

# Living Conditions Survey 2014/15

## Household Questionnaire



### A: PARTICULARS OF THE DWELLING

A1: PSU Segment Number

A2: Dwelling Unit Number

A3: Physical ID of the Dwelling

A4: Landline/Cellphone number of the enumerated household

A5: Total number of persons in household

A6: Questionnaire number of this household

### B: HOUSEHOLDS AT THE DWELLING UNIT

B1: Household number for this household

B2: Total number of households at selected dwelling unit

### C: FIELD STAFF

Survey Officer name

Assignment Number

Checker name

Assignment Number

DSC name

Assignment Number

Unique No.

Barcode for 1st Questionnaire

D: SURVEY PERIOD

E: SURVEY DATE

F: RESPONSE DETAILS

F1: Details on completed activities

D D M M Y Y Y Y Result Code

HHQ Module 1

HHQ Module 2

HHQ Module 3

HHQ Module 4

Diary Week 1

Diary Week 2

F2: Final result code

F3: Comments and full details for result codes 02-11

### RESULT CODES

01	Completed	05	No usable information	09	Change of status
02	Non-Contact	06	Vacant/unoccupied DU	10	Other non-response
03	Refused	07	Listing error	11	End of Q1.1b
04	Partly completed	08	Demolished		

$+$ 

+

+

1 +

1 +

[illegible]

+

1.1c	<b>1. During the 12 months prior to the survey period, is there any other person(s) who has/have been part of this household for at least 6 months?</b> 1 = YES 2 = NO  <b>2. If "YES", how many?</b>											
			01	02	03	04	05	06	07	08	09	10
1.2	<b>Is ..... a male or a female?</b> 1 = MALE 2 = FEMALE		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.3	<b>How would ..... describe him/herself in terms of population group?</b> 1 = BLACK AFRICAN 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify</i>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div></div>
1.4	<b>What is .....’s date of birth and age in completed years?</b>         <b>Age</b> ( <i>Less than 1 year = 000</i> )	<b>Day of birth:</b> Example of day <div>23</div> <b>Month of birth:</b> Example of month <div>06</div> <b>Year of birth:</b> Example of year <div>1976</div> <div>038</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	

1.5	<p>Is there any other person who is a residing member of this household, other than those already mentioned, who is not presently here?</p> <p>1 = YES → <b>Go back to Q1.1a</b></p> <p>2 = No</p>	<div> <input type="checkbox"/> 1         <input type="checkbox"/> 2       </div>									
		01	02	03	04	05	06	07	08	09	10
1.6	<p>What is .....’s relationship to the head or acting head of the household?</p> <p>01 = Head/Acting head</p> <p>02 = Husband/Wife/Partner of person 01</p> <p>03 = Son/Daughter/Stepchild/Adopted child of person 01</p> <p>04 = Brother/Sister/Stepbrother/Stepsister of person 01</p> <p>05 = Father/Mother/Stepfather/Stepmother of person 01</p> <p>06 = Grandparent/Great grandparent of person 01</p> <p>07 = Grandchild/Great grandchild of person 01</p> <p>08 = Other relative (e.g. aunt/uncle, in-law) of person 01</p> <p>09 = Non-related person</p> <p>10 = Live-in domestic paid in kind</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
1.7	<p>What is .....’s present marital status?</p> <p>1 = Married</p> <p>2 = Living together like married partners</p> <p>3 = Never married → <b>Go to Q1.10</b></p> <p>4 = Widower/widow → <b>Go to Q1.10</b></p> <p>5 = Separated → <b>Go to Q1.10</b></p> <p>6 = Divorced → <b>Go to Q1.10</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

		01	02	03	04	05	06	07	08	09	10
1.8	<b>Is .....’s spouse/partner a residing member of this household?</b> 1 = YES 2 = No                      → Go to Q1.10	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.9	<b>Who is .....’s spouse/partner?</b>  <i>Give person number.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1.10	<b>Is .....’s biological father still alive?</b> 1 = YES 2 = No                      → Go to Q1.13 3 = DON’T KNOW       → Go to Q1.13	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.11	<b>Is .....’s biological father a residing member of this household?</b> 1 = YES 2 = No                      → Go to Q1.13	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.12	<b>Who is .....’s biological father?</b>  <i>Give person number.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1.13	<b>Is .....’s biological mother still alive?</b> 1 = YES 2 = No                      → Go to Q1.16 3 = DON’T KNOW       → Go to Q1.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.14	<b>Is .....’s biological mother a residing member of this household?</b> 1 = YES 2 = No                      → Go to Q1.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.15	<b>Who is .....’s biological mother?</b>  <i>Give person number.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**1.16 Would you say you and your household are at present ...**

- 1 = Wealthy
- 2 = Very comfortable
- 3 = Reasonably comfortable
- 4 = Just getting along
- 5 = Poor
- 6 = Very poor

*Give the person number of the person responding.*

<input type="text"/>	1
<input type="text"/>	2
<input type="text"/>	3
<input type="text"/>	4
<input type="text"/>	5
<input type="text"/>	6

<input type="text"/>	<input type="text"/>
----------------------	----------------------

		01	02	03	04	05	06	07	08	09	10		
1.17	Which of the following source(s) of income does ..... have?												
	In case of child (0-17 years) grants under option 10, link them to a caregiver.	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K		
	01 = Salaries and wages .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	02 = Net profit from business or professional practice/activities or commercial farming...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Income from small-scale farming .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	04 = Income from letting of fixed property .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	05 = Royalties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	06 = Interest received and/or accrued on deposits, loans, savings certificates .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	07 = Dividends on shares (e.g. unit trusts).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08 = Income from share trading .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09 = Regular receipts from pension from previous employment and pension from annuity funds .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10 = Social welfare grants (including old age grant) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 = Alimony, maintenance and similar allowances from divorced spouse, family members, etc., living elsewhere .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12 = Regular allowances/remittances received from non-household members .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13 = OTHER INCOME, <i>specify</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14 = If "No" to all (01 to 13), mark here →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Go to Section 2</b>												
	If only one 'Yes' record the option in <b>Q1.18</b>												



+

+

		01	02	03	04	05	06	07	08	09	10
1.18	<b>Which is .....’s main source of income, i.e. the one which brings in the most income to the person?</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>Give the response category number from Q1.17.</i>										

+

+



Ask for all household members aged 0-4 years. Otherwise go to Q2.5.  
Read out: **Now I am going to ask you questions about children aged 0 to 4 years.**

		01	02	03	04	05	06	07	08	09	10
<b>2.2</b>	<b>Which of the following does ..... currently attend?</b> 1 = Grade R → <b>Go to Q2.4</b> 2 = Pre-school/Nursery school/Grade 00 (RR)/Grade 000 (RRR) → <b>Go to Q2.4</b> 3 = Crèche/Educare centre → <b>Go to Q2.4</b> 4 = Day-mother → <b>Go to Q2.4</b> 5 = OTHER, <i>specify</i> → <b>Go to Q2.4</b> 6 = None 7 = DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.3</b>	<b>Where is ..... during the day for most of the time?</b> 1 = At home with parent, foster parent or guardian 2 = At home with another adult 3 = At home with someone younger than 18 years 4 = At someone else's dwelling 5 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.4</b>	<b>Is ..... exposed to an Early Childhood Development programme (ECD) in any way?</b>  <b>ECD refers to the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of a child.</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

+ Ask for all household members who are 5 years and older and whose level of education is lower than Grade 7; otherwise go to Q2.6. +

		01	02	03	04	05	06	07	08	09	10
2.5	<p><b>I am now going to ask questions about various skills related to reading and writing.</b></p> <p><b>What level of difficulty does ..... have with regards to the following?</b>  <i>Read all the options.</i>  <i>Use the codes below to indicate the degree of difficulty.</i></p> <p>a = Writing his/her name.....</p> <p>b = Reading (e.g. newspapers, magazines, religious books, etc.) in at least one language.....</p> <p>c = Filling in a form (e.g. social grant forms) in at least one language.....</p> <p>d = Writing a letter in at least one language ...</p> <p>e = Calculating/working out how much change he/she should receive when buying something.....</p> <p>f = Reading road signs.....</p> <p><b>CODES</b> 1 = No difficulty            2 = Some difficulty            3 = A lot of difficulty            4 = Unable to do            5 = DON'T KNOW</p>	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a	<input type="text"/> a
		<input type="text"/> b	<input type="text"/> b	<input type="text"/> b	<input type="text"/> b	<input type="text"/> b	<input type="text"/> b	<input type="text"/> b	<input type="text"/> b	<input type="text"/> b	<input type="text"/> b
		<input type="text"/> c	<input type="text"/> c	<input type="text"/> c	<input type="text"/> c	<input type="text"/> c	<input type="text"/> c	<input type="text"/> c	<input type="text"/> c	<input type="text"/> c	<input type="text"/> c
		<input type="text"/> d	<input type="text"/> d	<input type="text"/> d	<input type="text"/> d	<input type="text"/> d	<input type="text"/> d	<input type="text"/> d	<input type="text"/> d	<input type="text"/> d	<input type="text"/> d
		<input type="text"/> e	<input type="text"/> e	<input type="text"/> e	<input type="text"/> e	<input type="text"/> e	<input type="text"/> e	<input type="text"/> e	<input type="text"/> e	<input type="text"/> e	<input type="text"/> e
		<input type="text"/> f	<input type="text"/> f	<input type="text"/> f	<input type="text"/> f	<input type="text"/> f	<input type="text"/> f	<input type="text"/> f	<input type="text"/> f	<input type="text"/> f	<input type="text"/> f
2.6	<p><b>Is ..... currently attending any educational institution? e.g. School, University, Home school, Early Childhood Development centre, Distance/Correspondence education, etc.</b></p> <p>1 = YES            2 = No → <b>Go to Q2.11</b>            3 = DON'T KNOW → <b>Go to Section 3</b></p>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	

+ Ask for all household members.

+

		01	02	03	04	05	06	07	08	09	10
<b>2.7a</b>	<b>Which of the following educational institutions does ..... attend?</b>  1 = Pre-school (including ECD centre, e.g. Day care, Crèche, Play ground , Nursery school, Grade RR or Pre-primary school) 2 = School (including Grade R to Grade 12 learners who attend a formal school) 3 = Adult Basic Education and Training Learning Centre (AET/ABET Centre) 4 = Literacy classes (e.g. Kha Ri Gude, SANLI, etc.) 5 = High Educational Institution (University/ University of Technology) 6 = Further Education and Training (FET) college 7 = Other College 8 = Home based education /Home school 9 = OTHER, <i>specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.7b</b>	<b>Is the educational institution that ..... is attending public or private?</b>  1 = Public (Government) 2 = Private (Independent) 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

+

+

+ Ask if option 2 in Q2.7a above.

+

		01	02	03	04	05	06	07	08	09	10
<b>2.8</b>	<b>Does the school that ..... currently attends have the following facilities/services?</b>										
	1 = Classrooms.....	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K
	2 = Running water .....										
	3 = Toilet facility .....										
	4 = Library.....										
	5 = Science laboratory with usable apparatus..										
	6 = Computers that can be used by learners....										
	7 = Feeding scheme .....										
	8 = Security guard at the gate .....										
	9 = Sports facilities .....										
<b>2.9</b>	<b>Does the household pay for .....’s school fees?</b>										
	1 = YES → <b>Go to Section 3</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>2.10</b>	<b>Why does the household not pay for .....’s school fees?</b>										
	1 = Cannot afford to pay										
	2 = Do not want to pay										
	3 = No fees school (school did not ask for fees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 = Got a fee exemption										
	5 = Got a bursary/scholarship covering all costs										
	6 = Paid by non-household member										
	7 = OTHER, <i>specify</i>										
→ <b>Go to Section 3</b>											

+

+

		01	02	03	04	05	06	07	08	09	10
2.11	<p><b>What is the main reason why ..... is not attending school or any other educational institution?</b></p> <p>01 = TOO OLD/YOUNG</p> <p>02 = HAS COMPLETED EDUCATION/SATISFIED WITH HIS/HER LEVEL OF EDUCATION/ DO NOT WANT TO STUDY</p> <p>03 = SCHOOL/EDUCATIONAL INSTITUTION IS TOO FAR AWAY</p> <p>04 = DIFFICULTIES TO GET TO SCHOOL (TRANSPORT)</p> <p>05 = NO MONEY FOR FEES/TEXT BOOKS/SCHOOL UNIFORM</p> <p>06 = HE OR SHE IS WORKING AT HOME OR BUSINESS/ JOB</p> <p>07 = DO NOT HAVE TIME/TOO BUSY</p> <p>08 = FAMILY COMMITMENT (E.G. CHILD MINDING)</p> <p>09 = EDUCATION IS USELESS OR NOT INTERESTING</p> <p>10 = UNABLE TO PERFORM AT SCHOOL</p> <p>11 = ILLNESS</p> <p>12 = INJURY</p> <p>13 = PREGNANCY</p> <p>14 = FAILED EXAM</p> <p>15 = GOT MARRIED</p> <p>16 = DISABILITY</p> <p>17 = VIOLENCE IN SCHOOL</p> <p>18 = NOT ACCEPTED FOR ENROLMENT</p> <p>19 = EXPELLED/SUSPENDED</p> <p>20 = OTHER, <i>specify</i></p>										

<b>3</b>	<b>EMPLOYMENT</b>										
	<i>Read out: Now I am going to ask you about economic activities for persons aged 15 years and above.</i>										
		<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>
<b>3.1</b>	<b>In the last week (Monday to Sunday) ...</b>										
<b>a</b>	<b>Did ..... work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b>  <i>Examples: Regular job, Contract, Casual or piece work for pay, Work in exchange for food or housing, Paid domestic work.</i>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
<b>b</b>	<b>Did ..... run or do any kind of business, big or small, for himself/herself or with one or more partners, even if it was for only one hour?</b>  <i>Examples: Commercial farming, Selling things, Making things for sale, Construction, Repairing things, Guarding cars, Brewing beer, Collecting wood or water for sale, Hairdressing, Crèche business, Taxi or other transport business, Having a legal or medical practice, Performing in public, Having a public phone shop, etc.</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>c</b>	<b>Did ..... help without being paid in any kind of business run by his/her household, even if it was for only one hour?</b>  <i>Examples: Commercial farming, Help to sell things, Make things for sale or exchange, Doing accounts, Cleaning up for the business, etc.</i>  <b>If “Yes” to any part of Q3.1 a-c → Go to Q3.7a. Otherwise go to Q3.2.</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



		01	02	03	04	05	06	07	08	09	10
3.2	<p>Even though ..... did not do any work for pay, profit or did not help without pay in a household business in the last week (Monday to Sunday), did he/she have a paid job or business that he/she would definitely return to?</p> <p>1 = YES      → Go to Q3.7a</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3.3	<p>In the last four weeks, was ..... looking for any kind of work or trying to start any kind of business?</p> <p>1 = YES      → Go to Q3.6</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3.4	<p>Would ..... have liked to work last week (Monday to Sunday)?</p> <p>1 = YES      → Go to Q3.6</p> <p>2 = No      → Go to Q3.5</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

		01	02	03	04	05	06	07	08	09	10
3.5	<p><b>What was the main reason why ..... did not try to find work or try to start a business in the last four weeks?</b></p> <p>01 = Awaiting the season for work  02 = Waiting to be recalled to former job  03 = Health reasons  04 = Pregnancy  05 = Disabled or unable to work (handicapped)  06 = Housewife/homemaker (family considerations/child care)  07 = Undergoing training to help find work  08 = No jobs available in the area  09 = Lack of money to pay for transport to look for work  10 = Unable to find work requiring his/her skills  11 = Lost hope of finding any kind of work  12 = No transport available  13 = Scholar or student  14 = Retired  15 = Too old / young to work  16 = Did not want to work  17 = Other, <i>specify</i></p>										
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	<p><b>If a suitable job had been offered or circumstances had allowed, would ..... have been able to start work or a business last week (Monday to Sunday)?</b></p> <p>1 = Yes → <b>Go to Section 4</b>  2 = No → <b>Go to Section 4</b></p>										
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

		01	02	03	04	05	06	07	08	09	10
3.7a	<p><b>What is the name of the establishment/ institution/business/ organization that ..... works for (the one that pays his/her salary)?</b></p> <p><i>Examples: KOMANI HOSPITAL, RAPELE PRIMARY SCHOOL, HARMONY GOLD MINING.</i></p> <p><i>Write OWN HOUSE or NO FIXED LOCATION, if relevant.</i></p> <p><i>Use CAPITAL LETTERS only.</i></p>										
3.7b	<p><b>What are the main goods and services produced at .....’s place of work or its main functions?</b></p> <p><i>Examples: REAL ESTATE, CONSTRUCTION, CAR REPAIRING, HOSPITALITY SERVICES.</i></p> <p><i>For domestic workers, write PRIVATE HOUSEHOLD.</i></p> <p><i>Use CAPITAL LETTERS only.</i></p>										

		01	02	03	04	05	06	07	08	09	10
3.8a	<p>What kind of work does ..... usually do in his/her main job/business that he has last week (Monday to Sunday)?</p> <p>Examples: PRIMARY SCHOOL TEACHER, BUSINESS OWNER, OFFICE CLEANER.</p> <p>Use CAPITAL LETTERS only.</p>										
3.8b	<p>What are .....’s main tasks or duties in this work?</p> <p>Examples: TEACHING CHILDREN, SELLING FRUIT, BOOKKEEPING, FEEDING CATTLE.</p> <p>Use CAPITAL LETTERS only.</p>										

		01	02	03	04	05	06	07	08	09	10
3.9	<b>Is .....’s place of work ...?</b> 1 = In the formal sector 2 = In the informal sector 3 = Private household 4 = DON’T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
3.10	<b>During the 12 months prior to the survey period, how many months in total did ..... do the activities in Q.3.8 above?</b> 1 = The whole period 2 = 9 Months or more, but less than 12 months 3 = 6 Months or more, but less than 9 months 4 = 3 Months or more, but less than 6 months 5 = Less than 3 months 6 = DON’T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

*Read out:* Now I am going to ask you about the distance travelled, mode of transport used and time taken by household members to get to their place of work.

