
| | 1 = Yes | <input type="checkbox"/> 1 |
| | 2 = No | <input type="checkbox"/> 2 |
| | 3 = Do not know | <input type="checkbox"/> 3 |
| 1.8a | Is exposed to an early childhood development programme in any way? ECD refers to the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of a child | | | | | | | | | | |
| | 1 = Yes | <input type="checkbox"/> 1 |
| | 2 = No → Go to Q1.25 | <input type="checkbox"/> 2 |
| | 3 = Do not know → Go to Q1.25 | <input type="checkbox"/> 3 |
| 1.8b | Ask if "Yes" in Q1.8a | | | | | | | | | | |
| | Where does the early childhood development programme take place? | | | | | | | | | | |
| | <i>Read all the options</i> | Yes No |
| | 1 = At home | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 2 = At ECD centre e.g. day care, crèche, pre-primary school, play group | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <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 = Other (specify in the block) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <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 Q1.25**

Ask for all household members who are 5 years and older and whose level of education is lower than Grade 7; otherwise go to Q1.10

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1.9 <i>I am now going to ask questions about various skills related to reading and writing.....</i> Doeshave difficulty in doing any of the following... <i>Read all the options.</i> <i>Use the Codes below to indicate the degree of difficulty</i> | | | | | | | | | | |
| a = Writing his/her name | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a | <input type="checkbox"/> a |
| b = Reading (e.g. newspapers, magazines, religious books) at least one language | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b | <input type="checkbox"/> b |
| c = Filling in a form (e.g. social grant forms) at least one language | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c | <input type="checkbox"/> c |
| d = Writing a letter in at least one language | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d | <input type="checkbox"/> d |
| e = Calculating/working out how much change he/she should receive when buying something in at least one language | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e | <input type="checkbox"/> e |
| f = Reading road signs | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f | <input type="checkbox"/> f |
| CODES | 1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Do not know | | | | | | | | | |



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Ask for all household members who are 5 years and older

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|---|--|--|--|--|--|--|--|--|--|--|
| <p>1.10 Is currently attending any educational institution? <i>e.g. school, university, Early Childhood Development Centre (ECD), e.g. day care, crèche, pre-school, nursery school or pre-primary school, distance/correspondence education.</i> <i>Only include courses of six months and longer.</i> 1 = Yes → Go to Q1.12 2 = No 3 = Do not know → Go to Q1.25</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <p>1.11 Ask if "No" in Q1.10 What is the main reason why is currently not attending any educational institution? 01 = Too old/young 02 = Has completed education/satisfied with my level of education/do not want to study 03 = School/education institution is too far 04 = Difficulties to get to school (transport) 05 = No money for fees 06 = He or she is working at home or business/job 07 = Do not have time/too busy 08 = Family commitment (e.g.child minding) 09 = Education is useless or not interesting 10 = Unable to perform at school 11 = Illness 12 = Pregnancy 13 = Failed exams 14 = Got married 15 = Disability 16 = Violence in school 17 = Not accepted for enrolment 18 = Educated at home/home schooled 19 = Other</p> | <input type="checkbox"/> <input type="checkbox"/> |

→ **Go to Q1.25**

Ask if someone is currently attending an educational institution: those who answered "Yes" in Q1.10

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>1.12 Which of the following educational institutions does attend? <i>Read all the options</i> 1 = Pre-school (including ECD centre, e.g. day care, crèche, play group, nursery school or pre-primary school) 2 = School (including Grade R to Grade 12 learners who attend a formal school) 3 = Adult Basic Education and Training Learning Centre (ABET Centre) 4 = Literacy classes (e.g. Kha Ri Gude) 5 = Higher Educational Institution (University/ University of Technology) 6 = Further Education and Training College (FET) 7 = Other College 8 = Other than any of the above</p> | <input type="checkbox"/> | |
| <p>1.13 Is the institution that is attending public or private? 1 = Public (Government) 2 = Private (Independent) 3 = Do not know</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <p>1.14 Is it a correspondence/distance educational institution? <i>The student studies by post/via the internet (e.g. UNISA) in a correspondence/distance institution.</i> 1 = Yes → Go to Q1.16 2 = No 3 = Do not know</p> | <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 |
|---|--|--|--|--|--|--|--|--|--|--|
| 1.15a What means of transport is usually used by to get to the educational institution he/she attends? If more than one mode is used, indicate the one that covers the longest distance. 01 = Walking 02 = Bicycle/motorcycle 03 = Minibus taxi/ sedan taxi/bakkie taxi 04 = Bus 05 = Train 06 = Minibus/bus provided by institution/ government and not paid for 07 = Minibus/bus provided and paid for by the institution 08 = Vehicle hired by a group of parents 09 = Own car or other private vehicle 10 = None, studies at/from home 11 = Other | <input type="checkbox"/> |
| 1.15b How long does it take to get to the educational institution he/she attends? Specify for one direction only, using the usual means of transport 1 = Less than 15 minutes 2 = 15 - 30 minutes 3 = 31 - 60 minutes 4 = 61 - 90 minutes 5 = More than 90 minutes 6 = Do not know | <input type="checkbox"/> |
| 1.15c Is this educational institution the nearest of its kind (e.g. pre-school, primary, University) to your dwelling? 1 = Yes 2 = No 3 = Do not know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|--|--|--|--|--|--|--|--|--|--|
| <p>1.16 What is the total amount of tuition fees paid by this household for ... this year? <i>Add expenses made to date as well as expected expenses for the remainder of the year. Do not include the cost of uniforms, books and other learning materials, accommodation fees, sports fees and transport fees.</i></p> <p>00 = None 01 = R1 - R100 02 = R101 - R200 03 = R201 - R300 04 = R301 - R500 05 = R501 - R1 000 06 = R1 001 - R2 000 07 = R2 001 - R3 000 08 = R3 001 - R4 000 09 = R4 001 - R8 000 10 = R8 001 - R12 000 11 = R12 001 - R16 000 12 = R16 001 - R20 000 13 = More than R20 000 14 = Do not know</p> <p style="text-align: right;">Go to Q1.18</p> | <input type="checkbox"/> |
| <p>1.17 Ask if "None" in Q1.16</p> <p>If no fees were paid for education, why was it not paid?</p> <p>1 = Cannot afford to pay 2 = Do not want to pay 3 = No fee school (school did not ask for fees) 4 = got a fee exemption 5 = got a bursary covering all costs 6 = Other (specify in the block)</p> | <input type="checkbox"/> |
| <p>1.18 Ask for all respondents who are currently attending educational institutions</p> <p>This academic year, has benefited from any fee reductions and/or partial bursaries?</p> <p>1 = Yes 2 = No 3 = Do not know</p> | <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 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1.19 During the past 6 months, what problems, if any, did experience at the educational institution he/she attended? <i>Read all the options; Use the codes below</i> | | | | | | | | | | |
| a = Lack of books | <input type="checkbox"/> a |
| b = Poor quality of teaching | <input type="checkbox"/> b |
| c = Lack of teachers | <input type="checkbox"/> c |
| d = Facilities in bad condition | <input type="checkbox"/> d |
| e = Fees too high | <input type="checkbox"/> e |
| f = Classes too large/too many learners | <input type="checkbox"/> f |
| g = Teachers are often absent from school | <input type="checkbox"/> g |
| h = Teachers were involved in strike | <input type="checkbox"/> h |
| i = Other (specify in the box below) | <input type="checkbox"/> i |
| CODES 1 = Yes 2 = No 3 = Do not know | | | | | | | | | | |

Ask Q1.20 to Q1.24 for people currently attending Grade R/0 (in school or pre-school, early learning centre), primary, secondary or any other kind of school. Otherwise go to Q1.25. Children receiving home based schooling / home school should be excluded from this section.

