



# General Household Survey 2009

### 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 for 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

Persal number

DSC name

Persal number

PQM name

Persal number

Unique No.

### D: Survey period

### E: Response details

Visit  
No

Date actual

**d d m m y y y y**

Result	Code
--------	------

Next visit (planned)

d d m m y y y y

1

2

3

4

E2: FINAL RESULT CODE

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

d d m m y y y y

d d m m y y y y

d d m m v v v v

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		



620001750

### **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 31 995 Dwelling Units (DUs) has been drawn from the 3 080 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 30 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:

Your crosses should not touch the sides:

1	2	3	4	5
6	7	8	9	0



**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.

INTERVIEW START TIME h h m m

		Person (respondent) number									
		01	02	03	04	05	06	07	08	09	10
<b>A</b>	<b>First name and surname</b> <b>First name:</b> <i>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</i>										
	<b>Surname:</b>										
<b>B</b>	<b>Has ..... stayed here (in this household) for at least four nights on average per week during the last four weeks?</b>										
	1 = Yes	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>
	2 = No      → <b>If "No", End of interview</b>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>
<b>C</b>	<b>Is ..... a male or female?</b>										
	1 = Male	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 1</div>
	2 = Female	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 2</div>
<b>D</b>	<b>What is ..... 's date of birth and age in completed years?</b>										
	<b>Day of Birth:</b> <i>Example of day</i> 05	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>d d</div> <div><input type="text"/></div> <div><input type="text"/></div>
	<b>Month of birth:</b> <i>Example of month</i> 11	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>m m</div> <div><input type="text"/></div> <div><input type="text"/></div>
	<b>Year of birth:</b> <i>Example of year</i> 2007	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div>y y y y</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>
	<b>Age in years</b> <i>Less than one year = 000</i>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>



620001750

		01	02	03	04	05	06	07	08	09	10
<b>E</b>	<b>What population group does ..... belong to?</b>										
	1 = Black African	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Coloured	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Indian/Asian	<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
	4 = White	<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
	5 = Other ( <i>specify in box below</i> )	<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>	<b>Is there any other person residing in this household, other than those already mentioned, who is not presently here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									

→ If "Yes", Go back to A



**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/sister 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										
<b>1.2a What is .....’s present marital status?</b> 1 = 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 Q 1.3a										
<b>1.2b Does .....’s spouse/partner live in this household?</b> 1 = Yes 2 = No → Go to Q 1.3a	<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</b> <b>Which person is the spouse/partner of ..... ?</b> 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"/>



620001750

		01	02	03	04	05	06	07	08	09	10
<b>1.3a</b>	<b>Is .....’s biological father still alive</b> 1 = Yes 2 = No      → <b>Go to Q1.4a</b> 3 = Do not know      → <b>Go to Q1.4a</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>1.3b</b>	<b>Is .....’s biological father part of this household</b> 1 = Yes 2 = No      → <b>Go to Q1.4a</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>1.3c</b>	<b>Which person is .....’s biological father?</b> <i>Give person number</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>1.4a</b>	<b>Is .....’s biological mother still alive</b> 1 = Yes 2 = No      → <b>Go to Q1.5</b> 3 = Do not know      → <b>Go to Q1.5</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>1.4b</b>	<b>Is .....’s biological mother part of this household</b> 1 = Yes 2 = No      → <b>Go to Q1.5</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>1.4c</b>	<b>Which person is .....’s biological mother?</b> <i>Give person number</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>1.5</b>	<i>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</i> <b>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?</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

## 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
<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> 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										



620001750



Ask for all household members aged 0-4 years. Otherwise go to Q1.12a

		01	02	03	04	05	06	07	08	09	10
<b>1.7</b>	<b>Does ..... attend a day care centre, crèche, Early Childhood Development Centre (ECD), play group, nursery school or pre-primary school?</b>  1 = Yes → <b>Go to Q1.9</b> 2 = No → <b>Go to Q1.8</b> 3 = Do not know → <b>Go to Q1.8</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>1.8</b>	<b>Ask if "No" in Q1.7</b> <b>Where is he/she during the day for most of the time?</b>  1= At home with parent, foster parent or guardian → <b>Go to Q1.10a</b> 2 = At home with another adult 3 = At home with someone younger than 18 years 4 = At someone else's dwelling 5 = Other	<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>1.9</b>	<b>Ask if "Yes" in Q1.7 or Option 2, 3 or 4 in Q1.8</b> <b>How often do you speak or communicate in writing with the caregiver about the child's progress and well-being?</b>  1 = Daily 2 = Weekly 3 = Monthly 4 = Seldom 5 = Never	<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



	01	02	03	04	05	06	07	08	09	10
<b>1.10a</b> Is .... exposed to an early childhood development programme in any way? <i>ECD refers to the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of a child</i>										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No → <b>Go to Q1.28</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Do not know → <b>Go to Q1.28</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>1.10b</b> Ask if "Yes" in Q1.10a <b>Where does the early childhood development programme take place?</b> <i>Read all the options</i>										
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1 = At home	<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
2 = At ECD centre e.g. day care, crèche, pre-primary school, play group	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3 = Other (specify in the box below)	<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

→ **Go to Q1.28**



620001750

Ask for all household members who are 5 years and older and whose level of education is lower than Grade 7; otherwise go to Q1.12

	01	02	03	04	05	06	07	08	09	10
<b>1.11 Does .....have difficulty in doing any of the following...</b>										
<i>Read all the options. Use the Codes below to indicate the degree of difficulty</i>										
a = Writing his/her name	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
b = Reading (e.g. newspapers, magazines, religious books) in at least one language	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
c = Filling in a form (e.g. social grant forms) in at least one language	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c
d = Writing a letter in at least one language	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d
e = Calculating/working out how much change he/she should receive when buying something in at least one language	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e
f = Reading road signs	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f
<b>CODES</b> 1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Do not know										

+

+

Ask for all household members who are 5 years and older

	01	02	03	04	05	06	07	08	09	10
<b>1.12 Is ..... currently attending any educational institution?</b> <i>e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/ correspondence education. Only include courses of six months and longer.</i>										
1 = Yes → <b>Go to Q1.14</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Do not know → <b>Go to Q1.28</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>1.13 Ask if "No" in Q1.12</b> <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	<input type="checkbox"/>	<input type="checkbox"/>	<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 = 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										