3.11	<b>What is the distance travelled by ..... to get to his/her place of work?</b>  1 = 500 Metres or less 2 = 501 Metres – less than 1 kilometre 3 = 1 – Less than 2 kilometres 4 = 2 – Less than 5 kilometres 5 = 5 – Less than 10 kilometres 6 = 10 – Less than 20 kilometres 7 = 20 Kilometres or more 8 = DON’T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

		01	02	03	04	05	06	07	08	09	10
3.12	<p>Which mode of transport does ..... usually use to get to his/her place of work?</p> <p>If more than one mode of transport is used, record the one that is used most of the trip.</p> <p>1 = Walking</p> <p>2 = Taxi</p> <p>3 = Bus (public)</p> <p>4 = Train (e.g. metrorail, gautrain)</p> <p>5 = Own transport</p> <p>6 = OTHER, <i>specify</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6  <input type="text"/>
3.13	<p>How long does it take ..... to get to his/her place of work?</p> <p>1 = 30 minutes or less</p> <p>2 = 31 minutes – less than 1 hour</p> <p>3 = 1 – less than 2 hours</p> <p>4 = 2 – 3 hours</p> <p>5 = More than 3 hours</p> <p>6 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

END OF MODULE 1																			
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Main respondent	<input type="text"/>	<input type="text"/>	No. of household members present	<input type="text"/>	<input type="text"/>	No. of non-household members present	<input type="text"/>	<input type="text"/>	
Main language spoken during interview					01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 isiNdebele	<input type="text"/>	04 isiXhosa	<input type="text"/>	05 isiZulu	<input type="text"/>	06 Sepedi	<input type="text"/>			
					07 seSotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>			
INTERVIEW CIRCUMSTANCES										COMMENTS									
Was the interview interrupted by.....?					Y	N													
telephone ringing					<input type="text"/>	<input type="text"/>													
visitor(s) arriving					<input type="text"/>	<input type="text"/>													
baby/-ies, child/-ren, pet/-s disturbing					<input type="text"/>	<input type="text"/>													
other, <i>specify under comments</i>					<input type="text"/>	<input type="text"/>													
Were there other problems, e.g. ....					<input type="text"/>	<input type="text"/>													
disagreement within household					<input type="text"/>	<input type="text"/>													
respondent disagreed with interview/interviewer					<input type="text"/>	<input type="text"/>													
other, <i>specify under comments</i>					<input type="text"/>	<input type="text"/>													
PREPARATIONS FOR THE NEXT INTERVIEW					<input type="text"/>	<input type="text"/>													
Has an appointment been made?					<input type="text"/>	<input type="text"/>													
Has it been noted in the Appointment Log?					<input type="text"/>	<input type="text"/>													
Has the respondent been briefed on Module 2?					<input type="text"/>	<input type="text"/>													
Has the preparation form, "M2", been handed out?					<input type="text"/>	<input type="text"/>													
DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW																			
I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.																			
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interviewer Name	<input type="text"/>					Signature	<input type="text"/>							

[illegible]

**DECLARATION BY QUALITY CHECKER**

*I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.*

Date    
 Name 
 Signature

D D M M								
Date					Name		Signature	



MODULE 2		Date (DDMM)	Starting time (hhmm)	No. of household members present	No. of non-household members present							
<b>4 WELFARE</b> <i>Ask for all household members.</i> <i>Read out: Now I am going to ask you about social grants and social relief for each member of the household.</i>												
		01	02	03	04	05	06	07	08	09	10	
4.1a	<b>Does ..... receive any social grant(s)?</b>  <b>In case of child (0 -17 years) grants, link them to a caregiver.</b> 1 = YES 2 = No → <i>Go to Q4.2a</i> 3 = DON'T KNOW → <i>Go to Q4.2a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
4.1b	<b>Which of the following social grant(s) does ..... receive?</b> 1 = Old age grant..... 2 = Disability (permanent/ temporary) grant.. 3 = Child support grant (linked to caregiver).. 4 = Care dependency grant (linked to caregiver)..... 5 = Foster care grant (linked to caregiver)..... 6 = War veterans grant..... 7 = Grant-in-aid (should be having another grant).....	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.2a	<b>Does ..... receive any social relief?</b>  1 = YES 2 = No → <i>Go to Q4.5</i> 3 = DON'T KNOW → <i>Go to Q4.5</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

		01	02	03	04	05	06	07	08	09	10
4.2b	Which of the following social relief does ..... receive?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	1 = Cash.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2 = Food.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3 = Blankets .....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4 = Clothes.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5 = OTHER ITEMS, <i>specify</i> .....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4.3a	Who of the following provides the social relief?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	1 = Neighbours.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2 = Religious organisations (e.g. church, mosque, temple, etc.) .....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3 = Non-Governmental Organisations (NGOs)/Community-based Organizations.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4 = Local municipality.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5 = Provincial government .....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	6 = National government.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	7 = OTHER, <i>specify</i> .....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

		01	02	03	04	05	06	07	08	09	10
4.3b	<p><b>How often do they provide the social relief?</b></p> <p><b>If more than one source, please refer to the one which provides the greatest value of relief.</b></p> <p>1 = EVERY MONTH</p> <p>2 = EVERY 3 MONTHS</p> <p>3 = EVERY 6 MONTHS</p> <p>4 = EVERY YEAR</p> <p>5 = LESS OFTEN THAN EVERY YEAR</p> <p>6 = OTHER, <i>specify</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.4	<p><b>Why does ..... receive social relief?</b></p> <p><b>If affected by more than one, indicate the most recent one.</b></p> <p>1 = FIRE</p> <p>2 = FLOODING</p> <p>3 = DEATH IN THE HOUSEHOLD</p> <p>4 = VICTIM OF CRIME</p> <p>5 = RETRENCHMENT</p> <p>6 = FINANCIAL DISTRESS</p> <p>7 = OTHER, <i>specify</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+






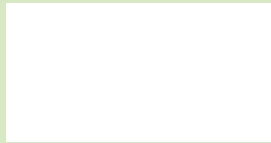
+

		01	02	03	04	05	06	07	08	09	10
4.5	Ask household members who are 15 years or older.										
	No proxy responses allowed for this question.										
	Using a scale of 1 to 10 where 1 means “very dissatisfied” and 10 means “very satisfied”, how do you feel about your life right now?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Example If 1 then record <input type="text"/> 0 <input type="text"/> 1 If 10 then record <input type="text"/> 1 <input type="text"/> 0										
4.6	Ask household members who are 15 years or older.										
	No proxy responses allowed for this question.										
	Are you happier, the same or less happy with life than you were 10 years ago?										
	1 = HAPPIER	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
	2 = THE SAME	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
	3 = LESS HAPPY	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
4 = REFUSE TO ANSWER	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	

+

+

<b>5 INFORMATION REGARDING DWELLINGS AND SERVICES</b> <i>Read out: The following questions cover information on dwellings and the services provided.</i>			
5.1	<b>Which of the following best describes the main dwelling and other dwelling(s) that this household occupies?</b> <i>Mark only two dwellings, even if the household occupies more than two dwellings.</i>	<b>Main dwelling</b>	<b>Other dwelling</b>
	01 = Formal dwelling/ House or brick/concrete block structure on a separate stand or yard or on a farm 02 = Traditional dwelling/Hut/Structure made of traditional materials 03 = Flat or apartment in a block of flats 04 = Cluster house in security complex 05 = Town house (semi-detached house in a complex) 06 = Semi-detached house 07 = Formal dwelling /House/ Flat/Room in backyard 08 = Informal dwelling/Shack in backyard 09 = Informal dwelling/Shack not in backyard, e.g. on an informal/squatter settlement or on a farm 10 = Room/Apartment on a property or an apartment in a larger dwelling, servants quarters/granny flat/cottage 11 = Caravan/Tent 12 = OTHER, <i>specify</i>	<div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> </div>	<div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> </div>
	<i>If NO 'Other dwelling' is occupied mark here</i>	<input type="checkbox"/>	<input type="checkbox"/> 1

<p><b>5.2a</b></p>	<p><b>What is the main material used for the walls and the roof of the main dwelling?</b></p> <p>01 = BRICKS</p> <p>02 = CEMENT/CONCRETE</p> <p>03 = CORRUGATED IRON/ZINC</p> <p>04 = WOOD</p> <p>05 = PLASTIC</p> <p>06 = CARDBOARD</p> <p>07 = MIXTURE OF MUD AND CEMENT</p> <p>08 = WATTLE AND DAUB (E.G. STICKS AND MUD)</p> <p>09 = TILES</p> <p>10 = MUD</p> <p>11 = THATCH/GRASS</p> <p>12 = ASBESTOS</p> <p>13 = OTHER, <i>specify</i></p>	<p><b>Walls</b></p> <div>  </div> <div>  </div>	<p><b>Roof</b></p> <div>  </div> <div>  </div>
<p><b>5.2b</b></p>	<p><b>What is the main material used for the floor of the main dwelling?</b></p> <p><b>Natural floor</b></p> <p>1 = EARTH / SAND</p> <p>2 = DUNG</p> <p><b>Rudimentary floor</b></p> <p>3 = WOOD PLANKS</p> <p><b>Finished Floor</b></p> <p>4 = PARQUET / POLISHED WOOD</p> <p>5 = VINYL OR ASPHALT STRIPS</p> <p>6 = CERAMIC TILES</p> <p>7 = CEMENT</p> <p>8 = CARPET</p> <p>9 = OTHER, <i>specify</i></p>	<div>  </div> <div>  </div>	



5.7	<p><i>Ask if water was not in dwelling, or in yard.</i></p> <p><b>How far is the main source of water for drinking and other use from the dwelling or yard?</b></p> <p><b>200 metres is equal to the length of two football/ soccer fields.</b></p> <p>1 = 200 metres or less  2 = 201 – 500 metres  3 = 501 metres – 1 kilometre  4 = More than 1 kilometre  5 = DON'T KNOW</p>	<p><b>Drinking</b></p> <p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5</p>	<p><b>Other</b></p> <p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5</p>
5.8	<p><i>Ask if water is not from a pipe or tap. Otherwise go to Q5.9.</i></p> <p><b>Did the household use piped or tap water at any time in the past, while living in this community, but have stopped as a result of the water system breaking down?</b></p> <p>1 = YES  2 = No</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2</p>	
5.9	<p><b>Before any treatment, is the water from the household's main source of drinking water ...?</b></p> <p>1 = Clear (has no colour/free from mud).....  2 = Good in taste.....  3 = Free from bad smell.....  4 = Safe to drink.....</p>	<p>Y   N</p> <p><input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/></p>	
5.10	<p><b>Do household members treat the water used for drinking?</b></p> <p><b>This may include boiling, filtering, adding chlorine or other chemicals.</b></p> <p>1 = Yes, always  2 = Yes, sometimes  3 = No, never</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>	

5.11	<p><b>Is the household's source of drinking water supplied by ...?</b></p> <p>1 = A municipality  2 = Other water scheme → <i>Go to Q5.15</i>  3 = Not supplied by a water scheme → <i>Go to Q5.15</i>  4 = DON'T KNOW → <i>Go to Q5.15</i></p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4</p>
5.12	<p><b>Has your municipal water supply been interrupted at any time during the 12 months prior to the survey period?</b></p> <p>1 = YES  2 = No → <i>Go to Q5.15</i>  3 = DON'T KNOW → <i>Go to Q5.15</i></p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>
5.13	<p><b>What was the main reason for the most recent interruption?</b></p> <p>01 = Burst pipes  02 = Pump not working  03 = General maintenance (of water system)  04 = Not enough water in the system (demand too high)  05 = Water only delivered at fixed times  06 = Non-payment for services (cut off)  07 = Vandalism  08 = Construction work in the area (not of the water system)  09 = Prepaid-water run out  10 = OTHER, <i>specify</i></p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="text"/></p>
5.14	<p><b>Thinking about the interruptions in your municipal water supply during the 12 months prior to the survey period, was any specific interruption longer than 2 days?</b></p> <p>1 = YES  2 = No  3 = DON'T KNOW</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>

5.15	<b>Does this household pay for water?</b> <b>If cost is included in a levy/rent paid to a housing complex/owner/landlord, the response should be 'No'.</b> 1 = YES → Go to Q5.17 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.16	<b>What is the main reason why the household does not pay for water?</b> 01 = Use own source of water 02 = Use a free water source 03 = Pay directly to landlord as part of rent 04 = Payment included in levy 05 = Permission from municipality not to pay 06 = Do not have water meter 07 = Water meter not working/broken 08 = Do not receive water bill 09 = Community decision not to pay 10 = Cannot afford to pay 11 = Water supply irregular 12 = Water supply has been stopped 13 = OTHER, <i>specify</i>	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
5.17	<b>Does this household receive free water as part of a government programme?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

5.18	<b>What type of toilet facility is used by this household?</b> 01 = Flush toilet connected to a public sewerage system 02 = Flush toilet connected to a septic tank → Go to Q5.20 03 = Chemical toilet → Go to Q5.20 04 = Pit latrine/toilet with ventilation pipe → Go to Q5.20 05 = Pit latrine/toilet without ventilation pipe → Go to Q5.20 06 = Bucket toilet (collected by municipality) → Go to Q5.20 07 = Bucket toilet (emptied by household) → Go to Q5.20 08 = Ecological Sanitation Systems → Go to Q5.20 09 = None → Go to Q5.24 10 = OTHER, <i>specify</i> → Go to Q5.20	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
5.19	<b>Does this household pay for the public sewerage system?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.20	<b>Is the toilet facility shared with other households?</b> 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.21	<b>Is the toilet facility in the dwelling, in the yard or outside the yard?</b> 1 = IN THE DWELLING → Go to Q5.23 2 = IN THE YARD → Go to Q5.23 3 = OUTSIDE THE YARD	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.22	<b>How far is the nearest toilet facility to which the household has access?</b>  <b>100 metres is equal to the length of a football/soccer field.</b> 1 = 50 metres or less 2 = 51 – 100 metres 3 = 101 – 200 metres 4 = 201– 500 metres 5 = More than 500 metres 6 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6



5.23	<b>Does this household receive free sanitation and sewerage services as part of a government programme?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.24	<b>Does this household have access to/use electricity?</b> 1 = YES 2 = No → Go to Q5.27	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.25a	<b>Does this household presently have a connection to the MAINS electricity supply?</b> 1 = YES → Go to Q5.26 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.25b	<b>If the electricity that the household has access to is not from the MAINS, what is the household's source of electricity?</b> 1 = Connected to other source which the household pay (e.g. connected to neighbour's line and paying neighbour, paying landlord, etc.) 2 = Connected to other source which the household does not pay for (e.g. connected to neighbour's line and not paying neighbour, etc.) 3 = Generator 4 = Home solar system 5 = Battery 6 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <div></div>
5.26	<b>Does this household receive free electricity as part of a government programme?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

5.27	<b>What is the household's main source of energy/fuel for ... ?</b> 01 = ELECTRICITY FROM MAINS 02 = OTHER SOURCE OF ELECTRICITY (e.g. generator, etc.) 03 = GAS 04 = PARAFFIN 05 = WOOD 06 = COAL 07 = CANDLES 08 = ANIMAL DUNG 09 = SOLAR ENERGY 10 = OTHER, <i>specify</i> 11 = None	Cooking <input type="checkbox"/> <input type="checkbox"/> Lighting <input type="checkbox"/> <input type="checkbox"/> Water Heating <input type="checkbox"/> <input type="checkbox"/> Space Heating <input type="checkbox"/> <input type="checkbox"/> <div></div>
5.28	<b>How is the refuse or rubbish of this household collected or removed?</b> 01 = REMOVED BY LOCAL AUTHORITY/PRIVATE COMPANY AT LEAST ONCE A WEEK 02 = REMOVED BY LOCAL AUTHORITY/PRIVATE COMPANY LESS OFTEN THAN ONCE A WEEK 03 = REMOVED BY COMMUNITY MEMBERS, CONTRACTED BY MUNICIPALITY AT LEAST ONCE A WEEK 04 = REMOVED BY COMMUNITY MEMBERS, CONTRACTED BY MUNICIPALITY LESS THAN ONCE A WEEK 05 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK 06 = REMOVED BY COMMUNITY MEMBERS, LESS OFTEN THAN ONCE A WEEK 07 = COMMUNAL REFUSE DUMP 08 = COMMUNAL CONTAINER/CENTRAL COLLECTION POINT 09 = OWN REFUSE DUMP 10 = DUMP OR LEAVE RUBBISH ANYWHERE 11 = OTHER, <i>specify</i>	<input type="checkbox"/> <input type="checkbox"/> <div></div>

5.29	<b>Does this household receive free refuse/solid waste removal?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.30	<b>How does the household receive most of its mail/post?</b> 01 = Delivered to the dwelling 02 = Delivered to a post box/private bag 03 = Through a friend or neighbour 04 = Through a shop 05 = Through a school 06 = Through a work place 07 = Through a tribal/local authority 08 = Through email 09 = Do not receive mail 10 = OTHER, <i>specify</i>	<div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="text"/> </div>

*Read out:* Now I am going to ask you about access to services within your community.

