SOUTH AFRICAN INTEGRATED FAMILY SURVEY
OLDER ADULT MODULE (AGE 55+)

INTERVIEWER: COMPLETE BEFORE BEGINNING THE MODULE

1.   Household ID number: □□□□

2.   Name of respondent: …………………………………… Code from board □□

3.   Date of visit: Day □□   Month □□   Year □□□□

4.   Interviewer code: □□□

INTERVIEWER: COMPLETE ON FINISHING THE MODULE

5.   Subsequent visit required: Yes: ____   No: ____ (SKIP QUESTIONS 6-7)

6.   Time for next interview, if required:

          Day □□   Month □□   Year □□□□

          Hour □□   Minute □□

7.   Names of respondents at next visit, if required:

       Older adults……………………………………………………………

       Younger adults……………………………………………………………

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SECTION C: CHILDREN, EMPLOYMENT, INCOME, AND EXPENSES

PLEASE READ THE INTRODUCTION IN THE INTERVIEWER'S MANUAL.

C0	INTERVIEWER INFORMATION		
C0.1	IS RESPONDENT ANSWERING THE QUESTIONS, OR IS THERE A PROXY?	RESPONDENT......................... 1 PROXY.................................... 2	→ C0.3
C0.2	NAME AND CODE OF PROXY RESPONDENT	☐☐ ……………………………	
C0.3	NAMES OF OTHER PERSONS PRESENT DURING THIS MODULE …………………………………………………………………………………………………….. ……………………………………………………………………………………………………		
C0.4	STARTING TIME OF MODULE	HOUR: ☐☐ MINUTE: ☐☐	

C1.0	In what year were you born, or how old are you now?	YEAR ☐☐☐ AGE ☐☐☐	
C1.1a	What is the highest level of education you have achieved?	NO EDUCATION...................... 0 STD 1/SUB A/SUB B................ 1 STD 2.. 2 STD 3.. 3 STD 4.. 4 STD 5.. 5 STD 6/FORM 1........................ 6 STD 7/FORM 2........................ 7 STD 8/FORM 3/JR. CERT....... 8 STD 9/FORM 4........................ 9 STD 10/FORM 5/SR. CERT.... 10 STD 7/8/9 + DIPLOMA.......... 11 STD 10 + TEACHER TRAIN.. 12 STD 10 + NURSING............... 13 STD 10 + TECHNIKON........ 14 STD 10 + SOME UNIV........... 15 COMPLETED UNIV............... 16 DON'T KNOW........................ 999	
C1.1b	At what age did you leave school?	☐☐	

C2.1	Now I'd like to ask about each of your children, whether they are alive or deceased.		
C2.2	INTERVIEWER: REPEAT C2.3-C2.12 FOR ALL OF RESPONDENT'S CHILDREN, ALIVE OR DECEASED.		
C2.3	RECORD NAME OF ONE OF RESPONDENT'S CHILDREN.	……(RECORD ON GRID)……..	
C2.4	Is he/she alive and living in this household? VERIFY WHETHER IN HOUSEHOLD USING GRID A1.	ALIVE, IN HOUSEHOLD........ 1 ALIVE, NOT IN HOUSEHOLD. 2 DECEASED, LIVED IN HH..... 3 DECEASED, DIDN'T LIVE HH . 4 DON'T KNOW..............…….......... 999	→ C2.12
C2.5	Is (was) this child a son or a daughter?	SON.. 1 DAUGHTER............................. 2	
C2.6	How old is he/she or what year was he/she born? (IF DECEASED: How old was he/she when he/she died?)	YEAR ☐☐☐☐ DON'T KNOW AGE ☐☐☐ ………….999	
C2.7	What is the highest level of education that he/she achieved?	NO EDUCATION...................... 0 STD 1/SUB A/SUB B............... 1 STD 2.. 2 STD 3.. 3 STD 4.. 4 STD 5.. 5 STD 6/FORM 1........................ 6 STD 7/FORM 2........................ 7 STD 8/FORM 3/JR. CERT....... 8 STD 9/FORM 4........................ 9 STD 10/FORM 5/SR. CERT.... 10 STD 7/8/9 + DIPLOMA.......... 11 STD 10 + TEACHER TRAIN.. 12 STD 10 + NURSING............... 13 STD 10 + TECHNIKON........ 14 STD 10 + SOME UNIV........... 15 COMPLETED UNIV............... 16 DON'T KNOW……….................. 999	
C2.8	What is his/her marital status? (IF DECEASED: What was his/her marital status when he/she died?)	MARRIED................................ 1 LIVING TOGETHER.............. 2 SEPARATED........................... 3 DIVORCED............................. 4 WIDOWED............................. 5 NEVER MARRIED................. 6 DON'T KNOW..............……........ 999	
C2.9	In what town, township, or rural area does (did) he/she live?	……(RECORD ON GRID)…….	
C2.10	In what province is that located?	WESTERN CAPE..................... 1 EASTERN CAPE..................... 2 NORTHERN CAPE................. 3 FREE STATE........................... 4 KWAZULU-NATAL............... 5 NORTH WEST........................ 6 GAUTENG.............................. 7 MPUMALANGA..................... 8 NORTHERN PROVINCE....... 9 DON'T KNOW..............……...... 999	
C2.11	How often do (did) you usually visit together -- daily, weekly, a few times a month, a few times a year, or less often?	DAILY..................................... 1 WEEKLY................................. 2 A FEW TIMES A MONTH...... 3 MONTHLY.............................. 4 A FEW TIMES A YEAR........ 5 ANNUALLY............................ 6 LESS OFTEN.......................... 7 N/A (DECEASED, LIVED HH). 8 DON'T KNOW...........'….........	→ C2.12

		999	
C2.12	How many children does (did) he/she have?	☐☐	
C2.13	INTERVIEWER CHECKPOINT: GO BACK TO C2.3 UNTIL HAVE ASKED ABOUT ALL CHILDREN.		

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999	1 →C1.12 2 3 4 999
1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
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1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999	1 2 3 4 5 6 7 8 9 999
1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999	1 2 3 4 5 6 7 8 999

