

IDENTIFICATION FLAP

		HOUSEHOLD NUMBER	
ID CODE	i	ii	iii
	INTERVIEWER LIST THE NAMES AND SURNAMES OF ALL PERSONS LIVING IN THIS HOUSEHOLD. START THE LIST WITH THE HEAD OF THE HOUSEHOLD.	CIRCLE ID OF ALL CHILDREN AGED 6 - 36 MONTHS (3 YEARS)	CIRCLE ID OF ALL CHILDREN AGED 36 - 60 MONTHS (3 - 5 YEARS)
01		01	01
02		02	02
03		03	03
04		04	04
05		05	05
06		06	06
07		07	07
08		08	08
09		09	09
10		10	10
11		11	11
12		12	12
13		13	13
14		14	14
15		15	15

REMEMBER CODES: 'refuse to answer' = - 89, 'don't know' = -90

UPGRADING OF INFORMAL SETTLEMENTS PROGRAMME HOUSEHOLD QUESTIONNAIRE
FREE STATE, REPUBLIC OF SOUTH AFRICA 2010

HOUSEHOLD IDENTIFIER
HOUSEHOLD NUMBER

A. HOUSEHOLD LOCATION

1 PROVINCE CODE	FREE STATE	01
01	LIMPOPO	02
	GAUTENG	03

3 GRASSLANDS PHASE 2	01	LOCALITY CODE	
GRASSLANDS PHASE 3	02		
GRASSLANDS PHASE 4	03		
BLOEMSIDE PHASE 4	04	PIETERSBURG 76	09
BLOEMSIDE PHASE 5	05	TEMBISA EXT 23	10
PIETERSBURG EXT 44	06	TEMBISA EXT 24	11
PIETERSBURG EXT 75	07	ESELLEN PARK	12
PIETERSBURG EXT 76	08	TSWELOPELE	13

4 GPS COORDINATES OF DWELLING: LONGITUDE	GPS COORDINATES: LATITUDE
<div> <div></div> <div></div> <div></div> <div>°</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div>°</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

2 MUNICIPAL GRID NUMBER	
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5 ADDRESS OF DWELLING

B. REPLACEMENT

6 HOUSEHOLD REPLACES / IS REPLACED BY HOUSEHOLD NUMBER: (ENTER "00" IF NOT REPLACED" AND ► 8)	
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7 REASON FOR REPLACEMENT	DWELLING NOT FOUND	01 REFUSAL	03
	HOUSEHOLD ABSENT	02 NOT ELIGIBLE	04
	OTHER (SPECIFY) _____		05

C. INTERVENTION

8 HOUSEHOLD UPGRADE	NONE	01
	IN SITU	02
	RELOCATION	03

9 YEAR AND MONTH OF ENTERING HOUSE							
M	M	/	Y	Y	Y	Y	

D. DETAILS FOR HEAD OF HOUSEHOLD

10 Name	
11 ID number	

12 POPULATION GROUP	AFRICAN	01	WHITE	04
	COLOURED	02	OTHER (SPECIFY) _____	05
	INDIAN	03		

13 How many people are part of this household?	
--	--

E. INTERVIEW RESULTS

14 RESULT OF THE INTERVIEW	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	REGISTERED PERSON REFUSED INTERVIEW	03
	HOUSEHOLD MEMBERS NOT PRESENT	04
	HOUSEHOLD VACATED	05
	HOUSE ADDRESS NOT FOUND	06
	HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW	07
	HOUSEHOLD TEMPORARILY MOVED	08
	OTHER (SPECIFY) _____	09

15 CONTACT ATTEMPTS (DD/MM/YYYY)		
1ST	____ / ____ / ____	
2ND	____ / ____ / ____	
3RD	____ / ____ / ____	
4TH	____ / ____ / ____	
16 SUCCESSFUL VISITS (DD/MM/YYYY)		
1ST	____ / ____ / ____	
2ND	____ / ____ / ____	
3RD	____ / ____ / ____	

F. LANGUAGE

17 LANGUAGE OF INTERVIEW	ENGLISH	01	SESOTHO	07			
	AFRIKAANS	02	TSHIVENDA	08			
	ISIXHOSA	03	XITSONGA	09			
18 RESPONDENT'S MOTHER TONGUE	ISIZULU	04	SISWATI	10			
	SETSWANA	05	ISINDEBELE	11			
	SEPEDI	06	OTHER (SPECIFY)	12			
19 Which languages are used in the household (ALLOW UP TO 3 CHOICES IN ORDER OF IMPORTANCE)		1ST		2ND		3RD	

20 INTERVIEWER SIGNATURE	CODE

21 SUPERVISOR SIGNATURE	CODE

22 DATA ENTRY OPERATOR SIGNATURE	CODE

MODULE 1: HOUSEHOLD ROSTER

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL HOUSEHOLD MEMBERS.