5.31	What is the distance from this dwelling to the nearest of the following destinations?
------	---

Destination	LESS THAN 500M	500M - LESS THAN 1KM	1KM - LESS THAN 2KM	2KM - LESS THAN 5KM	5KM - LESS THAN 10KM	10KM - LESS THAN 20 KM	20KM OR MORE	NOT AVAILABLE	DON'T KNOW
01 = Food market/Shop	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
02 = Public transport (e.g. station, rank)	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
03 = Pre-Primary/Pre-school centre	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
04 = Primary school	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
05 = Secondary school	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
06 = Clinic	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
07 = Hospital	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
08 = Police station	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
09 = Religious organisation (e.g. church, mosque, temple, etc.)	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
10 = Bank	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
11 = Post office or post office agent	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
12 = Welfare office	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9
13 = Multi-Purpose Community Centre	<div><div></div></div> 1	<div><div></div></div> 2	<div><div></div></div> 3	<div><div></div></div> 4	<div><div></div></div> 5	<div><div></div></div> 6	<div><div></div></div> 7	<div><div></div></div> 8	<div><div></div></div> 9

5.32	What mode of transport is usually used, or would be used by members of this household to get to the nearest of each of the following destinations?
------	--

If more than one mode of transport is used choose the one which is usually used for most of the trip.

Destination	WALKING	TAXI	BUS (PUBLIC)	TRAIN	OWN TRANSPORT	OTHER	Specify
01 = Food market/Shop	1	2	3	4	5	6	
02 = Public transport (e.g. station, rank)	1	2	3	4	5	6	
03 = Pre-Primary/Pre-school centre	1	2	3	4	5	6	
04 = Primary school	1	2	3	4	5	6	
05 = Secondary school	1	2	3	4	5	6	
06 = Clinic	1	2	3	4	5	6	
07 = Hospital	1	2	3	4	5	6	
08 = Police station	1	2	3	4	5	6	
09 = Religious organisation (e.g. church, mosque, temple, etc.)	1	2	3	4	5	6	
10 = Bank	1	2	3	4	5	6	
11 = Post office or post office agent	1	2	3	4	5	6	
12 = Welfare office	1	2	3	4	5	6	
13 = Multi-Purpose Community Centre	1	2	3	4	5	6	

## 6 HOUSING

**Read out:** Now I am going to ask you about expenditure in respect of the dwelling unit occupied by this household.

*Expenditure on holiday dwellings must be recorded in Q9.3.1.*

**6.1** How many of the following rooms does this household occupy?

*Treat separate rondavels as rooms according to what they are used for as indicated by the household.*

- |   |  |  |
|---|--|--|
| 1 = Open plan dining rooms/sitting rooms/TV rooms.....    |  |  |
| 2 = Lounge/dining room/sitting room/TV room (closed)..... |  |  |
| 3 = Bedrooms .....  |  |  |
| 4 = One room with multiple uses .....                     |  |  |
| 5 = Kitchen.....  |  |  |
| 6 = Bathrooms .....                                       |  |  |
| 7 = Toilets (room with only a toilet) .....               |  |  |
| 8 = OTHER ROOMS, <i>specify</i> .....                     |  |  |

Total number of rooms in use (exclude 6 and 7).....

**Comments**

6.2	Is the main dwelling ... ?	
-----	----------------------------	--

- |   |                         |
|---|-------------------------|
| 1 = Owned and fully paid off  | → <b>Go to Q6.3.5.5</b> |
| 2 = Owned, but not yet fully paid off, financed by a mortgage bond            | → <b>Go to Q6.3.5</b>   |
| 3 = Owned, but not yet fully paid off, financed by another type of loan       | → <b>Go to Q6.3.5</b>   |
| 4 = Rented as part of employment contract of household member                 | → <b>Go to Q6.3.1</b>   |
| 5 = Rented not as part of employment contract of household member             | → <b>Go to Q6.3.1</b>   |
| 6 = Occupied rent-free as part of employment contract of household member     | → <b>Go to Q6.3.1</b>   |
| 7 = Occupied rent-free not as part of employment contract of household member | → <b>Go to Q6.3.1</b>   |
| 8 = Occupied as a boarder/lodger  | → <b>Go to Q6.3.4</b>   |
| 9 = OTHER, <i>specify</i>   |                         |

6.3 HOUSING COST DURING THE MONTH PRIOR TO THE SURVEY PERIOD	
IF RENTED	
Item	Cost for the month
<b>6.3.1 Rent paid for this dwelling unit</b>	
a. Amount paid by the household (excl. subsidy) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Amount subsidised (e.g. by employer).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Rent paid for garage and/or domestic worker's .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. If the dwelling is occupied free, what is the estimated value of rent the household would pay if it had to pay rent (imputed rent) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Total rent paid, or, if rented free, the total rent the household would pay, for this dwelling .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>Add (a or d) + b + c to confirm e.</i>	
f. Does the total rent (or the free rental) include water, electricity, etc.?	
1 = YES	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2
<b>6.3.2 Other payments</b> (e.g. cellphone-based intercoms, maintenance and repairs).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>6.3.3 Insurance on contents of dwelling</b>	
a. Insurance on contents of dwelling (excluding package insurance).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Package insurance.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TOTAL COST (6.3.1e to 6.3.3)</b> .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
→ Go to Q6.7	

IF BOARDER / LODGER	
This item only covers permanent boarder/lodger. Include also amounts paid to family members if boarding/lodging with them.	
Item	Cost for the month
<b>6.3.4 Boarding/Lodging paid</b> .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
→ Go to Q6.8.4	
IF OWNED	
<b>6.3.5 Payment on dwelling (including additional payments for immovable improvements)</b>	
<i>Note: If the composition of the instalment is not known, please ask the household to obtain the information from the bank/ financial institution or from the person or body who granted the loan.</i>	
<b>6.3.5.1 Total monthly instalment for the last month</b> (incl. voluntary additional monthly payment (a+b)) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
a. Amount of the above instalment which is Capital ..	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Amount of the above instalment which is Interest .	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>6.3.5.2 Does this household receive any subsidy towards repayments for this dwelling unit?</b>	
1 = YES	<input type="checkbox"/> 1
2 = No → Go to Q6.3.5.5	<input type="checkbox"/> 2
<b>6.3.5.3 Does the amount (in Q6.3.5.1) include subsidy or value of reduction in instalment?</b>	
1 = YES → Go to Q6.3.5.5	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2
<b>6.3.5.4 Subsidy and/or value of reduction in instalment</b>	
Amount received from e.g. employer or someone else, <b>and/or</b> value of reduction in instalment if loan is repaid at an instalment lower than the normal ....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>6.3.5.5 Levy and other payments</b> .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Item	Cost for the month
<b>6.3.5.6</b>	<b>Insurance on property</b>	
	a. Insurance on buildings .....	
	b. Life insurance covering mortgage debt .....	
<b>6.3.5.7</b>	<b>Insurance on contents of dwelling</b>	
	a. Insurance on contents of dwelling (excluding package insurance).....	
	b. Package insurance.....	
<b>TOTAL COST (6.3.5.1 to 6.3.5.7) .....</b>		
<b>6.4</b>	<b>ADDITIONAL PAYMENTS FOR HOUSING IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>	
<b>6.4.1</b>	<b>Additional single amount paid regarding</b>	
	a. Capital payments (including deposit) .....	
	b. Other payments such as transfer duty, transfer costs, registration of mortgage bond, etc. ....	
	c. Release of a title deed .....	
<b>TOTAL COST (6.4.1 a to c) .....</b>		

<b>6.5</b>	<b>HOUSE CHARACTERISTICS</b>
<b>6.5.1</b>	<b>What is the total number of rooms in this dwelling unit?</b>
	<i>Treat separate rondavels as rooms according to what they are used for as indicated by the household.</i>
	1. Open plan dining rooms/sitting rooms/TV rooms.....
	2. Lounge/dining room/sitting room/TV room (closed) .....
	3. Bedrooms.....
	4. One room with multiple uses.....
	5. Kitchen .....
	6. Bathrooms.....
	7. Toilets (room with only a toilet).....
	8. OTHER, <i>specify</i> .....
<b>Total number of rooms in use (exclude 6 and 7).....</b>	



+ Ask for all households regardless of tenure status.

6.7 SERVICES FOR THE HOUSEHOLD IN THE MONTH PRIOR TO THE SURVEY PERIOD	
Item	Cost for the month
6.7.1 Payments for housing services	
6.7.1.1 Assessment rates and taxes .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.2 Water (including basic levies, water bought from tankers, kiosks and from neighbours, where applicable, pre-paid vouchers, etc.) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.3 Electricity (including basic levies where applicable)	
6.7.1.4 Electricity (pre-payment cards, "Koopkrag", E-cards) <i>Specify excluding VAT where applicable.</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.5 Water and electricity. If cost for electricity and water cannot be separated, give the total amount here .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.6 Gas supplied by public networks .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.7 Sanitation and sewerage services.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.8 Refuse removal .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.9 Value Added Tax (VAT) (If not included above) ...	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.10 Value of free water .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.11 Value of free electricity .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.7.1.12 Value of free sanitation and sewerage services	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL COST (6.7.1.1 to 6.7.1.12) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

+

+



6.8 HOUSING DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD									
Item								Value for the 12 months	
6.8.1	Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap, etc.)...							<input type="text"/>	<input type="text"/>
6.8.2	Payment for right to access a piece of land for housing purposes (e.g. tribal, shacks, etc.).....							<input type="text"/>	<input type="text"/>
TOTAL VALUE (6.8.1 to 6.8.2) .....								<input type="text"/>	<input type="text"/>
Ask Q6.8.3 if main dwelling is owned by the household, otherwise go to Q6.8.4									
6.8.3	Did the household do any repairs and improvements, including for security, to this dwelling of which payments were not included in the dwelling mortgage bond above (Q6.3.5.1)?								
	1 = YES		<input type="text"/>	1					
	2 = No		→ Go to Q6.8.4		<input type="text"/>	2			
A AREA OF PURCHASE			Area 1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW		B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet (online purchases) 3 = Other retailer		Informal sector 4 = Street trading 6 = NOT APPLICABLE 5 = Other
	Item	Value for the 12 months			Place A B		Comments		
6.8.3.1	a. Maintenance and repairs of dwelling (existing buildings, swimming pools, etc. including paint, wallpaper, etc.)	<input type="text"/>			<input type="text"/>				
	a1. Materials for maintenance and repairs.....	<input type="text"/>			<input type="text"/>				
	a2. Labour/services for maintenance and repairs.....	<input type="text"/>			<input type="text"/>				
	a3. Labour and materials for maintenance and repairs.....	<input type="text"/>			<input type="text"/>				
	b. Improvements, additions and alterations to the dwelling	<input type="text"/>			<input type="text"/>				
	b1. Materials for improvements, additions and alterations.....	<input type="text"/>			<input type="text"/>				
	b2. Labour/services for improvements, additions and alterations (carpenters, electricians, etc.).....	<input type="text"/>			<input type="text"/>				
	b3. Labour and materials for improvements, additions, etc .....	<input type="text"/>			<input type="text"/>				
	c. Security structures (including fences, electronic gates) .....	<input type="text"/>			<input type="text"/>				
	d. Security systems (including alarms, panic buttons) .....	<input type="text"/>			<input type="text"/>				

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector	
		1 = In a Metro	4 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE	
		2 = In a big city	5 = NOT APPLICABLE			2 = Internet (online purchases)	5 = Other		
		3 = In another urban area (town/township)	6 = DON'T KNOW			3 = Other retailer			
	Item	Value for the 12 months						Place A B	
6.8.3.1 Cont.	e. Security services (including reaction services, neighbourhood watch, etc.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	f. Firearms and ammunition (for security purposes).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	g. OTHER services relating to the dwelling, specify (e.g. garden services, domestic service agencies, access paid for dwelling repairs, etc.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL VALUE (6.8.3.1 a to g) .....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.8.4	Building material, cost of maintenance and additional payments for other dwellings somewhere else during the 12 months prior to the survey period								
6.8.4.1	Does this household own other dwellings somewhere else?								
	1 = YES	<input type="checkbox"/>	1						
	2 = No	<input type="checkbox"/>	2	→ Go to Q6.9					
	Item	Value for the 12 months							
6.8.4.2	Building material for other dwellings somewhere else that the household owns (e.g. for building houses – excluding for business purposes).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.8.4.3	All costs of maintenance for other dwellings somewhere else that the household owns.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.8.4.4	Capital payments (including deposit).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.8.4.5	Other payments such as transfer duty, transfer costs, registration of mortgage bond, etc .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.8.4.6	Release a title deed for other dwellings somewhere else that the household owns.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL VALUE (6.8.4.2 to 6.8.4.6) .....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Record the total amount the respondent thinks the household would get for selling all of the same item(s).

If the respondent does not know when the item was acquired, write 0000 for year.

If the respondent does not know how much the household would get for the item, write 0.

If the household owns more than one of the same item, record the year when the latest item was bought.

## 6.9 HOUSEHOLD ASSETS

If owns:

6.9.1	Does the household own or have access to any of the following items?	OWNS	DOES NOT OWN, BUT HAVE ACCESS	NEITHER OWNS NOR HAVE ACCESS	In what year was this item acquired?	If you wanted to sell this item(s), how much do you think you would get?
	01 Radio.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	02 Stereo/HiFi .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	03 Satellite TV (e.g. DStv/TopTV) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	04 Television .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	05 DVD/Blu-ray player .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	06 Deep Freezer-free standing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	07 Refrigerator/combined fridge freezer .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	08 Stove (gas, electric or paraffin) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	09 Microwave oven .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	10 Dishwasher .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	11 Washing machine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	12 Tumble dryer .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	13 Vacuum cleaner .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	14 Geyser.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	15 Kitchen furniture .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	16 Dining room furniture .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6.9.1 Cont.	Does the household own or have access to any of the following items?	OWNS	DOES NOT OWN, BUT HAVE ACCESS	NEITHER OWNS NOR HAVE ACCESS	In what year was this item acquired?	If you wanted to sell this item(s), how much do you think you would get?
	17. Bedroom furniture.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	18. Lounge furniture .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	19. Desktop computer .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	20. Laptop/Notebook/Netbook.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	21. Tablets .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	22. Camera.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	23. Cellular telephone .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	24. Telephone .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	25. Connection to the internet (e.g. mobile device, modem, 3G, ADSL, WiFi, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	26. Motor vehicle .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	27. Motor cycle/Scooter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	28. Bicycle .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	29. Canoe/Boat .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	30. Generator .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	31. Power-driven tools.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	32. Plough .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	33. Tractor .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	34. Grinding mill .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	35. Wheelbarrow .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	36. Bed (base set and mattress) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	If owns, how many beds? <input type="checkbox"/> <input type="checkbox"/>					

6.10 SOCIALLY PERCEIVED NECESSITIES					
6.10.1	Please indicate whether your household has each of the following. If the household does not have, say whether the household cannot afford it or don't want it.	Have	Don't have, cannot afford	Don't have, don't want	Don't know
	01 = Meat, fish or vegetarian equivalent every day .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	02 = Special meal on festive events, such as Christmas or equivalent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	03 = Clothing sufficient to keep your household members warm and dry .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	04 = Some new (not 2nd hand or handed-down) clothes .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	05 = School uniforms for children (if you have children) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	06 = Pay or contribute to funerals/funeral insurance/ burial society .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	07 = Regular savings for emergencies .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	08 = A house that is strong enough to stand up to the weather e.g. rain, winds, etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	09 = Separate bedrooms for adults and children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	10 = A bath or shower in the house .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	11 = Burglar bars installed in the house.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	12 = A garden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	13 = A fence or wall around the property .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.10.2a	<b>Do household members visit friends and family in hospital or other institutions?</b>  1 = YES → Go to Q6.10.3 2 = No 3 = DON'T KNOW → Go to Q6.10.3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
6.10.2b	<b>What are the reasons that the household members do not visit friends and family in hospital and other institutions?</b>  1 = Cannot afford 2 = Don't want 3 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <div></div>			

Read out: I am going to ask you about features relating to the neighbourhood.				
6.10.3	<p><b>Please indicate whether your neighbourhood has each of the following features, or whether your household has access to them.</b></p> <p>1 = Tarred roads close to the house.....</p> <p>2 = A place of worship (church/mosque/synagogue) in the local area.....</p> <p>3 = A neighbourhood without rubbish/refuse/garbage in the streets.....</p> <p>4 = A neighbourhood without smog/smoke in the air.....</p> <p>5 = Police on the streets in the local area.....</p> <p>6 = A large supermarket in the local area.....</p> <p>7 = Somewhere for children to play safely outside the house.....</p> <p>8 = Street lights.....</p>	<p>Have</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p>	<p>Don't have</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p>	<p>Don't know</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p>
Read out: I am going to ask some questions about relationships with friends and family.				
6.10.4	<p><b>Please indicate whether the household have or don't have access to these:</b></p> <p>1 = Someone to look after member(s) of the household if member(s) is/are very ill.....</p> <p>2 = Having an adult from the household at home at all times when children under the age of 10 years are at home.....</p> <p>3 = Someone to lend the household money in an emergency.....</p> <p>4 = Someone to transport any member of the household in a vehicle if needed to travel in an emergency.....</p> <p>5 = Someone to talk to if any household member is feeling upset or depressed.....</p>	<p>Have</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p>	<p>Don't have</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p>	<p>Don't know</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p>
6.10.5	<p><b>Please imagine a 9-step ladder where on the bottom, the 1st step, stand the poorest, and on the highest step, the 9th step, stand the rich.</b></p> <p><b>On which step would you consider you and your household to be?</b></p> <p><i>Give the person number of the person responding.</i></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>		