C3	INTERVIEWER CHECKPOINT: ASK THE FOLLOWING ONLY OF WOMEN. OTHERWISE, GO TO C4.		
C3a	Have you ever received a maintenance grant?	YES.. 1 NO.. 2	→C3w
C3b	Are you currently receiving a maintenance grant?	YES.. 1 NO.. 2	→C3r
C3c	How long have you been receiving it?	Months ☐☐ Years ☐☐	
C3d	Is that grant from the government or the father of the child?	GOVERNMENT……………....1 FATHER OF CHILD……………2	→ C3j
C3e	Do you receive the same amount from the father of the child each month?	YES.. 1 NO.. 2	
C3f	Does he send money very regularly (like every month)? Regularly (almost every month?) or not regularly?	VERY REGULARLY………… 1 REGULARLY ………… 2 NOT REGULARLY …………..3	
C3g	In an average month in which he sends money, how much does he send?	R ☐☐☐☐	
C3h	Has this grant ever been reduced or increased because of a court order?	YES.. 1 NO.. 2	→C3w
C3I	How much did you receive before the court order?	R ☐☐☐☐	→C3w
C3j	Is that a grant for yourself as a parent, for your children, or for both you and your children?	FOR RESPONDENT ONLY ...…1 FOR CHILDREN ONLY ……....2 FOR RESPONDENT AND CHILDREN ……………….....3	→C3l
C3k	For how many children do you currently receive the grant?	☐☐	
C3l	In total how much do you receive each month?	R ☐☐☐☐	
C3m	Have you ever received another maintenance grant before this one?	YES.. 1 NO.. 2	→C3p
C3n	How long did you receive it?	Months ☐☐ Years ☐☐	
C3o	Was that grant from the government or from the father of the child?	GOVERNMENT……………....1 FATHER OF CHILD……………2	
C3p	We know that the state maintenance has been reduced. Do you remember what you would have been receiving two years ago at this time of year? (In July 1997) How much was that?	R ☐☐☐☐ Does not remember…………. -997 N/A (not recving in 7/1997) .. - 999	
C3q	How much were you receiving last year at this time? (In July 1998?)	R ☐☐☐☐ Does not remember…………. -997 N/A (not recving in 7/1998) .. - 999	→C3w
C3r	Was that grant from the government or the father of the child?	GOVERNMENT……………....1 FATHER OF CHILD……………2	→ C3u
C3s	Was the grant you were previously receiving for yourself as a parent, for your children, or for both you and your children?	FOR RESPONDENT ONLY ...…1 FOR CHILDREN ONLY ……....2 FOR RESPONDENT AND CHILDREN ……………….....3	→ C3u
C3t	For how many children did you receive the grant?	☐☐	
C3u	In total how much did you receive each month?	R ☐☐☐☐	

C3v	When did you stop receiving the maintenance?	Month ☐☐ Year ☐☐	
C3w	Have you applied for a new child grant?	YES... 1 NO... 2	→C4
C3x	When did you apply?	Month ☐☐ Year ☐☐	
C3y	What has happened with your application?	…………………………….. ……………………………..	

C4	Now I would like to ask about the work you have done in your life. For most of your working life, did you: work at a regular pay job for one employer at a time, do regular work for several employers at the same time, do odd jobs, work for yourself, or did you not work for pay?	REGULAR PAY JOB................ 1 WORKED FOR SEVERAL........ 2 ODD JOBS................................ 3 WORKED FOR SELF................ 4 NEVER WORKED…................ 5 HOUSEWIFE…………………. 6 DON'T KNOW......................... 999	 → C12 → C12
C4a	What was your occupation for most of your working life? (FILL IN CODE AND WRITE OUT DESCRIPTION)	………………………………………………………… (2-DIGIT CODE) ▢▢	
C4b	As you got older, did you stop working?	YES .... 1 NO .... 2 CAN'T REMEMBER................997	→ C5
C4c	As you got older, did you reduce your hours or change the type of work you were doing? (CIRCLE ALL THAT APPLY)	REDUCED HOURS.................. 1 CHANGED TYPE OF WORK.. 2 NO CHANGE............................ 3 OTHER:_____ 996 CAN'T REMEMBER................997 DON'T KNOW 999	 → C12 → C12 → C12
C5	At what age or in what year did you stop working or make this change in your work?	YEAR: ▢▢▢▢ AGE: ▢▢▢	
C6	Why did this change (retirement or change in work pattern) occur?	…………………………………………………………………… ………… …………………………………………………………………… ……….. …………………………………………………………………… ………….	
C7	Did any of the following also affect your decision to make this change (retire)? I will read a list of possible reasons. Please indicate whether each reason applied to your decision:	DID NOT DON'T APPLIED APPLY KNOW 1 Became eligible for state old age pension………………….. 1 2 999 2 Reached retirement age at place of work………………….. 1 2 999 3 Became eligible for a pension from employer……………... 1 2 999 4 Employer offered retrenchment or early retirement………... 1 2 999 5 Lost job or business was bad……………………………….. 1 2 999 6 Did not enjoy work…………………………………………. 1 2 999 7 Too old to work…………………………………………… 1 2 999 8 Wages too low……………………………………………… 1 2 999 9 Had health problems………………………………………... 1 2 999 10 Had to care for others…………………………….………... 1 2 999 11 Spouse retired………………………………………………... 1 2 999 12 Other reason (SPECIFY:_____)…………….. 1 2 999	
C8	INTERVIEWER CHECKPOINT: DID RESPONDENT RETIRE FROM A REGULAR PAY JOB?	YES .... 1 NO 2	 → C12
C9.1	When you worked, were you a member of a provident fund ?	YES .... 1 NO .... 2 CAN'T REMEMBER............... 997 DON'T KNOW 999	 → C9.2 → C9.2 → C9.2
C9.1a	If "YES," what was the amount of the payment you received when you retired/stopped working?	R ▢▢▢▢	
C9.1b	What did you do with this money, or what did you spend it on?	…………………………………………………………….. ……………………………………………………………..	

C9.2	When you worked, were you a member of a pension fund?	YES .... 1 NO .... 2 CAN'T REMEMBER................997 DON'T KNOW 999	 → C10 → C10 → C10
C9.2a	If "YES," were you paid something from your pension at retirement? What was the amount you received?	R ☐☐☐☐	→ C9.2c if R0
C9.2b	What did you do with this money, or what did you spend it on?	………………………………………………….. ……………………………………………………..	
C9.2c	How much is the pension you get each month from your former employer?	R ☐☐☐☐	→ C10 if R0
C9.2d	How old were you when you began receiving this pension?	☐☐	
C10	When you left your regular job, did you receive a retrenchment or retirement package (other than a provident fund or pension payout)? For example, in your last month of work, did you get paid more than what you originally receive?	YES .... 1 NO .... 2 CAN'T REMEMBER............... 997	 → C11 → C11
C10a	What was the extra amount of money you received?	R ☐☐☐☐ CAN'T REMEMBER............ 997	
C10b	What did you spend the money on?	………………………………………………….. ……………………………………………………..	
C11	How much were you earning per month when you left your regular pay job?	R ☐☐☐☐ CAN'T REMEMBER............ 997	
C12	Do you do anything to earn money now, including being in business for yourself?	YES .... 1 NO .... 2 DON'T KNOW 999	 → C14 → C14
C13	Do you have a regular pay job for one employer, do regular work for several employers at the same time, do odd jobs, or work for yourself? CIRCLE ALL THAT APPLY AND ASK FOLLOW-UP QUESTIONS FOR ALL THAT APPLY.	REGULAR PAY JOB................ 1 WORK FOR SEVERAL............ 2 DO ODD JOBS.......................... 3 WORK FOR SELF................... 4 DON'T KNOW......................... 999	→ ask C13.1- C13.1d → ask C13.1- C13.1d → ask C13.2- C13.2d → ask C13.3- C13.3d → C14
C13.1	IF REGULAR PAY JOB OR WORK FOR SEVERAL: What is your occupation? (FILL IN CODE AND WRITE OUT DESCRIPTION)	………………………………………………… (2-DIGIT CODE) ☐☐	
C13.1a	How long have you been working at this job?	Months ☐☐ Years ☐☐	
C13.1b	About how many hours do you work in a typical week at your regular pay job or doing regular work for several employers?	☐☐	
C13.1c	How many weeks do you work each year, including paid vacation and sick leave?	☐☐	
C13.1d	How much do you earn from this work in a typical month?	R ☐☐☐☐	

C13.2	IF ODD JOBS: What type of odd jobs do you do?	………………………………………………….. …………………………………………………..		
C13.2a	How long have you been working at this job?	Months ☐☐ Years ☐☐		
C13.2b	About how many hours do you work in a typical week doing odd jobs?	☐☐		
C13.2c	How many weeks do you work each year?	☐☐		
C13.2d	What do you earn doing odd jobs in a typical month?	R ☐☐☐☐		
C13.3	IF WORK FOR SELF: What type of work do you do?	………………………………………………….. …………………………………………………..		
C13.3a	How long have you been working at this job?	Months ☐☐ Years ☐☐		
C13.3b	About how many hours do you work in a typical week making, fixing or selling goods, or farming?	☐☐		
C13.3c	How many weeks do you work each year?	☐☐		
C13.3d	About how much do you earn from this work in a typical month? I am thinking about how much money you are able to keep and spend after paying expenses.	R ☐☐☐☐		
C14	Are you looking for work?	YES NO		
C13.6	INTERVIEWER CHECKPOINT: HAVE YOU ASKED RESPONDENT TO REMEMBER WORK THEY'VE DONE AT HOME?			