ID CODE	1.1	1.2	1.3			1.4		1.5	1.6	1.7	1.8		1.9
	What is [NAME]'s relationship to the head of the household?	What is [NAME]'s gender?	What is [NAME]'s date of birth?			How old is [NAME]? IF LESS THAN 5 YEARS OLD, ALSO COLLECT MONTHS		What is [NAME]'s present marital status?	What is [NAME]'s cell phone number?	Was [NAME] born in this settlement?	How long has [NAME] been living in this settlement?		How many months has [NAME] been away from the household in the last 12 months?
	HEAD OF HOUSEHOLD 01									YES 01			
	PARTNER/WIFE/HUSBAND 02									PERSON			
	OWN SON / DAUGHTER 03												
	STEP SON/DAUGHTER 04	MALE 01								NO 02			
	SON/DAUGHTER IN-LAW 05	FEMALE 02						NEVER MARRIED 01	ENTER "00" IF THIS PERSON DOES NOT HAVE A CELL PHONE. DO NOT REPEAT THE SAME NUMBER MORE THAN ONCE (RATHER ENTER "00" FOR THE SECOND PERSON IF 2 OR MORE PEOPLE SHARE THE SAME NUMBER).				
	GRANDCHILD 06							MONOGAMOUSLY MARRIED (ONE SPOUSE) 02					
	GREAT GRANDCHILD 07							POLYGAMOUSLY MARRIED (MORE THAN ONE SPOUSE) 03					
	BROTHER/SISTER 08							CIVIL UNION 04					
	PARENT 09							DIVORCED / SEPARATED 05					
	PARENT-IN-LAW 10							WIDOWED 06					
	NIECE/NEPHEW 11							COMMON-LAW MARRIAGE / COUPLE LIVING TOGETHER 07					
	OTHER RELATIVE 12							OTHER (SPECIFY) 08					
	DOMESTIC HELP 13												
	OTHER NON-RELATIVE 14												
	CO-WIFE 15												
	OTHER (SPECIFY) 16												
	CODE	CODE	DAY	MONTH	YEAR	YEARS	MONTHS	CODE	NUMBER	CODE	YEARS	MONTHS	MONTHS
01	01		/	/					0				
02			/	/					0				
03			/	/					0				
04			/	/					0				
05			/	/					0				
06			/	/					0				
07			/	/					0				
08			/	/					0				
09			/	/					0				
10			/	/					0				
11			/	/					0				
12			/	/					0				
13			/	/					0				
14			/	/					0				
15			/	/					0				

MODULE 2: EDUCATION

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL HOUSEHOLD MEMBERS EDUCATION