→ **Go to Q1.28**

+



620001750

Ask if someone is currently attending an educational institution; who answered "Yes" in Q1.12

	01	02	03	04	05	06	07	08	09	10
<b>1.14 Which of the following educational institutions does ..... attend?</b> <i>Read all the options</i> 1 = Pre-school (including day care, crèche, pre-primary, ECD centre, nursery school) 2 = School (including Grade R/Grade 0 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 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>1.15 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>1.16 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 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



	01	02	03	04	05	06	07	08	09	10
<b>1.17a 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.</b> 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										
<b>1.17b 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</b> 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										
<b>1.18a Is this educational institution the nearest of its kind ( e.g. pre-school, primary, University) to your dwelling?</b> 1 = Yes → <b>Go to Q1.19</b> 2 = No 3 = Do not know → <b>Go to Q1.19</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



620001750

	01	02	03	04	05	06	07	08	09	10
<b>1.18b</b> Ask if "No" in Q1.18a <b>What is the main reason why .... is not attending the nearest institution?</b> 01 = Inadequate facilities (e.g. classrooms, 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 course/subject not offered 12 = Current institution better than closest 13 = Other (specify in the box below)										
<b>1.19</b> <b>What is the total amount of tuition fees paid by this household for ... this year?</b> <i>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.</i> 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 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">             } → <b>Go to Q1.21</b> </div>										

		01	02	03	04	05	06	07	08	09	10
<b>1.20</b>	<b>Ask if "None" in Q1.19</b> <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 = School did not ask for fees (no fee school) 4 = ..... got a fee exemption 5 = ..... got a bursary covering all costs 6 = Other (specify in the box below)										
<b>1.21</b>	<b>Ask for all respondents who are currently attending educational institutions</b> <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	
<b>1.22</b>	<b>During the past 6 months, what problems, if any, did ..... experience at the educational institution he/she attended?</b> <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 a 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



620001750

Ask Q1.23 to Q1.27 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 Q1.28. Children receiving home based schooling/home school should be excluded from this section

		01	02	03	04	05	06	07	08	09	10
<b>1.23</b>	<b>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										
<b>1.24</b>	<b>Is .....doing the same grade that ..... 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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	



	01	02	03	04	05	06	07	08	09	10
<b>1.25 Does.... get free food at school as part of the school feeding scheme/Government nutrition program? If yes, specify how regularly food is given.</b>										
1 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = Yes, every day	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Yes, a few times a week	<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
4 = Yes, sometimes	<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
5 = Do not know	<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>1.26a Has .... experienced any form of violence, corporal punishment or verbal abuse at school between January and June 2009?</b>										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No → <b>Go to Q1.27</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Do not know → <b>Go to Q1.27</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>1.26b Ask if "Yes" in Q1.26a What kind of violence did ..... experience?</b>										
<i>Read all the options</i>										
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1 = Corporal punishment by teacher	<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
2 = Physical violence by teacher	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3 = Verbal abuse (being insulted, teased or harassed) by teacher	<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
4 = Verbal abuse (being insulted, teased or harassed) by other learners	<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
5 = Physical abuse (being hit or punched) by another learner	<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
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



620001750



# 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	
<b>1.28</b> Is ..... covered by a medical aid or medical benefit scheme or other private health insurance? If the person is a dependent and covered by someone else's scheme, the answer is "Yes". 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.29a</b> Does anyone in this household personally provide care for at least two hours per day to someone in the household who – <u>owing to frailty, old age, disability or ill-health</u> cannot manage without help? If yes, specify which person and how much time is spent on this activity. 1 = No —→ Go to Q1.30a 2 = Yes, 2-19 hours per week 3 = Yes, 20-49 hours per week 4 = Yes, 50 + hours per week 5 = Do not know —→ Go to Q1.30a	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>1.29b</b> If "Yes" in 1.29a Which person(s) does.... take care of? Give person number of the person being cared for/ If more than one person use the second block.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	



620001750

	01	02	03	04	05	06	07	08	09	10
<b>1.30a</b> During the past month, did ..... suffer from any illnesses or injuries?										
1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No → Go to Q1.32a	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Do not know → Go to Q1.32a	<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
<b>1.30b</b> If "Yes" in Q1.31a What sort of illnesses or injuries did ..... suffer from? Did ..... suffer from ..... Read all the options	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
01 = Flu or acute respiratory tract infection	<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
02 = Diarrhoea	<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
03 = TB or severe cough with blood	<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
04 = Abuse of alcohol or drugs	<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
05 = Depression or mental illness	<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
06 = Diabetes	<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
07 = High blood pressure/hypertension	<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
08 = Sexually transmitted diseases	<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
09 = Cancer	<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
10 = Motor vehicle accident injuries	<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
11 = Gunshot wounds	<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
12 = Severe trauma due to violence, assault, beating	<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
13 = Minor trauma (e.g. cuts, breaking arm)	<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
14 = Other illness or injury (specify in the box below)	<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
15 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2



		01	02	03	04	05	06	07	08	09	10
<b>1.31a</b>	<b>Did ..... consult a health worker such as a nurse, doctor or traditional healer as a result of this illness or injury?</b>										
	1 = Yes → <b>Go to Q1.32a</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Do not know	<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
<b>1.31b</b>	<b>If "No" in Q1.31a</b> <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)										
<b>1.32a</b>	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2 = Diabetes	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Cancer	<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
	4 = HIV and AIDS	<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
	5 = Hypertension/high blood pressure	<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
	6 = Arthritis	<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
	7 = Other (specify in the box below)	<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

If all options in 1.32a are "no" then go to 1.33



620001750

	01	02	03	04	05	06	07	08	09	10
<b>1.32b</b> <i>If "Yes" to any option in 1.32a</i> <b>Is .....taking medication for this chronic illness (es)?</b> <i>Use codes 1 to 4 in the block next to the disease to indicate whether medication is taken or not.</i>										
a = Asthma	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
b = Diabetes	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
c = Cancer	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c
d = HIV and AIDS	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d
e = Hypertension/high blood pressure	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e
f = Arthritis	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f
g = Other (specify in the box below)	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g
<b>CODES</b> 1 = Yes 2 = No 3 = Do not know 4 = Not applicable										

