

SOUTH AFRICAN INTEGRATED FAMILY SURVEY

YOUNGER ADULT MODULE (AGE 18-54)

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 expected respondents at next visit, if required:
Older adults.....
Younger adults.....

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SECTION H: INDIVIDUAL INCOME AND EXPENDITURES

PLEASE READ THE INTRODUCTION IN THE INTERVIEWER'S MANUAL.

H0	INTERVIEWER INFORMATION		
H0.1	IS RESPONDENT ANSWERING THE QUESTIONS, OR IS THERE A PROXY?	RESPONDENT..... 1 PROXY..... 2	→ H0.3
H0.2	NAME OF PROXY RESPONDENT	.....
H0.3	NAMES OF OTHER PERSONS PRESENT DURING THIS MODULE		
H0.4	STARTING TIME OF MODULE	HOUR: <input type="text"/> <input type="text"/> MINUTE: <input type="text"/> <input type="text"/>	

H1	INTERVIEWER CHECKPOINT: SKIP TO H6 IF THIS RESPONDENT ANSWERED HOUSEHOLD MODULE.		
H2	In what year were you born, or how old are you now?	YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE: <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....999	
H3	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	
H3a	Are you still in school?	YES..... 1 NO..... 2	→H4
H3b	At what age did you leave school?	<input type="text"/> <input type="text"/>	
H4	How many living children do you have?	<input type="text"/> <input type="text"/>	→ H6 if 0
H4a	How many of these children are boys and how many are girls?	BOYS: <input type="text"/> <input type="text"/> GIRLS: <input type="text"/> <input type="text"/>	
H4b	What are the ages of your living children?	.....
H4c	Have you had any children that died?	YES..... 1 NO..... 2	→H5
H4d	What were their ages when they died?	.....

H5	INTERVIEWER CHECKPOINT: ASK THE FOLLOWING ONLY OF WOMEN. OTHERWISE, GO TO H5.		
H5a	Have you ever received a maintenance grant?	YES..... 1 NO..... 2	→H5w
H5b	Are you currently receiving a maintenance grant?	YES..... 1 NO..... 2	→H5r
H5c	How long have you been receiving it?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	
H5d	Is that grant from the government or the father of the child?	GOVERNMENT.....1 FATHER OF CHILD.....2	→ H5j
H5e	Do you receive the same amount from the father of the child each month?	YES..... 1 NO..... 2	
H5f	Does he send money very regularly (like every month)? Regularly (almost every month?) or not regularly?	VERY REGULARLY..... 1 REGULARLY 2 NOT REGULARLY .....3	
H5g	In an average month in which he sends money, how much does he send?	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
H5h	Has this grant ever been reduced or increased because of a court order?	YES 1 NO 2	→H5w
H5I	How much did you receive before the court order?	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→H5w
H5j	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	→H5I
H5k	For how many children do you currently receive the grant?	<input type="text"/> <input type="text"/>	
H5l	In total how much do you receive each month?	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
H5m	Have you ever received another maintenance grant before this one?	YES..... 1 NO..... 2	→H5p
H5n	How long did you receive it?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	
H5o	Was that grant from the government or from the father of the child?	GOVERNMENT.....1 FATHER OF CHILD.....2	
H5p	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT REMEMBER .. -997 N/A (not recving 7/1997) ... -999	
H5q	How much were you receiving last year at this time? (in July 1998?)	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT REMEMBER .. -997 N/A (not recving 7/1998) ... -999	→H5w
H5r	Was that grant from the government or the father of the child?	GOVERNMENT.....1 FATHER OF CHILD.....2	→ H5u
H5s	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	
H5t	For how many children did you receive the grant?	<input type="text"/> <input type="text"/>	
H5u	In total how much did you receive each month?	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

H5v	When did you stop receiving the maintenance?	<div>Month <input type="text"/> <input type="text"/></div> <div>Year <input type="text"/> <input type="text"/></div>	
H5w	Have you applied for a new child grant?	YES..... 1 NO..... 2	→H6
H5x	When did you apply?	<div>Month <input type="text"/> <input type="text"/></div> <div>Year <input type="text"/> <input type="text"/></div>	
H5y	What has happened with your application?	..... .....