C14	INTERVIEWER CHECKPOINT: IF RESPONDENT ANSWERED HOUSEHOLD MODULE, SKIP TO C15.
C14.0	Now I would like to ask about how much money you receive in a typical month from different sources, aside from money from employment and the maintenance grant, both of which we have just discussed. FOR EACH ITEM, LEAVE BLANK IF DOES NOT RECEIVE MONEY FROM THIS SOURCE.

Do you currently receive any money from_____?

1   Veteran's pension……………………………………..…………………… R ☐☐☐

2   Disability pension…………………………………………………….….... R ☐☐☐

3   Employer pension (or provident fund) for old age ………………………………… R ☐☐☐

4   Employer pension (or provident fund) for workers' compensation? ……………………… R ☐☐☐

5   Unemployment Insurance …………………………………………… . R. ☐☐☐

6   Personal retirement fund or annuity ………………………………………………… R ☐☐☐

7   Savings, interest …………………………………………………… R ☐☐☐

8   New child grant …………………………………………………….R ☐☐☐

9   Foster care grant …………………………………………….R ☐☐☐

10 Care dependency grant/single care grant ……………………………… ………………… R ☐☐☐

11 Religious Organization …………………………………………..……………………R ☐☐☐

12 Money from lodgers or property rent…………………………………..……………..R ☐☐☐

13 Other: (SPECIFY_____)…………………………………..……………R

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C15	In the past 12 months, has anyone inside or outside the household given you money?	YES .... 1 NO .... 2 DON'T KNOW 999	→ C16 → C16
C15.0	INTERVIEWER CHECKPOINT: REPEAT C15.1-C15.16 FOR ALL PERSONS WHO GIVE MONEY. RECORD ANSWERS ON THE GRIDS ON THE OPPOSITE PAGES.		
C15.1	Is the person a member of the household? (VERIFY NAME IS RECORDED ON BOARD)	YES .... 1 NO 2	→ C15.3
C15.2	What is the person's name? (WRITE IN CODE FROM BOARD)	RECORD ON GRID ⟶	→C15.11
C15.3	What is their relationship to you?	SPOUSE/PARTNER................. 2 SON/DAUGHTER..................... 3 SON/DAUGHTER-IN-LAW.... 4 GRANDCHILD........................ 5 BROTHER/SISTER................. 6 BROTHER/SISTER-IN-LAW.. 7 FATHER/MOTHER................ 8 FATHER /MOTHER-IN-LAW. 9 GRANDPARENT..................... 10 UNCLE/AUNT........................ 11 NEPHEW/NIECE.................... 12 COUSIN.................................. 13 GREAT-GRANDCHILD......... 14 OTHER FAMILY.................... 15 HOUSEHOLD HELP............. 16 LODGER............................... 17 FRIEND................................. 18 OTHER:_____ 996	→C15.11
C15.4	Is this person male or female?	MALE....................................... 1 FEMALE.................................. 2	
C15.5	How old is he/she, or in what year was he/she born?	YEAR: ☐☐☐☐ AGE: ☐☐☐ DON'T KNOW……………...999	
C15.6	What is the highest level of education that he/she has achieved?	NO EDUCATION..................... 0 STD 1/SUB A/SUB B................ 1 STD 2....................................... 2 STD 3....................................... 3 STD 4....................................... 4 STD 5....................................... 5 STD 6/FORM 1........................ 6 STD 7/FORM 2........................ 7 STD 8/FORM 3/JR. CERT....... 8 STD 9/FORM 4........................ 9 STD 10/FORM 5/SR. CERT.... 10 STD 7/8/9 + DIPLOMA.......... 11 STD 10 + TEACHER TRAIN.. 12 STD 10 + NURSING.............. 13 STD 10 + TECHNIKON........ 14 STD 10 + SOME UNIV.......... 15 COMPLETED UNIV.............. 16 DON'T KNOW...................... 999	

CONTINUE ON PAGE 16 FOR SAME PERSON.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	1	1	1	1	1	1	1	1	1
2 →C15.3	2 →C15.3	2 →C15.3	2 →C15.3	2 →C15.3	2 →C15.3	2 →C15.3	2 →C15.3	2 →C15.3	2 →C15.3
→C15.11	→C15.11	→C15.11	→C15.11	→C15.11	→C15.11	→C15.11	→C15.11	→C15.11	→C15.11
2	2	2	2	2	2	2	2	2	2
3 →C15.11	3 →C15.11	3 →C15.11	3 →C15.11	3 →C15.11	3 →C15.11	3 →C15.11	3 →C15.11	3 →C15.11	3 →C15.11
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18
996:____	996:____	996:____	996:____	996:____	996:____	996:____	996:____	996:____	996:____
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
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0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
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14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
999	999	999	999	999	999	999	999	999	999

C15.7	What is his/her marital status?	MARRIED.................................. 1 LIVING TOGETHER............. 2 SEPARATED............................. 3 DIVORCED.............................. 4 WIDOWED............................... 5 NEVER MARRIED.................. 6 DON'T KNOW.......................... 999	
C15.8	In what town, township, or rural area does he/she live?	RECORD ON GRID ⟶	
C15.9	In what province is that located?	WESTERN CAPE..................... 1 EASTERN CAPE...................... 2 NORTHERN CAPE.................. 3 FREE STATE............................ 4 KWAZULU-NATAL................ 5 NORTH WEST.......................... 6 GAUTENG............................... 7 MPUMALANGA...................... 8 NORTHERN PROVINCE....... 9 DON'T KNOW........................ 999	
C15.10	How often do you usually visit together?	DAILY...................................... 1 WEEKLY.................................. 2 A FEW TIMES A MONTH...... 3 MONTHLY............................... 4 A FEW TIMES A YEAR......... 5 ANNUALLY............................. 6 LESS OFTEN........................... 7 DON'T KNOW........................ 999	
C15.11	How much money has he/she given you in the past 12 months?	R ☐☐☐☐	
C15.12	Is he/she employed?	YES .... 1 NO 2	
C15.13	What is his/her occupation? (FILL IN CODE AND WRITE OUT DESCRIPTION ON GRID)	RECORD ON GRID ⟶	
C15.14	How large is the household he/she lives in?	RECORD ON GRID ⟶	
C15.15	Why does he/she give you money?	…………………………………….. ………………………………………	
C15.16	INTERVIEWER CHECKPOINT: GO BACK TO C15.1 UNTIL HAVE ASKED ABOUT EVERYONE WHO GIVES MONEY TO THE RESPONDENT.		