		01	02	03	04	05	06	07	08	09	10
<b>1.33a</b>	<b>Has any female household member been pregnant during the past 12 months?</b>										
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No → <b>Go to Q1.34</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Do not know → <b>Go to Q1.34</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>1.33b</b>	<b>If "Yes" in Q1.33a</b>										
	<b>What is the current status of this pregnancy?</b>										
	1 = Currently still pregnant	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = The child has been born	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = The child died during childbirth	<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
	4 = Ended before the child was born (miscarriage/ child died in the womb/ spontaneous abortion)	<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
	5 = Ended before the child was born (termination of pregnancy/abortion by choice)	<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



620001750

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>1.34a Does... have difficulty in doing any of the following? Read all the options; use the codes below to indicate the degree of problems; more than one option is possible.</b>										
a = Seeing (even with glasses if he/she wears them)	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
b = Hearing (even with a hearing aid, if he/she wears one)	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
c = Walking a kilometre or climbing a flight of steps	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c
d = Remembering	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d
e = Concentrating	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e
f = With self-care, such as washing or dressing	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f
g = In communicating in his/her usual language including sign language (understanding others and being understood by others)	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g
<b>CODES</b> 1 = No difficulty      4 = Unable to do 2 = Some difficulty    5 = Do not know 3 = A lot of difficulty 6 = Cannot yet be determined										



	01	02	03	04	05	06	07	08	09	10
<b>1.34b</b> Ask if codes 2-4 for any of the options in Q1.34a otherwise Go to Q1.35 <b>Is .....’s condition permanent (i.e. will it last or has it lasted longer than 6 months)?</b>										
a = Seeing	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
b = Hearing	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
c = Walking	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c
d = Remembering	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d
e = Concentration	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e
f = Self - care	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f
g = Communication	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g
CODES 1 = Yes 2 = No 3 = Do not know										
<b>1.35 Does ..... use any of the following?</b> <i>Read all the options</i>										
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1 = Eye glasses/spectacles/contact lenses	<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
2 = Hearing aid	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3 = Walking stick/walking frame	<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
4 = A wheelchair	<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
5 = Chronic medication	<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
6 = Other assistive devices ( <i>specify in box below</i> )	<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



620001750

## 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
<b>1.36a</b>	<b>Does anyone in this household receive a social grant, pension or social relief assistance from the Government?</b>										
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No → <b>Go to Q1.39</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Do not know → <b>Go to Q1.39</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>1.36b</b>	<b>If "Yes" in Q1.36a</b>										
	<b>Does ... receive an .....? Answer for each person who qualified for the grant and NOT for the person who applied on behalf of/physically receives the money.</b>										
	<b>Read all the options</b>										
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	1 = Old-age/pension (M:61+;F60+;R1010)	<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
	2 = Disability grant (M:<61;F<60;R1010)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Child support grant (0-14;R240)	<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
	4 = Care dependency grant (0-17;R1010)	<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
	5 = Foster care grant (<22+;R680)	<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
	6 = War veterans grant (60+;R1030)	<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
	7 = Grant-in-aid (R240+other grant)	<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
	8 = Social relief of distress	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

	01	02	03	04	05	06	07	08	09	10
<b>1.37</b> <i>If "yes" for disability grant in 1.36b</i> <b>Please state whether the disability grant is.....</b>										
1 = Permanent disability	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = Temporary disability	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Do not know	<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
<b>1.38</b> <i>If "yes" for child support grant in 1.36b</i> <b>Who made the child support grant application?</b>										
1 = You as the biological parent										
2 = You as a nominated care giver										
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 = Someone outside the household, half of the money is used inside this household and half outside										
6 = Other										
<b>1.39</b> <b>Has ...made use of any of the following social welfare services provided or subsidised by the Government during the past 12 months?</b> <i>Read all the options</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1 = Visits by Community Care Givers (For HIV, persons with disability and older persons)	<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
2 = Services for victims of domestic violence (shelters or counselling)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3 = Social work services for drug abuse (counselling or admittance to substance abuse centres)	<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
4 = Child protection services (prevention of abuse, neglect and abandonment of children)	<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
5 = Correctional services (for children in conflict with the law)	<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



620001750



## ECONOMIC ACTIVITIES

Ask for all household members 15 years and older

	01	02	03	04	05	06	07	08	09	10	
<b>1.40a</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? Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work. 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.40b</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? 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. 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.40c</b> During the last calendar week (Sunday to Saturday) did .....help without being paid in any kind of business, even if it was only for one hour? 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. 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

If "yes" to any of the above go to Q1.41a; otherwise answer Q1.40d

<b>1.40d</b> In the past calendar week (Sunday to Saturday), even though you did not do any work for pay or profit, do you have a job or business that you would definitely return to? 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
→ Go to Q1.45a											
→ Go to Q1.45a											



		01	02	03	04	05	06	07	08	09	10
<b>1.41a</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" → Go to Q1.42</b>										
<b>1.41b</b>	<b>Ask only if an amount is given in Q 1.41a Is this ....</b>										
	1 = Per week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Per month	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Annually	<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
<b>1.42</b>	<b>Only if "NONE", "REFUSE" or "DO NOT KNOW" in Q 1.41a Show income prompt card 3 and mark the applicable code.</b>										
	Weekly      Monthly      Annually										
01	NONE	NONE	NONE								
02	R1 - R46	R1 - R200	R1 - R2 400								
03	R47 - R115	R201 - R500	R2 401 - R6 000								
04	R116 - R231	R501 – R1 000	R6 001 - R12 000								
05	R232 - R346	R1 001 - R1 500	R12 001 - R18 000								
06	R347 = R577	R1 501 = R2 500	R18 001 - R30 000	<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	R578 - R808	R2 501 - R3 500	R30 001 - R42 000								
08	R809 - R1 039	R3 501 - R4 500	R42 001 - R54 000								
09	R1 040 - R1 386	R4 501 - R6 000	R54 001 - R72 000								
10	R1 387 - R1 848	R6 001 - R8 000	R72 001 - R96 000								
11	R1 849 - R2 540	R8 001 - R11 000	R96 001 - R132 000								
12	R2 541 - R3 695	R11 001 – R16 000	R132 001 - R192 000								
13	R3 696 - R6 928	R16 001 - R30 000	R192 001 - R360 000								
14	R6 929 OR MORE	R30 001 OR MORE	R360 001 OR MORE								
15	DON'T KNOW	DON'T KNOW	DON'T KNOW								
16	REFUSE	REFUSE	REFUSE								