<b>7</b>	<b>CRIME</b> <i>Read out: I am now going to ask you about the household's experience of crime during the 12 months prior to the survey period.</i>																																																									
<b>7.1</b>	<p><b>During the 12 months prior to the survey period, has the household or any member of the household been a victim of any of the following crimes in South Africa?</b></p> <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>01 = Assault (excluding sexual offences) .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>02 = Robbery (excl. home robbery and car/truck hijackings) .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>03 = Motor vehicle hijacking .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>04 = Theft of personal property .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>05 = Theft of bicycle/motorcycle .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>06 = Fraud .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>07 = Corruption .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>08 = Theft out of motor vehicle .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>09 = Motor vehicle vandalism/deliberate damage of motor vehicle .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>10 = Housebreaking/burglary .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>11 = Home robbery .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>12 = Theft of livestock, poultry and other animals .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>13 = Theft of crops planted by the household .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>14 = Murder .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>15 = Deliberate damaging or destruction of dwellings.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>16 = Motor vehicle theft (e.g. car, bakkies, truck, etc.) theft .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>17 = Sexual offences (e.g. rape, grapping, etc.).....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>18 = OTHER, <i>specify</i>.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Y	N	01 = Assault (excluding sexual offences) .....	<input type="checkbox"/>	<input type="checkbox"/>	02 = Robbery (excl. home robbery and car/truck hijackings) .....	<input type="checkbox"/>	<input type="checkbox"/>	03 = Motor vehicle hijacking .....	<input type="checkbox"/>	<input type="checkbox"/>	04 = Theft of personal property .....	<input type="checkbox"/>	<input type="checkbox"/>	05 = Theft of bicycle/motorcycle .....	<input type="checkbox"/>	<input type="checkbox"/>	06 = Fraud .....	<input type="checkbox"/>	<input type="checkbox"/>	07 = Corruption .....	<input type="checkbox"/>	<input type="checkbox"/>	08 = Theft out of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>	09 = Motor vehicle vandalism/deliberate damage of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>	10 = Housebreaking/burglary .....	<input type="checkbox"/>	<input type="checkbox"/>	11 = Home robbery .....	<input type="checkbox"/>	<input type="checkbox"/>	12 = Theft of livestock, poultry and other animals .....	<input type="checkbox"/>	<input type="checkbox"/>	13 = Theft of crops planted by the household .....	<input type="checkbox"/>	<input type="checkbox"/>	14 = Murder .....	<input type="checkbox"/>	<input type="checkbox"/>	15 = Deliberate damaging or destruction of dwellings.....	<input type="checkbox"/>	<input type="checkbox"/>	16 = Motor vehicle theft (e.g. car, bakkies, truck, etc.) theft .....	<input type="checkbox"/>	<input type="checkbox"/>	17 = Sexual offences (e.g. rape, grapping, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	18 = OTHER, <i>specify</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N																																																								
01 = Assault (excluding sexual offences) .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
02 = Robbery (excl. home robbery and car/truck hijackings) .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
03 = Motor vehicle hijacking .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
04 = Theft of personal property .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
05 = Theft of bicycle/motorcycle .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
06 = Fraud .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
07 = Corruption .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
08 = Theft out of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
09 = Motor vehicle vandalism/deliberate damage of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
10 = Housebreaking/burglary .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
11 = Home robbery .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
12 = Theft of livestock, poultry and other animals .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
13 = Theft of crops planted by the household .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
14 = Murder .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
15 = Deliberate damaging or destruction of dwellings.....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
16 = Motor vehicle theft (e.g. car, bakkies, truck, etc.) theft .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
17 = Sexual offences (e.g. rape, grapping, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
18 = OTHER, <i>specify</i> .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								

<b>7.2</b>	<p><b>During the 12 months prior to the survey period has any member of this household been convicted, sentenced or charged for any of the following crimes?</b></p> <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>01 = Assault (excluding sexual offences) .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>02 = Robbery (excl. home robbery and car/truck hijackings) .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>03 = Motor vehicle hijacking .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>04 = Theft of personal property .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>05 = Theft of bicycle/motorcycle .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>06 = Fraud .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>07 = Corruption .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>08 = Theft out of motor vehicle .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>09 = Motor vehicle vandalism/deliberate damage of motor vehicle .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>10 = Housebreaking/burglary .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>11 = Home robbery .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>12 = Theft of livestock, poultry and other animals .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>13 = Theft of crops planted by the household .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>14 = Murder .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>15 = Deliberate damaging or destruction of dwellings.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>16 = Motor vehicle theft (e.g. car, bakkies, truck, etc.) theft .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>17 = Sexual offences (e.g. rape, grapping, etc.).....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>18 = OTHER, <i>specify</i>.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Y	N	01 = Assault (excluding sexual offences) .....	<input type="checkbox"/>	<input type="checkbox"/>	02 = Robbery (excl. home robbery and car/truck hijackings) .....	<input type="checkbox"/>	<input type="checkbox"/>	03 = Motor vehicle hijacking .....	<input type="checkbox"/>	<input type="checkbox"/>	04 = Theft of personal property .....	<input type="checkbox"/>	<input type="checkbox"/>	05 = Theft of bicycle/motorcycle .....	<input type="checkbox"/>	<input type="checkbox"/>	06 = Fraud .....	<input type="checkbox"/>	<input type="checkbox"/>	07 = Corruption .....	<input type="checkbox"/>	<input type="checkbox"/>	08 = Theft out of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>	09 = Motor vehicle vandalism/deliberate damage of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>	10 = Housebreaking/burglary .....	<input type="checkbox"/>	<input type="checkbox"/>	11 = Home robbery .....	<input type="checkbox"/>	<input type="checkbox"/>	12 = Theft of livestock, poultry and other animals .....	<input type="checkbox"/>	<input type="checkbox"/>	13 = Theft of crops planted by the household .....	<input type="checkbox"/>	<input type="checkbox"/>	14 = Murder .....	<input type="checkbox"/>	<input type="checkbox"/>	15 = Deliberate damaging or destruction of dwellings.....	<input type="checkbox"/>	<input type="checkbox"/>	16 = Motor vehicle theft (e.g. car, bakkies, truck, etc.) theft .....	<input type="checkbox"/>	<input type="checkbox"/>	17 = Sexual offences (e.g. rape, grapping, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	18 = OTHER, <i>specify</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N																																																								
01 = Assault (excluding sexual offences) .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
02 = Robbery (excl. home robbery and car/truck hijackings) .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
03 = Motor vehicle hijacking .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
04 = Theft of personal property .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
05 = Theft of bicycle/motorcycle .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
06 = Fraud .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
07 = Corruption .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
08 = Theft out of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
09 = Motor vehicle vandalism/deliberate damage of motor vehicle .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
10 = Housebreaking/burglary .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
11 = Home robbery .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
12 = Theft of livestock, poultry and other animals .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
13 = Theft of crops planted by the household .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
14 = Murder .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
15 = Deliberate damaging or destruction of dwellings.....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
16 = Motor vehicle theft (e.g. car, bakkies, truck, etc.) theft .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
17 = Sexual offences (e.g. rape, grapping, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>																																																								
18 = OTHER, <i>specify</i> .....	<input type="checkbox"/>	<input type="checkbox"/>																																																								

**END OF MODULE 2**

Date         Ending time     Main respondent   No. of household members present   No. of non-household members present

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 isiNdebele	<input type="text"/>	04 isiXhosa	<input type="text"/>	05 isiZulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 seSotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by.....?**

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments***Were there other problems, e.g. ....**

disagreement within household

respondent disagreed with interview/interviewer

other, *specify under comments***PREPARATIONS FOR THE NEXT INTERVIEW****Has an appointment been made?****Has it been noted in the Appointment Log?****Has the respondent been briefed on Module 3?****Has the preparation form, "M3", been handed out?****COMMENTS****DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW**

*I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.*

Date         Interviewer Name  Signature



[illegible]

**DECLARATION BY QUALITY CHECKER**

*I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.*

Date    
 Name 
 Signature

MODULE 3		Date (DDMM)	Starting time (hhmm)	No. of household members present	No. of non-household members present
<b>8</b>	<b>SWIMMING POOL AND GARDENING DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b> <i>Read out: I am now going to ask you questions on expenditure incurred by the household, area of purchase and type of retailer during the 12 months prior to the survey period.</i>				
<b>8.1</b>	<b>EXPENDITURE ON SWIMMING POOL</b>				
<b>8.1.1</b>	Did this household have access to private use of a swimming pool in the dwelling during the 12 months prior to the survey period? 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → <i>Go to Q8.2</i>				
<b>A</b>	<b>AREA OF PURCHASE</b> 1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW		<b>B</b>	<b>TYPE OF RETAILER</b> 1 = Chain store 2 = Internet (online purchases) 3 = Other retailer 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months		Place A B	Comments
<b>8.1.2</b>	a. Swimming pool equipment and repairs of equipment .....				
	b. Swimming pool maintenance, e.g. chemicals (wages of persons who maintain pools should be recorded in Section 10).....				
	TOTAL VALUE (8.1.2 a to b) .....				
<b>8.2</b>	<b>EXPENDITURE ON GARDEN EQUIPMENT AND REQUISITES (LANDSCAPING)</b>				
<b>8.2.1</b>	Seeds, plants, shrubs and trees, fertiliser (e.g. organic and compost), plant and pest spray remedies .....				
<b>8.2.2</b>	Garden ornaments (e.g. fountains, landscaping lighting, etc.) .....				
<b>8.2.3</b>	Garden water sprinklers (e.g. sprays, irrigation systems, etc.) .....				
<b>8.2.4</b>	Power driven garden tools (e.g. lawnmowers, etc.) .....				
<b>8.2.5</b>	Garden hand tools (e.g. spades, rakes, diggers, etc.) .....				
<b>8.2.6</b>	Bouquets and cut flowers for household use .....				
<b>8.2.7</b>	Repairs to garden equipment.....				
<b>8.2.8</b>	OTHER, specify.....				
	TOTAL VALUE (8.2.1 to 8.2.8) .....				

9

ACCOMMODATION AND TRANSPORT WHEN AWAY FROM HOME DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Remember to include trips for all members of the household.

9.1

EXPENDITURE ON ACCOMMODATION AND TRANSPORT WHEN AWAY FROM HOME

9.1.1

During the 12 months prior to the survey period, did one or more members of this household undertake any trip(s) that lasted at least one night away from home, for holiday or for attending a funeral, a wedding or any other event?

Exclude trips for business purposes.

1 = YES

2 = No

1

2

→ Go to Q9.3

9.1.2

Accommodation when away from home during the 12 months prior to the survey period (for holidays, funerals, weddings and other events)

Item	Value for the 12 months	
	Domestic	International
<div>9.1.2.1</div> <div>Accommodation (paid for by the household) including boarding fees</div> <div>a. Hotels .....</div> <div>b. Bed &amp; Breakfasts .....</div> <div>c. Guesthouses .....</div> <div>d. Lodges .....</div> <div>e. Motels .....</div> <div>f. Rent: Holiday flat or house, private house, caravan .....</div>		
<div>9.1.2.2</div> <div>Holiday tour packages .....</div>		
TOTAL VALUE (9.1.2.1 to 9.1.2.2) .....		
COMMENTS		

<b>9.2</b>	<b>EXPENDITURE ON TRANSPORT WHEN AWAY FROM HOME</b>											
	<i>Amount spent on toll fees must be excluded since they are addressed in Q19.1.4.2.</i>											
<b>9.2.1</b>	<b>During the 12 months prior to the survey period, did this household make use of any public and/or hired transport for the purpose of holiday, holiday, funeral or any other event lasting at least one night away from home?</b>											
	<u>Exclude trips for business purposes.</u>											
	1 = YES	<input type="checkbox"/>	1									
	2 = No	<input type="checkbox"/>	2	→ Go to Q9.3								
<b>9.2.2</b>	<b>TRANSPORT WHEN AWAY FROM HOME DURING 12 MONTHS PRIOR TO THE SURVEY PERIOD (FOR HOLIDAYS, FUNERALS, WEDDINGS AND OTHER EVENTS)</b>											
	Item	Value for the 12 months										
		Domestic							International			
<b>9.2.2.1</b>	Bus .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.2</b>	Train .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.3</b>	Aircraft .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.4</b>	Boat/ship .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.5</b>	Rented vehicle .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.6</b>	Taxi											
	a. Metered cab .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b. Minibus taxi / combi (incl. 30 seater, e.g. Iveco, etc.) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.7</b>	Supporting services (e.g. baggage wrapping, port operators, etc.) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.8</b>	Insurance paid for holiday purposes (e.g. life, luggage, medical, etc.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9.2.2.9</b>	OTHER (e.g. cable car, horse, trailer, hitch-hiking), <i>specify</i> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>											
<b>TOTAL VALUE (9.2.2.1 to 9.2.2.9) .....</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.3	TIMESHARE																																																																																																																																																																						
9.3.1	During the 12 months prior to the survey period, did the household own any timeshare or holiday accommodation?																																																																																																																																																																						
1 = YES <input type="checkbox"/> 1																																																																																																																																																																							
2 = No <input type="checkbox"/> 2 → Go to Section 10																																																																																																																																																																							
	Item						Value for the 12 months																																																																																																																																																																
9.3.1.1	Payment on timeshare																																																																																																																																																																						
a. Purchase .....						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
b. Levy .....						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
9.3.1.2	Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting .....						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
TOTAL VALUE (9.3.1.1 to 9.3.1.2) .....						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																											
COMMENTS																																																																																																																																																																							
<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>														<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																										

10

**DOMESTIC WORKER'S SERVICES DURING THE MONTH PRIOR TO THE SURVEY PERIOD**  
*Read out: I am now going to ask you questions on domestic services, e.g. General domestic worker, Garden worker, Herder/Shepherd, Driver, etc.*

10.1

During the month prior to the survey period did this household make use of domestic services?  
Exclude trips for business purposes.  

1 = YES

2 = No

→ Go to Section 11

10.2

**VALUE OF DOMESTIC WORKER'S SERVICES DURING THE MONTH PRIOR TO THE SURVEY PERIOD**

Particulars of domestic workers				Total remuneration to domestic workers in the month prior to the survey period														
Main activity		Number of domestic workers	Total no. of hours usually worked per month	No. of months worked in the 12 months prior to the survey period	Estimated value of .....													
					1 Cash wage incl. transport allowance	2 Contributions to benefits (e.g. pension, medical aid, UIF)	3 Free food			4 Free accommodation			5 Free clothing, health care, etc.					
10.2.1	General domestic worker																	
10.2.2	Child minder/nanny																	
10.2.3	Baby sitter																	
10.2.4	Minder of the elderly/sick																	
10.2.5	Chef/Cook																	
10.2.6	Clothes washer or ironer																	
10.2.7	Chauffeur/driver																	
10.2.8	Garden worker																	
10.2.9	Herder/shepherd																	
10.2.10	Collector of firewood/water																	
10.2.11	OTHER, <i>specify</i> .....																	
TOTAL REMUNERATION TO DOMESTIC WORKERS (TOTAL OF EACH OF COLUMNS 1 TO 5)																		
GRAND TOTAL OF DOMESTIC WORKERS' SERVICES (TOTAL OF COLUMNS 1 TO 5)																		

<b>11 INPUT COSTS FOR HOME PRODUCTION DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>									
<b>11.1 During the 12 months prior to the survey period has this household produced products and/or kept any livestock primarily for own consumption?</b> 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → <i>Go to Section 12</i>									
<b>11.2 INPUT COST</b>									
<b>A AREA OF PURCHASE</b> Area 1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW				<b>B TYPE OF RETAILER</b> Formal sector 1 = Chain store 2 = Internet (online purchases) 3 = Other retailer Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW					
	Item	Value for the 12 months						Place A B	Comments
11.2.1	Seeds .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.2	Fertiliser (e.g. organic, compost, etc.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.3	Feed .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.4	Large livestock (e.g. cattle) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.5	Medium livestock (e.g. sheep, pigs, etc.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.6	Small livestock (e.g. chickens, ducks, etc.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.7	Services (e.g. ploughing, veterinary – for livestock, etc.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.8	Processing (e.g. grinding, milling and slaughtering, etc.) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.2.9	OTHER, specify..... <div></div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL VALUE (11.2.1 to 11.2.9) .....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>12 CLOTHING AND FOOTWEAR DURING THE 3 MONTHS AND THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>																					
<p><u>Include clothing and footwear purchased from shops or received as gifts or in kind.</u></p> <p><u>Include uniforms and clothing for domestic workers who are household members.</u></p> <p><u>Exclude special sports clothes and shoes (e.g. golf shoes, soccer boots, diving outfit, etc.). Record these in Section 15.1 item 15.1.2 (c).</u></p> <p>Value of clothing item must be recorded according to the size of item regardless of the age of the person it was purchased for.</p> <table border="1"> <tr> <td>Infants</td> <td>Younger than 3 years old</td> </tr> <tr> <td>Boys/Girls</td> <td>3-13 years old</td> </tr> <tr> <td>Men/Women</td> <td>Older than 13 years old</td> </tr> </table>												Infants	Younger than 3 years old	Boys/Girls	3-13 years old	Men/Women	Older than 13 years old				
Infants	Younger than 3 years old																				
Boys/Girls	3-13 years old																				
Men/Women	Older than 13 years old																				
<b>12.1 CLOTHING</b>																					
<b>A</b> <b>AREA OF PURCHASE</b>				<b>Area</b> 1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW				<b>B</b> <b>TYPE OF RETAILER</b>				<b>Formal sector</b> 1 = Chain store 2 = Internet (online purchases) 3 = Other retailer <b>Informal sector</b> 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW									
	Item	Value for the 3 months						Value for the 12 months						Place A B		Comments					
12.1.1	Clothing accessories (e.g. scarves, ties, belts, gloves, etc.)																				
12.1.2	Infants' clothing .....																				
12.1.3	School uniforms .....																				
12.1.4	Girls' clothing.....																				
12.1.5	Boys' clothing .....																				
12.1.6	Women's clothing .....																				
12.1.7	Men's clothing .....																				
12.1.8	OTHER clothing, specify.....																				
TOTAL VALUE (12.1.1 to 12.1.8) .....																					



