



# General Household Survey 2012

## A: Particulars of the dwelling

A1: PSU Number

A2: Assignment Number

A3: Dwelling Unit Number

A4: Physical ID of the Dwelling Unit/Household

A5: Telephone number of enumerated household

A6: Total number of persons in household

A7: Questionnaire number of this household

## B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling

## C: Field staff

Survey Officer name

DSC name

PQM name

Unique No.

## D: Survey period

## E: Response details

Visit No.	Date actual			Date planned			Result Code	Next Visit (Planned)						
	d	m	y	d	m	y		d	m	y				
1														
2														
3														
4														

E2: FINAL RESULT CODE

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

Assignment Number

Assignment Number

Assignment Number

RESULT CODES

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

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

<b>F</b> Is there any other person residing in this household, other than those already mentioned, who is not presently here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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→ If "Yes", Go back to A

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### **Aim and use of the survey**

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

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

### **The survey design**

A representative national sample of 31 144 Dwelling Units (DUs) has been drawn from the 3 072 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2001 Population Census Enumeration Areas (EAs). Between 1 and 31 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

### **Write figures very carefully**

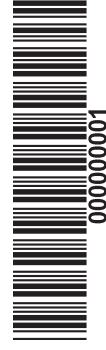
Close the zeros (0) so that they will not be mistaken for the sixes (6).

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

Your figures should be made like this:

1	2	3	4	5
6	7	8	9	0

Your crosses should not touch the sides:



**FLAP This section covers particulars of each person in the household**

The following information must be obtained for every person who is considered to be a member of the household. Only add persons who had stayed here for at least four nights on average per week for at least four weeks. Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

h h m m

INTERVIEW START TIME

	01	02	03	04	05	06	07	08	09	10																																									
<b>A</b>	<table border="0"> <tr> <td><b>First name and surname</b> Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.</td> <td colspan="10"><b>First name:</b></td> </tr> <tr> <td><b>Surname:</b></td> <td colspan="10"></td> </tr> </table>										<b>First name and surname</b> Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.	<b>First name:</b>										<b>Surname:</b>																													
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<b>Surname:</b>																																																			
<b>B</b>	<table border="0"> <tr> <td rowspan="2">Has ..... stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = Yes 2 = No → If "No", End of interview</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> </table>										Has ..... stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = Yes 2 = No → If "No", End of interview	<input type="checkbox"/> 1	<input type="checkbox"/> 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																				
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<b>C</b>	<table border="0"> <tr> <td rowspan="2">Is ..... a male or a female? 1 = Male 2 = Female</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> </table>										Is ..... a male or a female? 1 = Male 2 = Female	<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																				
Is ..... a male or a female? 1 = Male 2 = Female	<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																																									
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<b>D</b>	<table border="0"> <tr> <td rowspan="4">What is .....s date of birth and age in completed years?</td> <td><b>Day of Birth:</b> Example of day</td> <td>05</td> <td>d</td><td>d</td><td>d</td><td>d</td><td>d</td><td>d</td><td>d</td><td>d</td> </tr> <tr> <td><b>Month of birth:</b> Example of month</td> <td>11</td> <td>m</td><td>m</td><td>m</td><td>m</td><td>m</td><td>m</td><td>m</td><td>m</td> </tr> <tr> <td><b>Year of birth:</b> Example of year</td> <td>2007</td> <td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><b>Age in years</b> Less than one year = 0</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										What is .....s date of birth and age in completed years?	<b>Day of Birth:</b> Example of day	05	d	d	d	d	d	d	d	d	<b>Month of birth:</b> Example of month	11	m	m	m	m	m	m	m	m	<b>Year of birth:</b> Example of year	2007	y	y	y	y	y	y	y	y	<b>Age in years</b> Less than one year = 0									
What is .....s date of birth and age in completed years?	<b>Day of Birth:</b> Example of day	05	d	d	d	d	d	d	d	d																																									
	<b>Month of birth:</b> Example of month	11	m	m	m	m	m	m	m	m																																									
	<b>Year of birth:</b> Example of year	2007	y	y	y	y	y	y	y	y																																									
	<b>Age in years</b> Less than one year = 0																																																		



**SECTION 1 : HOUSEHOLD SPECIFIC CHARACTERISTICS**  
*This section covers particulars of each person in the household*

	01	02	03	04	05	06	07	08	09	10
<b>1.1 What is ..... 's relationship to the head of the household? (i.e. to the person in column 1)</b> 1 = Head/acting head 2 = Husband/wife/partner of person 01 3 = Son/daughter/stepchild/adopted child of person 01 4 = Brother/sister/stepbrother/stepmother of person 01 5 = Father/mother/stepfather/stepmother of person 01 6 = Grandparent/great grandparent of person 01 7 = Grandchild/great grandchild of person 01 8 = Other relative (e.g. in-laws or aunt/uncle) of person 01 9 = Non-related persons	<input type="checkbox"/>	<input type="checkbox"/>	<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>1.2a What is ..... 's present marital status?</b> 1 = Legally married 2 = Living together like husband and wife 3 = Divorced 4 = Separated, but still legally married 5 = Widowed 6 = Single, but have been living together with someone as husband/wife before 7 = Single and have never been married/never lived together as husband/wife before Go to Q1.3a	<input type="checkbox"/>	<input type="checkbox"/>	<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>1.2b Does .... 's spouse/partner live in this household?</b> 1 = Yes 2 = No → Go to Q1.3a	<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>1.2c Ask if yes in Q1.2b Which person is the spouse/partner of .....? Give person number</b> → Go to Q1.3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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**EDUCATION**

**Ask for all household members. Read out: Now I am going to ask you questions related to education for each member of the household**

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

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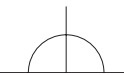
Ask for all household members aged 0-4 years. Otherwise go to Q1.9

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

→ Go to Q1.25







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

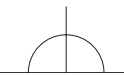
	01	02	03	04	05	06	07	08	09	10
<p><b>1.9</b> I am now going to ask questions about various skills related to reading and writing.....  <b>Does .....have difficulty in doing any of the following...</b>            Read all the options.            Use the Codes below to indicate the degree of difficulty</p> <p>a = Writing his/her name            b = Reading (e.g. newspapers, magazines, religious books) at least one language            c = Filling in a form (e.g. social grant forms) at least one language            d = Writing a letter in at least one language            e = Calculating/working out how much change he/she should receive when buying something in at least one language            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 = Do not know</p>	a	a	a	a	a	a	a	a	a	a
	b	b	b	b	b	b	b	b	b	b
	c	c	c	c	c	c	c	c	c	c
	d	d	d	d	d	d	d	d	d	d
	e	e	e	e	e	e	e	e	e	e
	f	f	f	f	f	f	f	f	f	f

Ask for all household members who are 5 years and older

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

→ **Go to Q1.25**





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

	01	02	03	04	05	06	07	08	09	10
<b>1.12 Which of the following educational institutions does ..... attend?</b> <i>Read all the options</i> 1 = Pre-school (including ECD centre, e.g. day care, crèche, play group, nursery school or pre-primary school) 2 = School (including Grade R to Grade 12 learners who attend a formal school) 3 = Adult Basic Education and Training Learning Centre (ABET Centre) 4 = Literacy classes (e.g. Kha Ri Gude) 5 = Higher Educational Institution (University/ University of Technology) 6 = Further Education and Training College (FET) 7 = Other College 8 = Home based education/home schooling → <b>Go to Q1.25</b> 9 = Other than any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<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>1.13 Is the institution that .... is attending public or private?</b> 1 = Public (Government) 2 = Private (Independent) 3 = Do not 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
<b>1.14 Is it a correspondence/distance educational institution?</b> <i>The student studies by post/via the internet (e.g. UNISA) in a correspondence/distance institution.</i> 1 = Yes → <b>Go to Q1.16</b> 2 = No 3 = Do not 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