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
999	999	999	999	999	999	999	999	999	999
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
999	999	999	999	999	999	999	999	999	999
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
999	999	999	999	999	999	999	999	999	999

C16	INTERVIEWER CHECKPOINT: IF

	• THIS IS A ONE PERSON HOUSEHOLD, OR
	• THIS RESPONDENT RECEIVED NO MONEY DURING THE MONTH FROM ANY SOURCE, OR
	• THIS IS THE ONLY PERSON IN THE HOUSEHOLD WHO RECEIVES ANY MONEY, OR
	• THIS HOUSEHOLD POOLS ALL MONEY,
	SKIP TO C18.

C17	Now I would like to ask about what you do with your money. I'm interested in things you buy, and things you give people money to buy for you.

RECORD FOR NORMAL MONTH OR LAST 12 MONTHS.
ALLOW RESPONDENT TO WORK IN THE ORDER WHICH HE/SHE PREFERS.

		NORMAL MONTH	LAST 12 MONTHS
1	Groceries (excluding meat, vegetables and fruit)……..	R _____	R__XXXX__
2	Vegetables and fruit……………………………..…	R _____	R__XXXX__
3	Meat, chicken, or fish……………………………….	R _____	R__XXXX__
4	Food eaten out, or from street vendors………………..	R _____	R__XXXX__
5	Rent or bond payment……………………………	R _____	R_____
6	Rates……………………………………………..…	R _____	R__XXXX__
7	Electricity …………………………………………..	R _____	R__XXXX__
8	Fuel (coal, paraffin, wood)……………………………	R _____	R__XXXX__
9	Telephone……………………………………………..	R _____	R__XXXX__
10	Hire purchase, furniture, appliances…………………..	R _____	R_____
11	Clothing and shoes………………………………….	R _____	R_____
12	Health (doctor's visits, medicines, etc.)………………	R _____	R_____
13	Personal items (haircuts, toiletries, birthday gifts)……	R _____	R_____
14	Transportation……………………………………	R _____	R_____
15	Church dues, clubs…………………………………	R _____	R_____
16	Uniforms, school fees, books………………………	R _____	R_____
17	Alcohol and/or tobacco………………………………	R _____	R__XXXX__
18	Leisure, recreation, vacations…………………………	R _____	R_____
19	Money, goods or food (including meals prepared) for people outside the household………	R _____	R_____
20	Burial society……………………………………..	R _____	R_____
21	Stokvel or Goi Goi…………………………………	R _____	R_____
22	Savings…………………………………..………	R _____	R_____
23	Money spent on business, farming or livestock….	R _____	R_____

C18	How much money do you usually have left at the end of the month for <u>yourself</u>, if any?	R ☐☐☐☐	If R0 → C19.1
C18a	What do you do with this money?	…………………………………………….. ……………………………………………...	
C19.1	Do you have a bank or savings account?	YES .... 1 NO .... 2 DON'T KNOW 999	
C19.2	Do you participate in a stokvel or Goi Goi?	YES .... 1 NO .... 2 DON'T KNOW 999	
C19.3	Do you have life insurance?	YES .... 1 NO .... 2 DON'T KNOW 999	

C20	In the past 12 months, have you given money to anyone inside or outside the household?	YES .... 1 NO .... 2 DON'T KNOW 999	→ D1 → D1
C20.0	INTERVIEWER CHECKPOINT: REPEAT C20.1-C20.12 FOR ALL PERSONS WHO RESPONDENT GIVES MONEY TO. RECORD ANSWERS ON THE GRIDS ON THE OPPOSITE PAGE.		
C20.1	Is the person a member of the household? (VERIFY NAME IS RECORDED ON BOARD A1)	YES .... 1 NO 2	→ C20.3
C20.2	What is the person's name? (RECORD CODE FROM BOARD A1)	RECORD ON GRID →	→ C20.11
C20.3	What is his/her relationship to you?	SPOUSE/PARTNER................. 2 SON/DAUGHTER.................... 3 SON/DAUGHTER-IN-LAW.... 4 GRANDCHILD........................ 5 BROTHER/SISTER................. 6 BROTHER/SISTER-IN-LAW.. 7 FATHER/MOTHER.................. 8 FATHER /MOTHER-IN-LAW. 9 GRANDPARENT..................... 10 UNCLE/AUNT........................ 11 NEPHEW/NIECE.................... 12 COUSIN.................................. 13 GREAT-GRANDCHILD......... 14 OTHER FAMILY..................... 15 HOUSEHOLD HELP.............. 16 LODGER................................. 17 FRIEND.................................. 18 OTHER:_____996	→ C20.11
C20.4	Is this person male or female?	MALE...................................... 1 FEMALE.................................. 2	
C20.5	What year was he/she born, or how old is he/she?	YEAR: ⬚⬚⬚⬚ AGE: ⬚⬚⬚ DON'T KNOW……………….999	
C20.6	What is the highest level of education that he/she has achieved?	NO EDUCATION...................... 0 STD 1/SUB A/SUB B................ 1 STD 2... 2 STD 3... 3 STD 4... 4 STD 5... 5 STD 6/FORM 1......................... 6 STD 7/FORM 2......................... 7 STD 8/FORM 3/JR. CERT....... 8 STD 9/FORM 4......................... 9 STD 10/FORM 5/SR. CERT.... 10 STD 7/8/9 + DIPLOMA.......... 11 STD 10 + TEACHER TRAIN.. 12 STD 10 + NURSING.............. 13 STD 10 + TECHNIKON........ 14 STD 10 + SOME UNIV.......... 15 COMPLETED UNIV............... 16 DON'T KNOW........................ 999	
C20.7	What is his/her marital status?	MARRIED................................ 1 LIVING TOGETHER............. 2 SEPARATED........................... 3 DIVORCED............................. 4 WIDOWED.............................. 5 NEVER MARRIED................... 6 DON'T KNOW......................... 999	

1	1	1	1	1	1	1	1	1	1
2 →C20.3	2 →C20.3	2 →C20.3	2 →C20.3	2 →C20.3	2 →C20.3	2 →C20.3	2 →C20.3	2 →C20.3	2 →C20.3
→C20.11	→C20.11	→C20.11	→C20.11	→C20.11	→C20.11	→C20.11	→C20.11	→C20.11	→C20.11
2	2	2	2	2	2	2	2	2	2
3 →C20.11	3 →C20.11	3 →C20.11	3 →C20.11	3 →C20.11	3 →C20.11	3 →C20.11	3 →C20.11	3 →C20.11	3 →C20.11
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18
996:_____	996:_____	996:_____	996:_____	996:_____	996:_____	996:_____	996:_____	996:_____	996:_____
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
999	999	999	999	999	999	999	999	999	999
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
999	999	999	999	999	999	999	999	999	999
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
999	999	999	999	999	999	999	999	999	999

C20.8	In what town, township, or rural area does he/she live?	…...(RECORD ON GRID)……..….	
C20.9	In what province is that located?	WESTERN CAPE.................... 1 EASTERN CAPE.................... 2 NORTHERN CAPE................ 3 FREE STATE......................... 4 KWAZULU-NATAL.............. 5 NORTH WEST...................... 6 GAUTENG............................ 7 MPUMALANGA.................... 8 NORTHERN PROVINCE....... 9 DON'T KNOW...................... 999	
C20.10	How often do you usually visit together?	DAILY.................................... 1 WEEKLY................................ 2 A FEW TIMES A MONTH...... 3 MONTHLY.............................. 4 A FEW TIMES A YEAR......... 5 ANNUALLY.......................... 6 LESS OFTEN......................... 7 DON'T KNOW...................... 999	
C20.11	How much money have you given him/her in the past 12 months?	R ☐☐☐☐	
C20.12	Why do you give him/her money?	……………………………………………. ……………………………………………..	
C20.13	INTERVIEWER CHECKPOINT: GO BACK TO C20.1 UNTIL HAVE ASKED ABOUT EVERYONE WHO RESPONDENT HAS GIVEN MONEY TO.		