620001750

		01	02	03	04	05	06	07	08	09	10
<b>1.43</b>	<p><b>What means of transport is usually used by..... to get to his/her place of employment?</b>  <i>If more than one mode is used, indicate the one that covers the longest distance.</i></p> <p>1 = Office is at home → <b>Go to Q1.46</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 (<i>specify</i>)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.44</b>	<p><b>How long does it take..... to get to his/her place of employment?</b>  <i>Specify for one direction only, using the usual means of transport.</i></p> <p>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</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 Q1.46**

		01	02	03	04	05	06	07	08	09	10
<b>1.45a</b>	Ask if "No" to all in Q1.40a to Q1.40d										
	If.... is currently not working or running his/her own business, is he/she willing and or able to work?										
	1 = Yes 2 = No → Go to Q1.46	<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>1.45b</b>	Ask if "No" in Q1.45a										
	Why is ... not willing and or able to work?										
	1 = Pensioner										
	2 = Disabled and unable to work	<input type="checkbox"/>	<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 = Housewife or taking care of home based tasks full-time										
	4 = Not interested to work										
	5 = Student										
	6 = Too young to work										
7 = Other (specify in block below)											

Ask for all household members who are 15 years and older

		01	02	03	04	05	06	07	08	09	10
<b>1.46</b>	Has.... participated in a Government or municipal job creation programme or expanded public works programme in the last 6 months? <i>This includes community based workers such as community development workers, home based care workers etc.</i>										
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<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

Ask for all household members

		01	02	03	04	05	06	07	08	09	10
<b>1.47</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.										



620001750



## SECTION 2: TOURISM

*This section covers information about trips taken by one or more members of the household in the past 12 months that lasted at least one night away from home where a person/s did not receive any remuneration (did not make any profit) at that destination. Note: People who went on business or professional trips do qualify for this section since they do not get paid at their destination.*

*Read out: I am now going to ask you some questions about the last domestic trip.*

<b>2.1</b>	<b>During the past 12 months did one or more members of the household undertake any trip/s that lasted at least one night away from home?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															
<b>2.2</b>	<b>How many trips of this nature did one or more members of the household take ...</b>  In the past 4 weeks?  In the past 12 months?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
<b>2.3</b>	<b>How many of these trips were ...</b>	<table border="1"> <thead> <tr> <th></th> <th>NUMBER OF TRIPS</th> <th>DO NOT KNOW</th> </tr> </thead> <tbody> <tr> <td>1. Trips where all nights were spent only in South Africa.</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Trips where all nights were spent only outside South Africa.</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Trips that included nights spent in and outside South Africa.</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Total Add 1 + 2 + 3 to confirm 4</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		NUMBER OF TRIPS	DO NOT KNOW	1. Trips where all nights were spent only in South Africa.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	2. Trips where all nights were spent only outside South Africa.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	3. Trips that included nights spent in and outside South Africa.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	Total Add 1 + 2 + 3 to confirm 4	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	NUMBER OF TRIPS	DO NOT KNOW															
1. Trips where all nights were spent only in South Africa.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>															
2. Trips where all nights were spent only outside South Africa.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>															
3. Trips that included nights spent in and outside South Africa.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>															
Total Add 1 + 2 + 3 to confirm 4	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>															

*If no trips under option 1 then go to Section 3*

<b>2.4</b>	<b>Considering the last domestic trip undertaken by one or more members of the household, what was the main reason for this trip?</b> 1 = Leisure/vacation/holiday 2 = Trip visiting friends or family 3 = Business/conference or professional 4 = Medical 5 = Religious 6 = Funeral 7 = Study 8 = Other	<input type="checkbox"/>
<b>2.5</b>	<b>What was the household's principal destination in this last domestic trip?</b> 1 = Western Cape 2 = Eastern Cape 3 = Northern Cape 4 = Free State 5 = Kwa-Zulu Natal 6 = North West 7 = Gauteng 8 = Mpumalanga 9 = Limpopo	<input type="checkbox"/>



<b>2.6</b>	<b>How many nights were members of this household away from home on the last domestic trip?</b> Number of nights spent away from home?	NUMBER OF NIGHTS	DO NOT KNOW
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<b>2.7</b>	<b>How many members of this household went on the last domestic trip?</b>	NUMBER OF HOUSEHOLD MEMBERS	DO NOT KNOW
	a. Children aged 12 years or less	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
	b. Persons aged 13 to 20 years	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
	c. Persons aged 21 to 64 years	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
	d. Persons aged 65 years or more	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
	<b>e. Total</b>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
<i>Add a + b + c + d to confirm e</i>			

<b>2.8</b>	<b>Was this last domestic trip a package deal with an all-inclusive price?</b>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3
	→ <b>Go to Q2.11</b>	
	→ <b>Go to Q2.11</b>	

<b>2.9</b>	<b>Please indicate which of the following items were included in the package and state the value of each item:</b>	INCLUDED		VALUE	DO NOT KNOW
		Yes	No		
	a. Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	b. Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	c. Accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	d. Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	e. Recreation and entertainment (e.g. payments to a botanical garden, zoo, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	f. Medical expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	g. Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	h. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	<b>i Total trip</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<i>Add a - h to confirm i</i>					



2.10	How much did the members of the household spend/consume/use on the following, which was NOT included in the package, during this last domestic trip?	Amount spent/ consumed/ used	Do not know
	a. Airfare	<input type="text"/>	<input type="checkbox"/>
	b. Land transport	<input type="text"/>	<input type="checkbox"/>
	c. Accommodation	<input type="text"/>	<input type="checkbox"/>
	d. Food and beverages	<input type="text"/>	<input type="checkbox"/>
	e. Recreation and entertainment (e.g. payments to a botanical garden, zoo, etc.)	<input type="text"/>	<input type="checkbox"/>
	f. Medical expenses	<input type="text"/>	<input type="checkbox"/>
	g. Shopping	<input type="text"/>	<input type="checkbox"/>
	h. Other	<input type="text"/>	<input type="checkbox"/>
	i. Total	<input type="text"/>	<input type="checkbox"/>
Add a - h to confirm i <span style="float: right;">→ Go to Q2.12</span>			