H6	Do you do anything to earn money now, including being in business for yourself?	YES 1 NO 2	→ H6.4				
H6.0a	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 ODD JOBS..... 3 WORK FOR SELF..... 4 DON'T KNOW..... 999	→ ask H6.1-H6.1d → ask H6.1-H6.1d → ask H6.2-H6.2d → ask H6.3-H6.3d → H6.4				
H6.1	IF REGULAR PAY JOB OR WORK FOR SEVERAL: What is your occupation? (FILL IN CODE AND WRITE OUT DESCRIPTION) (2-DIGIT CODE) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.1a	How long have you been working at this job?	Months <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> Years <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.1b	About how many hours do you work in a typical week at your regular pay job or doing regular work for several employers?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.1c	How many weeks do you work each year, including paid vacation and sick leave?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.1d	How much do you earn from this work in a typical month?	R <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					
H6.2	IF ODD JOBS: What type of odd jobs do you do?					
H6.2a	How long have you been working at this job?	Months <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> Years <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.2b	About how many hours do you work in a typical week doing odd jobs?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.2c	How many weeks do you work each year?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.2d	How much do you earn doing odd jobs in a typical month?	R <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					
H6.3	IF WORK FOR SELF: What type of work do you do?					
H6.3a	How long have you been working at this job?	Months <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> Years <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.3b	About how many hours do you work in a typical week making, fixing, or selling goods or farming?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.3c	How many weeks do you work each year?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
H6.3d	About how much do you earn from this work in a typical						

	month? For any goods you make and sell, I am thinking about how much money you are able to take away and spend after paying expenses.	R	
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H6.4	Are you looking for work?	YES 1 NO 2 DON'T KNOW999	
H7.a	INTERVIEWER CHECKPOINT: HAVE YOU ASKED RESPONDENT TO REMEMBER WORK THEY'VE DONE AT HOME?		
H 7.b	INTERVIEWER CHECKPOINT: IF RESPONDENT ANSWERED HOUSEHOLD MODULE, SKIP TO H8.		
H7.0	<p>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.</p> <p>Do you currently receive any money from _____?</p>		
1	Veteran's pension..... R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	Disability pension..... R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Employer pension (or provident fund) for old age R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	Employer pension (or provident fund) for workers' compensation? R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Unemployment Insurance R.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	Personal retirement fund or annuity R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	Savings, interest R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	New child grant R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Foster care grant R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	Care dependency grant/single care grant R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11	Religious OrganizationR		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12	Money from lodgers or property rent.....R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13	Other: (SPECIFY.....).....R		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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H8	In the past 12 months, has anyone inside or outside the household given you money?	YES 1 NO 2 DON'T KNOW999	→ H10 → H10
H9	INTERVIEWER CHECKPOINT: REPEAT H9.1a-H9.11 FOR ALL PERSONS WHO GAVE MONEY. RECORD ANSWERS ON THE GRIDS ON THE OPPOSITE PAGES.		
H9.1a	Is the person a member of the household?	YES 1 NO 2	→ H9.2
H9.1b	What is the person's name? WRITE IN CODE FROM GRID BOARD.	RECORD ON GRID →	→ H9.10
H9.2	What is this person's 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	
H9.3	Is this person male or female?	MALE..... 1 FEMALE..... 2	
H9.4	In what year was he/she born, or how old is he/she now?	YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE: <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....999	
H9.5	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 12 FOR SAME PERSON.

1 2 →H9.2	1 2 →H9.2	1 2 →H9.2	1 2 →H9.2	1 2 →H9.2	1 2 →H9.2	1 2 →H9.2	1 2 →H9.2	1 2 →H9.2	1 2 →H9.2
→H9.10	→H9.10	→H9.10	→H9.10	→H9.10	→H9.10	→H9.10	→H9.10	→H9.10	→H9.10
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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

H9.6	What is his/her marital status?	MARRIED..... 1 LIVING WITH A PARTNER... 2 SEPARATED..... 3 DIVORCED..... 4 WIDOWED..... 5 NEVER MARRIED..... 6 DON'T KNOW..... 999	
H9.7	In what town, township, or rural area does he/she live?	RECORD ON GRID →	
H9.8	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	
H9.9	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	
H9.10	How much money has he/she given you in the past 12 months?	RECORD ON GRID →	
H9.11	Is he/she employed?	YES 1 NO 2	
H9.12	What is his/her occupation? (FILL IN CODE AND WRITE OUT DESCRIPTION ON GRID)	RECORD ON GRID →	
H9.13	How large is the household he/she lives in?		
H9.14	Why does he/she give you money?	RECORD ON GRID →	
H9.15	INTERVIEWER CHECKPOINT: GO BACK TO H9.1a UNTIL HAVE ASKED ABOUT EVERYONE WHO GIVES MONEY TO THE RESPONDENT.		