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	01	02	03	04	05	06	07	08	09	10
<b>1.15a</b> What means of transport is usually used by ..... to get to the educational institution he/she attends? If more than one mode is used, indicate the one that covers the longest distance. 01 = Walking 02 = Bicycle/motorcycle 03 = Minibus taxi/ sedan taxi/bakkie taxi 04 = Bus 05 = Train 06 = Minibus/bus provided by institution/ government and not paid for 07 = Minibus/bus provided and paid for by the institution 08 = Vehicle hired by a group of parents 09 = Own car or other private vehicle 10 = None, studies at/from home 11 = Other	<input type="checkbox"/>	<input type="checkbox"/>	<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>1.15b</b> How long does it take ..... to get to the educational institution he/she attends? Specify for one direction only, using the usual means of transport 1 = Less than 15 minutes 2 = 15 - 30 minutes 3 = 31 - 60 minutes 4 = 61 - 90 minutes 5 = More than 90 minutes 6 = Do not know	<input type="checkbox"/>	<input type="checkbox"/>	<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>1.15c</b> Is this educational institution the nearest of its kind (e.g. pre-school, primary, University) to your dwelling? 1 = Yes → Go to Q1.16 2 = No 3 = Do not 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

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<p><b>1.15d</b> Ask if "No" in Q1.15c  <b>What is the main reason why ..... is not attending the nearest institution?</b>            01 = Inadequate facilities (e.g. classroom, laboratories)            02 = Lack of resources/equipment (e.g. computers, textbooks, laboratory equipment, sports equipment)            03 = Lack of services (e.g. water, electricity, toilets)            04 = Quality of teaching is poor            05 = Overcrowded classes            06 = Lack of safety            07 = Weak management            08 = Lack of discipline            09 = No/too few extra-mural activities            10 = Not accepted for enrolment            11 = Preferred courses/subject not offered            12 = Current institution better than closest            13 = Other (specify in the box below)</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"/>
<p><b>1.16</b> What is the total amount of tuition fees paid by this household for ... this year? Add expenses made to date as well as expected expenses for the remainder of the year. Do not include the cost of uniforms, books and other learning materials, accommodation fees, sports fees and transport fees.</p> <p>00 = None            01 = R1 - R100            02 = R101 - R200            03 = R201 - R300            04 = R301 - R500            05 = R501 - R1 000            06 = R1 001 - R2 000            07 = R2 001 - R3 000            08 = R3 001 - R4 000            09 = R4 001 - R8 000            10 = R8 001 - R12 000            11 = R12 001 - R16 000            12 = R16 001 - R20 000            13 = More than R20 000            14 = Do not know</p> <p style="text-align: right;"><b>Go to Q1.18</b></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"/>

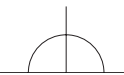
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	01	02	03	04	05	06	07	08	09	10
<b>1.17</b> Ask if "None" in Q1.16 <b>If no fees were paid for education, why was it not paid?</b> 1 = Cannot afford to pay 2 = Do not want to pay 3 = No fee school (school did not ask for fees) 4 = ..... got a fee exemption 5 = ..... got a bursary covering all costs 6 = Other (specify in the block)	<input type="checkbox"/>	<input type="checkbox"/>	<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>1.18</b> Ask for all respondents who are currently attending educational institutions <b>This academic year, has ..... benefited from any fee reductions and/or partial bursaries?</b> 1 = Yes 2 = No 3 = Do not 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
<b>1.19</b> During the past 6 months, what problems, if any, did ..... experience at the educational institution he/she attended? <i>Read all the options; Use the codes below</i> a = Lack of books b = Poor quality of teaching c = Lack of teachers d = Facilities in bad condition e = Fees too high f = Classes too large/too many learners g = Teachers are often absent from school h = Teachers were involved in strike i = Other (specify in the box below) <b>CODES</b> 1 = Yes 2 = No 3 = Do not know	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<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"/> g <input type="checkbox"/> h <input type="checkbox"/> i

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

	01	02	03	04	05	06	07	08	09	10
<b>1.20 Which Grade is ..... currently attending?</b> 00 = Grade R/0 01 = Grade 1 02 = Grade 2 03 = Grade 3 04 = Grade 4 05 = Grade 5 06 = Grade 6 07 = Grade 7 08 = Grade 8 09 = Grade 9 10 = Grade 10 11 = Grade 11 12 = Grade 12/Matric 13 = NC (V) Level 2 (N1/NTC 1) 14 = NC (V) Level 3 (N2/NTC 2) 15 = NC (V) Level 4 (N3/NTC 3) 16 = Other	<input type="checkbox"/>	<input type="checkbox"/>	<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>1.21 Is .....doing the same grade that he/she did last year or before (if there was a break in his/her education)?</b> 1 = Yes 2 = No 3 = Do not 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"/>
<b>1.22a Does.... attend a school where food is given as part of the school feeding scheme/ Government nutrition program?</b> 1 = Yes 2 = No 3 = Do not know → Go to Q1.23a → Go to Q1.23a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	01	02	03	04	05	06	07	08	09	10
<b>1.22b</b> <b>Does.... eat the food provided as part of the school feeding scheme/Government nutrition program? If yes, specify how regularly food is eaten.</b> 1 = No 2 = Yes, every day 3 = Yes, a few times a week 4 = Yes, sometimes 5 = Do not know	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>1.23a</b> <b>Has .... experienced any form of violence, corporal punishment or verbal abuse at school between January and June 2012?</b> 1 = Yes 2 = No 3 = Do not know → <b>Go to Q1.24a</b> → <b>Go to Q1.24a</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
<b>1.23b</b> <b>Ask if "Yes" in Q1.23a</b> <b>What kind of violence did ....experience?</b> <i>Read all the options</i> 1 = Corporal punishment by teacher 2 = Physical violence by teacher 3 = Verbal abuse (being insulted, teased or harassed) by teacher 4 = Verbal abuse (being insulted, teased or harassed) by other learners 5 = Physical abuse (being hit or punched) by another learner 6 = Other	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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

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

**HEALTH AND GENERAL FUNCTIONING**

Ask for all household members. Read out: Now I am going to ask you health-related questions for each member of the household

	01	02	03	04	05	06	07	08	09	10
<p><b>1.25</b> Is ..... covered by a medical aid or medical benefit scheme or other private health insurance? If the person is a dependant and covered by someone else's scheme, the answer is "Yes".</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>1.26a</b> During the past month, did ..... suffer from any illnesses or injuries?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>→ Go to Q1.28a → Go to Q1.28a</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>





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

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





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

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

<b>1.28b</b> If "Yes" to any option in 1.28a <b>Is .....taking medication for the chronic illness(es) listed in Q1.28a? Use codes 1 to 4 in the block next to the disease to indicate whether medication is taken or not</b>																				
a = Asthma	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a
b = Diabetes	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b
c = Cancer	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c
d = HIV and AIDS	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d	d
e = Hypertension/high blood pressure	e	e	e	e	e	e	e	e	e	e	e	e	e	e	e	e	e	e	e	e
f = Arthritis	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f
g = Other (specify in the box below)	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g
CODES	1 = Yes 2 = No 3 = Do not know 4 = Not applicable																			

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Ask for all female household members.