Ask only if "No" or "Don't know" to Q 2.8

2.11	How much did the members of the household spend/consume/use on the following, during the last domestic trip?	Amount spent/ consumed/ used	Do not know
	a. Airfare	<input type="text"/>	<input type="checkbox"/>
	b. Land transport	<input type="text"/>	<input type="checkbox"/>
	c. Accommodation	<input type="text"/>	<input type="checkbox"/>
	d. Food and beverages	<input type="text"/>	<input type="checkbox"/>
	e. Recreation and entertainment (e.g. payments to a botanical garden, zoo, etc.)	<input type="text"/>	<input type="checkbox"/>
	f. Medical expenses	<input type="text"/>	<input type="checkbox"/>
	g. Shopping	<input type="text"/>	<input type="checkbox"/>
	h. Other	<input type="text"/>	<input type="checkbox"/>
	i. Total	<input type="text"/>	<input type="checkbox"/>
Add a - h to confirm i			

2.12	What type of accommodation did the members of the household use during the stay on this last domestic trip?			If yes, number of nights spent
	<i>Read all the options</i>	Yes	No	
	1 = Hotel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2 = Bed and breakfast establishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3 = Guest house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4 = Lodge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5 = Self-catering establishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6 = Stayed with friends or family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7 = Other (specify) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.13	What was the principal mode of transport that the members of the household used during this last domestic trip?			
	1 = Train 2 = Bus 3 = Taxi 4 = Aircraft 5 = Private car 6 = Other (specify).....	<input type="checkbox"/>  <input type="checkbox"/>		

2.14	Did this household incur any trip-related expenses before setting out on the last domestic trip? Include travel insurance, buying clothes for the trip, camera, film, batteries etc.	
	1 = Yes 2 = No → Go to Q2.16 3 = Do not know → Go to Q2.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.15	If "Yes" in Q2.14	
	How much did the household spend (total pre-trip spend)? (Rand) (R)	<input type="text"/>
2.16	Did this household incur any trip-related expenses after returning from the last domestic trip? Including development of films, etc.	
	1 = Yes 2 = No → Go to section 3 3 = Do not know → Go to section 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.17	If "Yes" in Q2.16	
	How much did the household spend (total post-trip spend)? (Rand) (R)	<input type="text"/>



620001750



## 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		
	02 = Traditional dwelling/hut/structure made of traditional materials	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Flat or apartment in a block of flats		
	04 = Cluster house in complex		
	05 = Town house (semi-detached house in complex)		
	06 = Semi-Detached house		
	07 = Dwelling/house/flat/room in backyard		
	08 = Informal dwelling/shack in backyard		
	09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm		
	10 = Room/flatlet on a property or a larger dwelling servants' quarters/granny flat		
	11 = Caravan/tent		
	12 = Other (specify)	<input type="text"/>	<input type="text"/>

3.2	Think back five years ago, what type of dwelling/dwellings did this household occupy?	Main dwelling	Other dwelling
	01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm		
	02 = Traditional dwelling/hut/structure made of traditional materials	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Flat or apartment in a block of flats		
	04 = Cluster house in complex		
	05 = Town house (semi-detached house in complex)		
	06 = Semi-Detached house		
	07 = Dwelling/house/flat/room in backyard		
	08 = Informal dwelling/shack in backyard		
	09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm		
	10 = Room/flatlet on a property or a larger dwelling/ servants' quarters/granny flat		
	11 = Caravan/tent		
	12 = Other (specify)		
	13 = Household did not exist	<input type="text"/>	<input type="text"/>





3.10a	<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>1 2 3</p> <p>→ Go to Q3.11  → Go to Q3.11</p>
3.10b	<p><i>Ask if "Yes" in 3.10a</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>	<p>1 2 3</p>
3.11	<p><b>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?</b>  <i>Do not include housing subsidies for government employees.</i></p> <p>1 = Yes  2 = No  3 = Do not know</p>	<p>1 2 3</p>
3.12a	<p><b>Is any member of this household on a waiting list/demand database for an RDP or state subsidised house?</b></p> <p>1 = Yes  2 = No  3 = Do not know</p>	<p>1 2 3</p> <p>→ Go to Q3.13  → Go to Q3.13</p>
3.12b	<b>How many household members are on the waiting list/demand database?</b>	<div> <div></div> <div></div> </div>
3.12c	<p><b>In which year were they put onto the waiting list/demand database?</b></p> <p><i>Write the year</i></p>	<p>Person A</p> <p>Person B</p> <p>Person C</p>

**WATER** *Ask all households*

**3.13 What is the household's main source of drinking water?**

01 = Piped (tap) water in dwelling/house	→ Go to Q3.15
02 = Piped (tap) water in yard	→ Go to Q3.15
03 = Borehole in yard	→ Go to Q3.15
04 = Rain-water tank in yard	→ Go to Q3.15
05 = Neighbour's tap	
06 = Public/communal 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)	

**Ask if water is not in dwelling, or in yard otherwise go to Q3.15**

3.14	How far is the water source from the dwelling or yard (200m is equal to the length of two football/soccer fields)?	
	1 = Less than 200 metres	<input type="checkbox"/> 1
	2 = 201 – 500 metres	<input type="checkbox"/> 2
	3 = 501 – 1 kilometre	<input type="checkbox"/> 3
	4 = More than 1 kilometre	<input type="checkbox"/> 4
	5 = Do not know	<input type="checkbox"/> 5

**Ask all households**

3.15 Is the water from the main source of drinking water before any treatment.....		Yes	No
<i>Read all the options</i>			
1 = Safe to drink?		1	
2 = Clear (has no colour / free of mud)?		1	
3 = Good in taste?		1	
4 = Free from bad smells?		1	