<b>12.2</b>	<b>HOME-MADE AND SPECIALLY MADE-UP CLOTHES (NOT FOR RESALE), REPAIRS AND HIRE OF CLOTHING</b>
-------------	---

A			B			
AREA OF PURCHASE	Area		TYPE OF RETAILER	Formal sector	Informal sector	
	1 = In a Metro	4 = In a rural/traditional area		1 = Chain store	4 = Street trading	6 = NOT APPLICABLE
	2 = In a big city	5 = NOT APPLICABLE		2 = Internet (online purchases)	5 = Other	7 = DON'T KNOW
	3 = In another urban area (town/township)	6 = DON'T KNOW		3 = Other retailer		

[illegible]

<b>12.3</b>	<b>FOOTWEAR AND REPAIR OF FOOTWEAR</b>
-------------	--

A		B	
AREA OF PURCHASE	Area	TYPE OF RETAILER	Formal sector
	1 = In a Metro		1 = Chain store
	2 = In a big city		2 = Internet (online purchases)
	3 = In another urban area (town/township)		3 = Other retailer
	4 = In a rural/traditional area		4 = Street trading
	5 = NOT APPLICABLE		5 = Other
	6 = DON'T KNOW		6 = NOT APPLICABLE
			7 = DON'T KNOW

	Item	Value for the 3 months	Value for the 12 months	Place A B	Comments
12.3.1	Infants' footwear.....				
12.3.2	Girls' school footwear.....				
12.3.3	Boys' school footwear .....				
12.3.4	Girls' footwear .....				
12.3.5	Boys' footwear.....				
12.3.6	Women's footwear.....				
12.3.7	Men's footwear .....				
12.3.8	OTHER FOOTWEAR, <i>specify below</i> .....				
12.3.9	Hire of footwear .....				
12.3.10	Repairs to footwear.....				
TOTAL VALUE (12.3.1 to 12.3.10) .....					

13

HOUSEHOLD TEXTILES FOR HOUSEHOLD USE

Read out: Now I am going to ask you about household textiles (e.g. blankets, pillows, sheets, etc.).  
Include material for and making of household textiles.  
Material for making clothes must be excluded.  
Material for making clothes must be recorded in Q12.2.1.

13.1

HOUSEHOLD TEXTILES

13.1.1

During the 12 months prior to the survey period did this household acquire or make repairs to any household textiles?

1 = YES

2 = No

→ Go to Section 14

1

2

13.2

VALUE OF HOUSEHOLD TEXTILES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

A

AREA OF PURCHASE

Area

1 = In a Metro

2 = In a big city

3 = In another urban area (town/township)

4 = In a rural/traditional area

5 = NOT APPLICABLE

6 = DON'T KNOW

B

TYPE OF RETAILER

Formal sector

1 = Chain store

2 = Internet (online purchases)

3 = Other retailer

Informal sector

4 = Street trading

5 = Other

6 = NOT APPLICABLE

7 = DON'T KNOW

	Item	Value for the 12 months	Place A B	Comments
13.2.1	Blankets and travelling rugs.....			
13.2.2	Sheets and pillow cases, including material for making these.....			
13.2.3	Duvets, duvet covers and duvet packs (e.g. package including pillow cases and sheets, etc.), including material for making these.....			
13.2.4	Pillows and cushions, including material for making these.....			
13.2.5	Table linen (e.g. tablecloths, napkins, etc.).....			
13.2.6	Bathroom linen (e.g. towels and face-cloths, bathroom mats, etc.).....			
13.2.7	Curtains (including making and hanging charges) and material for curtains.....			
13.2.8	OTHER HOUSEHOLD TEXTILES, specify.....			
13.2.9	Repairs to household textiles.....			
TOTAL VALUE (13.2.1 to 13.2.9).....				

<b>14 FURNITURE AND EQUIPMENT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b> <i>Exclude expenditure on musical instrument and audio visual equipment. Record these in Q14.4. Include delivery and installation charges where applicable.</i>											
<b>14.1 VALUE OF FURNITURE AND FLOOR COVERINGS</b> <i>Appliances such as refrigerator, microwave, iron, etc. should be recorded in Q14.2.</i>											
<b>A</b>		<b>Area</b>				<b>B</b>		<b>Formal sector</b>		<b>Informal sector</b>	
<b>AREA OF PURCHASE</b>		1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW				<b>TYPE OF RETAILER</b>		1 = Chain store 2 = Internet (online purchases) 3 = Other retailer		4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	<b>Item</b>	<b>Value for the 12 months</b>				<b>Place A B</b>		<b>Comments</b>			
<b>14.1.1</b>	<b>Furniture</b>										
	a. Beds (including bases and mattresses) .....										
	b. Other bedroom furniture .....										
	c. Dining-room furniture.....										
	d. Lounge furniture .....										
	e. Kitchen furniture and units (excluding appliances, e.g. refrigerators) ....										
	f. Study desks, bookshelves and other study furniture.....										
	g. Garden and patio furniture .....										
	h. OTHER FURNITURE (e.g. mirrors, paintings, etc.), <i>specify</i> .....										
	i. Upholstery .....										
<b>14.1.2</b>	<b>Floor coverings</b> (fixtures to be recorded in Q6.8.3.1.b)										
	a. Carpets and rugs.....										
	b. Other floor coverings e.g. vinyl (excluding bathroom and door mats, to be recorded in Q13.2.6), <i>specify</i> .....										
<b>14.1.3</b>	<b>Repairs to furniture &amp; floor coverings, material for making own furniture</b>										
<b>TOTAL VALUE (14.1.1 to 14.1.3) .....</b>											

14.2 VALUE OF APPLIANCES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD										
<i>Expenditure on musical instruments, sound and video equipment (must be recorded in Q14.4.)</i> <b>Include delivery and installation charges where applicable.</b> <b>Exclude built-in appliances</b> (should be recorded in Q6.8.3.1.b).										
A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector		
		1 = In a Metro	4 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE		
		2 = In a big city	5 = NOT APPLICABLE			2 = Internet (online purchases)	5 = Other	7 = DON'T KNOW		
		3 = In another urban area (town/township)	6 = DON'T KNOW			3 = Other retailer				
	Item	Value for the 12 months						Place A B		Comments
14.2.1	<b>Electrical appliances</b>									
	a. Refrigerators, deep freezers & refrigerator/deep-freezer combinations .									
	b. Stoves and ovens, including microwave ovens .....									
	c. Hotplates .....									
	d. Kettles and percolators, coffee makers, coffee grinder .....									
	e. Food mixers, processors and similar accessories .....									
	f. Frying pans and woks.....									
	g. Toasters, waffle pans and sandwich toasters .....									
	h. Sewing machines, overlockers and knitting machines .....									
	i. Irons and steamers.....									
	j. Washing machines, dishwashers and tumble dryers .....									
	k. Vacuum cleaners, polishers and carpet cleaning machines.....									
	l. Heaters, air-conditioners/fans.....									
	m. Power tools (e.g. grinder, screw drivers, etc.) .....									
	n. OTHER ELECTRICAL APPLIANCES (e.g. electric blankets, electric braai stand, water pumps, etc.), <i>specify</i> .....									
<b>TOTAL VALUE (14.2.1 a to n) .....</b>										

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector			
		1 = In a Metro	4 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE			
		2 = In a big city	5 = NOT APPLICABLE			2 = Internet (online purchases)	5 = Other	7 = DON'T KNOW			
		3 = In another urban area (town/township)	6 = DON'T KNOW			3 = Other retailer					
	Item	Value for the 12 months								Place A B	Comments
14.2.2	<b>Non-electrical appliances</b>										
	a. Refrigerators .....										
	b. Stoves (gas and paraffin) .....										
	c. Coal, wood and anthracite stoves .....										
	d. Heaters (gas and paraffin) .....										
	e. Sewing and knitting machines .....										
	f. Hand tools (such as screw drivers) .....										
	g. Braai stands.....										
	h. OTHER (e.g. drying cabinets, portable solar panels, safes, etc.), specify .....										
TOTAL VALUE (14.2.2 a to h) .....											
14.3	<b>Repairs to appliances</b>										
14.3.1	During the 12 months prior to the survey period did this household have any repairs done to appliances?										
	1 = YES										
	2 = No → Go to Q14.4										
14.3.2	a. Electrical appliances .....										
	b. Non-electrical appliances .....										
TOTAL VALUE (14.3.2 a to b) .....											

14.4 VALUE OF MUSICAL INSTRUMENTS, AUDIO VISUAL EQUIPMENT AND ACCESSORIES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD									
Include delivery and installation charges where applicable.									
A AREA OF PURCHASE		Area 1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW		B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet (online purchases) 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
Item	Value for the 12 months		Place A B		Comments				
14.4.1 Musical instruments: pianos, organs and other musical instruments									
14.4.2 Audio visual equipment									
a. Television sets, decoders (e.g. M-net, PVR, Explorer, etc.), video recorders, Blu-ray and DVD player.....									
b. Aerials and satellite dishes .....									
c. Television licenses.....									
d. Subscription to satellite TV channels (e.g. DStv, TopTv, etc.) .....									
e. Television rental.....									
f. Rent decoder, DVD, video equipment and tapes .....									
g. Radios, tape recorders, compact disk players, sound system, MP3 players, iPods and similar equipment (including for cars) .....									
h. Movies and music.....									
i. Video games CDs/DVDs/Blu-ray /downloaded apps (include downloaded games: X-box, play-station and Wii games).....									
j. OTHER, <i>specify</i> .....									
k. Repairs to musical instruments, sound equipment and accessories....									
TOTAL VALUE (14.4.1 to 14.4.2 a to k).....									

+



+

+

+

## 16 EXPENDITURE FOR EDUCATION AND TRAINING FOR PUBLIC AND PRIVATE EDUCATIONAL INSTITUTIONS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

*Expenditure on the following must not be included: School bags, travelling expenses and clothing.*

*Record school bags Section 14, Q14.6.2.*

*Record travelling expenses in Section 19.*

*Record clothing in Section 12.*

Item	Value for the 12 months					
	Public institutions			Private institutions		
	Number of household members attending	Paid by the household or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number of household members attending	Paid by the household or by means of loans	Paid by means of grants, non-refundable bursaries, etc.
<b>16.1 Tuition (including correspondence courses and school fees) attendance fees (towards participation in conferences, etc.) and other educational expenses.</b>						
a. Day-care, crèches, after-care and play-groups .....						
b. Pre-primary education .....						
c. Primary education.....						
d. Secondary education.....						
e. Further education and training (e.g. FET colleges) .....						
f. Higher education (e.g. universities, universities of technology).....						
g. Short courses less than 6 months (project management, computer classes, etc.).....						
h. Excursions, field trips (other lessons, should be recorded in Q15.2.2).....						
i. Laptops, MP3 players, tablets for educational purposes.....						
j. OTHER (e.g. extra classes, sponsoring school, school raffle tickets, etc.), <i>specify</i> .....						

[illegible]

+

18 EXPENDITURE ON HEALTH											
Read out: Now I am going to ask questions on expenditure for health. Ask for all household members.											
		01	02	03	04	05	06	07	08	09	10
18.1a	<p>Is ..... covered by medical aid, medical benefit scheme or provident scheme?</p> <p><u>Exclude health/medical insurance and hospital plan.</u></p> <p>1 = YES 2 = No → Go to Q18.2 3 = DON'T KNOW → Go to Q18.2</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
18.1b	<p>Who pays for .....’s medical aid or medical benefit scheme, whether fully or partially?</p> <p>1. Himself/herself 2. Another household member 3. A non-household member 4. The employer</p>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18.2	<p>Does ..... pay for any health/medical insurance and hospital plans?</p> <p>1 = YES 2 = No 3 = DON'T KNOW</p> <p><i>If ‘No’ and ‘Don’t know’ in both Q18.1a and Q18.2, Go to Q18.3.3</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

<b>18.3</b>	<b>SUBSCRIPTIONS AND PREMIUMS, HEALTH SERVICES AND MEDICAL REQUISITES DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b> <i>Ask for all household members.</i>	
	<b>Item</b>	<b>Value for the 12 months</b>
<b>18.3.1</b>	<i>Ask if "YES" in Q18.1a.</i> <b>Subscriptions and premiums in connection with medical aid schemes and/or provident schemes</b>	
	a. Contribution by household .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Contribution by employer .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL VALUE (18.3.1 a to b) .....</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>18.3.2</b>	<i>Ask if "YES" in Q18.2.</i> <b>Subscriptions and premiums in connection with health insurance/Medical insurance and hospital plan (not provided in Q18.3.1)</b>	
	a. Paid by household member .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Contribution by employer .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL VALUE (18.3.2 a to b) .....</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>18.3.3</b>	<b>During the month prior to the survey period, was there any medication acquired by the household?</b> 1 = YES <input type="checkbox"/> 1 2 = No → Go to Q18.3.6 <input type="checkbox"/> 2 3 = DON'T KNOW → Go to Q18.3.6 <input type="checkbox"/> 3	

<b>18.3.4</b>	<b>During the month prior to the survey period, how was the medication acquired by the household paid for?</b>  <b>If included in flat rate, mark the method of payment for flat rate.</b> 1 = Covered by medical aid 2 = Paid for in cash 3 = Included in a flat rate 4 = Received from a friend 5 = Received from nature 6 = OTHER, <i>specify</i>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>18.3.5</b>	<b>Who prescribed the medication?</b> 1 = Doctor/nurse 2 = Traditional/Spiritual healer 3 = Self-prescription/Friend/Relative	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>18.3.6</b>	<b>During the 12 months prior to the survey period, was there any medication prescribed, which the household could not buy because the household did not have money to pay for them?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3



18.4 MEDICATION AND PAYMENT FOR MEDICAL SERVICES NOT COVERED BY MEDICAL AID/INSURANCE SCHEMES, MEDICAL PROVIDENT SCHEME, ETC. DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD												
Item		Private Sector						Public Sector				
18.4.1	Flat rate in respect of health services and medication obtained at hospital/clinic .....											
18.4.2	Medication and medical services not paid for by medical aid, medical benefit scheme or provident scheme											
	A. Medical and/or surgical service											
	1. Doctors and other medical professional's fees (excluding dental service, X-ray and laboratory service)											
	a. Out of hospital (out-patient).....											
	b. In hospital (in-patient, include major operations) .....											
	c. Surgical and procedure based interventionsduring doctor's consultation .....											
	2. Consultations of traditional/spiritual healers .....											
	B. Dental service (service of dentists and oral hygienist).....											
	C. Medical analysis laboratories and X-ray service.....											
	D. Service of medical auxiliaries (e.g. freelance services by nurses and midwives, optometrists, physiotherapists, speech therapists, homeopathologists, etc.) .....											
	E. Hospital service fees (e.g. wards, beds and theatre fees) exclude in-hospital doctors' fees.....											
	F. Therapeutic appliances and equipment (e.g. spectacles, hearing aids, wheelchairs, etc.).....											
	G. Non-hospital services (Ambulance service other than hospital).....											
	H. Medication and pharmacy fees											
	1. Medication purchased with prescription .....											
	2. Dispensing and other service fees (e.g. levies, etc.) .....											
	3. Medication purchased without prescription .....											
	4. Traditional herbs/spiritual medicines (include holy water, anointing oil, etc.) .....											
	I. OTHER MEDICAL PRODUCTS (bandages, syringes, knee supports, etc.), <i>specify below</i> .....											
	J. Doctors' consultation fees (e.g. GP, specialist doctors, e.g. paediatrician, gynaecologist, etc.).....											
TOTAL VALUE (18.4.1 to 18.4.2 A to J).....												