FILL OUT FOR ALL HOUSEHOLD MEMBERS OLDER THAN 5 YEARS

I D C O D E	2.1	2.2	2.3		2.4	2.5	2.6	2.7	2.8	2.9	2.10		2.11		2.12		2.13	
	Can [NAME] read and write?	Has [NAME] ever attended school?	What was the highest grade [NAME] successfully completed?		Has [NAME] ever repeated a grade in school?	How many times has [NAME] repeated a grade in school?	Is [NAME] currently enrolled in school?	How many days has [NAME] attended school in the last week (7 days)?	How many days has [NAME]s school been open in the past week (7 days)?	How many hours and minutes of homework did [NAME] do in the last week (7 days)?	Does [NAME] attend school [OPTION]?		Why does [NAME] not go to school in this settlement? (GIVE UP TO 2 OPTIONS)		How long does it take to travel to school? (one way)		What is the main reason why [NAME] stopped attending / did not attend school?	
	ILLITERATE 01 READ ONLY 02 READ AND WRITE 03		ENTER THE HIGHEST LEVEL COMPLETED IN 'LEVEL' AND EDUCATION MEASURE IN 'CODE'								In this settlement 01 ▶ 2.12				▶ 'NEXT PERSON'			
		YES 01	GRADE 01		YES 01		YES 01				In a neighbouring settlement 02		NO SCHOOL AVAILABLE 01				NOT KEEN TO ATTEND 01	
		NO 02 ▶ 2.13	STANDARD 02		NO 02 ▶ 2.6		NO 02 ▶ 2.13				In town 03		POOR SCHOOL QUALITY 02				COULD NOT GET INTO SCHOOL 02	
			ABET 03								Out of town 04		TOO EXPENSIVE 03				TO HELP WITH HOUSEWORK 03	
			UNIVERSITY 04								Other (SPECIFY) 05		TOO FAR AWAY 04				SUSPENDED 04	
			POST-SCHOOL CERTIFICATE 05										NO PUBLIC TRANSPORT LINKS 05				COST OF TUITION, BOOKS, AND MATERIALS 05	
			OTHER (SPECIFY) 06										FRIENDS ARE AT ANOTHER SCHOOL 06				LONG DISTANCE TO SCHOOL 06	
													OTHER (SPECIFY) 07				DANGEROUS ROUTE TO SCHOOL 07	
																	COST OF TRANSPORT 08	
																	SICK 09	
																	GRADUATED 10	
																	NOT OF SCHOOL-GOING AGE 11	
																	OTHER (SPECIFY) 12	
	CODE	CODE	LEVEL	CODE	CODE	NUMBER	CODE	DAYS	DAYS	HOURS	MINUTES	CODE		CODE 1	CODE 2	HOURS	MINUTES	CODE
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		
13																		
14																		
15																		

MODULE 3: ECONOMIC ACTIVITY

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL HOUSEHOLD MEMBERS' EMPLOYMENT.

FILL OUT FOR ALL HOUSEHOLD MEMBERS OLDER THAN 5 YEARS

	3.1	3.2	3.3	3.4	3.5	3.6	3.7
I D C O D E	What did [NAME] do mainly during the last 7 days ?	How many months in total has [NAME] performed income-generating work over the past 12 months ?	Is [NAME] currently working?	What is [NAME's] current employment status?	Is [NAME] [OPTION]?	Would you describe [NAME'S] work as being part of the formal economy (regulated by government / taxable / subject to a written contract / registered business etc.) or informal economy (no taxes / unregistered business / no formal contract etc.)	How many hours did [NAME] work last week ?
		IF HE / SHE HAS NOT WORKED, ENTER 0	YES 01	Employed full-time with monthly salary	01 Self-employed		
	WORKED 01		NO 02	Employed full-time with weekly or fortnightly wage	02 Employed in the private sector		
	LOOKED FOR WORK 02						
	WAS AT SCHOOL 03			Employed part-time with monthly salary	04 Employed in the public / government sector		
	HOUSEHOLD CHORES 04			Employed part-time with weekly or fortnightly wage	05	FORMAL ECONOMY 01	
	SICK / INJURED 05					INFORMAL ECONOMY 02	
	RETIRED / PENSIONER 06			Piece jobs / work on request / daily wage	06		
	NOTHING 07			Other (specify)	07		
	HOLIDAY 08						
OTHER(SPECIFY) 09							
	CODE	MONTHS	CODE	CODE	CODE	CODE	HOURS
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

MODULE 3: ECONOMIC ACTIVITY

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL HOUSEHOLD MEMBERS' INCOME.

[illegible]

MODULE 3: ECONOMIC ACTIVITY

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL HOUSEHOLD MEMBERS' INCOME.

	3.9	3.10	
	Does your household own any of the following items? YES 01 NO 02	In total, how much did the household spend on the following categories last month ?	
	CODE		
Radio			
Television			
Iron (electric or coal)			
Stove		CATEGORY	RAND
Oven (electric or gas)		Food	R
Microwave		Transport	R
Refrigerator		Education	R
Telephone, fixed line		Health	R
Mobile phone		Housing rent, if any	R
Computer		Housing improvements	R
Washing machine		Household services (water, electricity)	R
Geyser for hot water		Household levies/rates and taxes	R
Water tank		Debts	R
Power generator		Transfers to other households	R
Fan		Entertainment	R
Mattress		Cigarettes/Tobacco/Alcohol	R
Bicycle		Business	R
Motorcycle/ scooter		Cell phone airtime	R
Car/ truck		Baby Products	R
Cart		Clothes	R
Pack animals (donkey, horse)		Other (Specify) _____	R
Sewing or knitting machine		Other (Specify) _____	R
Tools		Other (Specify) _____	R