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|--|--|--|--|--|--|--|--|--|--|
| 1.20 Which Grade iscurrently attending? 00 = Grade R/0 01 = Grade 1 02 = Grade 2 03 = Grade 3 04 = Grade 4 05 = Grade 5 06 = Grade 6 07 = Grade 7 08 = Grade 8 09 = Grade 9 10 = Grade 10 11 = Grade 11 12 = Grade 12/Matric 13 = NC (V) Level 2 (N1/NTC 1) 14 = NC (V) Level 3 (N2/NTC 2) 15 = NC (V) Level 4 (N3/NTC 3) 16 = Other | <input type="checkbox"/> |
| 1.21 Isdoing the same grade that he/she did last year or before (if there was a break in his/her education)? 1 = Yes 2 = No 3 = Do not know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 1.22a Does.... attend a school where food is given as part of the school feeding scheme/ Government nutrition program? 1 = Yes 2 = No → Go to Q1.23a 3 = Do not know → Go to Q1.23a | <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 |
|--|---|---|---|---|---|---|---|---|---|---|
| 1.22b Does.... eat the food provided as part of the school feeding scheme/Government nutrition program? <i>If yes, specify how regularly food is eaten.</i> | | | | | | | | | | |
| 1 = No | <input type="checkbox"/> 1 |
| 2 = Yes, every day | <input type="checkbox"/> 2 |
| 3 = Yes, a few times a week | <input type="checkbox"/> 3 |
| 4 = Yes, sometimes | <input type="checkbox"/> 4 |
| 5 = Do not know | <input type="checkbox"/> 5 |
| 1.23a Has experienced any form of violence, corporal punishment or verbal abuse at school between January and June 2011? | | | | | | | | | | |
| 1 = Yes | <input type="checkbox"/> 1 |
| 2 = No → Go to Q1.24a | <input type="checkbox"/> 2 |
| 3 = Do not know → Go to Q1.24a | <input type="checkbox"/> 3 |
| 1.23b Ask if "Yes" in Q1.23a What kind of violence didexperience? <i>Read all the options</i> | | | | | | | | | | |
| | Yes No |
| 1 = Corporal punishment by teacher | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 2 = Physical violence by teacher | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 3 = Verbal abuse (being insulted, teased or harassed) by teacher | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 4 = Verbal abuse (being insulted, teased or harassed) by other learners | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 5 = Physical abuse (being hit or punched) by another learner | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 6 = Other | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1.24a Has been absent from school during the past school calendar week (Monday to Friday)? 1 = Yes 2 = No → Go to Q1.25 3 = Do not know → Go to Q1.25 4 = Not applicable - school closed e.g. school holiday → Go to Q1.25 | <input type="checkbox"/> 1 |
| | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> 3 |
| | <input type="checkbox"/> 4 |
| 1.24b Ask if "Yes" in Q1.24a For how many days was absent during the past school calendar week (Monday to Friday)? Write the number of days (Maximum 5) | <input type="text"/> |
| 1.24c Ask if "Yes" in Q1.24a What is the main reason why was absent from school during the past school calendar week? 01 = Illness/injury 02 = Did not want to go to school 03 = Need to take care of someone else at home 04 = Employed/Working outside the home 05 = Doing household chores 06 = The weather was bad 07 = No money for transport 08 = Lack of transport/problems with Transport 09 = Writing exams 10 = Does not feel safe at school 11 = Other (specify in the box) 12 = Do not know | <input type="text"/> |



00000001

HEALTH AND GENERAL FUNCTIONING

Ask for all household members. 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 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <p>1.25 Is covered by a medical aid or medical benefit scheme or other private health insurance? <i>If the person is a dependant and covered by someone else's scheme, the answer is "Yes".</i></p> <p>1 = Yes 2 = No 3 = Do not know</p> | <input type="checkbox"/> 1 |
| | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> 3 |
| <p>1.26a During the past month, did suffer from any illnesses or injuries?</p> <p>1 = Yes 2 = No → Go to Q1.28a 3 = Do not know → Go to Q1.28a</p> | <input type="checkbox"/> 1 |
| | <input type="checkbox"/> 2 |
| | <input type="checkbox"/> 3 |

| 1.26b <i>If "Yes" in Q1.26a</i> What sort of illnesses or injuries did suffer from? Did suffer from <i>Read all the options</i> | 01 | | 02 | | 03 | | 04 | | 05 | | 06 | | 07 | | 08 | | 09 | | 10 | |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | 01 = Flu or acute respiratory tract infection | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 02 = Diarrhoea | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 03 = TB or severe cough with blood | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 04 = Abuse of alcohol or drugs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 05 = Depression or mental illness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 06 = Diabetes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 07 = High blood pressure/hypertension | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 08 = Sexually transmitted diseases | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 09 = Cancer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 10 = Motor vehicle accident injuries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 11 = Gunshot wounds | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 12 = Severe trauma <i>due to violence, assault, beating</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 |
| 13 = Minor trauma (e.g. cuts, breaking arm) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 14 = Other illness or injury (specify in box below) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 15 = Do not know | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |



00000001

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|--|--|--|--|--|--|--|--|--|--|
| 1.27a Did consult a health worker such as a nurse, doctor or traditional healer as a result of this illness or injury? 1 = Yes → Go to Q1.28a 2 = No 3 = Do not know → Go to Q1.28a | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 1.27b If "No" in Q1.27a What is the main reason, why did not consult any health worker? 1 = Too expensive 2 = Too far 3 = Not necessary/the problem was not serious enough 4 = Self medicated/treated myself 5 = Fear of stigmatization 6 = Do not know 7 = Other (specify in the box below) | <input type="checkbox"/> |

| 1.28a | 01 | | 02 | | 03 | | 04 | | 05 | | 06 | | 07 | | 08 | | 09 | | 10 | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Yes | No |
| Hasbeen informed by a medical practitioner or nurse that he/she suffers from any of the following chronic illnesses or conditions? | | | | | | | | | | | | | | | | | | | | |
| <i>Read all the options</i> | | | | | | | | | | | | | | | | | | | | |
| 1 = Asthma | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2 = Diabetes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3 = Cancer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4 = HIV and AIDS | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5 = Hypertension/high blood pressure | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6 = Arthritis | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 7 = Other (specify in the box below) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