1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
999	999	999	999	999	999	999	999	999	999
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
999	999	999	999	999	999	999	999	999	999
☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐

SECTION D: PENSION INFORMATION

D1	Now I would like to ask you some questions about pensions.				
	D1a. Do you currently receive the following pension?		D1b. IF "YES", how old were you when you began receiving this pension?	D1c. What is the amount received each month?	
	1. State Old Age pension	Yes……… 1 ⟶ No……… 2	☐☐ ⟶	R ☐☐☐	→ next pension
	2. Disability pension	Yes……… 1 ⟶ No……… 2	☐☐ ⟶	R ☐☐☐	→ next pension
	3. Veteran's or apartheid pension	Yes……… 1 ⟶ No……… 2	☐☐ ⟶	R ☐☐☐	

D2	INTERVIEWER CHECKPOINT: IF RECEIVING A STATE OLD AGE PENSION, SKIP TO QUESTION D9.		
D3	Why you are not receiving a state old age pension now?	TOO YOUNG............................ 1 EARN/OWN TOO MUCH........ 2 HAVE APPLIED, WAITING.... 3 TEMPORARY PROBLEM IN RECEIVING......................... 4 OTHER:_____ 996 DON'T KNOW......................... 999	→ D9
D4	Do you expect to begin receiving one in the future?	YES .... 1 NO .... 2 DON'T KNOW 999	→ D5 → E0
D5	What will you do differently when you begin receiving a state old age pension? ……………………………………………………………………………………………………….. ………………………………………………………………………………………………………..		
D6	In what ways do you expect your life to be <u>better</u> when you begin receiving a state old age pension, if any? ……………………………………………………………………………………………………….. ………………………………………………………………………………………………………..		
D7	In what ways do you expect your life to be <u>worse</u> when you begin receiving a state old age pension, if any? ……………………………………………………………………………………………………….. ………………………………………………………………………………………………………..		
D8	INTERVIEWER CHECKPOINT: SKIP TO E0		

D9	Think about when you left your regular job and the old age pension started. Was your income from the old age pension (plus any income from another pension or working) more or less than what you were earning at your job?	PENSION IS MORE................. 1 PENSION IS LESS.................. 2 PENSION SAME .... 3 CAN'T REMEMBER...............997	
D10	When you first get your pension, do you hand part or all of it over to someone else for them to spend (for example, your wife/husband or child)?	YES…………………………… 1 NO... 2 DON'T KNOW......................... 999	 → D11 → D11
D10a	If "YES," whom do you hand it over to?	………………………………..	
D10b	How much of your pension do you hand over to them?	R ⬚⬚⬚	
D11	INTERVIEWER CHECKPOINT: SKIP TO D12 IF RESPONDENT HANDS OVER ALL OF PENSION.		
D11a	When you collect your pension, what payments do you make with it? What is the first payment?	…………………………………………	
D11b	What is the second payment?	…………………………………………	
D11c	What is the third payment?	…………………………………………	
D11d	What is the fourth payment?	…………………………………………	
D11e	What is the fifth payment?	…………………………………………	
D11f	What is the sixth payment?	…………………………………………	
D11g	How much of your pension is usually left over after all regular payments and purchases?	R ⬚⬚⬚	→ D12 if zero
D11h	Who keeps the pension money that is left over?	…………………………………………	
D12	Who in the household has the most say in how your pension is spent? RECORD CODE FROM BOARD A1.	…………………………………………	
D13	Does having a pension make it easier for you or for other household members to buy items on credit?	YES .... 1 NO .... 2 DON'T BUY ON CREDIT……. 3 DON'T KNOW 999	
D14	Thinking back to when your pension started, what did you start doing differently? ………………………………………………………………………………………………… ………………………………………………………………………………………………… …………………………………………………………………………………………………		
D15	In what ways did your life become better when your pension started, if any? ………………………………………………………………………………………………… ………………………………………………………………………………………………… …………………………………………………………………………………………………		
D16	In what ways did your life become worse when your pension started, if any? ………………………………………………………………………………………………… ………………………………………………………………………………………………… …………………………………………………………………………………………………		

SECTION E: PHYSICAL HEALTH

E0	Now I would like to ask you some questions about your health.		
E1	How would you rate your health at present? Would you say it is excellent, good, average, poor, or very poor?	EXCELLENT............................ GOOD.. AVERAGE................................ POOR.. VERY POOR............................ DON'T KNOW..........................999	1 2 3 4 5	
E2	Thinking back to a year ago, would you say your health is now better, about the same, or worse than it was then?	BETTER NOW.......................... SAME.. WORSE NOW........................... DON'T KNOW.........................999	1 2 3	
E3	In general, how easily would you say you are able to get around? Would you say that you can get around freely and independently, with difficulty, with the aid of a cane or walking frame, or cannot get around at all or are bedbound?	FREELY.................................... WITH DIFFICULTY................. WITH AID OF CANE OR WALKING FRAME................... CANNOT GET AROUND/ AM BEDBOUND.....................	1 2 3 4	

E4	E4a. Now I would like to ask you about some particular health conditions. Has a doctor, nurse or staff member at a clinic or hospital ever told you that you have any of the following conditions?		E4b. IF "YES," when was the first time that you were told you had this condition?	E4c. In the past 12 months, have you received any medication or treatment for this condition from a doctor, nurse, clinic or hospital?
1	Heart trouble or angina?	YES….1 → ask b, c NO…..2 → next condition	IN PAST 12 MONTHS…………1 > 12 MONTHS AGO………………2 DON'T KNOW..999	YES…………........………..... 1 NO……………………….... 2 DON'T KNOW......................... 999
2	Stroke?	YES….1 → ask b, c NO…..2 → next condition	IN PAST 12 MONTHS…………1 > 12 MONTHS AGO………………2 DON'T KNOW..999	YES…………........………..... 1 NO……………………….... 2 DON'T KNOW......................... 999
3	High blood cholesterol or fat in the blood?	YES….1 → ask b, c NO…..2 → next condition	IN PAST 12 MONTHS…………1 > 12 MONTHS AGO………………2 DON'T KNOW..999	YES…………........………..... 1 NO……………………….... 2 DON'T KNOW......................... 999
4	Diabetes or blood sugar?	YES….1 → ask b, c NO…..2 → next condition	IN PAST 12 MONTHS…………1 > 12 MONTHS AGO………………2 DON'T KNOW..999	YES…………........………..... 1 NO……………………….... 2 DON'T KNOW......................... 999
5	Emphysema/Bronchitis?	YES….1 → ask b, c NO…..2 → next condition	IN PAST 12 MONTHS…………1 > 12 MONTHS AGO………………2 DON'T KNOW..999	YES…………........………..... 1 NO……………………….... 2 DON'T KNOW......................... 999
6	Asthma?	YES….1 → ask b, c NO…..2 → next condition	IN PAST 12 MONTHS…………1 > 12 MONTHS AGO………………2 DON'T KNOW..999	YES…………........………..... 1 NO……………………….... 2 DON'T KNOW......................... 999
7	Cancer?	YES….1 → ask b, c NO…..2 → next condition	IN PAST 12 MONTHS…………1 > 12 MONTHS AGO………………2 DON'T KNOW..999	YES…………........………..... 1 NO……………………….... 2 DON'T KNOW......................... 999
8	Tuberculosis (TB)?		IN PAST 12	YES…………........………..... 1

