

**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)
	NAME		
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  
LIMPOPO, REPUBLIC OF SOUTH AFRICA 2010**

HOUSEHOLD IDENTIFIER
HOUSEHOLD NUMBER

**A. HOUSEHOLD LOCATION**

1 PROVINCE CODE	FREE STATE	01
<b>02</b>	LIMPOPO	02
	GAUTENG	03

3 GRASSLANDS PHASE 2	01	LOCALITY CODE	
GRASSLANDS PHASE 3	02		
GRASSLANDS PHASE 4	03		
BLOEMSIDE PHASE 4	04	DISTENENG	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

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		

**SHOW MAP OF DISTENENG**

LP Where was your household relocated from?			
NONE	01	DISTENENG C	04
DISTENENG A	02	GREENSIDE	05
DISTENENG B	03	SESHEGO	06
CODE		OTHER (SPECIFY) _____	07

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	

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]?		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?
	CODE	CODE	DAY	MONTH	YEAR	YEARS	MONTHS	CODE	NUMBER	CODE	YEARS	MONTHS	MONTHS
	HEAD OF HOUSEHOLD	01	/	/					0				
	PARTNER/WIFE/HUSBAND	02	/	/					0				
	OWN SON / DAUGHTER	03	/	/					0				
	STEP SON/DAUGHTER	04	/	/					0				
	SON/DAUGHTER IN-LAW	05	/	/					0				
	GRANDCHILD	06	/	/					0				
	GREAT GRANDCHILD	07	/	/					0				
	BROTHER/SISTER	08	/	/					0				
	PARENT	09	/	/					0				
	PARENT-IN-LAW	10	/	/					0				
	NIECE/NEPHEW	11	/	/					0				
	OTHER RELATIVE	12	/	/					0				
	DOMESTIC HELP	13	/	/					0				
	OTHER NON-RELATIVE	14	/	/					0				
	CO-WIFE	15	/	/					0				
	OTHER (SPECIFY)	16	/	/					0				



**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
	What did [NAME] do mainly during the <b>last 7 days</b> ?	How many months in total has [NAME] performed income-generating work over the <b>past 12 months</b> ?  IF HE / SHE HAS NOT WORKED, ENTER 0	Is [NAME] currently working?  YES 01 NO 02	What is [NAME]'s current employment status?  Employed full-time with monthly salary 01 Employed full-time with weekly or fortnightly wage 02 Employed part-time with monthly salary 04 Employed part-time with weekly or fortnightly wage 05 Piece jobs / work on request / daily wage 06 Other (specify) 07	Is [NAME] [OPTION]?  Self-employed 01 Employed in the private sector 02 Employed in the public / government sector 03	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.)  FORMAL ECONOMY 01 INFORMAL ECONOMY 02	How many hours did [NAME] work <b>last week</b> ?
	WORKED 01 LOOKED FOR WORK 02 WAS AT SCHOOL 03 HOUSEHOLD CHORES 04 SICK / INJURED 05 RETIRED / PENSIONER 06 NOTHING 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.

	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
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**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 FEVER DIARRHOEA COLD WORMS HIGH BLOOD PRESSURE MEASLES HEPATITIS B STOMACH PAIN SKIN IRRITATION/ITCHING ALLERGIES TUBERCULOSIS ASTHMA MALARIA INJURY VIOLENCE-RELATED INJURY ILLNESS RELATED TO PREGNANCY CANCER DIABETES HIV INFECTION PHYSICAL DISABILITY (SPECIFY) MENTAL DISABILITY (SPECIFY) OTHER (SPECIFY)	01 FLU 02 FEVER 03 DIARRHOEA 04 COLD 05 WORMS 06 HIGH BLOOD PRESSURE 07 MEASLES 08 HEPATITIS B 09 STOMACH PAIN 10 SKIN IRRITATION/ITCHING 11 ALLERGIES 12 TUBERCULOSIS 13 ASTHMA 14 MALARIA 15 INJURY 16 VIOLENCE-RELATED INJURY 17 ILLNESS RELATED TO PREGNANCY 18 CANCER 19 DIABETES 20 HIV INFECTION 21 PHYSICAL DISABILITY (SPECIFY) 22 MENTAL DISABILITY (SPECIFY) 23 OTHER (SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23			Often Sometimes Never	01 Often 02 Sometimes 03 Never	01 Much better 02 Somewhat better 03 About the same 04 Somewhat worse 05 Much worse
	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?