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





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

	01	02	03	04	05	06	07	08	09	10
<b>1.30 Does... have difficulty in doing any of the following? Read all the options; use the codes below to indicate the degree of problems.</b> a = Seeing (even with glasses if he/she wears them) 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	a	a	a	a	a	a	a	a	a	a
	b	b	b	b	b	b	b	b	b	b
	c	c	c	c	c	c	c	c	c	c
	d	d	d	d	d	d	d	d	d	d
	e	e	e	e	e	e	e	e	e	e
	f	f	f	f	f	f	f	f	f	f
<b>1.31 Does .... use any of the following? Read all the options</b> 1 = Eye glasses/spectacles/contact lenses 2 = Hearing aid 3 = Walking stick/walking frame 4 = A wheelchair 5 = Chronic medication 6 = Other assistive devices (specify in box below)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No
	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	6	6	

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**SOCIAL GRANTS AND SOCIAL RELIEF**

Ask for all household members

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

	01	02	03	04	05	06	07	08	09	10	
<p><b>1.32a</b> Does anyone in this household receive a social grant, pension or social relief assistance from the Government?                      1 = Yes                      2 = No                      3 = Do not know</p> <p style="text-align: right;">→ Go to Q1.35                      → Go to Q1.35</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	
<p><b>1.32b</b> If "Yes" in Q1.32a  <b>Does ... receive a(n).....? Answer for each person who qualified for the grant and NOT for the person who applied on behalf of/physically receives the money. Someone who used to work for the Government and receive a pension do <b>not</b> get an old age grant</b>                      Read all the options</p> <p>1 = Old-age grant (60-74;R1200; 75+; R1220)                      2 = Disability grant (&lt;60;R1200)                      3 = Child support grant (0-16;R280)                      4 = Care dependency grant(0-17;R1200)                      5 = Foster child grant (&lt;22; R770)                      6 = War veterans grant (60+; R1220)                      7 = Grant-in-aid (R250 and should have another grant)                      8 = Social relief of distress</p>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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 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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	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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
<p><b>1.33</b> If "yes" for disability grant in 1.32b  <b>Please state whether the disability grant is.....</b>                      1 = Permanent disability                      2 = Temporary disability                      3 = Do not know</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	

If options 1, 4-8 Go to Q1.35, If option 3 go to Q1.34, otherwise continue







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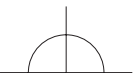
	01	02	03	04	05	06	07	08	09	10
<b>1.34</b> If "yes" for child support grant in 1.32b <b>Who made the child support grant application?</b> 1 = The biological parent (Living with child) 2 = The nominated care giver (Living with child) 3 = Someone outside the household, but most of the money is transferred to this household 4 = Someone outside the household and most of the money is used outside this household 5 = Someone outside the household, half of the money is used inside this household and half outside 6 = Other	<input type="checkbox"/> 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>1.35</b> Has ... made use of any of the following social welfare services provided or subsidised by the government during the past twelve months? <i>Read all the options</i> 1 = Visits by the community care givers (for HIV, persons with disabilities and older persons) 2 = Services for victims of domestic violence (shelters or counselling) 3 = Social work services for drug abuse (counselling or admittance to substance abuse centres) 4 = Child protection services (prevention of abuse, neglect and abandonment of children) 5 = Correctional services (for children in conflict with the law)	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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	Yes <input type="checkbox"/> No <input type="checkbox"/> <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>1.36</b> Write the person number of the person who responded on behalf of each household member for section 1. If a person responded for himself write his/her person number in his/her column.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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**SECTION 2 : ECONOMIC ACTIVITIES**  
**Ask for all household members 15 years and older**

	01	02	03	04	05	06	07	08	09	10
<p><b>2.1a</b> During the last calendar week (Sunday to Saturday) did .... work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i></p> <p>1 = Yes            2 = No            3 = Do not know</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
<p><b>2.1b</b> During the last calendar week (Sunday to Saturday) did ... run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour? <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p> <p>1 = Yes            2 = No            3 = Do not know</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
<p><b>2.1c</b> During the last calendar week (Sunday to Saturday) did .... help without being paid in any kind of business, run by his/her household even if it was for only one hour? <i>Examples: Commercial farming, production of agricultural produce to sell, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p> <p>1 = Yes            2 = No            3 = Do not know</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
<b>If "Yes" to any of the above go to Q2.2a. Otherwise answer Q2.1d</b>										
<p><b>2.1d</b> In the last calendar week (Sunday to Saturday), even though .... did not do any work for pay or profit, does ..... have a job or business that he/she would definitely return to?</p> <p>1 = Yes            2 = No            3 = Do not know</p> <p style="text-align: right;">             → <b>Go to Q2.6a</b>              → <b>Go to Q2.6a</b> </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





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		01	02	03	04	05	06	07	08	09	10	
		Rands										
<b>2.2a</b>	<b>What is .....’s total salary/pay at his/her main job? Including overtime, allowances and bonus, before any tax or deductions. Give amount in whole figures, without any text or decimals. If “NONE”, “REFUSE” or “DO NOT KNOW” write 999 999 999 and → Go to Q2.3</b>											
<b>2.2b</b>	<b>Ask only if an amount is given in Q2.2a</b> <b>Is this ....</b> 1 = Per week 2 = Per month 3 = Annually → <b>Go to Q2.4a</b>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
<b>2.3</b>	<b>Only if “NONE”, “REFUSE” or “DO NOT KNOW” in Q 2.2a. Show prompt card 3 and mark the applicable code</b>											
	<b>Weekly</b>	<b>Monthly</b>										
	01 NONE	<b>Annually</b>										
	02 R1 - R46	NONE										
	03 R47 - R115	R1 - R200										
	04 R116 - R231	R201 - R500										
	05 R232 - R346	R501 - R1000										
	06 R347 - R577	R1001 - R1500										
	07 R578 - R808	R1501 - R2500										
	08 R809 - R1039	R2501 - R3500										
	09 R1040 - R1386	R3501 - R4500										
	10 R1387 - R1848	R4501 - R6000										
	11 R1849 - R2540	R6001 - R8000										
	12 R2541 - R3695	R8001 - R11000										
	13 R3696 - R6928	R11001 - R16000										
	14 R6929 OR MORE	R16001 - R30000										
	15 DON'T KNOW	R30001 OR MORE										
	16 REFUSE	DON'T KNOW										
		REFUSE										

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	01	02	03	04	05	06	07	08	09	10
<b>2.4a</b> What means of transport is usually used by ..... to get to his/her place of employment? If more than one mode is used, indicate the one that covers the longest distance. 1 = Office is at home → <b>Go to Q2.5</b> 2 = Walking 3 = Bicycle/motorcycle 4 = Minibus taxi/ sedan taxi/bakkie taxi 5 = Bus 6 = Train 7 = Lift club by a group of people sharing a private vehicle 8 = Own car/other private vehicle/company vehicle 9 = Other (specify in the block)	<input type="checkbox"/>	<input type="checkbox"/>	<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>2.4b</b> How many minutes does it take ..... to get to his/her place of employment? Specify for one direction only, using the usual means of transport 1 = Less than 15 minutes 2 = 15 - 30 minutes 3 = 31 - 60 minutes 4 = 61 - 90 minutes 5 = More than 90 minutes 6 = Do not know	<input type="checkbox"/>	<input type="checkbox"/>	<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>2.5</b> Is the organization/business/branch where..... works 1 = In the formal sector (registered to perform activity) 2 = In the informal sector (not registered to perform activity) 3 = Do not 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