<b>19</b>	<b>TRANSPORT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>																																																																																																																																																																																																																																																			
	<i>Note that Q19.1.1 – Q19.1.5 deal with vehicles for private use only.          Include delivery charges where applicable.</i>																																																																																																																																																																																																																																																			
<b>19.1</b>	<b>PRIVATE TRANSPORT FOR HOUSEHOLD'S OWN USE</b>																																																																																																																																																																																																																																																			
<b>19.1a</b>	During the 12 months prior to the survey period, did anyone in this household acquire any vehicle(s) for private use (excluding hired vehicles)? <i>Exclude vehicles used for business purposes.</i>																																																																																																																																																																																																																																																			
	1 = YES	<input type="checkbox"/>	1																																																																																																																																																																																																																																																	
	2 = No	<input type="checkbox"/>	2	→ Go to Q19.1.3																																																																																																																																																																																																																																																
<b>19.1b</b>	If yes, was the acquired vehicle(s).....?																																																																																																																																																																																																																																																			
	1 = New only	<input type="checkbox"/>	1	→ Go to Q19.1.1																																																																																																																																																																																																																																																
	2 = Used only	<input type="checkbox"/>	2	→ Go to Q19.1.2																																																																																																																																																																																																																																																
	3 = Both new and used	<input type="checkbox"/>	3	→ Go to Q19.1.1																																																																																																																																																																																																																																																
<b>19.1.1</b>	<b>VALUE OF NEW PRIVATE VEHICLES ACQUIRED DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>																																																																																																																																																																																																																																																			
<b>A</b>	<b>Area</b>		<b>B</b>																																																																																																																																																																																																																																																	
<b>AREA OF PURCHASE</b>	1 = In a Metro	4 = In a rural/traditional area	<b>TYPE OF RETAILER</b>	Formal sector																																																																																																																																																																																																																																																
	2 = In a big city	5 = NOT APPLICABLE		1 = Chain store																																																																																																																																																																																																																																																
	3 = In another urban area	6 = DON'T KNOW		2 = Internet (online purchases)																																																																																																																																																																																																																																																
	(town/township)			3 = Other retailer																																																																																																																																																																																																																																																
				Informal sector																																																																																																																																																																																																																																																
				4 = Street trading																																																																																																																																																																																																																																																
				5 = Other																																																																																																																																																																																																																																																
				6 = NOT APPLICABLE																																																																																																																																																																																																																																																
				7 = DON'T KNOW																																																																																																																																																																																																																																																
	<b>Item</b>	<b>Value for the 12 months</b>	<b>Place A B</b>	<b>Comments</b>																																																																																																																																																																																																																																																
<b>19.1.1.1</b>	<i>Exclude motor service plan amount for the purchase of the vehicle.          Record it under transport insurance Q19.1.3.2.</i> a. Motor cars ..... b. Station wagons ..... c. Mini buses ..... d. Bakkies (excluding four-wheel drive vehicles) ..... e. SUVs/MPVs (including four-wheel drive vehicles) ..... f. Motor cycles and scooters (excluding quad bikes) ..... g. Bicycles, tricycles (exclude bicycles for sports purposes) .....	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																																
	<b>TOTAL VALUE (19.1.1.1 a to g) .....</b>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											<table border="1"> <tr><td></td><td></td></tr> </table>			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																																																																																																																				

19.1.2 VALUE OF USED PRIVATE VEHICLES ACQUIRED DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD										
A AREA OF PURCHASE		Area 1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW		B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet (online purchases) 3 = Other retailer 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW				
	Item	Value for the 12 months						Place A B		Comments
19.1.2.1	Exclude motor service plan amount for the purchase of the vehicle. Record it under transport insurance Q19.1.3.2.									
	a. Motor cars .....									
	b. Station wagons .....									
	c. Mini buses.....									
	d. Bakkies (excluding four-wheel drive vehicles).....									
	e. SUVs/MPVs (including four-wheel drive vehicles).....									
	f. Motor cycles and scooters (excluding quad bikes).....									
	g. Bicycles, tricycles (exclude bicycles for sports purposes) .....									
TOTAL VALUE (19.1.2.1 a to g) .....										
19.1.3	Value of insurance for vehicles during the 12 months prior to the survey period									
19.1.3.1	Insurance of private vehicle (excluding package insurance).....									
19.1.3.2	Service plan for private vehicle (include extended motor service plan)...									
TOTAL VALUE (19.1.3.1 to 19.1.3.2) .....										

<b>19.1.4 VEHICLE RUNNING COSTS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b> <i>Expenditure in connection with the purchase and maintenance of aircraft, boats, etc. must be recorded in Q15.1.6.</i> <b>Expenses incurred (except rent) in connection with vehicles not belonging to a household member (e.g. rented vehicles or company vehicles) should be included, unless these expenses were recovered from your employer.</b>									
<b>19.1.4.1 During the 12 months prior to the survey period did this household incur running costs for privately used vehicles?</b> <div style="display: flex; justify-content: space-between;"> <div> 1 = YES  2 = No </div> <div> <input type="checkbox"/> 1  <input type="checkbox"/> 2 </div> </div> <p style="text-align: center;">→ Go to Q19.1.5</p>									
<b>A</b> <b>AREA OF PURCHASE</b>			<b>Area</b> 1 = In a Metro 2 = In a big city 3 = In another urban area (town/township) 4 = In a rural/traditional area 5 = NOT APPLICABLE 6 = DON'T KNOW			<b>B</b> <b>TYPE OF RETAILER</b>		<b>Formal sector</b> 1 = Chain store 2 = Internet (online purchases) 3 = Other retailer <b>Informal sector</b> 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months				Place A B		Comments	
19.1.4.2	<b>Running and related costs</b>								
	a. Traffic fines .....								
	b. Motor vehicle/bike fuel								
	b1. Petrol.....								
	b2. Diesel .....								
	c. Toll fees .....								
	d. Parking fees.....								
	e. Oil and grease .....								
	f. Tyres and tubes								
	f1. New .....								
	f2. Retreaded/patched.....								
	g. Batteries (new and used) .....								

+

+

19.2 VALUE OF PUBLIC AND HIRED TRANSPORT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD												
Exclude transport costs for the purpose of vacation, funerals, weddings or any other event, which must be recorded in Q9.2.2.												
Item		Value for the 12 months										Comments
		Incurred in attending educational institutions					Other					
19.2.1	Bus .....											
19.2.2	Train .....											
19.2.3	Aircraft .....											
19.2.4	Boat/Ship .....											
19.2.5	Rented vehicle.....											
19.2.6	Taxi											
	a. Metered taxi .....											
	b. Minibus taxi/kombi (including 30 seaters, e.g. Iveco) .....											
19.2.7	Value of discounted fares (e.g. pensioners and scholars)											
19.2.8	Furniture removal and transport of goods (not for sale) ...											
19.2.9	Lift clubs .....											
19.2.10	OTHER (e.g. horse, trailer), specify.....											
TOTAL VALUE (19.2.1 to 19.2.10) .....												

<b>20</b>	<b>COMPUTER AND TELECOMMUNICATION EQUIPMENT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>																			
<b>20.1</b>	<b>EXPENDITURE ON COMPUTER AND TELECOMMUNICATION EQUIPMENT</b>																			
	<u>Excluding for business purposes.</u>																			
<b>A</b>	<b>Area</b>						<b>B</b>			<b>Formal sector</b>			<b>Informal sector</b>							
<b>AREA OF PURCHASE</b>	1 = In a Metro		4 = In a rural/traditional area				<b>TYPE OF RETAILER</b>			1 = Chain store		4 = Street trading		6 = NOT APPLICABLE						
	2 = In a big city		5 = NOT APPLICABLE							2 = Internet (online purchases)		5 = Other		7 = DON'T KNOW						
	3 = In another urban area (town/township)		6 = DON'T KNOW							3 = Other retailer										
	<b>Item</b>						<b>Value for the 12 months</b>						<b>Place</b>		<b>Comments</b>					
							<b>New</b>			<b>Used</b>			<b>A B</b>							
<b>20.1.1</b>	<b>Personal desktop computers</b> (excluding laptops) .....																			
<b>20.1.2</b>	<b>Laptops/notebooks</b> .....																			
<b>20.1.3</b>	<b>Tablets/mini tablets</b> (e.g. iPad, galaxy tabs, etc.).....																			
<b>20.1.4</b>	<b>eReader</b> .....																			
<b>20.1.5</b>	<b>Calculators</b> .....																			
<b>20.1.6</b>	<b>Computer parts, accessories and consumables</b>																			
	a. Computer parts (e.g. motherboard, CPU, memory/RAM, graphics card, hard drives) .....																			
	b. Flash disks, SD cards and portable external hard drives....																			
	c. CDs/DVDs/Blu-ray discs (blanks) .....																			
	d. Other consumables (e.g. toners, ink cartridges).....																			
	e. Software (e.g. Microsoft suite, downloaded applications for tablets/smart phones) .....																			
<b>20.1.7</b>	<b>Printers/scanners/copiers</b> .....																			
<b>20.1.8</b>	<b>Modems and routers</b> .....																			





<b>20.2</b>	<b>COMMUNICATION FOR HOUSEHOLD PURPOSES</b>									
	<u>Excluding expenses incurred for business purposes.</u>									
	Item	Value for the 12 months								
<b>20.2.1</b>	<b>Landline telephone fees</b>									
	a. Telephone installation and rental									
	1. Installation/connection to the network.....									
	2. Rental/contract.....									
	b. Calls from household landline.....									
	c. Calls from public phones .....									
	d. Private calls from place of work.....									
	e. Value Added Tax (VAT). Only if account is available.....									
<b>20.2.2</b>	<b>Cellular phone fees</b>									
	a. Rental/contract.....									
	b. Calls (including airtime) .....									
	c. Value Added Tax (VAT). Only if account is available.....									
	d. Connection to the network (include initiation fee)									
	e. Bundles (data, SMS, MMS, BIS) .....									

	Item	Value for the 12 months									
<b>20.2.3</b>	<b>Internet fees</b>										
	a. Subscription .....										
	a1. Mobile device, Modems (e.g. 3G, Wi-Fi).....										
	a2. ADSL (include service provider fees) .....										
	b. OTHER (e.g. place of work, internet cafes), specify.....										
<b>20.2.4</b>	<b>Postage and courier services</b>										
	a. Stamps .....										
	b. Packaging .....										
	c. Courier services .....										
	d. OTHER, specify .....										
<b>20.2.5</b>	<b>Post box rental .....</b>										
<b>20.2.6</b>	<b>OTHER (e.g. telegrams, scanning, printing, copying, faxing, laminating, typing of CVs, etc.), specify.....</b>										
<b>TOTAL VALUE (20.2.1 to 20.2.6) .....</b>											
<b>COMMENTS</b>											

**END OF MODULE 3**

Date         Ending time     Main respondent   No. of household members present   No. of non-household members present

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 isiNdebele	<input type="text"/>	04 isiXhosa	<input type="text"/>	05 isiZulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 seSotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by.....?**

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments***Were there other problems, e.g. ....**

disagreement within household

respondent disagreed with interview/interviewer

other, *specify under comments***PREPARATIONS FOR THE NEXT INTERVIEW****Has an appointment been made?****Has it been noted in the Appointment Log?****Has the respondent been briefed on Module 4?****Has the preparation form, "M4", been handed out?****COMMENTS****DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW**

*I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.*

Date         Interviewer Name  Signature

[illegible]

**DECLARATION BY QUALITY CHECKER**

*I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.*

Date    
 Name 
 Signature

MODULE 4		Date (DDMM)	Starting time (hhmm)	No. of household members present	No. of non-household members present
<b>21 SUBSISTENCE</b> <i>Read out: This section is about agricultural production and acquisition of other food from nature, e.g. fishing and hunting, even if it is only on a small scale.</i>					
21.1	<b>Does this household own or have access to land for production of food or other agricultural activities?</b> <i>Exclude communal grazing land.</i> 1 = YES 2 = No → <b>Go to Q21.5</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2		21.4	Ask if "Yes" in Q21.2. <b>Approximately how big is the land that the household uses for the production of food or other agricultural products?</b>  <b>Estimate total area if more than one piece.</b>  1 = 5 000 square metres or less 2 = 5 001 – 9 999 square metres 3 = 1 but less than 5 hectares 4 = 5 but less than 10 hectares 5 = 10 but less than 20 hectares 6 = 20 hectares or more. 7 = DON'T KNOW
21.2	<b>Is the land used by the household for production of food or other agricultural products?</b> 1 = YES → <b>Go to Q21.4</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
21.3	<b>Why is the land not used for production of food or other agricultural products?</b> 1 = Lack of funds 2 = Lack of expertise 3 = Lack of human resources 4 = Lack of equipment 5 = Lack of water 6 = The land is too far away 7 = OTHER, <i>specify</i>  → <b>Answer and Go to Q21.5</b>	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21.5	<b>Has the household been involved in the production of food or other agricultural products during the 12 months prior to the survey period e.g. livestock, crops, food gardening, hunting, fishing, etc.?</b> 1 = YES 2 = No → <b>Go to Section 22</b>
				21.6	<b>How many household members, aged 15 years or older, are involved in the production of food or other agricultural activities?</b>

<b>21.7</b>	<b>What kind of food production or other agricultural activities is the household involved in?</b>	Y	N
	01 = Livestock production (e.g. cattle, goats, sheep, pig, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>
	02 = Poultry production (e.g. chicken, ducks, geese, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Grains and food crops ( maize, wheat, beans, sorghum, millet, groundnuts, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>
	04 = Industrial crops (e.g. tea, coffee, cotton, tobacco) .....	<input type="checkbox"/>	<input type="checkbox"/>
	05 = Fruit and vegetable production.....	<input type="checkbox"/>	<input type="checkbox"/>
	06 = Fodder, grazing/pasture for grass animals .....	<input type="checkbox"/>	<input type="checkbox"/>
	07 = Fish farming/aquaculture.....	<input type="checkbox"/>	<input type="checkbox"/>
	08 = Forestry .....	<input type="checkbox"/>	<input type="checkbox"/>
	09 = Game farming.....	<input type="checkbox"/>	<input type="checkbox"/>
	10 = Fishing.....	<input type="checkbox"/>	<input type="checkbox"/>
	11 = Hunting .....	<input type="checkbox"/>	<input type="checkbox"/>
	12 = OTHER, <i>specific</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
		<div></div>	

<b>21.8</b>	<b>What is the main reason for the household to be involved in the production of food or other agricultural products?</b> 1 = As A MAIN SOURCE OF FOOD FOR THE HOUSEHOLD 2 = As AN EXTRA SOURCE OF FOOD FOR THE HOUSEHOLD 3 = As THE MAIN SOURCE OF INCOME/EARNING A LIVING 4 = As AN EXTRA SOURCE OF INCOME 5 = As LEISURE ACTIVITY OR HOBBY E.G. GARDENING 6 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <div></div>
<b>21.9</b>	<b>Did the household sell any of its produce or other agricultural products during the 12 months prior to the survey period?</b> 1 = YES 2 = No                      → <i>Go to Section 22</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>21.10</b>	<b>What was the total value for any sold produce or other agricultural products during the 12 months prior to the survey period?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>22</b>	<b>LIVING CIRCUMSTANCES AND FOOD SECURITY</b>				
<b>22.1</b>	<b>During the month prior to the survey period, what was your household's standard of ... ?</b>  a. food consumption b. housing c. clothing d. health care e. children's schooling  <i>Give the person number of the person responding.</i>	<b>Less than adequate</b>  <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1  <input type="checkbox"/> <input type="checkbox"/>	<b>Just adequate</b>  <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2  <input type="checkbox"/> 2	<b>More than adequate</b>  <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3  <input type="checkbox"/> 3	<b>Not Applicable</b>        <input type="checkbox"/> 4
<b>22.2</b>	<b>During the 12 months prior to the survey period, did any adult (18 years and above) in this household go hungry because there was not enough food?</b> 1 = Never 2 = Seldom 3 = Often 4 = Always 5 = NOT APPLICABLE (no adults in the household)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
<b>22.3</b>	<b>During the 12 months prior to the survey period, did any child (17 years or younger) in this household go hungry because there was not enough food?</b> 1 = Never 2 = Seldom 3 = Often 4 = Always 5 = NOT APPLICABLE (no children in the household)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			

22.4a	During the 12 months prior to the survey period, did the household run out of money to buy food? → If "No" Go to Q22.5a	Y N <input type="checkbox"/> <input type="checkbox"/>
22.4b	Has it happened for 5 or more days during the month prior to the survey period?	<input type="checkbox"/> <input type="checkbox"/>
22.5a	During the 12 months prior to the survey period, did the household cut the size of meals because there was not enough food in the house? → If "No" Go to Q22.6a	<input type="checkbox"/> <input type="checkbox"/>
22.5b	Has it happened for 5 or more days during the month prior to the survey period?	<input type="checkbox"/> <input type="checkbox"/>
22.6a	During the 12 months prior to the survey period, did the household skip any meals because there was not enough food in the house? → If "No" Go to Q22.7a	<input type="checkbox"/> <input type="checkbox"/>
22.6b	Has it happened for 5 or more days during the month prior to the survey period?	<input type="checkbox"/> <input type="checkbox"/>
22.7a	Did the household eat smaller portions and less variety of foods during the 12 months prior to the survey period, than they would have liked to, because there was not enough food in the house? → If "No" Go to Q22.8	<input type="checkbox"/> <input type="checkbox"/>
22.7b	Has it happened for 5 more days during the month prior to the survey period?	<input type="checkbox"/> <input type="checkbox"/>
22.8	During the 12 months prior to the survey period, was there any young person (aged 5 – 17 years) who left this household to live on the streets or whose whereabouts are unknown? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

22.9	What is the net household income per month (in Rand) that would be the absolute minimum for your household? That is to say, that your household would not be able to make ends meet if your household earned less.  Give the person number of the person responding.	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>
22.10	Is the total monthly income of the household higher, lower, more or less the same, much higher or much lower than the figure above. (i.e. the amount given in Q22.9)? 1 = Much higher 2 = Higher 3 = More or less the same 4 = Lower 5 = Much lower	<div> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5 </div>