<b>3.16</b>	<b>Do household members treat the water used for drinking?</b> <i>This may include boiling, adding chlorine or other chemicals, filtering.</i> 1 = Yes, always 2 = Yes, sometimes 3 = No, never	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.17</b>	<b>Is your main source of drinking water supplied by a municipality?</b> 1 = Yes 2 = No → <b>Go to Q3.24</b> 3 = Do not know → <b>Go to Q3.24</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.18</b>	<i>Ask if "Yes" in Q3.17</i> <b>How do you rate the municipal water services you receive?</b> 1 = Good 2 = Average 3 = Poor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.19a</b>	<b>Does the household pay for municipal water?</b> <i>Include payment to a Water Board or Water Services Provider.</i> <i>If cost of water is included in a levy/rent paid to a housing complex/owner/landlord, the response should be "No".</i> 1 = Yes → <b>Go to Q3.20</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>3.19b</b>	<i>Ask if "No" in Q3.19a</i> <b>What is the main reason why the household does not pay for water ?</b> 01 = Use own source of water 02 = Use a free water source 03 = Pay directly to landlord as part of rent 04 = Payment included in levy 05 = Permission from municipality not to pay 06 = Do not have water meter 07 = Water meter not working/broken 08 = Do not receive water bill 09 = Community decision not to pay 10 = Cannot afford to pay 11 = Water supply irregular 12 = Water supply has been stopped 13 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
<b>3.20</b>	<b>Does this household receive free basic water from the municipality?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3





3.21a	<p><b>Has your municipal water supply been interrupted at any time during the last 12 months?</b></p> <p>1= Yes <input type="checkbox"/> 1</p> <p>2= No <input type="checkbox"/> 2 <b>→ Go to Q3.24</b></p>
3.21b	<p><b>If yes, what was the main reason for the interruption?</b></p> <p>01 = Burst pipes / water leaks</p> <p>02 = Pump not working</p> <p>03 = General maintenance</p> <p>04 = Not enough water in the system (demand too high)</p> <p>05 = Water only delivered at fixed times</p> <p>06 = Non-payment for services (cut off)</p> <p>07 = Vandalism</p> <p>08 = Construction</p> <p>09 = Other (specify)</p> <p>10 = Do not know</p>
3.22	<p><b>Thinking about the interruptions in your municipal water supply over the last 12 months, was any specific interruption longer than two days?</b></p> <p>1 = Yes <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p>3 = Do not know <input type="checkbox"/> 3</p>
3.23	<p><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?</b></p> <p>1 = Yes <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p>3 = Do not know <input type="checkbox"/> 3</p>

## SANITATION

**Ask all households**

3.24	<p><b>What type of toilet facility is used by this household?</b></p> <p>1 = Flush toilet connected to a public sewerage system</p> <p>2 = Flush toilet connected to a septic tank</p> <p>3 = Chemical toilet</p> <p>4 = Pit latrine/toilet with ventilation pipe</p> <p>5 = Pit latrine/toilet without ventilation pipe</p> <p>6 = Bucket toilet</p> <p>7 = None</p> <p>8 = Other (specify)</p> <p><b>→ Go to Q3.26</b></p> <p><b>→ Go to Q3.29</b></p>
3.25	<p><b>Ask if flush toilet connected to public sewerage (option1) in Q3.24</b></p> <p><b>Does this household pay for the sewerage system</b></p> <p>1 = Yes <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p>3 = Do not know <input type="checkbox"/> 3</p>

## Ask all households

3.26	<p><b>Is the toilet facility shared with other households?</b></p> <p>1 = Yes <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p>
3.27	<p><b>Is the toilet facility in the dwelling, in the yard or outside the yard?</b></p> <p>1 = In dwelling <b>→ Go to Q3.29</b> <input type="checkbox"/> 1</p> <p>2 = In yard <b>→ Go to Q3.29</b> <input type="checkbox"/> 2</p> <p>3 = Outside yard <input type="checkbox"/> 3</p>

## Ask if the toilet is outside the yard; otherwise go to Q3.29

3.28	<p><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)</b></p> <p>1 = Less than 200m <input type="checkbox"/> 1</p> <p>2 = 201m – 500m <input type="checkbox"/> 2</p> <p>3 = More than 500m <input type="checkbox"/> 3</p>
------	---



## ELECTRICITY

Ask all households

<b>3.29</b>	Thinking back five years ago, did this household have a connection to the MAINS electricity supply, then?	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Household did not exist	<input type="checkbox"/> 3
	4 = Do not know	<input type="checkbox"/> 4
<b>3.30</b>	Does this household have a connection to the MAINS electricity supply?	
	1 = Yes	<input type="checkbox"/> 1
	2 = No → Go to Q3.34	<input type="checkbox"/> 2
	3 = Do not know → Go to Q3.34	<input type="checkbox"/> 3
<b>3.31</b>	Is your electricity supplied by :	
	1 = The municipality (pre-paid or receive a bill from municipality)	<input type="checkbox"/> 1
	2 = Eskom (pre-paid or receive a bill from Eskom)	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3
<b>3.32</b>	Was electricity cut off during the past 30 days for non-payment for this household? <i>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.</i>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3

**3.33** Does this household receive free basic electricity?

- 1 = Yes  
2 = No  
3 = Do not know

☐ 1  
☐ 2  
☐ 3

Ask all households

<b>3.34</b>	What is the main source of energy/fuel for this household?	Cooking	Heating	Lighting
	01 = Electricity from mains			
	02 = Electricity from generator			
	03 = Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	04 = Paraffin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	05 = Wood			
	06 = Coal			
	07 = Candles			
	08 = Animal dung			
	09 = Solar energy			
	10 = Other, (specify)			
	11 = None			



620001750

## WASTE MANAGEMENT AND REFUSE REMOVAL

Ask all households

<b>3.35</b>	<b>How is the refuse or rubbish of this household collected or removed?</b>	
	01 = Removed by local authority/private company at least once a week	<input type="checkbox"/> <input type="checkbox"/>
	02 = Removed by local authority/private company less often than once a week	
	03 = Removed by community members, contracted by the Municipality, at least once a week	
	04 = Removed by community members, contracted by the Municipality, less often than once a week	
	05 = Removed by community members at least once a week	
	06 = Removed by community members less often than once a week	
	07 = Communal refuse dump/communal container	
	08 = Own refuse dump	
	09 = Dump or leave rubbish anywhere	
	10 = Other (specify)	
	<b>} → Go to Q3.37a</b>	