If all options in 1.28a are "no" then → Go to Q1.29a

| 1.28b | 01 | | 02 | | 03 | | 04 | | 05 | | 06 | | 07 | | 08 | | 09 | | 10 | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| If "Yes" to any option in 1.28a | | | | | | | | | | | | | | | | | | | | |
| Istaking medication for the chronic illness(es) listed in Q1.28a? Use codes 1 to 4 in the block next to the disease to indicate whether medication is taken or not | | | | | | | | | | | | | | | | | | | | |
| a = Asthma | <input type="checkbox"/> a | |
| b = Diabetes | <input type="checkbox"/> b | |
| c = Cancer | <input type="checkbox"/> c | |
| d = HIV and AIDS | <input type="checkbox"/> d | |
| e = Hypertension/high blood pressure | <input type="checkbox"/> e | |
| f = Arthritis | <input type="checkbox"/> f | |
| g = Other (specify in the box below) | <input type="checkbox"/> g | |
| CODES | | | | | | | | | | | | | | | | | | | | |
| 1 = Yes | | | | | | | | | | | | | | | | | | | | |
| 2 = No | | | | | | | | | | | | | | | | | | | | |
| 3 = Do not know | | | | | | | | | | | | | | | | | | | | |
| 4 = Not applicable | | | | | | | | | | | | | | | | | | | | |



Ask for all female household members.

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1.29a Has any female household member been pregnant during the past 12 months? | | | | | | | | | | |
| 1 = Yes | <input type="checkbox"/> 1 |
| 2 = No → Go to Q1.30 | <input type="checkbox"/> 2 |
| 3 = Do not know → Go to Q1.30 | <input type="checkbox"/> 3 |
| 1.29b If "Yes" in Q1.29a | | | | | | | | | | |
| What is the current status of this pregnancy? | | | | | | | | | | |
| 1 = Currently still pregnant | <input type="checkbox"/> 1 |
| 2 = The child has been born alive | <input type="checkbox"/> 2 |
| 3 = The child died in the womb or during childbirth after the 7th month of pregnancy (stillbirth) | <input type="checkbox"/> 3 |
| 4 = The child died in the womb or the pregnancy ended before the 7th month of pregnancy (spontaneous abortion/miscarriage) | <input type="checkbox"/> 4 |
| 5 = The pregnancy was ended by choice before the child was born (termination of pregnancy/abortion by choice) | <input type="checkbox"/> 5 |

Read out: I am now going to ask about the general functioning of persons within the household.

| | | 01 | | 02 | | 03 | | 04 | | 05 | | 06 | | 07 | | 08 | | 09 | | 10 | |
|-------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.30 | Does... have difficulty in doing any of the following? <i>Read all the options; use the codes below to indicate the degree of problems.</i> | | | | | | | | | | | | | | | | | | | | |
| | a = Seeing (even with glasses if he/she wears them) | <input type="checkbox"/> | |
| | b = Hearing (even with a hearing aid, if he/she wears one) | <input type="checkbox"/> | |
| | c = Walking a kilometre or climbing a flight of steps | <input type="checkbox"/> | |
| | d = Remembering and concentrating | <input type="checkbox"/> | |
| | e = With self-care, such as washing or dressing | <input type="checkbox"/> | |
| | f = In communicating in his/her usual language including sign language (understanding others and being understood by others) | <input type="checkbox"/> | |
| | CODES | | | | | | | | | | | | | | | | | | | | |
| | 1 = No difficulty | | | | | | | | | | | | | | | | | | | | |
| | 2 = Some difficulty | | | | | | | | | | | | | | | | | | | | |
| | 3 = A lot of difficulty | | | | | | | | | | | | | | | | | | | | |
| | 4 = Unable to do | | | | | | | | | | | | | | | | | | | | |
| | 5 = Do not know | | | | | | | | | | | | | | | | | | | | |
| | 6 = Cannot yet be determined | | | | | | | | | | | | | | | | | | | | |
| 1.31 | Does use any of the following? <i>Read all the options</i> | | | | | | | | | | | | | | | | | | | | |
| | 1 = Eye glasses/spectacles/contact lenses | <input type="checkbox"/> |
| | 2 = Hearing aid | <input type="checkbox"/> |
| | 3 = Walking stick/walking frame | <input type="checkbox"/> |
| | 4 = A wheelchair | <input type="checkbox"/> |
| | 5 = Chronic medication | <input type="checkbox"/> |
| | 6 = Other assistive devices (specify in box below) | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |



SOCIAL GRANTS AND SOCIAL RELIEF

Ask for all household members

Read out: I am now going to ask about the use of social grants and social relief

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|---|---|---|---|---|---|---|---|---|---|
| 1.32a Does anyone in this household receive a social grant, pension or social relief assistance from the Government? | | | | | | | | | | |
| 1 = Yes | <input type="checkbox"/> 1 |
| 2 = No → Go to Q1.35 | <input type="checkbox"/> 2 |
| 3 = Do not know → Go to Q1.35 | <input type="checkbox"/> 3 |
| 1.32b If "Yes" in Q1.32a Does ... receive an? Answer for each person who qualified for the grant and NOT for the person who applied on behalf of/physically receives the money. Someone who used to work for the Government and receive a pension do not get an old age grant | | | | | | | | | | |
| Read all the options | | | | | | | | | | |
| 1 = Old-age grant (60-74;R1140; 75+; R1160) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 2 = Disability grant (<60;R1140) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 3 = Child support grant (0-16;R260) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 4 = Care dependency grant(0-17;R1140) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 5 = Foster child grant (<22; R740) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 6 = War veterans grant (60+; R1160) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 7 = Grant-in-aid (R250 and should have another grant) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 8 = Social relief of distress | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |

If options 1, 4-8 Go to Q1.35,

If option 3 go to Q1.34, otherwise continue

| | | | | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1.33 If "yes" for disability grant in 1.32b Please state whether the disability grant is..... | | | | | | | | | | |
| 1 = Permanent disability | <input type="checkbox"/> 1 |
| 2 = Temporary disability | <input type="checkbox"/> 2 |
| 3 = Do not know | <input type="checkbox"/> 3 |

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.34 If "yes" for child support grant in 1.32b Who made the child support grant application? 1 = The biological parent 2 = The nominated care giver 3 = Someone outside the household, but most of the money is transferred to this household 4 = Someone outside the household and most of the money is used outside this household 5 = Someone outside the household, half of the money is used inside this household and half outside 6 = Other | <input type="checkbox"/> |