→ **Go to Q2.7a**

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	01	02	03	04	05	06	07	08	09	10
<p><b>2.6a</b> During the last four calendar weeks, was..... looking for any kind of job or trying to start any type of business? <span style="float: right;">→ Go to Q2.6d</span></p> <p>1 = Yes 2 = No 3 = Do not know</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
<p><b>2.6b</b> Would .... have liked to work during the last calendar week (Sunday to Saturday)?</p> <p>1 = Yes 2 = No 3 = Do not know</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
<p><b>2.6c</b> What was the main reason for not trying to find work or starting a business during the past four calendar weeks?</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</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"/>

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	01	02	03	04	05	06	07	08	09	10
<b>2.6d</b>										
<b>If a suitable job had been offered or circumstances had allowed, would..... have been able to start work or a business in the last calendar week (Sunday to Saturday)?</b>										
1 = Yes	<input type="checkbox"/>	<input type="checkbox"/>	<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 = No	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Do not 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"/>

**Entrepreneurship and EPWP**

<b>2.7a</b>										
<b>During the past 12 months, has.... started / attempted to start any kind of business/ SMME?</b>										
1 = Yes	<input type="checkbox"/>	<input type="checkbox"/>	<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 = No	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Do not 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"/>
<b>2.7b</b>										
<b>What motivated.... to start the business?</b>										
01 = Lost his/her job	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Could not find a job/unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Saw an opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Interested in a particular product or service	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Wanted to - makes him/her happy/ interested in it/use their skills	<input type="checkbox"/>	<input type="checkbox"/>	<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 = To be their own boss/to have their own business	<input type="checkbox"/>	<input type="checkbox"/>	<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 = To make more money	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Took over from the previous owner/ manager	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Inherited the business	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Family expected him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<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 = Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SECTION 3 : GENERAL HOUSEHOLD INFORMATION AND SERVICE DELIVERY**

This section covers general information regarding the household.  
Ask a responsible person in the household to answer on behalf of the household.

**HOUSING**

Ask all households

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

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

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<p><b>3.8</b></p>	<p><b>When was this dwelling originally built?</b>  <i>Mark the period in which the building was completed, not the time of any later remodeling, additions or conversions. If year is not known, give best estimate.</i></p> <p>1 = 2008 - 2012 (0 - 5 years)  2 = 2003 - 2007 (6 - 10 years)  3 = 1993 - 2002 (11 - 20 years)  4 = 1983 - 1992 (21 - 30 years)  5 = 1973 - 1982 (31 - 40 years)  6 = 1963 - 1972 (41 - 50 years)  7 = 1943 - 1962 (51 - 70 years)  8 = Prior to 1943 (Older than 70 years)  9 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		
<p><b>3.9a</b></p>	<p><b>Is the dwelling you live in an RDP or state subsidised dwelling?</b>  <i>Do not include housing subsidies for government employees.</i></p> <p>1 = Yes  2 = No  3 = Do not know</p> <p>→ <b>Go to Q3.10</b>  → <b>Go to Q3.10</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		
<p><b>3.9b</b></p>	<p><i>Ask if "Yes" in 3.9a</i></p> <p><b>Was this household the original beneficiary (first occupants) of this dwelling?</b></p> <p>1 = Yes  2 = No  3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		
<p><b>3.9c</b></p>	<p><b>Has the household ever used the RDP or State subsidised dwellings as security to obtain a loan or credit for:</b></p> <p>1 = Establishing a business  2 = Covering health costs  3 = Covering educational expenses  4 = Making improvements to the house  5 = Buying another property or house  6 = Other</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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
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<p><b>3.5</b></p>	<p><b>What is the tenure status of the dwelling that the household occupies at present?</b>  <i>Read all the options</i></p> <p>1 = Rented  2 = Owned, but not yet paid off to bank/financial institution  3 = Owned, but no yet paid off to private lender  4 = Owned and fully paid off → <b>Go to Q3.7</b>  5 = Occupied rent-free → <b>Go to Q3.7</b>  6 = Other → <b>Go to Q3.7</b>  7 = Do not know → <b>Go to Q3.7</b></p>	<input type="checkbox"/>
<p><b>3.6</b></p>	<p><b>How much rent or mortgage do you pay per month?</b></p> <p>1 = Less than R500  2 = R501 - R1 000  3 = R1 001 - R3 000  4 = R3 001 - R5 000  5 = R5 001 - R7 000  6 = More than R7 000  7 = Do not know</p>	<input type="checkbox"/>
<p><b>3.7</b></p>	<p><b>What would you estimate the market value or the municipal valuation of this property to be?</b></p> <p>1 = Less than R50 000  2 = R50 001 - R250 000  3 = R250 001 - R500 000  4 = R500 001 - R1 000 000  5 = R1 000 001 - R1 500 000  6 = R1 500 001 - R2 000 000  7 = R2 000 001 - R3 000 000  8 = More than R3 000 000  9 = Do not know</p>	<input type="checkbox"/>

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3.10	<p>Did any member of this household receive a government housing subsidy, such as an RDP housing subsidy, to obtain this dwelling or any other dwelling? Do not include housing subsidies for government employees.</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>												
3.11a	<p>Is any member of this household on a waiting list/demand database for an RDP or state subsidised dwelling?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>→ Go to Q3.12 → Go to Q3.12</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>												
3.11b	<p>How many household members are on the waiting list / demand database?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>												
3.11c	<p>In which year were they put on the waiting list/demand database?</p> <p>Person 1 Person 2 Person 3</p>	<table border="1"> <tr> <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> </tr> <tr> <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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

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**WATER - Ask all households**

3.12	<p>What is the household's main source of drinking water?</p> <p>01 = Piped (tap) water in dwelling/house → Go to Q3.14 02 = Piped (tap) water in yard → Go to Q3.14 03 = Borehole in yard → Go to Q3.14 04 = Rain-water tank in yard → Go to Q3.14 05 = Neighbour's tap 06 = Public/municipal tap 07 = Water-carrier/tanker 08 = Borehole outside yard 09 = Flowing water/stream/river 10 = Stagnant water/dam/pool 11 = Well 12 = Spring 13 = Other (specify)</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
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**Ask if water is not in dwelling, or in yard.**

3.13a	<p>How far is the water source from the dwelling or yard (200m is equal to the length of two football/soccer fields)?</p> <p>1 = Less than 200 metres 2 = 201 - 500 metres 3 = 501 metres - 1 kilometre 4 = More than 1 kilometre 5 = Do not know</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>
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**Ask if water is not from a pipe or a tap. Otherwise go to Q3.14**

3.13b	<p>Did you use piped or tap water at any time in the past while living in this community, but have stopped as a result of the system breaking down?</p> <p>1 = Yes 2 = No</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
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**Ask all households**