3.11 What is the total household income per month?

R

MODULE 4: HEALTH

RESPONDENT: MOTHER/CAREGIVER OF CHILDREN OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL HOUSEHOLD MEMBERS' HEALTH

I D C O D E	4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9
	Has [NAME] suffered from an illness or injury during the past 4 weeks?	What was the nature of the main illness, injury, disability or ailment in the past 4 weeks?	What was the nature of the secondary illness, injury, disability or ailment in the past 4 weeks, if any? ENTER '00' IF THERE IS NO OTHER ILLNESS/INJURY	How many days in the past 4 weeks has [NAME] been sick or injured?	How many days in the past 4 weeks has [NAME] not been able to do what he/she normally does because of illness or injury?	How much were all costs associated with [NAME]'s illness, injury, disability or ailment in the past 4 weeks?	How often has [NAME] been extremely tired in the past 4 weeks?	How often has [NAME] been short-tempered in the past 4 weeks?	Compared with [NAME]'s health one year ago, how is his/her health now? IF CHILD WAS BORN LESS THAN ONE YEAR AGO, ENTER '00'
	YES 01 NO 02	FLU 01 FEVER 02 DIARRHOEA 03 COLD 04 WORMS 05 HIGH BLOOD PRESSURE 06 MEASLES 07 HEPATITIS B 08 STOMACH PAIN 09 SKIN IRRITATION/ITCHING 10 ALLERGIES 11 TUBERCULOSIS 12 ASTHMA 13 MALARIA 14 INJURY 15 VIOLENCE-RELATED INJURY 16 ILLNESS RELATED TO PREGNANCY 17 CANCER 18 DIABETES 19 HIV INFECTION 20 PHYSICAL DISABILITY (SPECIFY) 21 MENTAL DISABILITY (SPECIFY) 22 OTHER (SPECIFY) 23	FLU 01 FEVER 02 DIARRHOEA 03 COLD 04 WORMS 05 HIGH BLOOD PRESSURE 06 MEASLES 07 HEPATITIS B 08 STOMACH PAIN 09 SKIN IRRITATION/ITCHING 10 ALLERGIES 11 TUBERCULOSIS 12 ASTHMA 13 MALARIA 14 INJURY 15 VIOLENCE-RELATED INJURY 16 ILLNESS RELATED TO PREGNANCY 17 CANCER 18 DIABETES 19 HIV INFECTION 20 PHYSICAL DISABILITY (SPECIFY) 21 MENTAL DISABILITY (SPECIFY) 22 OTHER (SPECIFY) 23				Often 01 Sometimes 02 Never 03	Often 01 Sometimes 02 Never 03	Much better 01 Somewhat better 02 About the same 03 Somewhat worse 04 Much worse 05
	CODE	CODE	CODE	DAYS	DAYS	RAND	CODE	CODE	CODE
	01					R			
	02					R			
	03					R			
	04					R			
	05					R			
	06					R			
	07					R			
	08					R			
	09					R			
	10					R			
	11					R			
12					R				
13					R				
14					R				
15					R				

MODULE 4: HEALTH

History and Details about Diarrhoea and Respiratory Diseases: REPORT ANY EPISODE OF DIARRHOEA OR RESPIRATORY DISEASES THAT ANY OF THE HOUSEHOLD MEMBERS HAS SUFFERED DURING THE REFERENCE PERIOD INDICATED

4.10 Did any household member experience diarrhoea in the last month?

01 YES ► FILL UP TABLE.

02 NO ▶ 4.11

USE ONE LINE FOR EACH EPISODE OF ILLNESS AND DISEASE

4.10.1	4.10.2	4.10.3	4.10.4
ID CODE	How many days was [NAME] sick with diarrhoea during this period?	Did [NAME] ever experience the following in his/her stool: Blood 01 Mucous 02 Both 03 Neither 04	Was there any vomiting? YES 01 NO 02
CODE	DAYS	CODE	CODE

4.11 Did any household member experience breathing problems and/or chest infections in the last month?

• • • 01 YES ► FILL UP TABLE •

02 "N0" ► MODULE 5

USE ONE LINE FOR EACH EPISODE OF ILLNESS AND DISEASE

[illegible]

MODULE 5: PART A -- BORROWING AND CREDIT

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL BORROWING AND CREDIT

5.1.1 Has any member of the household contracted any loan(s) [in cash and/or kind] or bought anything on credit over **the past 12 months**?