		YES….1→ask b, c,10 NO…..2 → E5a	MONTHS…........ 1 > 12 MONTHS AGO……….…..2 DON'T KNOW..999	NO……………………….... 2 DON'T KNOW......................... 999

E4d	IF "YES" TO TB, ASK: Did you receive treatment?	YES .... 1 NO 2	→E4g
E4e	Did you complete the treatment?	YES .... 1 NO 2	→E4g
E4f	Why not?	………………………………………… …………………………………………	
E4g	Have you lost weight in the past 6 weeks?	YES .... 1 NO 2	
E4h	Have you had night sweats?	YES .... 1 NO 2	
E4I	Have you had a persistent cough?	YES .... 1 NO 2	→E5
E4j	Have you sought help for this?	YES .... 1 NO 2	
E4k	Did they tell you what was wrong?	YES .... 1 NO 2	→E5
E4l	Have you had any treatment?	YES .... 1 NO 2	→E5
E4m	Are you still taking the treatment?	YES .... 1 NO 2	→E5
E4n	Why not?	……..…... ………...…	

E5	E5a. During the <u>past three months</u>, have you been to any of the following health services for medical care for yourself?	E5b. IF "YES," Were you satisfied with the care you received there?	E5c. Why were you not satisfied?
1	<u>Day hospital or clinic in the community?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
2	<u>Mobile clinic?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
3	<u>Government hospital or outpatient clinic at a hospital?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
4	<u>Private hospital or private clinic?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
5	<u>Private doctor?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
6	<u>Chemist shop or pharmacy?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
7	<u>Traditional healer, herbalist, or sangoma?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
8	<u>Dentist or oral hygienist?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
9	<u>Community nurse who visits home?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………
10	<u>Community person such as priest, social worker, etc.?</u>	YES….1 → ask b NO…..2 → next source	YES….1 → ask c NO…..2 → next source	………………………………………… …………………………………………

E5	E5a. During the <u>past three months</u>, have you been to any of the following health services for medical care for yourself?	E5b. IF "YES," Were you satisfied with the care you received there?	E5c. Why were you not satisfied?

E6	In the <u>past 12 months</u>, have you visited a health care professional specifically to have a routine check-up, that is, because you simply wanted to know about your health, and not because of any specific medical problem? Regular visits to obtain prescription medications should not be included.	YES .... 1 NO .... 2 DON'T KNOW 999	
E7	In the <u>past 12 months</u>, have you had your blood pressure measured?	YES .... 1 NO .... 2 DON'T KNOW 999	→E8 →E8
E7a	Was your blood pressure high, normal, or low?	HIGH... 1 NORMAL..................................... 2 LOW.. 3 DOCTOR DIDN'T SAY……... 4 DON'T KNOW........................ 999	
E8	Have you used a medical service in the past 12 months?	YES NO	→E9
E8a	How were most of your medical expenses paid in the <u>past 12 months</u>: by you, by your family, by medical aid, by an employer, or provided at a clinic or public hospital?	RESPONDENT.......................... 1 FAMILY..................................... 2 MEDICAL AID......................... 3 EMPLOYER............................. 4 PROVIDED AT CLINIC/ PUBLIC HOSPITAL............... 5 OTHER:_____ 996 DON'T KNOW........................ 999	

E9	What level of difficulty do you have in carrying out the following activities by yourself? For each activity, please say whether you have no difficulty, have difficulty but can do it without help, can only do it with help, cannot do this activity, or are able to do it but never do.						
		No difficulty	Difficult but can do with no help	Can do, only with help	Can't do	Able to, but never do	Don't know
	1 Dressing……………………………	1	2	3	4	5	999
	2 Bathing…………………………….	1	2	3	4	5	999
	3 Eating……………………………..	1	2	3	4	5	999
	4 Toiletting……………………………	1	2	3	4	5	999
	5 Taking a bus, taxi or train by yourself.	1	2	3	4	5	999
	6 Doing light work in or around the house (if you had to)	1	2	3	4	5	999
	7 Managing money (if you had to)……	1	2	3	4	5	999
	8 Climbing a flight of stairs……………	1	2	3	4	5	999
	9 Lifting or carrying heavy objects (e.g. a bag weighing 5 kg)	1	2	3	4	5	999
	10 Walking 200-300 meters……………	1	2	3	4	5	999

E10.1a	Do you use <u>spectacles or glasses</u>, including for reading?	YES .... 1 NO 2
E10.1b	When was your vision last tested?	YEAR ☐☐ NEVER…-997 CAN'T REMEMBER…-999
E10.1c	How is your vision (with your glasses): excellent, good, average, poor, or very poor?	EXCELLENT............................. 1 GOOD.. 2 AVERAGE................................. 3 POOR.. 4 VERY POOR............................. 5 DON'T KNOW........................999
E10.2a	Do you use a <u>hearing aid</u>?	YES .... 1 NO 2
E10.2b	How is your hearing (with your hearing aid): excellent, good, average, poor, or very poor?	EXCELLENT............................. 1 GOOD.. 2 AVERAGE................................. 3 POOR.. 4 VERY POOR............................. 5

		DON'T KNOW......................... 999	
E10.3a	Do you use a <u>cane, crutch, or walking frame</u>?	YES .... 1 NO 2	
E10.3b	How is your mobility (with your cane/crutch/walking frame): excellent, good, average, poor, or very poor?	EXCELLENT............................ 1 GOOD.. 2 AVERAGE................................ 3 POOR.. 4 VERY POOR............................ 5 DON'T KNOW.........................999	
E11	Now I would like to ask about your eating habits.		
E11.4	Do you have tooth or mouth problems that make it hard for you to eat?	YES .... 1 NO .... 2 DON'T KNOW 999	
E11.5	Are you able to cook for yourself, if you have to?	YES .... 1 NO .... 2 DON'T KNOW 999	