<p><b>3.14</b> Is the water from the main source of drinking water before any treatment ..... <i>Read all the options</i></p> <p>1 = Safe to drink? 2 = Clear (has no colour / free of mud)? 3 = Good in taste? 4 = Free from bad smells?</p>		<p>Yes No</p> <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</p>
<p><b>3.15</b> Do household members treat the water used for drinking? <i>This may include boiling, adding chlorine or other chemicals, filtering.</i></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>
<p><b>3.16</b> Is your main source of drinking water supplied by a municipality?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>→ Go to Q3.22 → Go to Q3.22</p>		<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>3.17</b> Ask if "Yes" in Q3.16 How do you rate the municipal water services you receive?</p> <p>1 = Good 2 = Average 3 = Poor</p>		<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>3.18a</b> Does the household pay for municipal water? <i>If cost of water is included in a levy/rent paid to a housing complex/owner/landlord, the response should be "No".</i></p> <p>1 = Yes 2 = No</p>		<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>

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<p><b>3.18b</b> Ask if "No" in Q3.18a What is the main reason why the household does not pay for water</p> <p>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 (specify)</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>3.19a</b> Has your municipal water supply been interrupted at any time during the last 12 months?</p> <p>1 = Yes 2 = No</p> <p>→ Go to Q3.22</p>		<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p><b>3.19b</b> Ask if 'Yes' in 3.19a If yes, what was the main reason for the interruption?</p> <p>01 = Burst pipes / water leaks 02 = Pump not working 03 = General maintenance 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 09 = Other (specify) 10 = Do not know</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>

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<p><b>3.20</b> Thinking about the interruptions in your municipal water supply over the last 12 months, was any specific interruption longer than two days?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p><b>3.21</b> If you add all the days that your municipal water supply was interrupted over the last 12 months, was it more than 15 days in total?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>

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<p><b>3.25</b> Is the toilet facility in the dwelling, in the yard or outside the yard?</p> <p>1 = In dwelling 2 = In yard 3 = Outside yard</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p style="text-align: center;">→ Go to Q3.27 → Go to Q3.27</p>
<p><b>Ask if the toilet is outside the yard. Otherwise go to Q3.27</b></p>	
<p><b>3.26</b> How far is the nearest toilet facility to which the household has access? (200m is equal to the length of two football/soccer fields)</p> <p>1 = Less than 200m 2 = 201m - 500m 3 = More than 500m</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>

**SANITATION - Ask all households**

<p><b>3.22</b> What type of toilet facility is used by this household?</p> <p>1 = Flush toilet connected to a public sewerage system 2 = Flush toilet connected to a septic tank 3 = Chemical toilet 4 = Pit latrine/toilet with ventilation pipe 5 = Pit latrine/toilet without ventilation pipe 6 = Bucket toilet 7 = None 8 = Other (specify)</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p><b>3.23</b> Ask if flush toilet connected to public sewerage (option 1) in Q3.22 Does this household pay for the sewerage system?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>
<p><b>3.24</b> Is the toilet facility shared with other households?</p> <p>1 = Yes 2 = No</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/></p>

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**ELECTRICITY**

**Ask all households**

<p><b>3.27</b> Does this household have access to/use electricity?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p style="text-align: center;">→ Go to Q3.34a → Go to Q3.34a</p>
<p><b>3.28a</b> Does this household presently have a connection to the MAINS electricity supply?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<p style="text-align: right;">1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p style="text-align: center;">→ Go to Q3.28c</p>
<p><b>3.28b</b> Ask if no or do not know in Q3.28a If the electricity that households have access to is not from Mains, what is the household's source of electricity?</p> <p>1 = Connected to other source which household pay for (e.g. connected to neighbour's line and paying neighbour, paying landlord) 2 = Connected to other source for which household is not paying for (e.g. connected to neighbour's line and not paying neighbour) 3 = Generator 4 = Home solar system 5 = Battery 6 = Other (specify)</p>	

→ Go to Q3.33

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<p><b>3.28c</b> Is your electricity supplied by :</p> <p>1 = Municipality (pre-paid)  2 = Municipality (receive a bill from municipality)  3 = Eskom (pre-paid)  4 = Eskom (receive a bill from Eskom)  5 = Private supplier  6 = Do not know</p>		
<p><b>3.29a</b> How do you rate the quality of the electricity supply services (maintenance, meter reading, billing, complaint handling, connection installation) you receive?</p> <p>1 = Good  2 = Average  3 = Poor</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>	
<p><b>3.29b</b> Did you contact the call centre with a complaint related to electricity during the past year?</p> <p>1 = Yes  2 = No  3 = Do not know</p> <p style="text-align: right;">→ <b>Go to Q3.29d</b>  → <b>Go to Q3.29d</b></p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>	
<p><b>3.29c</b> If yes, what kind of service did you receive?</p> <p>1 = Was the call centre available the first time?  2 = Did you get a response within a reasonable time?  3 = Was the problem resolved in one call?</p>	<p>Yes No  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	
<p><b>3.29d</b> Was your electricity cut during the past 6 months without prior notification, even though you paid your bill?</p> <p>If yes, how many times did it happen?  Write 0 if it did not happen at all and  For users of pre-paid systems write 88 for not applicable</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	
<p><b>3.29e</b> Did any of these interruptions last for more than 12 hours? If yes, how many of them?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	

<p><b>3.30</b> Was the electricity cut off during the past 30 days for non-payment for this household? If there was no electricity because the pre-paid card was empty it is not considered to be an electricity cut off because of non-payment.</p> <p>1 = Yes  2 = No  3 = Do not know</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>	
<p><b>3.31a</b> Is this household presently paying for electricity?</p> <p>1 = Yes  2 = No  3 = Do not know</p> <p style="text-align: right;">→ <b>Go to Q3.32</b>  → <b>Go to Q3.32</b></p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>	
<p><b>3.31b</b> Why is this household not paying for electricity?</p> <p>1 = Too expensive  2 = Do not receive a bill  3 = Do not know where to pay  4 = Do not want to pay  5 = Receive free basic electricity  6 = Other  7 = Do not know</p>	<p><input type="checkbox"/></p>	
<p><b>3.32</b> If electricity prices were increased tomorrow, which of the following actions will your households do in order to meet its basic energy needs?</p> <p>1 = Continue using the same level of electricity and pay the extra amount for it.  2 = Reduce the amount of electricity the household uses  3 = Use other energy sources, such as paraffin, gas, wood, coal, etc  4 = Stop paying for electricity  5 = Other (specify)</p>	<p>Yes No  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	