YES 01
NO 02▶ PART B (SAVINGS)

5.1.2		5.1.3	5.1.4	5.1.5	5.1.6	5.1.7
L O A N N U M B E R	Which household member obtained the loan? (give ID)	What is the source of this loan/credit?	What was the total amount of the original loan/credit (give value if in kind)?	For what purpose was the loan contracted/credit used?	What kind of guarantee was required by the lender/credit provider?	Did you have the option to use your land or house / building as collateral for this loan?
		BANK 01		INVESTMENT IN PROPERTY 01	NONE 01	
		CREDIT CARD COMPANY 02		AGRICULTURAL LAND / EQUIPMENT 02	LAND 02	
		GOVERNMENT AGENCY 03		AGRICULTURAL INPUTS 03	CATTLE 03	YES 01
		NGO 04		BUSINESS 04	HOUSE / BUILDING 04	NO 02
		BUSINESS FIRM 05		HOUSING UPGRADE 05	EMPLOYER 05	
		EMPLOYER 06		EDUCATION / TRAINING 06	RELATIVES 06	
		MONEY LENDER 07		HEALTH 07	NON-RELATIVES 07	
		RELATIVE / NEIGHBOUR / FRIEND 08		CEREMONIES (WEDDINGS, FUNERALS, ETC) 08	OTHER (SPECIFY) 08	
		COMMUNITY CENTRE 09		VEHICLE 09		
		CLOTHING / FURNITURE / APPLIANCE STORE 10		CLOTHING/FURNITURE/APPLIANCES 10		
	OTHER (SPECIFY) 11		OTHER CONSUMER GOODS 11			
		OTHER (SPECIFY) 12				
ID	CODE	RAND	CODE	CODE	CODE	
1			R			
2			R			
3			R			
4			R			
5			R			

MODULE 5: PART B -- SAVINGS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING ALL SAVINGS.

5.2.1. Does any member have a savings account or participate in any informal/semi-formal savings institution?

YES 01
NO 02 ▶ MODULE 6

	5.2.2	5.2.3	5.2.4	5.2.5		
I T E M N U M B E R	ID of member's name on account	What type of savings institution is it?	What is the current balance of these savings?	Do you or any other member in the household plan to use these savings for [OPTION] in the next 12 months?		
		ROTATING SAVINGS & CREDIT ASSOCIATION / STOKVEL 01 BANK 02 COOPERATIVES 03 CREDIT UNION 04 NGO 05 SAVINGS AND LOAN GROUP 06 OTHER (SPECIFY) 07	R 0 - R 2000 01 R 2001 - R 4000 02 R 4001 or more 03	YES 01 NO 02		
	ID CODE	CODE	CODE	Buying property (land or house)	Housing Upgrade	General house/plot maintenance
01						
02						
03						
04						
05						
06						
07						

MODULE 6: MICROENTERPRISE

RESPONDENT: HEAD OF HOUSEHOLD AND/OR HOUSEHOLD MEMBER WHO IS MOST KNOWLEDGEABLE ABOUT ENTERPRISE IN QUESTION

6.1 Over the past 12 months, has anyone in your household operated any non-agricultural enterprise which produces goods or services (for example, artisan, metalworking, tailoring, repair work; also include processing and selling your outputs from your own crops if done regularly) or has anyone in your household owned a shop or operated a trading business?

YES	01	
NO	02	► MODULE 7

[illegible]

MODULE 7: CRIME AND VIOLENCE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING HOUSEHOLD SECURITY.

7.1 Has your household been broken into in the last 12 months?

YES01CODE

NO02

7.2 How safe do you feel against criminals in your own home?

NOT SAFE01CODE

FAIRLY SAFE02

SAFE03

VERY SAFE04

7.3 How safe do you feel against criminals in this settlement?

NOT SAFE01CODE

FAIRLY SAFE02

SAFE03

VERY SAFE04

7.4 Is it safe for women and children to walk around

by themselves during the day in your settlement?

YES01CODE

NO02

7.5 In the past 12 months, has anybody in this household been

a victim of any crime (exclude house burglaries)?