DISABILITY

Ask for everyone in the household

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

| | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.35 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 | | | | | |
| 1.36 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 impaired</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, specify in the box at the bottom | Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 |



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| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.37 Write the person number of the person who responded on behalf of each household member for section 1. If a person responded for himself write his/her person number in his/her column. | <input type="text"/> <input type="text"/> |

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SECTION 2 : ECONOMIC ACTIVITIES

Ask for all household members 15 years and older

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|--|--|--|--|--|--|--|--|--|--|
| 2.1a During the last calendar week (Sunday to Saturday) did ... work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> 1 = Yes 2 = No 3 = Do not know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 2.1b During the last calendar week (Sunday to Saturday) did ... run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour? <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i> 1 = Yes 2 = No 3 = Do not know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 2.1c During the last calendar week (Sunday to Saturday) did ... help without being paid in any kind of business, even if it was for only one hour? <i>Examples: Commercial farming, production of agricultural produce to sell, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1 = Yes 2 = No 3 = Do not know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

If "Yes" to any of the above go to Q2.2a. Otherwise answer Q2.1d

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| 2.1d In the last calendar week (Sunday to Saturday), even though you did not do any work for pay or profit, do you have a job or business that you would definitely return to? 1 = Yes 2 = No → Go to Q2.7a 3 = Do not know → Go to Q2.7a | <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 |
|-------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 2.2a | What is’s total salary/pay at his/her main job? Including overtime, allowances and bonus, before any tax or deductions. Give amount in whole figures, without any text or decimals. If “NONE”, “REFUSE” or “DO NOT KNOW” write 999 999 999 and → Go to Q2.4a | Rands |
| | | <input type="text"/> |
| | | <input type="text"/> |
| | | <input type="text"/> |
| 2.2b | Ask only if an amount is given in Q2.2a 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"/> |
| 2.3 | Only if “NONE”, “REFUSE” or “DO NOT KNOW” in Q 2.2a. Show prompt card 3 and mark the applicable code | | | | | | | | | | |
| | Weekly | Monthly | Annually | | | | | | | | |
| | 01 NONE | NONE | NONE | | | | | | | | |
| | 02 R1 - R46 | R1 - R200 | R1 - R2 400 | | | | | | | | |
| | 03 R47 - R115 | R201 - R500 | R2 401 - R6 000 | | | | | | | | |
| | 04 R116 - R231 | R501 - R1 000 | R6 001 - R12 000 | | | | | | | | |
| | 05 R232 - R346 | R1 001 - R1 500 | R12 001 - R18 000 | | | | | | | | |
| | 06 R347 - R577 | R1 501 - R2 500 | R18 001 - R30 000 | | | | | | | | |
| | 07 R578 - R808 | R2 501 - R3 500 | R30 001 - R42 000 | | | | | | | | |
| | 08 R809 - R1 039 | R3 501 - R4 500 | R42 001 - R54 000 | | | | | | | | |
| | 09 R1 040 - R1 386 | R4 501 - R6 000 | R54 001 - R72 000 | | | | | | | | |
| | 10 R1 387 - R1 848 | R6 001 - R8 000 | R72 001 - R96 000 | | | | | | | | |
| | 11 R1 849 - R2 540 | R8 001 - R11 000 | R96 001 - R132 000 | | | | | | | | |
| | 12 R2 541 - R3 695 | R11 001 - R16 000 | R132 001 - R192 000 | | | | | | | | |
| | 13 R3 696 - R6 928 | R16 001 - R30 000 | R192 001 - R360 000 | | | | | | | | |
| | 14 R6 929 OR MORE | R30 001 OR MORE | R360 001 OR MORE | | | | | | | | |
| | 15 DON'T KNOW | DON'T KNOW | DON'T KNOW | | | | | | | | |
| 16 REFUSE | REFUSE | REFUSE | | | | | | | | | |

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| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <p>2.4a What means of transport is usually used by to get to his/her place of employment? <i>If more than one mode is used, indicate the one that covers the longest distance.</i></p> <p>1 = Office is at home → Go to Q2.5 2 = Walking 3 = Bicycle/motorcycle 4 = Minibus taxi/ sedan taxi/bakkie taxi 5 = Bus 6 = Train 7 = Lift club by a group of people sharing a private vehicle 8 = Own car/other private vehicle/company vehicle 9 = Other (specify in the block)</p> | <input type="checkbox"/> |
| <p>2.4b How many minutes does it take to get to his/her place of employment? <i>Specify for one direction only, using the usual means of transport</i></p> <p>1 = Less than 15 minutes 2 = 15 - 30 minutes 3 = 31 - 60 minutes 4 = 61 - 90 minutes 5 = More than 90 minutes 6 = Do not know</p> | <input type="checkbox"/> |
| <p>2.5 Is the organization/business/branch where..... works</p> <p>1 = In the formal sector (registered to perform activity) 2 = In the informal sector (not registered to perform activity) 3 = Do not know</p> | <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 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.6 What contributed most to.... being employed/ getting a job? | | | | | | | | | | |
| 01 = His/her education and/or training | | | | | | | | | | |
| 02 = Household connections | | | | | | | | | | |
| 03 = Friends and/or relatives | | | | | | | | | | |
| 04 = Community networks | <input type="checkbox"/> |
| 05 = His/her political connections | <input type="checkbox"/> |
| 06 = His/her own initiative and perseverance | | | | | | | | | | |
| 07 = Financial support by the household | | | | | | | | | | |
| 08 = He/she was just lucky | | | | | | | | | | |
| 09 = Other (specify) | | | | | | | | | | |
| 10 = Don't know | | | | | | | | | | |

Go to Q2.10.

| | | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 2.7a During the last four calendar weeks, was..... looking for any kind of job or trying to start any type of business? | | | | | | | | | | |
| 1 = Yes → Go to Q2.7d | <input type="checkbox"/> 1 |
| 2 = No | <input type="checkbox"/> 2 |
| 3 = Don't know | <input type="checkbox"/> 3 |
| 2.7b Would have liked to work during the last calendar week (Sunday to Saturday)? | | | | | | | | | | |
| 1 = Yes → Go to Q2.10 | <input type="checkbox"/> 1 |
| 2 = No | <input type="checkbox"/> 2 |
| 3 = Don't know → Go to Q2.10 | <input type="checkbox"/> 3 |

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|---|--|--|--|--|--|--|--|--|--|--|
| 2.7c What was the main reason for not trying to find work or starting a business during the past four calendar weeks? 01 = Awaiting the season for work 02 = Waiting to be recalled to former job 03 = Health reasons 04 = Pregnancy 05 = Disabled or Unable to work (Handicapped) 06 = Housewife/Homemaker (Family considerations/child care) 07 = Undergoing training to help find work 08 = No jobs available in the area 09 = Lack of money to pay for transport to look for work 10 = Unable to find work requiring his/her skills 11 = Lost hope of finding any kind of work 12 = No transport available 13 = Scholar or student 14 = Retired 15 = Too old/young to work 16 = Did not want to work 17 = Other | | | | | | | | | | |
| 2.7d If a suitable job had been offered or circumstances had allowed, would..... have been able to start work or a business in the last calendar week (Sunday to Saturday)? 1 = Yes 2 = No 3 = Don't know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |



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Entrepreneurship and Voluntarism

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2.8a During the past 12 months, has.... started / attempted to start any kind of business/ SMME? | | | | | | | | | | |
| 1 = Yes | <input type="checkbox"/> 1 |
| 2 = No → Go to Q2.10 | <input type="checkbox"/> 2 |
| 3 = Don't know → Go to Q2.10 | <input type="checkbox"/> 3 |
| 2.8b What motivated.... to start the business? | | | | | | | | | | |
| 01 = Lost his/her job | | | | | | | | | | |
| 02 = Could not find a job/unemployed | | | | | | | | | | |
| 03 = Saw an opportunity | | | | | | | | | | |
| 04 = Interested in a particular product or service | | | | | | | | | | |
| 05 = Wanted to - makes him/her happy/ interested in it/use their skills | | | | | | | | | | |
| 06 = To be their own boss/to have their own business | | | | | | | | | | |
| 07 = To make more money | <input type="checkbox"/> <input type="checkbox"/> |
| 08 = Took over from the previous owner/ manager | <input type="checkbox"/> <input type="checkbox"/> |
| 09 = Inherited the business | | | | | | | | | | |
| 10 = Family expected him/her to | | | | | | | | | | |
| 11 = Other | | | | | | | | | | |

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| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|-------------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 2.9a | Did..... borrow money to start the business? | | | | | | | | | | |
| | 1 = Yes | <input type="checkbox"/> 1 |
| | 2 = No → Go to Q2.10 | <input type="checkbox"/> 2 |
| | 3 = Don't know → Go to Q2.10 | <input type="checkbox"/> 3 |
| 2.9b | Where did.... mainly borrow money from to start the business? | | | | | | | | | | |
| | 01 = Bank, e.g. FNB, ABSA, Standard Bank, etc. | | | | | | | | | | |
| | 02 = Micro finance or micro lender, e.g. CreditU or Blue | | | | | | | | | | |
| | 03 = Village bank or co-operative, e.g. Yebo, Lemas | | | | | | | | | | |
| | 04 = NGO (Non governmental organisation) | <input type="checkbox"/> |
| | 05 = Government agency, e.g. NYDA, Red door, SEDA and Khula | <input type="checkbox"/> |
| | 06 = Stokvel society, burial society, Umgalelo or savings club | | | | | | | | | | |
| | 07 = Informal money lender, e.g. Mashonisa, loan shark or township money lender | | | | | | | | | | |
| | 08 = Friends, family or colleagues | | | | | | | | | | |
| | 09 = Employer | | | | | | | | | | |
| | 10 = Get goods on credit from store | | | | | | | | | | |
| | 11 = Other | | | | | | | | | | |
| 2.10 | Has.... volunteered to work (without any remuneration) in any community projects over the past six months? This includes all projects by civil society organisations, non-profit and faith based organisations. | | | | | | | | | | |
| | 1 = Yes | <input type="checkbox"/> 1 |
| | 2 = No | <input type="checkbox"/> 2 |
| | 3 = Don't know | <input type="checkbox"/> 3 |



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SECTION 3 : GENERAL HOUSEHOLD INFORMATION AND SERVICE DELIVERY

This section covers general information regarding the household.

Ask a responsible person in the household to answer on behalf of the household.

HOUSING

Ask all households

| 3.1 | Indicate the type of main dwelling and other dwelling that the household occupies? | Main dwelling | Other dwelling |
|-----|--|---|---|
| | 01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm | | |
| | 02 = Traditional dwelling/hut/structure made of traditional materials | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | 03 = Flat or apartment in a block of flats | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | 04 = Cluster house in complex | | |
| | 05 = Town house (semi-detached house in complex) | | |
| | 06 = Semi-Detached house | | |
| | 07 = Dwelling/house/flat/room in backyard | | |
| | 08 = Informal dwelling/shack in backyard | | |
| | 09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm | | |
| | 10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat | | |
| | 11 = Caravan/tent | | |
| | 12 = Other (specify) | | |

| 3.2 | What is the main material used for the walls and the roof of the main dwelling? | Walls | Roof |
|-----|---|---|---|
| | 01 = Bricks | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | 02 = Cement block/concrete | | |
| | 03 = Corrugated iron/zinc | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | 04 = Wood | | |
| | 05 = Plastic | | |
| | 06 = Cardboard | | |
| | 07 = Mud and cement mix | | |
| | 08 = Wattle and daub | | |
| | 09 = Tile | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | 10 = Mud | | |
| | 11 = Thatching/grass | | |
| | 12 = Asbestos | | |
| | 13 = Other (specify) | | |
| 3.3 | In what condition are the walls and the roof of the main dwelling? Is it very weak, weak, needing repairs, good or very good? | | |
| | 1 = Very weak | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| | 2 = Weak | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| | 3 = Need minor repairs | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| | 4 = Good | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| | 5 = Very good | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| 3.4 | Specify how many rooms the household occupies in each of the categories below? Exclude garages and outbuildings unless a household member is living in them. Write the number in the appropriate box. | Number of Rooms | |
| | How many open plan dining rooms/sitting rooms/TV rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| | How many lounge/dining room/sitting room/TV room (closed)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | How many kitchens? | <input type="checkbox"/> | <input type="checkbox"/> |
| | How many bedrooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| | How many bathrooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| | How many toilets (rooms with only a toilet)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | How many other rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Total | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|--------------------------|
| <p>3.5 What is the tenure status of the dwelling that the household occupies at present? <i>Read all the options</i></p> <p>1 = Rented 2 = Owned, but not yet paid off to bank/financial institution 3 = Owned, but no yet paid off to private lender 4 = Owned and fully paid off → Go to Q3.7 5 = Occupied rent-free → Go to Q3.7 6 = Other → Go to Q3.7 7 = Do not know → Go to Q3.7</p> | <input type="checkbox"/> |
| <p>3.6 How much rent or mortgage do you pay per month?</p> <p>1 = Less than R500 2 = R501 - R1 000 3 = R1 001 - R3 000 4 = R3 001 - R5 000 5 = R5 001 - R7 000 6 = More than R7 000 7 = Do not know</p> | <input type="checkbox"/> |
| <p>3.7 What would you estimate the market value or the municipal valuation of this property to be?</p> <p>1 = Less than R50 000 2 = R50 001 - R250 000 3 = R250 001 - R500 000 4 = R500 001 - R1 000 000 5 = R1 000 001 - R1 500 000 6 = R1 500 001 - R2 000 000 7 = R2 000 001 - R3 000 000 8 = More than R3 000 000 9 = Do not know</p> | <input type="checkbox"/> |