04 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 NO -> **MODULE 5**

USE ONE LINE FOR EACH EPISODE OF ILLNESS AND DISEASE

4.11.1	4.11.2	4.11.3	4.11.4	4.11.5
ID CODE	How many days was [NAME] sick with a respiratory infection during this period?	Cough  YES 01 NO 02	Breathing with sound  YES 01 NO 02	Rapid breathing  YES 01 NO 02
CODE	DAYS	CODE	CODE	CODE

**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) . . . . .

L O A N  N U M B E R	5.1.2	5.1.3	5.1.4	5.1.5	5.1.6	5.1.7
	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?
	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

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



## 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?

YES 01 CODE  
NO 02

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

NOT SAFE 01 CODE  
FAIRLY SAFE 02   
SAFE 03  
VERY SAFE 04

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

NOT SAFE 01 CODE  
FAIRLY SAFE 02   
SAFE 03  
VERY SAFE 04

7.4 Is it safe for women and children to walk around

by themselves during the day in your settlement?

YES 01 CODE  
NO 02

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

a victim of any crime (exclude house burglaries)?

YES 01 CODE  
NO 02

### 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	7.6	7.7	7.8	7.9
		What type of crime?	Where did it occur?	Who did it?
		SEVERE BEATING 01	At home 01	Household member (PUT ID CODE) ID
		EXTORTION (BRIBERY, BLACKMAIL ETC.) 02	Within settlement 02	Neighbour 21
		THEFT 03	In neighbouring settlement 03	Gang member, same settlement 22
		RAPE/ ATTEMPTED RAPE 04	Elsewhere (specify) 04	Gang member, outside settlement 23
		MURDER 05		Employer 24
		ATTEMPTED MURDER 06		Police 25
		MUGGING 07		Unknown perpetrator 26
		HIJACKING 08		Other (specify) 27
		ARSON 09		
		GUN INJURY 10		
		KNIFE INJURY 11		
		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
<input type="text"/>	<input type="text"/>

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

YEARS	MONTHS
<input type="text"/>	<input type="text"/>

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

YES	01	CODE
NO	02	<input type="text"/>

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

Another settlement in the city	01	CODE
Another town/city	02	<input type="text"/>
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 <input type="text"/>
Close to business opportunities	04	
Close to town (shops,etc)	05	CODE
Close to water	06	Reason 2 <input type="text"/>
Safety/security reasons	07	
Availability of land	08	CODE
Close to clinics/schools	09	Reason 3 <input type="text"/>
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	<input type="text"/>
Other (specify _____)	04	<input type="text"/>

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

ID CODE1	ID CODE2	ID CODE3
<input type="text"/>	<input type="text"/>	<input type="text"/>

8.8 What type of ownership document do you have?

NONE	01	<input type="text"/>
TEMPORARY OCCUPATION LICENSE	02	
SHARE CERTIFICATE	03	CODE
TITLE DEED	04	<input type="text"/>
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
<input type="text"/>					

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

Written agreement	01	CODE
Verbal agreement	02	<input type="text"/>
No agreement	03	

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

RAND
<input type="text"/>

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

YES	01	CODE
NO	02	<input type="text"/>

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

NUMBER
<input type="text"/>

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

RAND
<input type="text"/>

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	<input type="text"/>

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

RAND
<input type="text"/>

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
<input type="text"/>

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
<input type="text"/>

**MODULE 9: INFRASTRUCTURE AND SERVICE DELIVERY**

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

	<p><b>9.1</b> How long does it take to walk from your home to the nearest [OPTION] in minutes?  IF INSIDE THE DWELLING, ENTER 0  <b>60 MINUTES = 1 HOUR</b></p>
	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
- TRAIN 05
- TAXI 06
- ANIMAL/CART 07
- OTHER(SPECIFY) \_\_\_\_\_ 08

CODE

**SANITATION**

9.3 What kind of toilet facility does your household use?

- FLUSH TOILET 01
- LONG DROP 02
- BUCKET 03
- NO FACILITIES OR BUSH/FIELD 04
- OTHER (SPECIFY) \_\_\_\_\_ 05

CODE

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
- 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