YES01CODE

NO02

REPORT ALL INCIDENCES OF CRIME IN THE LAST 12 MONTHS

C r i m e i n c i d e n c e n u m b e r	I D C O D E	7.6	7.7	7.8	7.9
			What type of crime?	Where did it occur?	Who did it?
			SEVERE BEATING01	At home01	Household member (PUT ID CODE)ID
			EXTORTION (BRIBERY, BLACKMAIL ETC.)02	Within settlement02	Neighbour21
			THEFT03	In neighbouring settlement03	Gang member, same settlement22
			RAPE/ ATTEMPTED RAPE04	Elsewhere (specify)04	Gang member, outside settlement23
			MURDER05		Employer24
			ATTEMPTED MURDER06		Police25
			MUGGING07		Unknown perpetrator26
			HIJACKING08		Other (specify)27
			ARSON09		
			GUN INJURY10		
			KNIFE INJURY11		
			OTHER (SPECIFY)12		
			CODE	CODE	CODE
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

MODULE 8: HOUSING AND TENURE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING HOUSING TENURE/RENTAL/OWNERSHIP.

8.1 How long has your household been living in this house/dwelling?

YEARS	MONTHS

8.2 How long has your household been living in this settlement?

YEARS	MONTHS

8.3 Did you ever live somewhere else before this **settlement**?

YES	01	CODE
NO	02	

8.4 Where did this household live before coming to this settlement?

Another settlement in the city	01	CODE
Another town/city	02	
Rural area/ village	03	
Other (specify _____)	04	

8.5 Why did you move to this settlement? List the 3 main reasons in order of importance

Forced to relocate	01	
Better chance of receiving government housing	02	CODE
Close to work	03	Reason 1
Close to business opportunities	04	
Close to town (shops,etc)	05	CODE
Close to water	06	Reason 2
Safety/security reasons	07	
Availability of land	08	CODE
Close to clinics/schools	09	Reason 3
Close to transport	10	
Have friends/relatives/family here	11	
Poor opportunities/options elsewhere	12	
Living costs are cheap here	13	
Other (specify _____)	14	

8.6 Does a household member own this house/structure/land or do you rent?

Own land and structure	01	
Own structure but not land	02	CODE
Rent structure	03	
Other (specify _____)	04	

8.7 Who is the owner? If shared by household members, provide up to three people

ID CODE1	ID CODE2	ID CODE3

8.8 What type of ownership document do you have?

NONE	01	8.12
TEMPORARY OCCUPATION LICENSE	02	
SHARE CERTIFICATE	03	CODE
TITLE DEED	04	
LETTER FROM THE CHIEF	05	
LETTER FROM MUNICIPALITY	06	
OTHER (SPECIFY _____)	07	

8.9 When did you receive the ownership document?

m m / y y y y
8.12

8.10 What kind of tenancy do you have with the owner?

Written agreement	01	CODE
Verbal agreement	02	
No agreement	03	

8.11 What is the total rent that your household pays per month?

RAND
R

8.12 Do you have paying tenants or subtenants living on this land?

YES	01	CODE
NO	02	

8.13 How many paying tenants do you have (if one person pays rent for a family or group, count the entire group)?

NUMBER

8.14 How much rent do you receive from these tenants in total each month?

RAND
R

8.15 Did the household undertake any form of housing improvement/update in the **last 12 months** (excluding government upgrading)?

YES	01	CODE
NO	02	

8.16 How much did the household spend on improvements in total in the **last 12 months**?

RAND
R

8.17 If you could sell this property, how much do you think you could sell it for? Answer '0' if you would not be allowed to sell even if there was a willing buyer.

RAND
R

8.18 If you could rent this property, how much do you think you could rent it for (per month)? Answer '0' if you would not be allowed to rent even if there was a willing renter.

RAND
R

MODULE 9: INFRASTRUCTURE AND SERVICE DELIVERY

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING HOUSEHOLD SERVICES.