<b>23</b>	<b>FINANCE AND BANKING</b>									
<b>23.1</b>	<b>FINANCE AND BANKING DURING THE MONTH PRIOR TO THE SURVEY PERIOD</b>									
	Item	Value for the 12 months								
<b>23.1.1</b>	<b>Finance and bank charges</b>									
	a. Bank charges (e.g. cheque book fees, service charges, etc.).....									
	b. Interest/finance charges (e.g. credit card, overdraft, etc.).....									
<b>TOTAL VALUE ( 23.1.1 a to b).....</b>										
<b>23.2</b>	<b>PROFESSIONAL FEES, MEMBERSHIP FEES AND DONATIONS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>									
<b>23.2.1</b>	<b>Professional fees</b>									
	Legal fees, architects' and other professional fees not shown elsewhere .....									
<b>23.2.2</b>	<b>Membership fees .....</b>									
	a. Trade unions and staff associations, professional associations, scientific, art and cultural societies .....									
	b. Gymnasiums, health, sports and social clubs.....									
<b>23.2.3</b>	<b>Donations to religious institutions .....</b>									
<b>23.2.4</b>	<b>Other, including donations to charity &amp; political organizations, street collections (e.g. money given to street kids, car guards, etc.).....</b>									
<b>TOTAL VALUE ( 23.2.1 to 23.2.4) .....</b>										

	Item	Value for the 12 months									
<b>23.3</b>	<b>INCOME TAX DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>										
	<b>Tax deductions</b>										
<b>23.3.1</b>	<b>Pay as you earn (PAYE) according to payslip .....</b>										
<b>23.3.2</b>	<b>Other payments according to SARS assessment (including preliminary tax payments, payments with regard to previous assessments).....</b>										
<b>23.3.3</b>	<b>Penalty for late submission of tax return .....</b>										
<b>23.3.4</b>	<b>Amnesty tax .....</b>										
<b>TOTAL VALUE (23.3.1 to 23.3.4) .....</b>											
<b>23.4</b>	<b>SAVING SCHEMES DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>										
<b>23.4.1</b>	During the 12 months prior to the survey period, did one or more members of the household club together with other persons for the sake of saving money (e.g. stokvel, society, social club, etc.)?										
	1 = YES										<input type="checkbox"/> 1
	2 = No → Go to Q23.5										<input type="checkbox"/> 2
	Item	Value for the 12 months									
<b>23.4.2</b>	<b>Contributions made .....</b>										

<b>23.5</b>	<b>PERSONAL INSURANCE AND INVESTMENTS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b> <i>Include amounts paid by means of stop or debit order and employer deductions.</i>									
	Item	Value for the 12 months								
<b>23.5.1</b>	<b>Insurance premiums paid by the household or employer(s)</b>									
	a. Life cover (e.g. disability, permanent illness, incapacity, etc.).....									
	b. Endowment policies (e.g. study policies, etc.).....									
	c. Funeral policies.....									
	d. Unemployment Insurance Fund (UIF).....									
<b>TOTAL VALUE ( 23.5.1 a to d).....</b>										
<b>23.5.2</b>	<b>Contributions to pension, provident and annuity funds</b>									
	a. Paid by household .....									
	b. Paid by employer (s).....									
<b>23.5.3</b>	<b>Investments</b>									
	a. Shares									
	1. Listed companies. ....									
	2. Unlisted companies .....									
	b. Unit trusts.....									
	c. Offshore .....									
	d. Bonds.....									
	e. OTHER, <i>specify</i> .....									
<b>23.5.4</b>	<b>Amount deposited into savings .....</b>									
<b>TOTAL VALUE ( 23.5.2 to 23.5.4) .....</b>										

<b>23.6</b>	<b>REMITTANCES, GIFTS AND MAINTENANCE</b>									
<b>23.6.1</b>	<b>REMITTANCES, GIFTS AND MAINTENANCE IN CASH DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b> <i>Include amounts paid by means of stop or debit orders and employer deductions.</i>									
	Item	Value for the 12 months								
<b>23.6.1.1</b>	a. Maintenance of or remittance to family members and dependants living elsewhere (e.g. alimony/palimony paid to ex-wife/ ex-husband, children, etc.).....									
	b. Gifts for persons who are not members of this household .....									
<b>TOTAL VALUE (23.6.1.1 a to b) .....</b>										
<b>23.6.2</b>	<b>REMITTANCES, GIFTS AND MAINTENANCE IN-KIND IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>									
	Item	Value for the 12 months								
<b>23.6.2.1</b>	a. Maintenance of or remittance to family members and dependants living elsewhere (e.g. alimony/palimony paid to ex-wife/ ex-husband, children, etc.).....									
	b. Gifts for persons who are not members of this household (excluding cash).....									
<b>TOTAL VALUE (23.6.2.1 a to b) .....</b>										

23.7	OTHER EXPENDITURE													
23.7.1	CEREMONIES AND OTHER EXPENDITURE DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD													
	Item							Value for the 12 months						
23.7.1.1	Lobola/dowry .....													
23.7.1.2	Funeral expenses .....													
23.7.1.3	Gravestones and maintenance of graves (excluding unveiling) .....													
23.7.1.4	Religious and traditional ceremonies (e.g. unveiling, barmitzwah, diwali, weddings, etc.) .....													
23.7.1.5	Fines (e.g. fines for straying livestock), excluding traffic and library .....													
	Traffic and library fines should be recorded in Q19.1.4.2a and Q17.1.1d.													
TOTAL VALUE ( 23.7.1.1 to 23.7.1.5) .....														
23.7.2	GAMBLING DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD													
	Item							Value for the 12 months						
23.7.2.1	Gambling													
	a. Casinos.....													
	b. OTHER (e.g. horse racing, sports, etc.), specify. Lottery must be recorded in the diary.													
TOTAL VALUE ( 23.7.2.1 a to b) .....														
COMMENTS														

23.8	ALL OTHER EXPENDITURE DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD													
	Item							Value for the 12 months						
23.8.1	All other expenditure, specify													
	a.													
	b.													
	c.													
	d.													
	e.													
	f.													
	g.													
TOTAL VALUE (23.8.1 a to g) .....														
COMMENTS														

23.9 DEBTS					
The following questions cover all household debt. All credit extended and loans provided to individuals in their personal capacity living in this household should be included.					
Item	Total outstanding debts (ie. balance)	How much of this debt was incurred during the 12 months prior to the survey period	Monthly repayments	Are you up to date with repayments? Y N	
<b>23.9.1 Bank or banking intermediary</b>					
a. Mortgage bond (for the main dwelling unit) .....					
b. Other mortgage bonds.....					
c. Motor vehicle (e.g. cars, bakkies, motor cycles, etc.).....					
d. Student/educational loans .....					
e. Credit cards (including retail branded credit cards).....					
f. Debt consolidation arrangements.....					
g. All other bank or banking intermediary debt (e.g. personal loans, bank overdraft, revolving credit, etc.).....					
<b>23.9.2 Retail store credit accounts</b>					
a. Furniture and appliances.....					
b. Clothing, footwear and food.....					
<b>23.9.3 Loans from friends and family (e.g. cash loans) .....</b>					
<b>23.9.4 Loans from money lenders (e.g. micro, personal, student, mashonisa, etc.).....</b>					
<b>23.9.5 Arrears on municipal bills .....</b>					
<b>23.9.6 OTHER LOANS (e.g. stokvel, etc.), specify .....</b>					
<b>TOTAL VALUE (23.9.1 to 23.9.6) .....</b>					

<b>24</b>	<b>PARTICULARS OF INCOME</b> <i>Ask for all household members who have contributed to the household's income during the 12 months prior to the survey period.</i> <i>All income of members of the household must be recorded here.</i> <u><i>Exclude the cash value of all benefits received, whether from the employer or not (must be recorded in Q24.2).</i></u>																								
<b>24.1</b>	<b>REGULAR INCOME FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD</b>																								
		01		02		03		04		05		06		07		08		09		10					
	Item	Income for the 12 months prior to the survey period																							
	Include incomes for persons in Q1.1c.																								
24.1.1a	Salaries and wages (including overtime, bonuses, cash allowance in respect of transport, housing and clothing, etc.)																								
24.1.1b	Is the given amount for.....'s salary/wages, gross income (i.e. before deductions and tax)?																								
	1 = YES, gross income		1		1		1		1		1		1		1		1		1		1		1		
	2 = No, net income		2		2		2		2		2		2		2		2		2		2		2		
	3 = DON'T KNOW		3		3		3		3		3		3		3		3		3		3		3		
24.1.2	Personal income taken from business or professional practice/activities (excluding interest and dividends)																								
24.1.3	Income from subsistence farming																								
24.1.4	Income from letting of fixed property (only if the letting of property is not a bona fide business – should be recorded in Q24.1.2 above)																								
24.1.5	Royalties																								

		01	02	03	04	05	06	07	08	09	10
	Item	Income after the 12 months prior to the survey period									
24.1.6	Interest received and/or accrued on deposits, loans and savings certificates										
24.1.7	Dividends received on shares										
	a. Listed companies										
	b. Unlisted companies										
	c. Unit trusts										
	d. Exchange traded funds (e.g. equity funds, multi-asset funds, etc.)										
24.1.8	Income from share trading										
24.1.9	Receipts from pension, social welfare grants and other annuity funds										
	a. Pension resulting from employment before retirement										

		01	02	03	04	05	06	07	08	09	10
	Item	Income after the 12 months prior to the survey period									
24.1.9 Con't	b. Annuities and similar recurring receipts resulting from own investments										
	c. Social assistance or allowances										
	1. Old age grant										
	2. Disability grant										
	3. Child support grant										
	4. Care dependency grant										
	5. Foster care grant										
	6. War veterans grant										

		01	02	03	04	05	06	07	08	09	10
	Item	Income after the 12 months prior to the survey period									
24.1.9 Con't	7. Grant-in-aid										
	8. Social relief										
	d. From other funds (e.g. workmen's compensation, unemployment insurance, pneumoconiosis, silicosis funds and similar funds)										
24.1.10	Alimony, maintenance and similar allowances received from divorced spouse, family members, etc. who are not residing members of the household										
24.1.11	Other allowances received from non-household members										
TOTAL (24.1.1a to 24.1.11)											
GRAND TOTAL FOR REGULAR INCOME OF THE HOUSEHOLD FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD											



24.2	OTHER INCOME FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD									
	Item	Income during the 12 months								
24.2.1	Income from hobbies .....									
24.2.2	Income from side-lines and part-time activities .									
24.2.3	Income from sale of vehicles.....									
24.3.4	Income from sale of house .....									
24.2.5	Payments received from boarders and non-resident member of the household .....									
24.2.6	Value of goods, services and benefits received by virtue of your occupation and shown as expenditure in the questionnaire (e.g. housing subsidies, transport subsidies, pension, annuity funds, etc.) .....									
24.2.7	Gratuities and other lump sum payments received from pension, provident and other insurance or from private persons (excluding from members of the household).....									
24.2.8	Claims in respect of funeral funds, damage to fixed property, road traffic collision, etc. ....									
24.2.9	Saving schemes (e.g. stokvel, society, etc.) .....									

	Item	Income during the 12 months								
24.2.10	Other income (not by virtue of occupation or social relief)									
	a. Withdrawals from savings (the surrender of insurance policies must be included) .....									
	b. Non-refundable bursaries from all sources (recorded in section 16).....									
	c. Benefits, donations and gifts received from private persons (excluding from members of the household), welfare funds, clubs, the government etc., excluding food and clothing.....									
	d. Cash (including gifts and bonuses from buying associations)e.g. points from Clicks Club Card, Pick 'n Pay smart shopper card, etc.....									
	e. Value of food received (excluding food from social relief) .....									
	f. Value of housing (including benefits, such as the value of rent deductions allowed by persons and organisations other than the employer).....									
	g. Value of clothing (not received from employer)...									
	h. Value of transport (not received from employer) .									
	i. Value of other benefits, donations, gifts, etc.....									
24.2.11	Lobola/dowry received .....									
24.2.12	Income from gambling and lotto winnings .....									
24.2.13	Tax refunds received (according to assessment by SARS) .....									

	Item	Income during the 12 months																
24.2.14	Income not elsewhere specified, <i>specify</i>																	
	a.																	
	b.																	
	c.																	
	d.																	
	e.																	
	f.																	
	TOTAL VALUE (24.2.1 to 24.2.14) .....																	

25 HEALTH											
25.1 HEALTH FOR ALL HOUSEHOLD MEMBERS											
Read out: Now I am going to ask you health-related questions regarding all members of the household. Head of the household or other responsible adult will answer questions on behalf of all members. Caregivers or mothers should answer on behalf of children below 5 years.											
		01	02	03	04	05	06	07	08	09	10
25.1.1	How would you describe .....’s health in general? Would you say it is ...? 1 = excellent 2 = very good 3 = good 4 = fair 5 = poor 6 = NOT SURE	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div>
25.1.2	Has a doctor/nurse/other health care worker at a clinic/hospital/private practice ever told or mentioned that ..... has/had any of the following chronic illnesses? 1 = Hypertension/high blood pressure..... 2 = Diabetes/high blood sugar..... 3 = Tuberculosis (TB) ..... 4 = Cancer..... 5 = Asthma ..... 6 = Congenital heart disease..... 7 = Arthritis ..... 8 = Mental illness..... 9 = Epilepsy ..... 10= High cholesterol..... 11 = HIV and AIDS ..... 12= OTHER, specify .....  → If “no” to all above, Go to Q25.1.4	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	<div>Y N D/K</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	

		01	02	03	04	05	06	07	08	09	10
25.1.3	Is..... taking medication for the chronic illnesses mentioned above?	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K
	1 = Hypertension/high blood pressure.....										
	2 = Diabetes/high blood sugar.....										
	3 = Tuberculosis (TB) .....										
	4 = Cancer.....										
	5 = Asthma .....										
	6 = Congenital heart disease.....										
	7 = Arthritis .....										
	8 = Mental illness.....										
	9 = Epilepsy.....										
	10= High cholesterol.....										
	11 = HIV and AIDS .....										
	12= OTHER, <i>specify</i> .....										
25.1.4	During the month prior to the survey period, did ..... get injured that he/she required medical treatment?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No → Go to Q25.1.7	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW → Go to Q25.1.7	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10
25.1.5 Which of the following was the cause of the injury/injuries referred to in Q25.1.4?	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K
	01 = Motor vehicle injury- Occupant.....										
	02 = Motor vehicle injury- Pedestrian.....										
	03 = Bicycle related.....										
	04 = Accidental fall.....										
	05 = Swimming.....										
	06 = Playing near water or a swimming pool										
	07 = Fire/Burn.....										
	08 = Accidental poisoning.....										
	09 = Intentional poisoning.....										
	10 = Sports related.....										
	11 = Crime related.....										
	12 = OTHER, <i>specify</i> .....										
25.1.6 How many days did ..... miss school/work due to the injury/injuries mentioned in Q25.1.4?	1 = NONE										
	2 = LESS THAN 7 DAYS										
	3 = 7 – 20 DAYS										
	4 = 21 – 31 DAYS										
	5 = MORE THAN 31 DAYS										
	6 = DOES NOT GO TO SCHOOL OR WORK										
	7 = DON'T KNOW										
25.1.7 Is there a place that ..... usually goes to when he/she needs medical assistance?	1 = YES										
	2 = No → Go to Q25.1.10										
	3 = DON'T KNOW → Go to Q25.1.10										

		01	02	03	04	05	06	07	08	09	10
25.1.8	<p><b>What kind of place does ..... usually go to when he/she is sick?</b></p> <p><b>Public sector</b> (i.e. government, provincial or community health institution)</p> <p>01 = HOSPITAL 02 = CLINIC 03 = OTHER IN PUBLIC SECTOR, <i>specify</i></p> <p><b>Private sector</b> (incl. private clinics, surgery, private hospitals and sangomas)</p> <p>04 = HOSPITAL 05 = CLINIC 06 = PRIVATE DOCTOR/SPECIALIST (CONSULTING ROOM) 07 = TRADITIONAL HEALER (CONSULTING ROOM) 08 = PHARMACY/CHEMIST 09 = HEALTH FACILITY PROVIDED BY EMPLOYER 10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHY (CONSULTING ROOM) 11 = SELF MEDICATION 12 = DON'T KNOW 13 = OTHER IN PRIVATE SECTOR, <i>specify</i></p>										
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.1.9	<p><b>Is the place mentioned in Q25.1.8 the same place where ..... usually goes to when he/she needs routine or preventative care such as physical examination or baby wellness (e.g. weighing)?</b></p> <p>1 = YES 2 = No 3 = DON'T KNOW</p>										
		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10	
25.1.10	<b>Has ..... ever delayed getting health care during the month prior to the survey period for any of the following reasons?</b> 1 = Too expensive to consult..... 2 = Had to wait too long to see the doctor... 3 = The clinic or doctor's rooms not open ... 4 = Had no money for transport..... 5 = OTHER, <i>specify</i> .....	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
25.1.11	<b>During the month prior to the survey period, did ..... need any medical service?</b> 1 = YES 2 = No → <b>Go to Q25.2.1</b> 3 = DON'T KNOW → <b>Go to Q25.2.1</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
25.1.12	<b>Did ..... need any of the following but could not get it because the household could not afford it?</b> 1 = General health care..... 2 = Mental health care..... 3 = Dental care ..... 4 = To see a specialist..... 5 = Prescribed medication..... 6 = Follow up care.....	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

+ Ask if there are children below five years (0-4 years), other wise go to section 25.5.