Ask if answer was option 1-7 in Q3.35; otherwise go to Q3.37a

<b>3.36a</b>	<b>Is this household currently paying for the removal of refuse or rubbish?</b>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3
	<b>→ Go to Q3.37a</b>	
<b>3.36b</b>	<b>Ask if "No" in 3.36a</b>	
	<b>Would this household be willing to pay for the removal of refuse or rubbish?</b>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3

<b>3.37a</b>	<b>Does this household collect waste for recycling?</b>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3
	<b>→ Go to Q3.38</b>	
<b>3.37b</b>	<b>Which of the following does the household collect for recycling?</b>	
	<i>Read all the options</i>	
	1 = Paper, cardboard/boxes	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
	2 = Glass / glass bottles	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Plastic / plastic bags/plastic bottles	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Metal / Aluminium cans	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Oil (household/automotive)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Ash, rubble and bricks	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>3.38</b>	<b>Does your household sell any of the waste collected for recycling?</b>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3

## ENVIRONMENT

Ask all households

<b>3.39</b>	<b>Which of the following environmental problems do you experience in your community/on your and neighbouring farms?</b> <i>Read all the options</i>	Yes	No	
	1 = Irregular or no waste removal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	2 = Littering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	3 = Water pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	4 = Outdoor/indoor air pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	5 = Land degradation/over-utilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	6 = Excessive noise/noise pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	7 = Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<b>3.40</b>	<b>In the past 12 months have you or any member of your household ....</b> <i>Read all the options</i>	Yes	No	N/A
	1 = Used pesticides in your dwelling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	2 = Used pesticides in your garden/yard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	3 = Used herbicides/weed killers in your garden/yard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>3.41</b>	<b>Does the household .....</b> <i>Read all the options</i>	Yes	No	N/A
	1 = Deliberately cut down on the amount of municipal water used?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Deliberately cut down on the use of electricity/gas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	3 = Make sure that your noise do not disturb others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	4 = Deliberately reduced waste product production?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

## COMMUNICATION AND POSTAL SERVICES

Ask all households

<b>3.42</b>	<b>Does this household have a functional/working landline telephone in the dwelling?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>3.43</b>	<b>Thinking back five years ago, did this household have a functional/working landline telephone in the dwelling then?</b> 1 = Yes 2 = No 3 = Household did not exist 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>3.44</b>	<b>Is there a functional/working cellular telephone available within this household?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

Ask if answer is "No" to Q3.42 and Q3.44, otherwise go to Q3.46

<b>3.45</b>	<b>How far is the nearest accessible telephone?</b> 1 = 500 metres or less 2 = 501 metres to 1 kilometres 3 = 1,1 kilometres to 5 kilometres 4 = More than 5 kilometres	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
-------------	---	--



620001750



**Ask all households**

<p><b>3.46 Do members of this household use any of the following internet services?</b>  <i>Read all the options</i></p> <p>1 = Internet connection in the household  2 = Internet in a library or community hall/Thusong centre  3 = Internet for students at a school/university/college  4 = At place of work  5 = Internet Café 2km or less from the household  6 = Internet Café more than 2km from the household  7 = Do not know  8 = Other</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <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>	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"/>
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"/>																		
<p><b>3.47 How does this household receive most of its mail/post?</b></p> <p>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 (<i>specify</i>)</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><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"/>																			

**TRANSPORT**

**Ask all households**

<p><b>3.48 Please specify the total number of trips that were made by members of this household, during the past calendar week (Sunday to Saturday) using each of the following modes of transport?</b>  <i>Write 0 if no trip was made</i></p> <p>1 = Minibus taxi/sedan taxi/bakkie taxi  2 = Bus  3 = Train</p>	<p>NUMBER OF TRIPS ALL HOUSEHOLD MEMBERS</p> <table border="1"> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>											
<input type="text"/>	<input type="text"/>	<input type="text"/>											
<input type="text"/>	<input type="text"/>	<input type="text"/>											
<p><b>3.49 How far do you have to travel to get to the nearest minibus taxi/sedan taxi/bakkie taxi, bus station/bus stop, passenger train station?</b>  <i>Write 0 for less than one kilometer and 8888 if not applicable/ do not know</i></p> <p>1 = Minibus taxi/sedan taxi/bakkie taxi stop  2 = Bus station or stop  3 = Passenger train station or stop</p>	<p>DISTANCE IN KM</p> <table border="1"> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<p><b>3.50 How much money does this household spend on average per month on the following kinds transport:</b>  <i>Write 8888 if not applicable and 9999 if they do not know.</i></p> <p>1 = Minibus taxi/sedan taxi/bakkie taxi  2 = Bus  3 = Train</p>	<p>MONEY PER MONTH IN RAND</p> <table border="1"> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										

### Ask all households

Public sector (i.e. government, provincial or community institution)

03 = Other in public sector (specify)

**Private sector (including private clinics, surgery, private hospitals and sangomas)**

13 = Do not know

7 = Other (specify)

5 = Do not know

2 = No

→ Go to Q3.54

11 = Other (specify)



3.54	<b>Did you (the respondent) experience any of the following during your most recent visit to the health worker/facility that you normally use?</b> <i>Read all the options</i>	YES NO
	1 = Facilities not clean 2 = Long waiting time 3 = Opening times not convenient 4 = Too expensive 5 = Drugs that were needed, not available 6 = Staff rude or uncaring or turned patient away 7 = Incorrect diagnosis 8 = Have never been 9 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
3.55	<b>How satisfied were you (the respondent) with the service you received during this particular visit?</b> 1 = Very satisfied 2 = Somewhat satisfied 3 = Neither satisfied nor dissatisfied 4 = Somewhat dissatisfied 5 = Very dissatisfied 6 = Do not know	<input type="checkbox"/>
3.56	<b>Did you (the respondent) pay for this service during your most recent visit? If the person is a medical aid scheme member and the medical aid paid, you still have to indicate 'yes'.</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Answer for households where no one is benefiting/covered by a medical aid scheme. Refer back to response in Question 1.28 (page 17) on membership of medical aid schemes, then answer the question below.