	9.1 How long does it take to walk from your home to the nearest [OPTION] in minutes? IF INSIDE THE DWELLING, ENTER 0 60 MINUTES = 1 HOUR
	MINUTES
Water supply	
Toilets & sewerage	
Garbage/waste disposal	
Electricity	
Community roads	
Water/storm drainage	
Street lights	

TRANSPORT

9.2 What is the main transport mode used by your household?

WALK	01	
BICYCLE	02	
PRIVATE VEHICLE	03	
BUS	04	CODE
TRAIN	05	
TAXI	06	
ANIMAL/CART	07	
OTHER(SPECIFY) _____	08	

SANITATION

9.3 What kind of toilet facility does your household use?

FLUSH TOILET	01	CODE
LONG DROP	02	
BUCKET. ▶ 9.5. 03.	03	
NO FACILITIES OR BUSH/FIELD ▶ 9.5. 04.	04	
OTHER (SPECIFY) _____	05	

9.4 How many people share this facility? PEOPLE

WATER

9.5 What is the main source of water used by your household?

PIPED WATER INTO DWELLING	01	CODE
PIPED WATER TO YARD/PLOT	02	
PUBLIC TAP/ STANDPIPE	03	
TUBEWELL/BOREHOLE	04	
NEIGHBOURS	05	
SURFACE WATER (RIVER, LAKE, DAM, ETC.)	06	
OTHER (SPECIFY) _____	07	

9.6 What method do you use to treat the water you drink?

DON'T TREAT THE WATER	01	CODE
BOILING	02	
SEDIMENTATION	03	
CHEMICAL	04	
FILTERING	05	
OTHER (SPECIFY) _____	06	

GARBAGE DISPOSAL

9.7 How does your household dispose of garbage?

IT IS COLLECTED	01	CODE
BRING IT TO A COLLECTION POINT	02	
BURN IT	03	
BURY IT	04	
DUMP IT IN OWN YARD	05	
DUMP IT IN RIVER/POND/GULLY	06	
DUMP IT IN OTHER PLACE	07	
OTHER (SPECIFY) _____	08	

ELECTRICITY

9.8 Do you have an electricity connection in your house or stand?

YES	01	NUMBER
NO ▶ 9.12	02	

9.9 How many hours per day do you get electricity?

HOURS

9.10 How many blackouts/electricity outages do you experience per week?

NUMBER

9.11 How is the electricity connection made?

METERED CONNECTION TO THE HOUSE	01	CODE
CONNECTION FROM NEIGHBOUR'S HOUSE	02	
CONNECTION FROM STREET	03	
OTHER (SPECIFY) _____	04	

9.12 What is the main source of lighting in your dwelling?

ELECTRICITY	01	CODE
PARAFFIN LAMPS	02	
FIREWOOD	03	
CANDLES, BATTERY TORCH	04	
SOLAR	05	
OTHER (SPECIFY) _____	06	

9.13 What fuel do you use most often for cooking?

ELECTRICITY	01	CODE
PARAFFIN	02	
GAS	03	
FIREWOOD	04	
CHARCOAL	05	
SOLAR	06	
OTHER (SPECIFY) _____	07	

MODULE 10: SOCIAL CAPITAL AND COMMUNITY PARTICIPATION

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER REGARDING COMMUNITY ACTIVITIES.

10.1		10.2	10.3
Do you have [OPTION] active in your settlement?		Who from this household participates most often?	What is his/her role?
YES	01	IF NOBODY PARTICIPATES ENTER 00 AND ▶ NEXT OPTION	Leader 01
NO	02 ▶ NEXT OPTION		Active member 02
			Not active member 03
	CODE	ID CODE	PARTICIPATION CODE
A neighbourhood improvement group			
Health volunteers			
A sports club			
A neighbourhood security watch organisation			
Local politics			
Religious groups			
Parent-teacher associations			
Other (specify) _____			
Other (specify) _____			

10.4 In the **past three years** have you or any member of the household done any of the following?

YES	01
NO	02

	CODE
Voted in elections	
Contacted your elected representative	
Contacted newspapers, radio, or TV to generate interest in a problem	
Actively participated in an information campaign (e.g.. HIV awareness etc.)	
Made a personal contact with an influential person (not your elected representative) about a community problem	
Talked with other people in your area about a problem	

10.5 Does your household rely on your neighbours for any of the following?

YES	01
NO	02

	CODE
Child care	
Car pool or motor transport	
Sharing of food	
Medical care or emergency	
Job search	
Household services (water, electricity etc.)	
Other (specify)	