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
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H10	<p>INTERVIEWER CHECKPOINT: IF</p> <ul style="list-style-type: none"> 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, <p>THEN SKIP TO H12.</p>																																																																																																		
H11	<p>Now I would like to ask about what you do with your money. I'm interested in what things you buy, what things you give people money to buy for you, and what money you give to others in the household.</p> <p>RECORD FOR NORMAL MONTH <u>OR</u> LAST 12 MONTHS. ALLOW RESPONDENT TO WORK IN THE ORDER WHICH IS MOST NATURAL TO HIM/HER.</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>NORMAL MONTH</th> <th>LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Groceries (excluding meat, vegetables and fruit).....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>2</td> <td>Vegetables and fruit.....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>3</td> <td>Meat, chicken, or fish.....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>4</td> <td>Food eaten out, or from street vendors.....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>5</td> <td>Rent or bond payment.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>6</td> <td>Rates.....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>7</td> <td>Electricity</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>8</td> <td>Fuel (coal, paraffin, wood).....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>9</td> <td>Telephone.....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>10</td> <td>Hire purchase, furniture, appliances.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>11</td> <td>Clothing and shoes.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>12</td> <td>Health (doctor's visits, medicines, etc.).....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>13</td> <td>Personal items (haircuts, toiletries, birthday gifts)...</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>14</td> <td>Transportation.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>15</td> <td>Church dues, clubs.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>16</td> <td>Uniforms, school fees, books.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>17</td> <td>Alcohol and/or tobacco.....</td> <td>R _____</td> <td>R_XXXX__</td> </tr> <tr> <td>18</td> <td>Leisure, recreation, vacations.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>19</td> <td>Money, goods or food (including meals prepared) for people outside the household.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>20</td> <td>Burial society.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>21</td> <td>Stokvel or Goi Goi</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>22</td> <td>Savings.....</td> <td>R _____</td> <td>R_____</td> </tr> <tr> <td>23</td> <td>Money spent on business, farming or livestock ...</td> <td>R _____</td> <td>R_____</td> </tr> </tbody> </table>					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_____
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H12	How much money do you usually have left at the end of the month, if any?	R	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					→ H13 if R0
H12a	What do you do with this money?						
H13	Do you have a savings account?	YES	1	→ H14				
		NO	2					
		DON'T KNOW	999	→ H14				
H13a	Why don't you have a savings account?						
H14	Do you participate in a stokvel or Goi Goi?	YES	1					
		NO	2					
		DON'T KNOW	999					

H15	In the past 12 months, have you given money to anyone inside or outside the household?	YES 1 NO 2 DON'T KNOW .....999	→ H16 → H16
H15.1	INTERVIEWER CHECKPOINT: REPEAT H15.1a-H15.11 FOR ALL PERSONS RESPONDENT GIVES MONEY TO. RECORD ANSWERS ON THE GRIDS ON THE OPPOSITE PAGES.		
H15.1a	Is the person a member of the household? (VERIFY PERSON IS ON HOUSEHOLD GRID)	YES RECORD ON... 1 NO GRID → 2	→ H15.2
H15.1b	What is the person's name? WRITE PERSON CODE FROM GRID BOARD.	RECORD ON GRID →	→H15.10
H15.2	What is this person's 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	
H15.3	Is this person male or female?	MALE..... 1 FEMALE..... 2	
H15.4	In what year was he/she born, or how old is he/she now?	YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE: <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....999	
H15.5	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 18 FOR SAME PERSON.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
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16	16	16	16	16	16	16	16	16	16
999	999	999	999	999	999	999	999	999	999

H15.6	What is his/her marital status?	MARRIED..... 1 LIVING TOGETHER..... 2 SEPARATED..... 3 DIVORCED..... 4 WIDOWED..... 5 NEVER MARRIED..... 6 DONT KNOW..... 999					
H15.7	In what town, township, or rural area does he/she live?					
H15.8	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					
H15.9	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					
H15.10	How much money have you given him/her in the past 12 months?	R <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
H15.11	Why do you give him/her money?					
H15.12	INTERVIEWER CHECKPOINT: GO BACK TO H15.1a UNTIL HAVE ASKED ABOUT EVERYONE WHO THE RESPONDENT GIVES MONEY TO.						

