



**SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE**



19/1/98

IDENTIFICATION	
PROVINCE _____ DISTRICT _____ EA NUMBER EA TYPE SADHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____ IS HOUSEHOLD SELECTED FOR ADULT HEALTH 1 = YES 2 = NO	<div style="text-align: center;"> </div> <div style="text-align: center; margin-top: 20px;"> </div> <div style="text-align: center; margin-top: 20px;"> </div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE _____ PHONE NUMBER _____ INTERVIEWER'S NAME _____ RESULT* _____				DAY MONTH YEAR NAME RESULT
NEXT VISIT: DATE _____ TIME _____				TOTAL NO. OF VISITS
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD TOTAL ADULTS 15 YEARS AND OVER TOTAL WOMEN 15-49 YEARS LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ DATE _____	NAME _____ DATE _____		

HOUSEHOLD SCHEDULE

* CODES FOR Q.3

** CODES FOR Q.10 (EDUCATION GRADE)

*** CODES FOR Q.14

**** Q.15 THROUGH Q.18:

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD

02 = WIFE/HUSBAND/PARTNER

03 = SON OR DAUGHTER

04 = SON-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

08 = BROTHER OR SISTER

09 =NIECE/NEPHEW

10 =OTHER RELATIVE

11 = ADOPTED/FOSTER/STEP CHILD

12 = NOT RELATED

98 = DON'T KNOW

71 = SUB A/CLASS 1

72 = SUB B/CLASS 2

01 = STANDARD 1

02 = STANDARD 2

03 = STANDARD 3

04 = STANDARD 4

05 = STANDARD 5

06 = STANDARD 6

07 = STANDARD 7

08 = STANDARD 8

09 = STANDARD 9

10 = STANDARD 10

11 = FURTHER STUDIES INCOMPLETE

12 = DIPLOMA/OTHER POSTSCHOOL

13 = FURTHER DEGREE COMPLETE

98 = DON'T KNOW

11 = ASSAULT IN HOME

12 = POLITICAL VIOLENCE

13 = OTHER ASSAULT OUTSIDE OF HOME

14 = SELF INFLICTED VIOLENCE

21 = TRAFFIC COLLISION

22 = ACCIDENT AT WORK

23 = SPORT

96 = OTHER UNINTENTIONAL

These questions refer to the biological parents of the

child. Record 00 if parent not member of household.

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	GRANTS/ PENSION	EDUCATION		WORK	INJURIES IN THE LAST MONTH		PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD****				ELIGIBILITY		
			AGE 10+	Did (NAME) work for pay during the last 7 days?				Did (NAME) have any injury that was treated by a doctor or nurse during the last 30 days?	IF INJURED IN LAST 1 MONTH	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	CIRCLE LINE NUMBER OF					
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)? (WRITE 00 IF UNDER 1 YEAR). IF 95 OR OVER, WRITE '95'	Does (NAME) receive a child maintenance grant, a disability grant or a pension from the government?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL		Did (NAME) work for pay during the last 7 days?	Did (NAME) have any injury that was treated by a doctor or nurse during the last 30 days?	IF INJURED IN LAST 1 MONTH	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	CIRCLE LINE NUMBER OF	
									What is the highest level of school (NAME) completed?**	IF AGE LESS THAN 25 YEARS			What type of injury*** did (NAME) have?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER		ALL PERSONS 15 YEARS OR OLDER	ALL WOMEN AGE 15-49	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01			YES NO	YES NO	M F	IN YEARS	YES NO DK	YES NO		YES NO	YES NO	YES NO DK		YES NO DK		YES NO DK		01	01
02			1 2	1 2	1 2		1 2 8	1 2		1 2	1 2	1 2 8		1 2 8		1 2 8		02	02
03			1 2	1 2	1 2		1 2 8	1 2		1 2	1 2	1 2 8		1 2 8		1 2 8		03	03

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
04			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		04	04
05			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		05	05
06			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		06	06
07			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		07	07
08			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		08	08
09			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		09	09
10			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		10	10
11			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		11	11
12			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		12	12
13			1 2 1 2	1 2	1 2		1 2 8 1 2			1 2 1 2		1 2 8 GO TO (15)		1 2 8		1 2 8		13	13

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
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TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐

2) In addition, are there any other people who may not be members of your family, such as domestic workers, lodgers or friends who usually live here? YES ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	Has anyone in the household died in the last 12 months?	YES 1 NO 2	→ 25
22	In the last 12 months, how many people in your household died?	NUMBER OF PERSONS <input type="text"/>	
23	In the last 12 months, how many people in your household died from an injury sustained as a result of violence either between them and other people or from violence inflicted upon themselves?	NUMBER OF PERSONS <input type="text"/>	
24	In the last 12 months, how many persons in your household died from an unintentional injury they sustained such as from a traffic collision, or an injury (such as falls, burns or cuts) that happened at home/work/school/etc?	NUMBER OF PERSONS <input type="text"/>	
25	What is the main source of drinking water for members of your household?	PIPED WATER (TAP) IN DWELLING 11 PIPED WATER (TAP) IN SITE/YARD 12 PUBLIC TAP 13 WATER CARRIER/TANKER 21 BOREHOLE/WELL 31 DAM/RIVER/STREAM/SPRING 32 RAIN-WATER TANK 41 BOTTLED WATER 51 OTHER 96	→ 28 → 28 → 28
26	How long does it take you to get there, get water, and come back?	MINUTES <input type="text"/> ON PREMISES 996	
27	Who fetched the water yesterday? RECORD ALL MENTIONED.	FEMALE ADULT A MALE ADULT B FEMALE CHILD C MALE CHILD D DON'T KNOW Z	
28	What kind of toilet facility does your household have?	FLUSH TOILET (OWN) 11 FLUSH TOILET (SHARED) 12 BUCKET LATRINE 21 PIT LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER 96	
29	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A personal computer (PC)? A washing machine?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 TELEPHONE 1 2 REFRIGERATOR 1 2 PERSONAL COMPUTER 1 2 WASHING MACHINE 1 2	
30	What does your household use for cooking and heating? RECORD ALL MENTIONED.	ELECTRICITY A GAS B PARAFFIN C WOOD D COAL E ANIMAL DUNG F OTHER X	
31	How many rooms in your household are used for sleeping?	ROOMS <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
32	MAIN MATERIAL OF THE FLOOR. <		