MODULE 11: SATISFACTION

RESPONDENT: HEAD OF HOUSEHOLD OR MAIN RESPONDENT

11.1 How satisfied are you with the following:

Dissatisfied	01	Household water quality	
Somewhat dissatisfied	02	Water charges	
Neutral	03	Frequency of electricity supply	
Somewhat satisfied	04	Electricity charges	
Satisfied	05	Wastewater collection/treatment service	
Not applicable	06	Public service delivery in general	
		Public transport links	
		Access to schools	
		Police service in your settlement	
		Level of crime in your settlement	
		Access to health services	
		The dwelling that you live in	
		The settlement that you live in	
		Your neighbours	
		Employment opportunities	
		Your family's health	
		Support from your community	

11.2 Do you feel that local community leaders are effective in promoting the interests of this community?

Yes, very effective 01 CODE
 Yes, moderately effective 02
 No, rarely effective 03
 No, not at all effective 04

11.3 Do you feel that the municipality is responsive to the needs of this community?

Very responsive 01 CODE
 Moderately responsive 02
 Rarely responsive 03
 Not responsive 04

11.4 How would you rate the community spirit in your settlement?

Very good 01 CODE
 Good 02
 Average 03
 Poor 04
 Very poor 05

MODULE 12: RETROPSECTIVE INFORMATION

RESPONDENT: HEAD OF HOUSEHOLD OR MAIN RESPONDENT

12.1
Have you ever lived in any other dwelling before this one (also include the case where you have received an *in situ* upgrade or relocation)?

YES 01
NO 02

CODE

Please think back to before you had moved into this dwelling and answer the following questions about your previous dwelling.

12.2
How many years and months did you stay in your previous dwelling for? If you were born there, how long did your family stay in this dwelling for?

YEARS

MONTHS

12.3
Did your previous dwelling have any of the following:

YES 01
NO 02

	CODE		CODE
Electricity		Concrete/cement floor	
Running water		Brick/cement walls	
Toilet with running water		Separate kitchen	

12.4
Was your previous dwelling robbed at any time in the **twelve months before moving** into your new home?

YES 01
NO 02

CODE

12.4.1
Did you run any form of income-generating business in your previous dwelling?

Yes, inside the dwelling 01
Yes, outside the dwelling but on the plot 02
No 03

CODE

12.5
How many household members were living in your previous dwelling?

▶ 12.7 if current household size = household size in previous dwelling (Q12.5 = cover sheet Q13)

12.6
IF THIS IS DIFFERENT TO THE CURRENT HOUSEHOLD SIZE: What is the reason for the difference between this and the current household size?

YES 01
NO 02

CODE

Birth	
Death	
Family/friends moved out	
Family/friends moved in	
Marriage	
Other (specify) _____	

12.7
Have you, or any member of this household ever applied for a housing subsidy?

YES 01
NO 02

CODE

12.8
In what year and month did you apply for a housing subsidy? (MM/YYYY) ENTER '99' IF MONTH IS UNKNOWN AND '9999' IF YEAR IS UNKNOWN.

Now please think back to **five years ago, in 2005**, the year after the 2004 general elections:

12.9
Five years ago, was [HEAD OF HOUSEHOLD] employed?

YES 01
NO 02

CODE

12.10
What was [HEAD OF HOUSEHOLD]'s employment status?

Employed full-time 01
Employed part-time 02
Piece jobs / work on request / daily wage 03
Other (specify) _____ 04

CODE

12.11
Five years ago, in 2005, was [HEAD OF HOUSEHOLD] married?

YES 01
NO 02

CODE

12.12
Did [HEAD OF HOUSEHOLD] have any serious illness in 2005? For instance, if you had to go to the hospital or see a doctor, or had major medical expenses?

YES 01
NO 02

CODE

12.13
Five years ago, was a member of the household receiving any of the following government grants ?

YES 01
NO 02

CODE

12.14
Five years ago, did [HEAD OF HOUSEHOLD] have a savings account or participate in any savings institution?

YES 01
NO 02

CODE

12.15
Five years ago, how many household members were enrolled in school?

NUMBER

RECONTACT

NOTES:

R.1 Are you planning, expecting or hoping to move to another unit within the next 24 months?

YES, DEFINITELY	01	CODE
YES, PROBABLY	02	
NO	03	

R.2 Where would you most probably move?

Town/Village/Settlement:
Municipality:
Province:
Country:

R.3 Please provide two contacts that would know where to find you if you move.

1. Name: _____

Address: _____

Telephone: _____

Relationship: _____

2. Name: _____

Address: _____

Telephone: _____

Relationship: _____