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
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999	999	999	999	999	999	999	999	999	999
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H16	How would you describe your health at present? Would you say it is excellent, good, average, poor, or very poor?	EXCELLENT..... 1 GOOD..... 2 AVERAGE..... 3 POOR..... 4 VERY POOR..... 5 DON'T KNOW.....999	
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H17	H17a. Now I would like to ask you about some particular health conditions. Has a doctor, nurse or staff member at a clinic or hospital <u>ever</u> told you that you have any of the following conditions?	H17b. IF "YES," when was the <u>first time</u> that you were told you had this condition?	H17c. <u>In the past 12 months</u> , have you received any medication or treatment for this condition from a doctor, nurse, clinic or hospital?
1	<u>Heart trouble or angina?</u>	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	<u>Stroke?</u>	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	<u>High blood cholesterol or fat in the blood?</u>	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	<u>Diabetes or blood sugar?</u>	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	<u>Emphysema/Bronchitis?</u>	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	<u>Asthma?</u>	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	<u>Cancer?</u>	YES....1 → ask b, c NO.....2 → next	IN PAST 12 MONTHS..... 1 YES..... 1 NO..... 2 DON'T KNOW..... 999

		condition	> 12 MONTHS AGO.....2 DON'T KNOW..999	
8	<u>Tuberculosis (TB)?</u>	YES....1→ask b, c NO.....2 → H18a	IN PAST 12 MONTHS..... 1 > 12 MONTHS AGO.....2 DON'T KNOW..999	YES..... 1 NO..... 2 DON'T KNOW..... 999

H17d	IF “YES” TO TB, ASK: Did you receive treatment?	YES 1 NO 2	→ H18a
H17e	Did you complete the treatment?	YES 1 NO 2	→H18a
H17f	Why not?	..... .....
H18a	Have you lost weight in the past 6 weeks?	YES 1 NO 2	
H18b	Have you had night sweats?	YES 1 NO 2	
H18c	Have you had a persistent cough?	YES 1 NO 2	→H19
H18d	Have you sought help for this?	YES 1 NO 2	→H19
H18e	Did they tell you what was wrong?	YES 1 NO 2	
H18f	Have you had any treatment?	YES 1 NO 2	→H19
H18g	Are you still taking the treatment?	YES 1 NO 2	→H19
H18h	Why not?	..... .....

H19	H19a. During the <u>past three months</u> , have you been to any of the following health services for medical care for yourself?		H19b. IF “YES,” Were you satisfied with the care you received there?	H19c. 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	..........

H19.d	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	
H20	In the <u>past 12 months</u> , have you had your blood pressure measured?	YES 1 NO 2 DON'T KNOW .....999	→ H22.a → H22.a
H21	Was your blood pressure high, normal, or low?	HIGH..... 1 NORMAL..... 2 LOW..... 3 DOCTOR DIDN'T SAY..... 4 DON'T KNOW..... 999	
H22.a	Have you used a medical service in the part 12 months?	YES 1 NO 2	→ J.1
H22.b	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	

SECTION J: MENTAL HEALTH

J1	<p>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.</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>HARDLY EVER</th> <th>SOME OF THE TIME</th> <th>MOST OF THE TIME</th> </tr> </thead> <tbody> <tr> <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> </tr> <tr> <td>2</td> <td>I felt depressed.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>3</td> <td>I felt sad.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td>I cried a lot.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>5</td> <td>I did not feel like eating; my appetite was poor.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>6</td> <td>I felt that everything I did was an effort.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>7</td> <td>My sleep was restless.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>8</td> <td>I could not get going.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>			HARDLY EVER	SOME OF THE TIME	MOST OF THE TIME	1	I felt that I could not stop feeling miserable, even with help from my family and friends	1	2	3	2	I felt depressed.....	1	2	3	3	I felt sad.....	1	2	3	4	I cried a lot.....	1	2	3	5	I did not feel like eating; my appetite was poor.....	1	2	3	6	I felt that everything I did was an effort.....	1	2	3	7	My sleep was restless.....	1	2	3	8	I could not get going.....	1	2	3	
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7	My sleep was restless.....	1	2	3																																											
8	I could not get going.....	1	2	3																																											
J2.1	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?	YES 1 NO 2 REFUSES TO SAY..... 998 DON'T KNOW999	→ J3.1																																												
J2.2	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?	YES 1 NO 2 REFUSES TO SAY..... 998 DON'T KNOW999	→ J7 → J7 → J7																																												
J3.1	Has that period ended or is it still going on?	ENDED 1 STILL GOING ON 2 REFUSES TO SAY..... 998 DON'T KNOW999	→ J4 → J4																																												
J3.2	How many months or years (did it go on before it ended/has it been going on)?	MONTHS: <input type="text"/> <input type="text"/>	→ J7 if less than 6 months																																												

		YEARS: DON'T KNOW .....999	
J4	(Did / do) you worry <u>most</u> days?	YES 1 NO 2 REFUSES TO SAY 998 DON'T KNOW .....999	
J5.1	(Did / do) you find it difficult to stop worrying?	YES 1 NO 2 REFUSES TO SAY 998 DON'T KNOW .....999	
J5.2	(Did / do) you ever have different worries on your mind at the same time?	YES 1 NO 2 REFUSES TO SAY 998 DON'T KNOW .....999	
J5.3	What (were/are) you worried about?	..... .....