| | |
|---|--|
| <p>3.8 When was this dwelling originally built? <i>Mark the period in which the building was completed, not the time of any later remodeling, additions or conversions. If year is not known, give best estimate.</i></p> <p>1 = 2007 - 2011 (0 - 5 years) 2 = 2002 - 2006 (6 - 10 years) 3 = 1992 - 2001 (11 - 20 years) 4 = 1982 - 1991 (21 - 30 years) 5 = 1972 - 1981 (31 - 40 years) 6 = 1962 - 1971 (41 - 50 years) 7 = 1942 - 1961 (51 - 70 years) 8 = Prior to 1942 (Older than 70 years) 9 = Do not know</p> | <input type="checkbox"/> |
| <p>3.9a Is the dwelling you live in an RDP or state subsidised dwelling? <i>Do not include housing subsidies for government employees.</i></p> <p>1 = Yes 2 = No → Go to Q3.10 3 = Do not know → Go to Q3.10</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <p>3.9b Ask if "Yes" in 3.9a Was this household the original beneficiary (first occupants) of this dwelling?</p> <p>1 = Yes 2 = No 3 = Do not know</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <p>3.10 Did any member of this household receive a government housing subsidy, such as an 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 = Do not know</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <p>3.11 Is any member of this household on a waiting list/demand database for an RDP or state subsidised dwelling?</p> <p>1 = Yes 2 = No 3 = Do not know</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |



ELECTRICITY

Ask all households

| | | | |
|--------------|---|----------------------------------|---|
| 3.27a | Does this household presently have a connection to the MAINS electricity supply? 1 = Yes 2 = No 3 = Do not know | → Go to Q3.31 → Go to Q3.31 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 3.27b | Is your electricity supplied by : 1 = The municipality (pre-paid or receive a bill from municipality) 2 = Eskom (pre-paid or receive a bill from Eskom) 3 = Private supplier 4 = Do not know | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| 3.28a | How do you rate the quality of the electricity supply services (maintenance, meter reading, billing, complaint handling, connection installation) you receive? 1 = Good 2 = Average 3 = Poor | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 3.28b | Did you contact the call centre with a complaint related to electricity during the past year? 1 = Yes 2 = No 3 = Do not know | → Go to Q3.28d → Go to Q3.28d | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 3.28c | If yes, what kind of service did you receive? 1 = Was the call centre available the first time? 2 = Did you get a response within a reasonable time? 3 = Was the problem resolved in one call? | | 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 |

| | | | |
|--------------|--|---------------|--|
| 3.28d | Was your electricity cut during the past 6 months without prior notification, even though you paid your bill? If yes, how many times did it happen? <i>Write 0 if it did not happen at all and</i> <i>For users of pre-paid systems write 88 for not applicable</i> | → Go to Q3.29 | <input type="checkbox"/> <input type="checkbox"/> |
| 3.28e | Did any of these interruptions last for more than 12 hours? If yes, how many of them? | | <input type="checkbox"/> <input type="checkbox"/> |
| 3.29 | Was the electricity cut off during the past 30 days for non-payment for this household? If there was no electricity because the pre-paid card was empty it is not considered to be an electricity cut off because of non-payment. 1 = Yes 2 = No 3 = Do not know | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 3.30 | Does this household receive free basic electricity? 1 = Yes 2 = No 3 = Do not know | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Ask all households

| | | | | |
|-------------|--|---|---|---|
| 3.31 | What is the main source of energy/fuel for this household? | Cooking | Heating | Lighting |
| | 01 = Electricity from mains 02 = Electricity from generator 03 = Gas 04 = Paraffin 05 = Wood 06 = Coal 07 = Candles 08 = Animal dung 09 = Solar energy 10 = Other, (specify) 11 = None | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

WASTE MANAGEMENT AND REFUSE REMOVAL

Ask all households

| | | |
|-------------|--|--------------------------|
| 3.32 | How is the refuse or rubbish of this household collected or removed? | |
| | 01 = Removed by local authority/private company at least once a week | <input type="checkbox"/> |
| | 02 = Removed by local authority/private company less often than once a week | <input type="checkbox"/> |
| | 03 = Removed by community members, contracted by the Municipality, at least once a week | <input type="checkbox"/> |
| | 04 = Removed by community members, contracted by the Municipality, less often than once a week | <input type="checkbox"/> |
| | 05 = Removed by community members at least once a week | <input type="checkbox"/> |
| | 06 = Removed by community members less often than once a week | <input type="checkbox"/> |
| | 07 = Communal refuse dump/communal container | <input type="checkbox"/> |
| | 08 = Own refuse dump → Go to Q3.34a | <input type="checkbox"/> |
| | 09 = Dump or leave rubbish anywhere → Go to Q3.34a | <input type="checkbox"/> |
| | 10 = Other (specify) → Go to Q3.34a | <input type="checkbox"/> |

Ask if answer was options 1-7 in Q3.32. Otherwise go to Q3.34a

| | | |
|--------------|---|----------------------------|
| 3.33 | Is this household currently paying for the removal of refuse or rubbish? | |
| | 1 = Yes | <input type="checkbox"/> 1 |
| | 2 = No | <input type="checkbox"/> 2 |
| | 3 = Do not know | <input type="checkbox"/> 3 |
| 3.34a | Does this household collect waste for recycling? | |
| | 1 = Yes | <input type="checkbox"/> 1 |
| | 2 = No → Go to Q3.36 | <input type="checkbox"/> 2 |
| | 3 = Do not know → Go to Q3.36 | <input type="checkbox"/> 3 |

| | | | |
|--------------|---|----------------------------|----------------------------|
| 3.34b | Which of the following does the household collect for recycling? | Yes | No |
| | <i>Read all the options</i> | | |
| | 1 = Paper, cardboard/boxes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 2 = Glass/glass bottles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 3 = Plastic/plastic bags/plastic bottles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 4 = Metal / Aluminium cans | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 5 = Oil (household/automotive) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 6 = Ash, rubble and bricks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3.35 | Does your household sell any of the waste collected for recycling? | | |
| | 1 = Yes | <input type="checkbox"/> 1 | |
| | 2 = No | <input type="checkbox"/> 2 | |
| | 3 = Do not know | <input type="checkbox"/> 3 | |

ENVIRONMENT

Ask all households

| | | | |
|-------------|---|----------------------------|----------------------------|
| 3.36 | Which of the following environmental problems do you experience in your community/on your and neighbouring farms? | Yes | No |
| | <i>Read all the options</i> | | |
| | 1 = Irregular or no waste removal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 2 = Littering | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 3 = Water pollution | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 4 = Outdoor/indoor air pollution | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 5 = Land degradation/over-utilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 6 = Excessive noise/noise pollution | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 7 = Other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |



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|-------------|---|----------------------------|----------------------------|----------------------------|
| 3.37 | In the past 12 months have you or any member of your household | | | |
| | <i>Read all the options</i> | Yes | No | N/A |
| | 1 = Used pesticides in your dwelling? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |
| | 2 = Used pesticides in your garden/yard? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| | 3 = Used herbicides/weed killers in your garden/yard? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

COMMUNICATION AND POSTAL SERVICES

Ask all households

| | | | |
|-------------|--|--------------------------|---|
| 3.38 | Does this household have a functional/working landline telephone in the dwelling? | | |
| | 1 = Yes | <input type="checkbox"/> | 1 |
| | 2 = No | <input type="checkbox"/> | 2 |
| 3.39 | Is there a functional/working cellular telephone available within this household? | | |
| | 1 = Yes | <input type="checkbox"/> | 1 |
| | 2 = No | <input type="checkbox"/> | 2 |

Ask if answer is "No" to Q3.38 and Q3.39. Otherwise go to Q3.41

| | | | |
|-------------|---|--------------------------|---|
| 3.40 | How far is the nearest accessible telephone? | | |
| | 1 = 500 metres or less | <input type="checkbox"/> | 1 |
| | 2 = 501 metres to 1 kilometres | <input type="checkbox"/> | 2 |
| | 3 = More than 1km up to 5 kilometres | <input type="checkbox"/> | 3 |
| | 4 = More than 5 kilometres | <input type="checkbox"/> | 4 |

| | | | |
|-------------|---|----------------------------|----------------------------|
| 3.41 | Do members of this household use any of the following internet services? | Yes | No |
| | <i>Read all the options</i> | | |
| | 1 = Internet connection in the household | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 2 = Internet in a library/community hall/Thusong centre | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 3 = Internet for students at a school/university/college | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 4 = At place of work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 5 = Internet Café 2km or less from the household | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 6 = Internet Café more than 2km from the household | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 7 = Internet access on cellphone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 8 = Do not know | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 9 = Other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3.42 | 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 or relative | <input type="checkbox"/> | |
| | 4 = Through a shop | | |
| | 5 = Through a school | | |
| | 6 = Through a workplace | | |
| | 7 = Through a tribal/traditional/local authority office | | |
| | 8 = Do not receive mail | | |
| | 9 = Other (specify) | | |

TRANSPORT

Ask all households

| | |
|--|--|
| <p>3.43 Please specify if members of this household used minibus taxi/ sedan taxi/bakkie taxis during the last calendar week (Sunday to Saturday)?</p> <p>1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → Go to Q3.44</p> <p>2 = How much money is spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i></p> <p>3 = How far do you have to travel to get to the nearest minibus taxi /sedan taxi/bakkie taxi stop <i>Write 0 for less than one kilometer and 888 if do not know</i></p> | <input type="text"/> <input type="text"/> <input type="text"/> |
| <p>3.44 Please specify if members of this household used buses during the last calendar week (Sunday to Saturday)?</p> <p>1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → Go to Q3.45</p> <p>2 = How much money is spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i></p> <p>3 = How far do you have to travel to get to the nearest bus stop <i>Write 0 for less than one kilometer and 888 if do not know</i></p> | <input type="text"/> <input type="text"/> <input type="text"/> |
| <p>3.45 Please specify if members of this household used trains during the last calendar week (Sunday to Saturday)?</p> <p>1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → Go to Q3.46</p> <p>2 = How much money is spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i></p> <p>3 = How far do you have to travel to get to the nearest train station <i>Write 0 for less than one kilometer and 888 if do not know</i></p> | <input type="text"/> <input type="text"/> <input type="text"/> |

HEALTH AND WELFARE

Ask all households

| | |
|--|--|
| <p>3.46 If anyone in this household gets ill and decides to seek medical help, where do most of them usually go first? Public sector (<i>i.e. government, provincial or community institution</i>)</p> <p>01 = Hospital 02 = Clinic 03 = Other in public sector (specify in block below)</p> <p>Private sector (<i>including private clinics, surgery, private hospitals and sangomas</i>)</p> <p>04 = Hospital 05 = Clinic 06 = Private doctor/specialist 07 = Traditional healer 08 = Spiritual healer's workplace/church 09 = Pharmacy/chemist 10 = Health facility provided by employer 11 = Alternative medicine, e.g. homoeopathist 12 = Other in private sector (specify) 13 = Do not know</p> | <input type="text"/> <input type="text"/> |
| <p>3.47a What means of transport is usually used by most household members to get to the health facility the household normally uses?</p> <p>1 = Walking 2 = Minibus taxi/sedan taxi/bakkie taxi 3 = Bus 4 = Train 5 = Own transport 6 = Bicycle/motorcycle 7 = Other (specify)</p> | <input type="text"/> |
| <p>3.47b How long does it take when using the usual means of transport to get to the health institution that your household normally goes to? Specify for one direction only, using the usual means of transport</p> <p>1 = Less than 15 minutes 2 = 15 - 29 minutes 3 = 30 - 89 minutes 4 = 90 minutes and more 5 = Do not know</p> | <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 |



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|-------|---|--|
| 3.48a | Is this facility the nearest of its kind (clinic/hospital/health centre etc.) to your dwelling? 1 = Yes 2 = No → <i>Go to Q3.49</i> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 3.48b | Answer if "No" in 3.48a If not the nearest, why is the household normally not using the nearest facility? 01 = Facilities not clean 02 = Long waiting time 03 = Opening times not convenient 04 = Too expensive 05 = Drugs that were needed, not available 06 = Staff rude or uncaring or turned patient away 07 = Incorrect diagnosis 08 = Not on medical aid scheme list of facilities 09 = Prefer to use a State/Provincial health institution 10 = Prefer to use a private health institution 11 = Other (specify) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3.49 | When was your (the respondent's) last visit to the health facility normally used by the household? 1 = During the past year 2 = More than a year ago 3 = I have never been there → <i>Go to Q3.51</i> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 3.50 | How satisfied were you (the respondent) with the service you received during this particular visit? 1 = Very satisfied 2 = Somewhat satisfied 3 = Neither satisfied nor dissatisfied 4 = Somewhat dissatisfied 5 = Very dissatisfied 6 = Do not know | <input type="checkbox"/> |

| | | |
|------|--|--|
| 3.51 | 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"/> |
| 3.52 | 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"/> |
| 3.53 | 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 |

LAND

Ask all households

| | | |
|------|---|--|
| 3.54 | Did the household receive a Government land grant as part of the land reform program or another Government support program to obtain a plot of land for residence or farming? 1 = Yes, for residence 2 = Yes, for farming 3 = No 4 = Do not know | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
|------|---|--|