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<p><b>3.34b</b> What are the main sources of energy/fuel used by this household for personal transport? <i>Exclude taxis, buses, trains and other forms of public transport</i></p> <p>1 = Petrol/Diesel (e.g. car, motorcycle) 2 = Animals (e.g. donkeys, horses) 3 = Human (e.g. bicycle, walking) 4 = Hybrid/electrical motor car 5 = Other (specify)</p>	<p><b>3.35</b> Please tell us, for each of the following statements, whether you think it is always acceptable, never acceptable or sometimes in between to:</p> <p>a. Connect to electricity without paying for it. b. Steal electricity cables c. Protest about the price</p> <p>1 = Never acceptable 2 = Seldom acceptable 3 = Neither acceptable or unacceptable 4 = Sometimes acceptable 5 = Always acceptable</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>3.33</b> Does this household do any of the following to save on amount of electricity it uses? <i>Read all options</i></p> <p>1 = Switching off your lights when you leave your house 2 = Using energy saving light bulbs 3 = Switch off your lights except security lights in home when not in use 4 = Switch off appliances (TV, radio, hifi) at the wall (not the remote control) when not in use 5 = Switch off geyser at certain times during the day or at night 6 = Boil only as much water with a pot or a kettle that is needed 7 = Use stove plates or oven as little as possible 8 = Take a short shower or bath with as little water as possible 9 = Use warm clothing or blankets instead of a heater 10 = Close windows and doors when heater is on 11 = Allow clothes to drip-dry instead of ironing 12 = Install a solar water heater</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <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> </tr> <tr> <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> </tr> <tr> <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> </tr> <tr> <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> </tr> <tr> <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> </tr> <tr> <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> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
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<p><b>3.34a</b> What is the main source of energy/fuel for this household?</p> <p>01 = Electricity from mains 02 = Electricity from generator 03 = Gas 04 = Paraffin 05 = Wood 06 = Coal 07 = Candles 08 = Animal dung 09 = Solar energy 10 = Other, (specify) 11 = None</p>	<table border="1"> <tr> <td><b>General</b></td> <td><b>Winter</b></td> <td><b>Summer</b></td> </tr> <tr> <td>Cooking</td> <td>Cooking</td> <td>Cooking</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td>Heating</td> <td>Heating</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lighting</td> <td>Lighting</td> <td>Lighting</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Heating Water</td> <td>Heating Water</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>General</b>	<b>Winter</b>	<b>Summer</b>	Cooking	Cooking	Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating	Heating	Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	Lighting	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Heating Water	Heating Water		<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>																																				
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## WASTE MANAGEMENT AND REFUSE REMOVAL

Ask all households

<b>3.36</b>	<p><b>How is the refuse or rubbish of this household collected or removed?</b></p> <p>01 = Removed by local authority/private company at least once a week</p> <p>02 = Removed by local authority/private company less often than once a week</p> <p>03 = Removed by community members, contracted by the Municipality, at least once a week</p> <p>04 = Removed by community members, contracted by the Municipality, less often than once a week</p> <p>05 = Removed by community members at least once a week</p> <p>06 = Removed by community members less often than once a week</p> <p>07 = Communal refuse dump/communal container</p> <p>08 = Own refuse dump → <b>Go to Q3.38a</b></p> <p>09 = Dump or leave rubbish anywhere → <b>Go to Q3.38a</b></p> <p>10 = Other (specify) → <b>Go to Q3.38a</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ask if answer was options 1-7 in Q3.36. Otherwise go to Q3.38a

<b>3.37a</b>	<p><b>Is this household currently paying for the removal of refuse or rubbish?</b></p> <p>1 = Yes → <b>Go to Q3.38a</b></p> <p>2 = No → <b>Go to Q3.38a</b></p> <p>3 = Do not know</p>	<table border="1"> <tr> <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> </tr> <tr> <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"/>
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<b>3.37b</b>	<p>Ask if "No" in Q3.37a</p> <p><b>Would this household be willing to pay for the removal of refuse or rubbish?</b></p> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Do not know</p>	<table border="1"> <tr> <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> </tr> <tr> <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"/>
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<b>3.38a</b>	<p><b>Does this household collect waste for recycling?</b></p> <p>1 = Yes → <b>Go to Q3.39</b></p> <p>2 = No → <b>Go to Q3.39</b></p> <p>3 = Do not know → <b>Go to Q3.39</b></p>	<table border="1"> <tr> <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> </tr> <tr> <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"/>
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<b>3.38b</b>	<p><b>Which of the following does the household collect for recycling?</b></p> <p>Read all the options</p> <p>1 = Paper, cardboard/boxes</p> <p>2 = Glass/glass bottles</p> <p>3 = Plastic/plastic bags/plastic bottles</p> <p>4 = Metal / Aluminium cans</p> <p>5 = Oil (household/automotive)</p> <p>6 = Ash, rubble and bricks</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>3.38c</b>	<p><b>Does your household sell any of the waste collected for recycling?</b></p> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Do not know</p>	<table border="1"> <tr> <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> </tr> <tr> <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"/>					
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## ENVIRONMENT

Ask all households

<b>3.39</b>	<p><b>Which of the following environmental problems do you experience in your community/on your and neighbouring farms?</b></p> <p>Read all the options</p> <p>1 = Irregular or no waste removal</p> <p>2 = Littering</p> <p>3 = Water pollution</p> <p>4 = Outdoor/indoor air pollution</p> <p>5 = Land degradation/over-utilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood)</p> <p>6 = Excessive noise/noise pollution</p> <p>7 = Other (specify)</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>3.40</b>	<b>In the past 12 months have you or any member of your household ..... Read all the options</b>	Yes	No	N/A
	1 = Used pesticides in your dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	2
	2 = Used pesticides in your garden/yard?	<input type="checkbox"/>	<input type="checkbox"/>	3
	3 = Used herbicides/weed killers in your garden/yard?	<input type="checkbox"/>	<input type="checkbox"/>	3

**COMMUNICATION AND POSTAL SERVICES**  
*Ask all households*

<b>3.41</b>	<b>Does this household have a functional/working landline telephone in the dwelling?</b>	<input type="checkbox"/>	<input type="checkbox"/>	1 2
<b>3.42a</b>	<b>Is there a functional/working cellular telephone available within this household?</b>	<input type="checkbox"/>	<input type="checkbox"/>	1 2
<b>3.42b</b>	<b>If yes, how many?</b>	→ <b>Go to Q3.43</b>		

**Ask if answer is "No" to Q3.41 and Q3.42a. Otherwise go to Q3.44**

<b>3.43</b>	<b>How far is the nearest accessible telephone?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = 500 metres or less				1
	2 = 501 metres to 1 kilometres				2
	3 = More than 1km up to 5 kilometres				3
	4 = More than 5 kilometres				4

<b>3.44</b>	<b>Do members of this household use any of the following internet services? Read all the options</b>	Yes	No
	1 = Internet connection in the household	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Internet in a library/community hall/Thusing centre	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Internet for students at a school/university/college	<input type="checkbox"/>	<input type="checkbox"/>
	4 = At place of work	<input type="checkbox"/>	<input type="checkbox"/>
	5 = Internet Café 2km or less from the household	<input type="checkbox"/>	<input type="checkbox"/>
	6 = Internet Café more than 2km from the household	<input type="checkbox"/>	<input type="checkbox"/>
	7 = Internet access using cell/mobile phone or 3G card as modem	<input type="checkbox"/>	<input type="checkbox"/>
	8 = Internet access on cell/mobile phone	<input type="checkbox"/>	<input type="checkbox"/>
	9 = Do not know	<input type="checkbox"/>	<input type="checkbox"/>
	10 = Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.45</b>	<b>How does this household receive most of its mail/post?</b>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Delivered to the dwelling		
	2 = Delivered to a post box/private bag		
	3 = Through friend or neighbour or relative		
	4 = Through a shop		
	5 = Through a school		
	6 = Through a workplace		
	7 = Through a tribal/traditional/local authority office		
	8 = Do not receive mail		
	9 = Other (specify)		

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**TRANSPORT**  
Ask all households