E12.1a	Please remind me, is your mother alive or deceased?	ALIVE.. 1 DECEASED.............................. 2 DON'T KNOW........................ 999	→ E12.1e → E12.1f
E12.1b	How old was your mother when she died?	AGE ☐☐☐ DOES NOT KNOW …–999	→ E12.1d
E12.1c	Would you say she was older or younger than 50 when she died?	OLDER THAN 50 ………… 1 YOUNGER THAN 50……….2	
E12.1d	What was the cause of her death?	………………………………..	→ E12.1f
E12.1e	How old is she?	☐☐☐	
E12.1f	What was the highest level of education she achieved?	NO EDUCATION...................... 0 STD 1/SUB A/SUB B................. 1 STD 2....................................... 2 STD 3....................................... 3 STD 4....................................... 4 STD 5....................................... 5 STD 6/FORM 1....................... 6 STD 7/FORM 2....................... 7 STD 8/FORM 3/JR. CERT....... 8 STD 9/FORM 4....................... 9 STD 10/FORM 5/SR. CERT.... 10 STD 7/8/9 + DIPLOMA.......... 11 STD 10 + TEACHER TRAIN.. 12 STD 10 + NURSING............... 13 STD 10 + TECHNIKON........ 14 STD 10 + SOME UNIV........... 15 COMPLETED UNIV............... 16 DON'T KNOW........................ 999	
E12.2a	Please remind me, is your father alive or deceased?	ALIVE...................................... 1 DECEASED.............................. 2 DON'T KNOW........................ 999	→ E12.2e → E12.2f
E12.2b	How old was your father when he died?	AGE ☐☐☐ DOES NOT KNOW … -999	→E12.2d
E12.1c	Would you say he was older or younger than 50 when he died?	OLDER THAN 50 ………… 1 YOUNGER THAN 50……….2	
E12.2d	What was the cause of his death?	………………………………..	→ E12.2f
E12.2e	How old is he?	☐☐☐	
E12.2f	What was the highest level of education he achieved?	NO EDUCATION...................... 0 STD 1/SUB A/SUB B................. 1 STD 2....................................... 2 STD 3....................................... 3 STD 4....................................... 4 STD 5....................................... 5 STD 6/FORM 1....................... 6 STD 7/FORM 2....................... 7 STD 8/FORM 3/JR. CERT....... 8 STD 9/FORM 4....................... 9 STD 10/FORM 5/SR. CERT.... 10 STD 7/8/9 + DIPLOMA.......... 11 STD 10 + TEACHER TRAIN.. 12 STD 10 + NURSING............... 13 STD 10 + TECHNIKON........ 14 STD 10 + SOME UNIV........... 15 COMPLETED UNIV............... 16 DON'T KNOW........................ 999	
E13	How many living brothers and sisters do you have?	☐☐	

SECTION F: MENTAL HEALTH

<table>
<tr><td>F1</td><td colspan="2">From time to time, everyone <u>feels sad or down</u>. I am going to read a list of statements that may express these feelings. I would like to know how often <u>you</u> have felt this way <u>in the past week</u>. Please indicate for each statement whether in the past week, you felt this way hardly ever, some of the time, or most of the time.</td><td>HARDLY
EVER</td><td>SOME OF
THE TIME</td><td>MOST OF
THE TIME</td><td></td></tr>
<tr><td></td><td>1</td><td>I felt that I could not stop feeling miserable, even with help from my family and friends</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td></td><td>2</td><td>I felt depressed……………………………………..</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td></td><td>3</td><td>I felt sad…………………………………………….</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td></td><td>4</td><td>I cried a lot………………………………………….</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td></td><td>5</td><td>I did not feel like eating; my appetite was poor……….</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td></td><td>6</td><td>I felt that everything I did was an effort……….……</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td></td><td>7</td><td>My sleep was restless……………………………….…</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td></td><td>8</td><td>I could not get going………………………………..</td><td>1</td><td>2</td><td>3</td><td></td></tr>
<tr><td>F2.1</td><td colspan="2">During the <u>past 12 months</u>, did you ever have a <u>period lasting one month or longer</u> when most of the time you felt worried, tense, or anxious?</td><td colspan="3">YES 1
NO 2
REFUSES TO SAY................... 998
DON'T KNOW ....999</td><td>→ F3.1</td></tr>
<tr><td>F2.2</td><td colspan="2">People differ a lot in how much they worry about things. In the <u>past 12 months</u>, did you have a time when you worried a lot more than most people would in your situation?</td><td colspan="3">YES 1
NO 2
REFUSES TO SAY................... 998
DON'T KNOW ....999</td><td>
→ F7
→ F7
→ F7</td></tr>
<tr><td>F3.1</td><td colspan="2">If "YES," has that period ended or is it still going on?</td><td colspan="3">ENDED 1
STILL GOING ON 2
REFUSES TO SAY................... 998
DON'T KNOW ....999</td><td>

→ F4
→ F4</td></tr>
<tr><td>F3.2</td><td colspan="2">How many months or years (did it go on before it ended/has it been going on)?</td><td colspan="3">MONTHS: ☐☐

YEARS: ☐☐
DON'T KNOW ....999</td><td>→ F7 if less than 6 months</td></tr>
<tr><td>F4</td><td colspan="2">(Did / do) you worry <u>most</u> days?</td><td colspan="3">YES 1
NO 2
REFUSES TO SAY................... 998
DON'T KNOW ....999</td><td></td></tr>
<tr><td>F5.1</td><td colspan="2">(Did / do) you find it difficult to stop worrying?</td><td colspan="3">YES 1
NO 2
REFUSES TO SAY................... 998
DON'T KNOW ....999</td><td></td></tr>
<tr><td>F5.2</td><td colspan="2">(Did / do) you ever have different worries on your mind at the same time?</td><td colspan="3">YES 1
NO 2
REFUSES TO SAY................... 998
DON'T KNOW ....999</td><td></td></tr>
<tr><td>F5.3</td><td colspan="2">What (were/are) you worried about?</td><td colspan="3">……………………………….…………………

…………………………………………..……..</td><td></td></tr>
</table>

F6.1	Did you or do you plan to tell anyone about your worries or concerns? PROBE, CIRCLE ALL THAT APPLY.	FAMILY MEMBER/FRIEND.. 1 DOCTOR/NURSE..................... 2 SOCIAL WORKER/ COUNSELOR.......................... 3 RELIGIOUS/IMAM................. 4 COMMUNITY LEADER......... 5 TRADITIONAL HEALER/ HERBAL DOCTOR/ SANGOMA.............................. 6 KEPT TO MYSELF................ 7 OTHER: _____ 996 REFUSES TO SAY................... 998 DON'T KNOW 999	
F6.2	How much (did/do) these problems interfere with your ability to carry out your normal activities – a lot, some, a little, or not at all?	A LOT............................... 1 SOME.. 2 A LITTLE............................ 3 NOT AT ALL........................... 4 REFUSES TO SAY................... 998 DON'T KNOW 999	
F7	Is memory loss a problem for you?	YES .... 1 NO .... 2 REFUSES TO SAY................... 998 DON'T KNOW 999	
F8.1	Do you smoke, use snuff, or chew tobacco?	YES .... 1 NO .... 2 REFUSES TO SAY................... 998 DON'T KNOW 999	→ F8.3 → F8.3 → F8.3
F8.2	How many cigarettes or pipefuls do you usually smoke in a day: 1-9, 10-19, 20-40, or more than 40?	1-9.. 1 10-19…………………………… 2 20-40.. 3 MORE THAN 40...................... 4 REFUSES TO SAY................... 998 DON'T KNOW 999	
F8.3	Have you ever regularly smoked at least one cigarette, cigar, or pipeful per day in the past?	YES .... 1 NO .... 2 REFUSES TO SAY................... 998 DON'T KNOW 999	
F9.1	Some people drink alcohol. Do you ever drink alcohol or home brew?	YES .... 1 NO .... 2 REFUSES TO SAY................... 998 DON'T KNOW 999	→ F9.3 → F9.3 → F9.3
F9.2	Do you typically drink more often than once a week?	YES .... 1 NO .... 2 REFUSES TO SAY................... 998 DON'T KNOW 999	
F9.3	Do you think anyone in this household drinks too much?	YES .... 1 NO .... 2 REFUSES TO SAY................... 998 DON'T KNOW 999	

SECTION G: SOCIAL INTEGRATION AND LIFE SATISFACTION

G0	Now I want to ask a little about your life in general.