+

25.2 HEALTH FOR CHILDREN BELOW 5 YEARS											
Read out: Now I am going to ask you health-related questions regarding children aged 0 to 4 years. Mothers or caregivers will answer questions on behalf of these children.											
		01	02	03	04	05	06	07	08	09	10
25.2.1	<b>During the 6 months prior to the survey period, did ..... have any of the following?</b>	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K
	01 = Influenza/flu .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	02 = Pneumonia .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Bronchitis/bronchiolitis/URTI .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	04 = Measles .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	05 = Hay fever .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	06 = Ear infections.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	07 = Food allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08 = Skin allergy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09 = Meningitis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10 = Chicken pox.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 = Diarrhoea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12 = OTHER, <i>specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.2	<b>Has a doctor or other health care worker ever told or confirmed that ..... has/had any of the following developmental problems?</b>	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K	Y N D/K
	1 = Mental retardation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Attention deficit hyperactivity disorder (ADHD) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Any other developmental delay, <i>specify</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

+





		01	02	03	04	05	06	07	08	09	10
25.2.6	<b>Has ..... had a cough during the 6 months prior to the survey period?</b> 1 = YES 2 = No → <i>Go to Q25.2.10</i> 3 = DON'T KNOW → <i>Go to Q25.2.10</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
25.2.7	<b>When ..... had a cough did he/she breathe faster than usual?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
25.2.8	<b>Did you seek advice and/or treatment for .....’s cough?</b> 1 = YES 2 = No → <i>Go to Q25.2.10</i> 3 = DON'T KNOW → <i>Go to Q25.2.10</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10
25.2.9	<p><b>Where did you seek advice or treatment for ..... 's cough?</b></p> <p><b>Public sector</b> (i.e. government, provincial or community health institution)</p> <p>01 = HOSPITAL 02 = CLINIC 03 = OTHER IN PUBLIC SECTOR, <i>specify</i></p> <p><b>Private sector</b> (incl. private clinics, surgery, private hospitals and sangomas)</p> <p>04 = HOSPITAL 05 = CLINIC 06 = PRIVATE DOCTOR/SPECIALIST (CONSULTING ROOM) 07 = TRADITIONAL HEALER (CONSULTING ROOM) 08 = PHARMACY/CHEMIST 09 = HEALTH FACILITY PROVIDED BY EMPLOYER 10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHY (CONSULTING ROOM) 11 = SELF MEDICATION 12 = DON'T KNOW 13 = OTHER IN PRIVATE SECTOR, <i>specify</i></p>										
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.10	<p><b>Has ..... had diarrhoea during the 6 months prior to the survey period?</b></p> <p>1 = YES 2 = No → <i>Go to Q25.3.1</i> 3 = DON'T KNOW → <i>Go to Q25.3.1</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10	
25.2.11	Did you seek advice and/or treatment for .....’s diarrhoea? 1 = YES 2 = No → <i>Go to Q25.3.1</i> 3 = DON’T KNOW → <i>Go to Q25.3.1</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
25.2.12	When ..... had diarrhoea was he/she given anything to treat the diarrhoea? 1 = YES 2 = No → <i>Go to Q25.3.1</i> 3 = DON’T KNOW → <i>Go to Q25.3.1</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
25.2.13	What was given to ..... to treat the diarrhoea? 1 = FLUID FROM SORAL PACKET (REHYDRANT) ..... 2 = HOME-MADE FLUID (SUGAR AND SALT SOLUTION) 3 = PILL OR SYRUP ..... 4 = INJECTION..... 5 = INTRAVENOUS (IV) ..... 6 = HOME-MADE REMEDIES/HERBAL MEDICINE ..... 7 = NONE ..... 8 = OTHER, <i>specify</i> .....	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		01	02	03	04	05	06	07	08	09	10
25.2.14	<p><b>Where did you seek advice or treatment for ..... 's diarrhoea?</b></p> <p><b>Public sector</b> (i.e. government, provincial or community health institution)</p> <p>01 = HOSPITAL 02 = CLINIC 03 = OTHER IN PUBLIC SECTOR, <i>specify</i></p> <p><b>Private sector</b> (incl. private clinics, surgery, private hospitals and sangomas)</p> <p>04 = HOSPITAL 05 = CLINIC 06 = PRIVATE DOCTOR/SPECIALIST (CONSULTING ROOM) 07 = TRADITIONAL HEALER (CONSULTING ROOM) 08 = PHARMACY/CHEMIST 09 = HEALTH FACILITY PROVIDED BY EMPLOYER 10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHY (CONSULTING ROOM) 11 = SELF MEDICATION 12 = DON'T KNOW 13 = OTHER IN PRIVATE SECTOR, <i>specify</i></p>										
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>25.3 VITAL REGISTRATION: BIRTHS</b>												
<i>Ask for children below five years.</i> <b>Read out: Now I am going to ask you questions related to registration of births.</b> <b>Mothers or caregivers will answer questions on behalf of these children.</b>												
		<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>	
<b>25.3.1</b>	<b>Is .....’s birth registered with the South African Department of Home Affairs?</b> 1 = YES → <b>Go to Q25.4.1</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>25.3.2</b>	<b>Why is .....’s birth not registered?</b> 1 = Registration offices too far..... 2 = Did not know that the birth should be registered ..... 3 = Did not know where to register..... 4 = Born outside South Africa..... 5 = DON’T KNOW ..... 6 = OTHER, <i>specify</i> .....	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N D/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>25.3.3</b>	<b>Do you know the process to follow on how to register your child’s birth?</b> 1 = YES 2 = No 3 = DON’T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Ask if there are children aged 12 to 23 months, otherwise go to Section 25.5

<b>25.4 HEALTH FOR CHILDREN AGED 12 TO 23 MONTHS</b>											
<b>Read out: Now I am going to ask you health-related questions regarding children aged 12-23 months. Mothers or caregivers will answer questions on behalf of these Children.</b>											
<b>25.4.1</b>	<b>Does ..... have a road to health card?</b> 1 = YES → <b>Go to Q25.4.2</b> 2 = No → <b>Go to Q25.4.3</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

# 25.4.2

Request to see the RTHC and copy information to CHART 1 below accurately from the road to health card (RTHC).

Write “99” in column “DD” if a card shows that vaccination was given, but the date was not written or is not legible. Do the same for month, column MM write “99” if the month the child was immunised is not legible or not written and do the same for year.

Write the person number of a child aged 12-23 months (1 year-1 year 11 months) for which the card was given.

CHART 1

Person Number																															
Age Group	Vaccine	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y
Birth	BCG																														
	OPV0																														
6 weeks	OPV1																														
	RV1																														
	DTaP-IPV-Hib1																														
	Hep B1																														
	PCV 1																														
10 weeks	DTaP-IPV-Hib2																														
	Hep B2																														
14 weeks	DTaP-IPV-Hib3																														
	Hep B3																														
	PCV2																														
	RV2																														
9 months	Measles1																														
	PCV3																														
18 months	DTaP-IPV-Hib4																														
	Measles2																														

$+$ 

+

## +

111



+ Only for children 12 to 23 months who missed receiving immunisation on time.

+

Person Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
25.4.4	Why did ..... not receive any of the immunisation on time?	Y	N	D/K	Y	N	D/K	Y	N	D/K
	1 = The clinic did not have vaccines.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2 = Child was sick.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3 = Parent/Caregiver was not aware the child needed to be immunised or was not up to date .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4 = Nurses at the clinic are harsh and unfriendly; it makes it difficult for one to take child freely to clinic .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5 = Working parent and clinic times are difficult for me / clinic not opened weekends.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6 = Too much time spent at the clinic when child is taken for Well Baby Clinic.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	7 = Clinic is too far and or expensive. Taxi/Bus fare is expensive for parent/caregiver.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	8 = Forgot/did not get time to take child to clinic .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	9 = OTHER, <i>specify</i> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

+

+

**25.5 DISABILITY**

*Read out: Now I am going to ask you questions on disability.*

*Ask for all household members.*

	01	02	03	04	05	06	07	08	09	10
<b>25.5.1</b> Is ..... limited in his/her daily activities, at home, at work or at school, because of a long-term physical, sensory, hearing, intellectual or psychological condition? 1 = YES 2 = No → <b>Go to Section 26</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>25.5.2</b> Does ..... have difficulty in doing any of the following?  <i>Read all the options; use the codes below to indicate the degree of problems.</i>  a = Seeing (even with glasses if he/she wears one) b = Hearing (even with a hearing aid, if he/she wears one) c = Walking a kilometre or climbing a flight of steps  d = Remembering and concentrating e = With self-care, such as washing or dressing f = In communicating in his/her usual language including sign language (understanding others and being understood by others)  <b>CODES</b> 1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Do not know 6 = Cannot yet be determined	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c  <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	

+

**END OF MODULE 4**

Date         Ending time     Main respondent   No. of household members present   No. of non-household members present

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 isiNdebele	<input type="text"/>	04 isiXhosa	<input type="text"/>	05 isiZulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 seSotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****COMMENTS****Was the interview interrupted by.....?**

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments***Were there other problems, e.g. ....**

disagreement within household

respondent disagreed with interview/interviewer

other, *specify under comments***DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW**

*I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.*

Date       Interviewer Name  Signature

[illegible]

**DECLARATION BY QUALITY CHECKER**

*I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.*

Date    
 Name 
 Signature

*I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.*

**Date**     **Name**  **Signature**

Name	Signature

**Signature**

Living Conditions Survey (LCS) 2014/15 - Publicity and Data Collection Periods														
Year	Survey Period	Survey Date	Team	DU Publicity and Preparations		Week 0 (Diary training & Module 1)		Diary Keeping				Week 3 (Module 4)		Boxes received at CDPC
								Week 1 (Module 2)		Week 2 (Module 3)				
				Start	End	Start	End	Start	End	Start	End	Start	End	By
2014	01	4102014	A	29-Sep	12-Oct	13-Oct	19-Oct	20-Oct	26-Oct	27-Oct	2-Nov	3-Nov	9-Nov	28-Nov
	02	4112014	B	13-Oct	26-Oct	27-Oct	2-Nov	3-Nov	09-Nov	10-Nov	16-Nov	17-Nov	23-Nov	12-Dec
	03	4112014	C	27-Oct	9-Nov	10-Nov	16-Nov	17-Nov	23-Nov	24-Nov	30-Nov	1-Dec	7-Dec	26-Dec
	04	4122014	A	10-Nov	23-Nov	24-Nov	30-Nov	1-Dec	07-Dec	08-Dec	14-Dec	15-Dec	21-Dec	9-Jan
	05	4122014	B	24-Nov	7-Dec	8-Dec	14-Dec	15-Dec	21-Dec	22-Dec	28-Dec	29-Dec	4-Jan	23-Jan
	06	4122014	C	8-Dec	21-Dec	22-Dec	28-Dec	29-Dec	04-Jan	05-Jan	11-Jan	12-Jan	18-Jan	6-Feb
	07	1012015	A	22-Dec	4-Jan	5-Jan	11-Jan	12-Jan	18-Jan	19-Jan	25-Jan	26-Jan	1-Feb	20-Feb
2015	08	1012015	B	5-Jan	18-Jan	19-Jan	25-Jan	26-Jan	01-Feb	02-Feb	8-Feb	9-Feb	15-Feb	6-Mar
	09	1022015	C	19-Jan	1-Feb	2-Feb	8-Feb	9-Feb	15-Feb	16-Feb	22-Feb	23-Feb	1-Mar	20-Mar
	10	1022015	A	2-Feb	15-Feb	16-Feb	22-Feb	23-Feb	01-Mar	02-Mar	8-Mar	9-Mar	15-Mar	3-Apr
	11	1032015	B	16-Feb	1-Mar	2-Mar	8-Mar	9-Mar	15-Mar	16-Mar	22-Mar	23-Mar	29-Mar	17-Apr
	12	1032015	C	2-Mar	15-Mar	16-Mar	22-Mar	23-Mar	29-Mar	30-Mar	5-Apr	6-Apr	12-Apr	1-May
	13	2042015	A	16-Mar	29-Mar	30-Mar	5-Apr	6-Apr	12-Apr	13-Apr	19-Apr	20-Apr	26-Apr	15-May
	14	2042015	B	30-Mar	12-Apr	13-Apr	19-Apr	20-Apr	26-Apr	27-Apr	3-May	4-May	10-May	29-May
	15	2052015	C	13-Apr	26-Apr	27-Apr	3-May	4-May	10-May	11-May	17-May	18-May	24-May	12-Jun
	16	2052015	A	27-Apr	10-May	11-May	17-May	18-May	24-May	25-May	31-May	1-Jun	7-Jun	26-Jun
	17	2062015	B	11-May	24-May	25-May	31-May	1-Jun	07-Jun	08-Jun	14-Jun	15-Jun	21-Jun	10-Jul
	18	2062015	C	25-May	7-Jun	8-Jun	14-Jun	15-Jun	21-Jun	23-Jun	28-Jun	29-Jun	5-Jul	24-Jul
	19	2062015	A	8-Jun	21-Jun	22-Jun	28-Jun	29-Jun	05-Jun	06-Jun	12-Jul	13-Jul	19-Jul	7-Aug
	20	3072015	B	22-Jun	5-Jul	6-Jul	12-Jul	13-Jul	19-Jul	20-Jul	26-Jul	27-Jul	2-Aug	21-Aug
	21	3072015	C	6-Jul	19-Jul	20-Jul	26-Jul	27-Jul	02-Jul	03-Jul	9-Aug	10-Aug	16-Aug	4-Sep
	22	3082015	A	20-Jul	2-Aug	3-Aug	9-Aug	10-Aug	16-Aug	17-Aug	23-Aug	24-Aug	30-Aug	18-Sep
	23	3082015	B	3-Aug	16-Aug	17-Aug	23-Aug	24-Aug	30-Aug	31-Aug	6-Sep	7-Sep	13-Sep	2-Oct
	24	3092015	C	17-Aug	30-Aug	31-Aug	6-Sep	7-Sep	13-Sep	14-Sep	20-Sep	21-Sep	27-Sep	16-Oct
	25	3092015	A	31-Aug	13-Sep	14-Sep	20-Sep	21-Sep	27-Sep	28-Sep	4-Oct	5-Oct	11-Oct	30-Oct
	26	4102015	B	14-Sep	27-Sep	28-Sep	4-Oct	5-Oct	11-Oct	12-Oct	19-Oct	20-Oct	25-Oct	13-Nov

Year	Survey Period	Survey Date	Team	Reference Periods for LCS 2014/15 Data Collection		
				1 Month	3 Months	12 Months
2014	01	4102014	A	September 2014	July 2014 to September 2014	October 2013 to September 2014
	02	4112014	B	September 2014	July 2014 to September 2014	October 2013 to September 2014
	03	4112014	C	October 2014	August 2014 to October 2014	November 2013 to October 2014
	04	4122014	A	October 2014	August 2014 to October 2014	November 2013 to October 2014
	05	4122014	B	November 2014	September 2014 to November 2014	December 2013 to November 2014
	06	4122014	C	November 2014	September 2014 to November 2014	December 2013 to November 2014
	07	1012015	A	December 2014	October 2014 to December 2014	January 2014 to December 2014
2015	08	1012015	B	December 2014	October 2014 to December 2014	January 2014 to December 2014
	09	1022015	C	January 2015	November 2014 to January 2015	February 2014 to January 2015
	10	1022015	A	January 2015	November 2014 to January 2015	February 2014 to January 2015
	11	1032015	B	February 2015	December 2014 to February 2015	March 2014 to February 2015
	12	1032015	C	February 2015	December 2014 to February 2015	March 2014 to February 2015
	13	2042015	A	February 2015	December 2014 to February 2015	March 2014 to February 2015
	14	2042015	B	March 2015	January 2015 to March 2015	April 2014 to March 2015
	15	2052015	C	March 2015	January 2015 to March 2015	April 2014 to March 2015
	16	2052015	A	April 2015	February 2015 to April 2015	May 2014 to April 2015
	17	2062015	B	April 2015	February 2015 to April 2015	May 2014 to April 2015
	18	2062015	C	May 2015	March 2015 to May 2015	June 2014 to May 2015
	19	2062015	A	May 2015	March 2015 to May 2015	June 2014 to May 2015
	20	3072015	B	June 2015	April 2015 to June 2015	July 2014 to June 2015
	21	3072015	C	June 2015	April 2015 to June 2015	July 2014 to June 2015
	22	3082015	A	July 2015	May 2015 to July 2015	August 2014 to July 2015
	23	3082015	B	July 2015	May 2015 to July 2015	August 2014 to July 2015
	24	3092015	C	July 2015	May 2015 to July 2015	August 2014 to July 2015
	25	3092015	A	August 2015	June 2015 to August 2015	September 2014 to August 2015
	26	4102015	B	August 2015	June 2015 to August 2015	September 2014 to August 2015

**FIELDWORK QUALITY ASSURANCE**

	Name	Number	Date completed / Checked															
			Module 3				Module 3				Module 3				Module 3			
Survey officer																		
Checker																		
DSC																		
PQM																		

**DECLARATION BY QUALITY DSC**

*I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.*

D D M M

Date

DSC Name

Signature



+

+