<p><b>3.46</b> Please specify if members of this household used minibus taxi/ sedan taxi/bakkie taxis during the last calendar week (Sunday to Saturday)?</p> <p>1 = Total number of trips during the last calendar week Write 0 if no trip was made → <b>Go to Q3.47</b></p> <p>2 = How much money was spent in total on this form of transport by all household members during the last calendar week? Write 8888 if do not know</p> <p>3 = How far (in kilometers) do you have to travel to get to the nearest minibus taxi /sedan taxi/bakkie taxi stop? Write 0 for less than one kilometer and 888 if do not know</p>	<input type="text"/> <input type="text"/> <input type="text"/>
<p><b>3.47</b> Please specify if members of this household used buses during the last calendar week (Sunday to Saturday)?</p> <p>1 = Total number of trips during the last calendar week Write 0 if no trip was made → <b>Go to Q3.48</b></p> <p>2 = How much money was spent in total on this form of transport by all household members during the last calendar week? Write 8888 if do not know</p> <p>3 = How far (in kilometers) do you have to travel to get to the nearest bus stop? Write 0 for less than one kilometer and 888 if do not know</p>	<input type="text"/> <input type="text"/> <input type="text"/>
<p><b>3.48</b> Please specify if members of this household used trains during the last calendar week (Sunday to Saturday)?</p> <p>1 = Total number of trips during the last calendar week Write 0 if no trip was made → <b>Go to Q3.49</b></p> <p>2 = How much money was spent in total on this form of transport by all household members during the last calendar week? Write 8888 if do not know</p> <p>3 = How far (in kilometers) do you have to travel to get to the nearest train station? Write 0 for less than one kilometer and 888 if do not know</p>	<input type="text"/> <input type="text"/> <input type="text"/>

**HEALTH AND WELFARE**  
Ask all households

<p><b>3.49</b> If any member of this household becomes ill and decides to seek medical help, where do they usually go first?</p> <p><b>Public sector</b> (i.e. government, provincial or community institution)</p> <p>01 = Hospital</p> <p>02 = Clinic</p> <p>03 = Other in public sector (specify in block below)</p> <p><b>Private sector</b> (including private clinics, surgery, private hospitals and sangomas)</p> <p>04 = Hospital</p> <p>05 = Clinic</p> <p>06 = Private doctor/specialist</p> <p>07 = Traditional healer</p> <p>08 = Spiritual healer's workplace/church</p> <p>09 = Pharmacy/chemist</p> <p>10 = Health facility provided by employer</p> <p>11 = Alternative medicine, e.g. homoeopathist</p> <p>12 = Other in private sector (specify)</p> <p>13 = Do not know</p>	<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"/>
<p><b>3.50a</b> What means of transport is usually used by most household members to get to the health facility the household normally uses?</p> <p>1 = Walking</p> <p>2 = Minibus taxi/sedan taxi/bakkie taxi</p> <p>3 = Bus</p> <p>4 = Train</p> <p>5 = Own transport</p> <p>6 = Bicycle/motorcycle</p> <p>7 = Other (specify)</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p><b>3.50b</b> How long does it take when using the usual means of transport to get to the health institution that your household normally goes to? Specify for one direction only, using the usual means of transport</p> <p>1 = Less than 15 minutes</p> <p>2 = 15 - 29 minutes</p> <p>3 = 30 - 89 minutes</p> <p>4 = 90 minutes and more</p> <p>5 = Do not know</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>







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<p><b>3.51a</b> Is this facility the nearest of its kind (clinic/hospital/health centre etc.) to your dwelling? 1 = Yes 2 = No</p>	<p>→ <b>Go to Q3.52</b></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p><b>3.51b</b> Answer if "No" in 3.51a if not the nearest, why is the household normally not using the nearest facility? 01 = Facilities not clean 02 = Long waiting time 03 = Opening times not convenient 04 = Too expensive 05 = Drugs that were needed, not available 06 = Staff rude or uncaring or turned patient away 07 = Incorrect diagnosis 08 = Not on medical aid scheme list of facilities 09 = Prefer to use a State/Provincial health institution 10 = Prefer to use a private health institution 11 = Other (specify)</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p><b>3.52</b> When was your (the respondent's) last visit to the health facility normally used by the household? 1 = During the past twelve months 2 = More than twelve months ago 3 = I have never been there</p>	<p>→ <b>Go to Q3.54</b></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>3.53</b> How satisfied were you (the respondent) with the service you received during this particular visit? 1 = Very satisfied 2 = Somewhat satisfied 3 = Neither satisfied nor dissatisfied 4 = Somewhat dissatisfied 5 = Very dissatisfied 6 = Do not know</p>		<p><input type="checkbox"/></p>

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<p><b>3.54</b> In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food? 1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always 6 = Not applicable (No adults in household)</p>	<p><input type="checkbox"/></p>
<p><b>3.55</b> In the past 12 months, did any child (17 years or younger) in this household go hungry because there wasn't enough food? 1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always 6 = Not applicable (No children in household)</p>	<p><input type="checkbox"/></p>
<p><b>3.56</b> In the past 12 months, was there any young person, aged 5 - 17 years, who has left this household, and you do not know his/her whereabouts or to live on the streets? 1 = Yes 2 = No 3 = Do not know 4 = Not applicable (No children in household)</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>
<p><b>LAND</b> <i>Ask all households</i></p>	
<p><b>3.57</b> Did the household receive a Government land grant as part of the land reform program or another Government support program to obtain a plot of land for residence or farming? 1 = Yes, for residence 2 = Yes, for farming 3 = No 4 = Do not know</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>

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**SECTION 4 : FOOD ACCESS AND SUPPLY, INCOME AND EXPENDITURE**  
Ask all households

<b>4.1</b>	Did your household run out of money to buy food during the past 12 months? → If "No" Go to Q4.2 Has it happened 5 or more days in the past 30 days?	Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2	No <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.2</b>	Did you cut the size of meals during the past 12 months because there was not enough food in the house? → If "No" Go to Q4.3 Has it happened 5 or more days in the past 30 days?	Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2	No <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.3</b>	Did you skip any meals during the past 12 months because there was not enough food in the house? → If "No" Go to Q4.4 Has it happened 5 or more days in the past 30 days?	Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2	No <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.4</b>	Did you eat a smaller variety of foods during the past 12 months than you would have liked to, because there was not enough food in the house? → If "No" Go to Q4.5 Has it happened 5 or more days in the past 30 days?	Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2	No <input type="checkbox"/> 1 <input type="checkbox"/> 2

**AGRICULTURAL ACTIVITIES**

Ask all households

<b>4.5</b>	Has the household been involved in the production of any kind of food or agricultural products during the past twelve months? (e.g. livestock, crops, poultry, food gardening, forestry, fish, etc.) 1 = Yes 2 = No → Go to Q4.12a	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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**AGRICULTURAL ACTIVITIES**  
Ask all households

<b>4.6</b>	What kind of food production/agricultural activities is the household involved in? Read all the options 01 = Livestock production (cattle, goats, sheep, pigs, etc.) 02 = Poultry production (chickens, ducks, geese, guinea fowl, etc.) 03 = Grains and food crops (maize, wheat, beans, sorghum, millet, groundnuts etc.) 04 = Industrial crops (e.g. tea, coffee, cotton, tobacco) 05 = Fruit and vegetable production 06 = Fodder, grazing/pasture or grass for animals 07 = Fish farming/aquaculture 08 = Forestry 09 = Game farming 10 = Other	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	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>4.7</b>	Why do you grow farm produce or keep stock for the household? 1 = As a main source of food for the household 2 = As the main source of income/earning a living 3 = As an extra source of income 4 = As an extra source of food for the household 5 = As a leisure activity or hobby e.g. gardening	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>4.8a</b>	Did your household sell any of its produce? 1 = Yes 2 = No → Go to Q4.9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>4.8b</b>	To whom do your household sell most of its produce? Read all the options 1 = Local buyers from this district 2 = Buyers from neighbouring cities and towns 3 = Formal markets in South Africa 4 = Export agencies in international buyers. 5 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	