3.57	<b>Is someone in this household a member of a medical aid scheme? If no-one in this household is covered by a medical aid scheme, what is the main reason why not?</b>	<input type="checkbox"/>     
	1 = At least one person belongs to a medical aid scheme <b>Nobody are members because we:</b> 2 = Do not have money for it 3 = Do not want to spend money on it 4 = Do not want it/are not interested/do not think it is necessary 5 = Never/seldom become ill 6 = Do not know enough about it 7 = Other (specify)	



## SECTION 4: FOOD SECURITY, INCOME AND EXPENDITURE FOOD SUPPLY

Ask all households

<b>4.1</b>	<b>Did your household run out of money to buy food during the past year?</b> → If "No" go to Q4.2	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.2</b>	<b>Did you cut the size of meals or skip any meals during the past year because there was not enough food in the house?</b> → If "No" go to Q4.3	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.3</b>	<b>Did you eat less than you should during the past year because there was not enough food/money for food?</b> → If "No" go to Q4.4	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

If there are no children younger than 18 years in the household go to Q4.9, otherwise continue

<b>4.4</b>	<b>Did you rely on a limited number of foods to feed your children during the past year because you were unable to produce enough food/are running out of money to buy food for a meal?</b> → If "No" go to Q4.5	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.5</b>	<b>Did your children eat less during the past year than you feel they should, because there was not enough food/money to buy food?</b> → If "No" go to Q4.6	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.6</b>	<b>Did your children ever say they are hungry during the past year because there was not enough food in the house?</b> → If "No" go to Q4.7	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.7</b>	<b>Did you cut the size of your children's meals or did they ever skip meals because there was not enough food/money to buy food during the past year?</b> → If "No" go to Q4.8	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>4.8</b>	<b>Did any of your children ever go to bed hungry because there was not enough food/money to buy food?</b> → If "No" go to Q4.9	Yes	No
	Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

<b>4.9</b>	<b>In the past 12 months, was there any young person, 17 years or younger, who has left this household to live on the streets or you do not know his/her whereabouts, ?</b>	<input type="checkbox"/> 1
	1 = Yes	<input type="checkbox"/> 2
	2 = No	<input type="checkbox"/> 3
	3 = Do not know	<input type="checkbox"/> 4
	4 = Not applicable (No children in household)	

## AGRICULTURAL ACTIVITIES

Ask all households

<b>4.10</b>	<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.)</b>	<input type="checkbox"/> 1	
	1 = Yes	<input type="checkbox"/> 2	
	2 = No		
<b>4.11</b>	<b>What kind of food production/agricultural activities is the household involved in?</b>	Yes	No
	Read all the options		
	1 = Livestock production (cattle, goats, sheep, pigs, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Poultry production (chickens, ducks, geese, guinea fowl, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Grains and food crops (maize, wheat, beans, sorghum, millet, groundsnuts, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Industrial crops (e.g. tea, coffee, cotton, tobacco)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Fruit and vegetable production	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Fodder grazing/pasture or grass for animals	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7 = Forestry	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	8 = Fish farming/aquaculture	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	9 = Game farming	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2



620001750

<b>4.12</b>	<b>How does your household use the agricultural products that you produce?</b> 1 = Most is used for home consumption → <b>Go to Q4.14</b> 2 = Most of it is sold 3 = Half of it is used for home consumption and half is sold 4 = Other → <b>Go to Q4.14</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
<b>4.13</b>	<b>Did your household sell most of your produce to ...</b> <i>Read all the options</i> 1 = Local buyers from this district 2 = Buyers from neighbouring cities and towns 3 = Formal markets in South Africa 4 = Export agencies/ international buyers 5 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																		
<b>4.14</b>	<b>Has your household received any of the following kinds of agricultural related assistance from the government during the past 12 months?</b> <i>Read all the options</i> 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 8 = Other (specify below)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <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> </tbody> </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
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																			

**Continue if the household planted grains/vegetables/fruits/ trees (forestry)/pastures/ industrial crops; otherwise go to Q4.18a**

<b>4.15</b>	<b>Where does the household practice its crop planting activities?</b> <i>Read all the options</i> 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	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <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> </tbody> </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
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															
<b>4.16</b>	<b>Approximately how big is the land that the household uses for crop production?</b> <i>Estimate total area if more than one piece</i> 1 = Less than 500 m2 (approximately one soccer field) 2 = 500 m2 to 9999m2 (Between one soccer field and 1 hectare) 3 = 1 but less than 2 hectares 4 = 2 but less than 5 hectares 5 = 5 but less than 10 hectares 6 = 10 hectares or more	<input type="checkbox"/>														
<b>4.17</b>	<b>On what basis does the household have access to the land used for crop production?</b> <i>If more than one kind of tenure system applies for different pieces of land, give an answer for the biggest piece</i> 1 = Owns the land 2 = Rents the land 3 = Sharecropping 4 = Tribal authority 5 = State land 6 = Other 7 = Do not know	<input type="checkbox"/>														

## HOUSEHOLD INCOME SOURCES AND EXPENDITURE

Ask all households

<b>4.18a What are the sources of income for this household?</b> <i>Read all the options</i> 1 = Salaries/wages/commission 2 = Income from a business 3 = Remittances 4 = Pensions 5 = Grants 6 = Sales of farm products and services 7 = Other income sources e.g. rental income, interest 8 = No income → <b>Go to Q4.20</b>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <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>	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"/>
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"/>																		
<b>4.18b 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 income source in the block provided.</i>	<input type="text"/>																		
<b>4.19 If the household receives an income from remittances, please specify approximately how much do they receive per month?</b> <i>If no income received from remittances write 0.</i>	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	

<b>4.20 What was the total household expenditure in the last month?</b> <i>Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i> 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 = 10 000 or more 11 = Do not know 12 = Refuse	<input type="text"/>								
<b>4.21 Is this household registered with the local municipality as an indigent household?</b> 1 = Yes 2 = No 3 = Not applicable e.g. live on farm 4 = Do not know  <div style="text-align: right;">h h m m</div> <b>INTERVIEW END TIME</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <i>Thank the respondent</i>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<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								



620001750



## +

+

## +

48