G1	First, I would like to ask about your participation in any clubs or associations.

	G1a. Are you now a member of a _____?		G1b. How often do you participate in activities at _____?	
1	Church or mosque?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6 DON'T KNOW............... 999	GO TO NEXT CLUB/ ASSOCI-ATION
2	Social, charity, auxiliary group at a church or mosque?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6 DON'T KNOW............... 999	GO TO NEXT CLUB/ ASSOCI-ATION
3	Choir?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6 DON'T KNOW............... 999	GO TO NEXT CLUB/ ASSOCI-ATION
4	Senior centre or luncheon club?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6 DON'T KNOW............... 999	GO TO NEXT CLUB/ ASSOCI-ATION
5	Labour or trade union?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6 DON'T KNOW............... 999	GO TO NEXT CLUB/ ASSOCI-ATION
6	Professional or business association, such as a teachers' or taxi drivers' association?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6 DON'T KNOW............... 999	GO TO NEXT CLUB/ ASSOCI-ATION
7	Sports club or exercise group?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6 DON'T KNOW............... 999	GO TO NEXT CLUB/ ASSOCI-ATION
8	Other (SPECIFY_____)?	YES……………....… 1 NO……………………. 2 REFUSES TO SAY…. 998 DON'T KNOW………999	DAILY................................ 1 WEEKLY...............…........ 2 FEW TIMES A MONTH... 3 MONTHLY.......…….…... 4 FEW TIMES A YEAR....... 5 ANNUALLY...................... 6	

G2	I would like to ask more about your family and the people in your community.		
G2.1	Do people in your <u>family</u> respect your opinion and come to you for advice?	YES .... 1 NO .... 2 DON'T KNOW 999	
G2.2	Do the people in your <u>community</u> respect your opinion and come to you for advice?	YES .... 1 NO .... 2 DON'T KNOW 999	
G2.3	Generally speaking, would you say that the people in your <u>community</u> can be trusted?	YES .... 1 NO .... 2 DON'T KNOW 999	
G2.4	Do you trust the <u>government</u>?	YES .... 1 NO .... 2 DON'T KNOW 999	
G2.5	Do you trust <u>old people</u> more than young people, in general?	YES .... 1 NO .... 2 DON'T KNOW 999	
G3	Do you have someone you could speak to, with whom you could share your worries or innermost feelings?	YES .... 1 NO .... 2 DON'T KNOW 999	→ G4 → G4
G3a	If "YES," who is the first person you would speak to?	HEAD.. 1 SPOUSE/PARTNER................. 2 SON/DAUGHTER..................... 3 SON/DAUGHTER-IN-LAW... 4 GRANDCHILD........................ 5 BROTHER/SISTER................. 6 BROTHER/SISTER-IN-LAW. 7 FATHER/MOTHER................ 8 FATHER/MOTHER-IN-LAW. 9 GRANDPARENT..................... 10 UNCLE/AUNT........................ 11 NEPHEW/NIECE.................... 12 COUSIN................................... 13 GREAT-GRANDCHILD........ 14 OTHER FAMILY.................... 15 HOUSEHOLD HELP............. 16 LODGER.................................. 17 FRIEND................................... 18 NEIGHBOR............................. 19 CO-WORKER.......................... 20 RELIGIOUS LEADER........... 21 COMMUNITY LEADER....... 22 DON'T KNOW...................... 999	
G3b	How often do you usually speak to this person?	DAILY...................................... 1 WEEKLY.................................. 2 A FEW TIMES A MONTH...... 3 ONCE A MONTH…………… 4 A FEW TIMES A YEAR......... 5 ONCE A YEAR……………… 6 DON'T KNOW...................... 999	

G4	How important is religion in your life? Is it very important, somewhat important, or not important?	VERY IMPORTANT............... 1 SOMEWHAT IMPORTANT.... 2 NOT IMPORTANT.................. 3 NO RELIGION....................... 4 REFUSES TO SAY................. 998 DON'T KNOW........................ 999	→ G5
G4a	What is your religion?	CATHOLIC............................. 1 PROTESTANT......................... 2 MUSLIM................................. 3 HINDU................................... 4 AFRICAN INDEPENDENT..... 5 PENTECOSTAL....................... 6 TRADITIONAL AFRICAN RELIGION (ANCESTORS) .... 7 OTHER: _____ 996 REFUSES TO SAY................. 998 DON'T KNOW....................... 999	
G5	In the past 12 months, have you or anyone in your family been the victim of a crime?	YES .... 1 NO .... 2 DON'T KNOW 999	→ G7a → G7a
G6	If "YES," what crimes have been committed against your family in the past 12 months?	…………………………………………………….. ……………………………………………………..	
G7a	Did you vote in the 1994 elections?	YES .... 1 NO .... 2 CAN'T REMEMBER................997 REFUSES TO SAY...................998 DON'T KNOW 999	
G7b	Did you vote in the 1999 elections?	YES .... 1 NO .... 2 CAN'T REMEMBER................997 REFUSES TO SAY...................998 DON'T KNOW 999	
G8	What are the main problems in your life right now? ………………………………………………………………………………………….. …………………………………………………………………………………………. …………………………………………………………………………………………		
G9	What are the main sources of happiness in your life right now? ………………………………………………………………………………………….. …………………………………………………………………………………………. …………………………………………………………………………………………		
G10	We have talked about a lot of things today. Is there anything else that you would like to say about your life? ………………………………………………………………………………………….. …………………………………………………………………………………………. …………………………………………………………………………………………		

G11	INTERVIEWER EVALUATION		
G11.1	ENDING TIME OF MODULE	HOUR: ☐☐ MINUTE: ☐☐	
G11.2	LANGUAGE(S) USED FOR INTERVIEW; CIRCLE ALL THAT APPLY	ENGLISH.................................. 1 XHOSA...................................... 2 AFRIKAANS............................. 3 SOUTHERN SOTHO.................. 4 NORTHERN SOTHO................. 5 TSWANA................................... 6 SWAZI....................................... 7 SHANGAAN/TSONGA............. 8 ZULU... 9 NDEBELE................................. 10 VENDA...................................... 11 INDIAN LANGUAGE............... 12 OTHER:_____ 996	
G11.3	COMPREHENSION LEVEL OF RESPONDENT	EXCELLENT............................. 1 GOOD.. 2 AVERAGE................................. 3 POOR... 4 VERY POOR.............................. 5	
G11.4	COOPERATION LEVEL OF RESPONDENT	EXCELLENT............................. 1 GOOD.. 2 AVERAGE................................. 3 POOR... 4 VERY POOR.............................. 5	
G11.5	HOW MUCH DID OTHERS ASSIST THE RESPONDENT WITH HIS/HER ANSWERS?	NO ASSISTANCE..................... 1 HELP WITH SOME.................. 2 HELP WITH MOST.................. 3	→ G11.7
G11.6	WHO WAS HELPING THE RESPONDENT WITH HIS OR HER ANSWERS? (ENTER CODE(S) FROM GRID BOARD)	……………………………………………………..	
G11.7	ANY ADDITIONAL COMMENTS ABOUT SPECIFIC QUESTIONS OR DATA QUALITY ……………………………………………………………………………………………………….. ………………………… …… …………….……… …… ………………………		
G11.8	GO TO COVER SHEET AND COMPLETE IT.		