J6.1	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	
J6.2	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	
J7	Is memory loss a problem for you?	YES 1 NO 2 REFUSES TO SAY..... 998 DON'T KNOW .....999	
J8.1	Do you smoke, use snuff, or chew tobacco?	YES 1 NO 2 REFUSES TO SAY..... 998 DON'T KNOW .....999	→ J8.3 → J8.3 → J8.3
J8.2	How many cigarettes or pipefuls do you usually smoke in a <u>day</u> : 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	
J8.3	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	
J9.1	Some people drink alcohol. Do you ever drink alcohol or home brew?	YES 1 NO 2 REFUSES TO SAY..... 998 DON'T KNOW .....999	→ J9.3 → J9.3 → J9.3
J9.2	Do you typically drink more often than once a week?	YES 1 NO 2 REFUSES TO SAY..... 998 DON'T KNOW .....999	
J9.3	Do you think <u>anyone in this household</u> drinks too much?	YES 1 NO 2 REFUSES TO SAY..... 998 DON'T KNOW999	

SECTION K: SOCIAL INTEGRATION AND LIFE SATISFACTION

K0	Now I want to ask a little about your life in general.			
K3	First, I would like to ask about your participation in any clubs or associations.			
	K3a. Are you now a member of a _____?		K3b. How often do you participate in activities at _____?	
1	<u>Church or mosque?</u>	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	<u>Social, charity, auxiliary group at a church or mosque?</u>	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	<u>Choir?</u>	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	<u>Senior centre or luncheon club?</u>	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	<u>Labour or trade union?</u>	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	<u>Professional _____ or _____ business association, such as a teachers' or taxi drivers' association?</u>	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	<u>Sports club or exercise group?</u>	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	

K4	I would like to ask more about your family and the people in your community.		
K4.1	Do people in your <u>family</u> respect your opinion and come to you for advice?	YES 1 NO 2 DON'T KNOW .....999	
K4.2	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	
K4.3	Generally speaking, would you say that the people in your <u>community</u> can be trusted?	YES 1 NO 2 DON'T KNOW .....999	
K4.4	Do you trust the <u>government</u> ?	YES 1 NO 2 DON'T KNOW .....999	
K4.5	Do you trust <u>old people</u> more than young people, in general?	YES 1 NO 2 DON'T KNOW .....999	
K5	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	→ K6 → K6
K5a	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	
K5b	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	

K6	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	→ K7
K6a	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	
K7	In the <u>past 12 months</u> , have you or anyone in your family been the victim of a crime?	YES 1 NO 2 DON'T KNOW .....999	→ K8 → K8
K7a	If "YES," what crimes have been committed against your family in the <u>past 12 months</u>?	..... .....
K8	Did you vote in the 1994 elections?	YES 1 NO 2 CAN'T REMEMBER.....997 REFUSES TO SAY.....998 DON'T KNOW .....999	
K8	Did you vote in the 1999 elections?	YES 1 NO 2 CAN'T REMEMBER.....997 REFUSES TO SAY.....998 DON'T KNOW .....999	

K9	What are the main <u>problems</u> in your life right now?	..... ..... .....
K10	What are the main sources of <u>happiness</u> in your life right now?	..... ..... .....

K11	INTERVIEWER EVALUATION		
K11.1	ENDING TIME OF MODULE	HOUR: <input type="text"/> <input type="text"/> MINUTE: <input type="text"/> <input type="text"/>	
K11.2	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	
K11.3	COMPREHENSION LEVEL OF RESPONDENT	EXCELLENT..... 1 GOOD..... 2 AVERAGE..... 3 POOR..... 4 VERY POOR..... 5	
K11.4	COOPERATION LEVEL OF RESPONDENT	EXCELLENT..... 1 GOOD..... 2 AVERAGE..... 3 POOR..... 4 VERY POOR..... 5	
K11.5	HOW MUCH DID OTHERS ASSIST THE RESPONDENT WITH HIS/HER ANSWERS?	NO ASSISTANCE..... 1 HELP WITH SOME..... 2 HELP WITH MOST..... 3	→ K11.7
K11.6	WHO WAS HELPING THE RESPONDENT WITH HIS OR HER ANSWERS? (ENTER CODE(S) FROM BOARD A1)		
K11.7	ANY ADDITIONAL COMMENTS ABOUT SPECIFIC QUESTIONS OR DATA QUALITY		
K11.8	GO TO COVER SHEET AND COMPLETE IT.		