SECTION 4 : FOOD ACCESS AND SUPPLY, INCOME AND EXPENDITURE

Ask all households

| | | |
|-----|---|---|
| 4.1 | <p>Did your household run out of money to buy food during the past year? → If "No" Go to Q4.2</p> <p>Has it happened 5 or more days in the past 30 days?</p> | <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> |
| 4.2 | <p>Did you cut the size of meals during the past year because there was not enough food in the house? → If "No" Go to Q4.3</p> <p>Has it happened 5 or more days in the past 30 days?</p> | <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> |
| 4.3 | <p>Did you skip any meals during the past year because there was not enough food in the house? → If "No" Go to Q4.4</p> <p>Has it happened 5 or more days in the past 30 days?</p> | <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> |
| 4.4 | <p>Did you eat a smaller variety of foods during the past year than you would have liked to, because there was not enough food in the house?</p> <p>Has it happened 5 or more days in the past 30 days?</p> | <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> |

AGRICULTURAL ACTIVITIES

Ask all households

| | | |
|-----|---|--|
| 4.5 | <p>Has the household been involved in the production of any kind of food or agricultural products during the past twelve months? (e.g. livestock, crops, poultry, food gardening, forestry, fish, etc.)</p> <p>1 = Yes 2 = No</p> <p>→ Go to Q4.11a</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> |
| 4.6 | <p>What kind of food production/agricultural activities is the household involved in?</p> <p>Read all the options</p> <p>1 = Livestock production (cattle, goats, sheep, pigs, etc.)</p> <p>2 = Poultry production (chickens, ducks, geese, guinea fowl, etc.)</p> <p>3 = Grains and food crops (maize, wheat, beans, sorghum, millet, groundnuts etc.)</p> <p>4 = Industrial crops (e.g. tea, coffee, cotton, tobacco)</p> <p>5 = Fruit and vegetable production</p> <p>6 = Fodder, grazing/pasture or grass for animals</p> <p>7 = Fish farming/aquaculture</p> <p>8 = Forestry</p> <p>9 = Game farming</p> <p>10 = Other</p> | <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> |
| 4.7 | <p>Why do you grow farm produce or keep stock for the household?</p> <p>1 = As a main source of food for the household</p> <p>2 = As the main source of income/earning a living</p> <p>3 = As an extra source of income</p> <p>4 = As an extra source of food for the household</p> <p>5 = As a leisure activity or hobby e.g. gardening</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> |



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| | | | |
|---------------------|---|----------------------------|----------------------------|
| 4.8 | Has your household received any of the following kinds of agricultural related assistance from the government during the past 12 months? | Yes | No |
| | <i>Read all the options</i> | | |
| | 1 = Training | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 2 = Visits from extension officers from the Department of Agriculture | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 3 = Grants (money that does not have to be paid back) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 4 = Loans (money that has to be paid back) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 5 = Inputs (seed, fertilizer, etc.) as part of a loan | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 6 = Inputs (seed, fertilizer, etc.) for free | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 7 = Dipping and vaccination services for livestock from State veterinarian or other Department | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 8 = Other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |
| <hr/> | | | |
| 4.9 | <i>Ask if household owns livestock or poultry</i> | | |
| | How many of the following does the household own? | | |
| | 1 = Cattle | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 = Sheep | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3 = Goats | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4 = Pigs | <input type="checkbox"/> | <input type="checkbox"/> |
| | 5 = Chickens/ducks/geese | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 = Other | <input type="checkbox"/> | <input type="checkbox"/> | |

Continue if the household planted grains/vegetables/fruits/trees (forestry)/pastures/industrial crops. Otherwise go to Q4.11a

| | | | |
|-----------|---|----------------------------|----------------------------|
| 4.10 | Where does the household practise its crop planting activities? | Yes | No |
| | <i>Read all the options</i> | | |
| | 1 = Farm land (communal or private) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 2 = Backyard garden (can include, vegetables, fruits, grains) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 3 = School garden (can include, vegetables, fruits, grains) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 4 = Communal garden (more than one household involved, can include vegetables, fruits, grains) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 5 = On verges of roads and unused public/municipal land | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6 = Other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |

HOUSEHOLD INCOME SOURCES AND EXPENDITURE

Ask all households

| | | | |
|----------------------|---|----------------------------|----------------------------|
| 4.11a | What are the sources of income for this household? | Yes | No |
| | <i>Read all the options</i> | | |
| | 1 = Salaries/wages/commission | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 2 = Income from a business | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 3 = Remittances (money received from people living elsewhere) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 4 = Pensions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 5 = Grants (include old age grant here) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 6 = Sales of farming products and services | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 7 = Other income sources e.g. rental income, interest | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 8 = No income | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |
| → Go to Q4.14 | | | |
| 4.11b | Which one of the above income sources is the main source of income? | | <input type="checkbox"/> |
| | <i>Write the option number in the block provided. If only one source of income write the code of that one source.</i> | | |
| 4.12 | If the household receives an income from remittances, please specify approximately how much they receive per month? If no income received from remittances write 0. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.13 | If the household receives an income from pensions (do not include income from age old grants), please specify approximately how much they receive per month? If no income received from remittances write 0. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | |
|---|--|-----|----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <p>4.14 What was the total household expenditure in the last month? <i>Include money spent on food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i></p> <p>01 = R0 02 = R1 - R199 03 = R200 - R399 04 = R400 - R799 05 = R800 - R1 199 06 = R1 200 - R1 799 07 = R1 800 - R2 499 08 = R2 500 - R4 999 09 = R5 000 - R9 999 10 = 10 000 or more 11 = Do not know 12 = Refuse</p> | <input type="text"/> <input type="text"/> | | | | | | | | |
| <p>4.15 Does the household own any of the following?</p> <p>1 = Television 2 = Radio 3 = Refrigerator</p> | <table border="0"> <tr> <td>Yes</td> <td>No</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> </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 |
| 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 | | | | | | | | |
| <p>4.16 Is this household registered with the local municipality as an indigent household? <i>An indigent household is unable to fully meet payments for electricity, water, sanitation and refuse removal and gets all or some of the basic services free.</i></p> <p>1 = Yes 2 = No 3 = Not applicable e.g. live on farm 4 = Do not know</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | | | | | |

INTERVIEWER TO ANSWER QUESTIONS BELOW

| | |
|--|--|
| <p>4.17 Indicate the column number of the person who answered most of the questions in Section 3 and 4</p> | <input type="text"/> <input type="text"/> |
| <p>4.18 In what language was the main part of the interview conducted?</p> <p>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)</p> | <input type="text"/> <input type="text"/> |
| <p>4.19 What type of living quarters are these?</p> <p>1 = Private dwelling 2 = Workers hostel</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |

| |
|--|
| <p>Thank the respondent!</p> <p>h h m m</p> <p>INTERVIEW END TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> |
|--|