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<p><b>4.9</b> Has your household received any of the following kinds of agricultural related assistance from the government during the past 12 months? <i>Read all the options</i></p> <p>1 = Training 2 = Visits from extension officers from the Department of Agriculture 3 = Grants (money that does not have to be paid back) 4 = Loans (money that has to be paid back) 5 = Inputs (seed, fertilizer, etc.) as part of a loan 6 = Inputs (seed, fertilizer, etc.) for free 7 = Dipping and vaccination services for livestock from State veterinarian or other Department 8 = Other (specify)</p>	<table border="1"> <thead> <tr> <th colspan="2">Yes</th> <th colspan="2">No</th> </tr> </thead> <tbody> <tr> <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></tr> <tr> <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></tr> <tr> <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></tr> <tr> <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></tr> </tbody> </table>	Yes		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>4.10</b> Ask if household owns livestock or poultry <b>How many of the following does the household own?</b></p> <p>1 = Cattle 2 = Sheep 3 = Goats 4 = Pigs 5 = Chickens/ducks/geese 6 = Other</p>	<table border="1"> <tbody> <tr><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></tr> <tr><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></tr> <tr><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></tr> </tbody> </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"/>												
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**Continue if the household planted grains/vegetables/fruits/trees (forestry)/pastures/ industrial crops. Otherwise go to Q4.12a**

<p><b>4.11a</b> Where does the household practise its crop planting activities? <i>Read all the options</i></p> <p>1 = Farm land (communal or private) 2 = Backyard garden (can include, vegetables, fruits, grains ) 3 = School garden (can include, vegetables, fruits, grains) 4 = Communal garden (more than one household involved, can include vegetables, fruits, grains ) 5 = On verges of roads and unused public/municipal land 6 = Other</p>	<table border="1"> <thead> <tr> <th colspan="2">Yes</th> <th colspan="2">No</th> </tr> </thead> <tbody> <tr> <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></tr> <tr> <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></tr> <tr> <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></tr> </tbody> </table>	Yes		No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>4.11b</b> Approximately how big is the land that the household use for production? Estimate total area if more than one piece.</p> <p>1 = Less than 500m<sup>2</sup> (approximately one soccer field) 2 = 500m<sup>2</sup> to 9 999m<sup>2</sup> (between one soccer field and one hectare) 3 = 1 but less than 2 hectares 4 = 2 but less than 5 hectares 5 = 5 but less than 10 hectares 6 = 10 but less than 20 hectares 7 = 20 or more hectares 8 = Do not know</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </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"/>
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<p><b>4.11c</b> On what basis does this household have access to the land used for crop production? If more than one kind of tenure system applies for different pieces of land, give an answer for the biggest piece.</p> <p>1 = Owns the land 2 = Rents the land 3 = Sharecropping 4 = Tribal authority 5 = State land 6 = Other (specify) 7 = Do not know</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </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"/>		
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## HOUSEHOLD INCOME SOURCES AND EXPENDITURE

Ask all households

4. 12a What are the sources of income for this household?		Yes	No
<i>Read all the options</i>			
1 = Salaries/wages/commission		<input type="checkbox"/>	<input type="checkbox"/>
2 = Income from a business		<input type="checkbox"/>	<input type="checkbox"/>
3 = Remittances (money received from people living elsewhere)		<input type="checkbox"/>	<input type="checkbox"/>
4 = Pensions		<input type="checkbox"/>	<input type="checkbox"/>
5 = Grants (include old age grant here)		<input type="checkbox"/>	<input type="checkbox"/>
6 = Sales of farming products and services		<input type="checkbox"/>	<input type="checkbox"/>
7 = Other income sources e.g. rental income, interest		<input type="checkbox"/>	<input type="checkbox"/>
8 = No income	→ Go to Q4.15	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.12b Which one of the above income sources is the main source of income?</b>			
<i>Write the option number in the block provided. If only one source of income write the code of that one source.</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"/>

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<b>4.15</b>	<p><b>What was the total household expenditure in the last month?</b>  <i>Include money spent on food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i></p> <p>01 = R0            02 = R1 - R199            03 = R200 - R399            04 = R400 - R799            05 = R800 - R1 199            06 = R1 200 - R1 799            07 = R1 800 - R2 499            08 = R2 500 - R4 999            09 = R5 000 - R9 999            10 = R10 000 or more            11 = Do not know            12 = Refuse</p>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16</b>	<p><b>How much money did this household spend on the following during the last calendar?</b></p> <p>01 = R0            02 = R1 - R99            03 = R100 - R199            04 = R200 - R299            05 = R300 - R399            06 = R400 - R499            07 = R500 - R699            08 = R700 - R899            09 = R900 - R1 099            10 = R1 100 - R1 299            11 = R1 300 - R1 499            12 = R1 500 - R1 899            13 = R1 900 - R2 299            14 = R2 300 or more            15 = Do not know            16 = Refuse</p>	<p>Food <input type="checkbox"/></p>	

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**INTERVIEWER TO ANSWER QUESTIONS BELOW**

<b>4.17</b>	<b>Does the household own any of the following?</b>	Yes	No
	01 = TV Set	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Swimming Pool	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = DVD Player / Blu ray Player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Pay TV (M-Net / DSTV / Top TV) Subscription	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Air Conditioner (Excluding Fans)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Computer / Desktop / Laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Vacuum Cleaner / Floor Polisher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Dish washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	09 = Washing Machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Tumble Dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	11 = Deep Freezer - free standing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	12 = Refrigerator or Combined Fridge Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	13 = Electric Stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	14 = Microwave Oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	15 = Built-in Kitchen sink	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	16 = Home Security Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	17 = Home Theatre System	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.18</b>	<b>Does the household own a motor vehicle (e.g. a car/bakkie/van/truck)?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<b>How many are in working condition?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.19</b>	<b>Does your household own a radio in working condition? If yes, how many? Please exclude car radios.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.20</b>	<b>In the previous month, did this household make use of a domestic or household workers' services (excluding for business purposes)?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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<b>4.21</b>	<b>Indicate the column number of the person who answered most of the questions in Section 3 and 4</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>4.22</b>	<b>In what language was the main part of the interview conducted?</b>	<input type="checkbox"/> <input type="checkbox"/>
	01 = Afrikaans	
	02 = English	
	03 = Isindebele/South ndebele/North ndebele	
	04 = Isixhosa/Xhosa	
	05 = Isizulu/Zulu	
	06 = Sepedi/Northern sotho	
	07 = Sesotho/Southern sotho/Sotho	
	08 = Setswana/Tswana	
	09 = Siswati/Swazi	
	10 = Tshivenda/Venda	
	11 = Xitsonga/Tsonga	
	12 = Other, (specify)	
<b>4.23</b>	<b>What type of living quarters are these?</b>	<input type="checkbox"/> 1
	1 = Private dwelling	<input type="checkbox"/> 2
	2 = Workers' hostel	

**Thank the respondent!**

**INTERVIEW END TIME**    h  m

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