CODE

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

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

CODE

**GARBAGE DISPOSAL**

9.7 How does your household dispose of garbage?

- IT IS COLLECTED 01
- 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

CODE

**ELECTRICITY**

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

- YES 01
- NO 02

NUMBER

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
- CONNECTION FROM NEIGHBOUR'S HOUSE 02
- CONNECTION FROM STREET 03
- OTHER (SPECIFY) \_\_\_\_\_ 04

CODE

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

- ELECTRICITY 01
- PARAFFIN LAMPS 02
- FIREWOOD 03
- CANDLES, BATTERY TORCH 04
- SOLAR 05
- OTHER (SPECIFY) \_\_\_\_\_ 06

CODE

9.13 What fuel do you use most often for cooking?

- ELECTRICITY 01
- PARAFFIN 02
- GAS 03
- FIREWOOD 04
- CHARCOAL 05
- SOLAR 06
- OTHER (SPECIFY) \_\_\_\_\_ 07

CODE



## 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: RETROSPLECTIVE 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 **▶ 12.7** 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)** CODE

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 **▶ 12.9** 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. M M / Y Y Y Y Y

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 **▶ 12.11** 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

Pension
Child support (own child)
Foster child support
Disability
Care dependency (disabled child)
Other (Specify) _____

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	<input type="text"/>
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: \_\_\_\_\_

## ENUMERATOR OBSERVATIONS

RESPONDENT: ENUMERATOR

IN THIS SECTION ANSWER THE QUESTIONS BASED ON YOUR DIRECT OBSERVATIONS OF THE CONDITIONS IN THE HOUSEHOLD. ONLY ASK THE RESPONDENT FOR ANSWERS IF UNCLEAR.

- E.1. WHAT IS THE MAIN CONSTRUCTION MATERIAL OF THE EXTERNAL WALLS?**
- |                                   |    |                      |
|-----------------------------------|----|----------------------|
| BRICK                             | 01 | CODE                 |
| CONCRETE/CEMENT                   | 02 | <input type="text"/> |
| CORRUGATED IRON/TIN/ZINC SHEETING | 03 |                      |
| WOOD/LOGS                         | 04 |                      |
| MUD BRICK                         | 05 |                      |
| OTHER (SPECIFY) _____             | 06 |                      |
- E.2. WHAT IS THE MAIN MATERIAL OF THE ROOF?**
- |                                   |    |                      |
|-----------------------------------|----|----------------------|
| BRICK                             | 01 | CODE                 |
| CONCRETE/CEMENT                   | 02 | <input type="text"/> |
| CORRUGATED IRON/TIN/ZINC SHEETING | 03 |                      |
| WOOD/LOGS                         | 04 |                      |
| MUD BRICK                         | 05 |                      |
| TILE                              | 06 |                      |
| OTHER (SPECIFY) _____             | 07 |                      |
- E.3. WHAT IS THE MAIN MATERIAL OF THE FLOOR?**
- |                       |    |                      |
|-----------------------|----|----------------------|
| CONCRETE/CEMENT       | 01 | CODE                 |
| WOOD/LOGS             | 02 | <input type="text"/> |
| LINOLEUM              | 03 |                      |
| TILE                  | 04 |                      |
| CLAY/EARTHEN FLOOR    | 06 |                      |
| CARPET                | 07 |                      |
| OTHER (SPECIFY) _____ | 08 |                      |
- E.4. IS THERE A GARDEN AREA WITH FLOWERS, TREES AND/OR GRASS IN THE STAND?**
- |                           |    |                      |
|---------------------------|----|----------------------|
| YES, WELL KEPT            | 01 | CODE                 |
| YES, BUT NOT LOOKED AFTER | 02 | <input type="text"/> |
| NO                        | 03 |                      |
- E.5. WHAT IS THE CONDITION OF THE ROAD OUTSIDE THIS DWELLING?**
- |                          |    |                      |
|--------------------------|----|----------------------|
| PAVED, IN GOOD CONDITION | 01 |                      |
| PAVED, IN POOR CONDITION | 02 | CODE                 |
| DIRT, IN GOOD CONDITION  | 03 | <input type="text"/> |
| DIRT, IN POOR CONDITION  | 04 |                      |
| NO ROAD                  | 05 |                      |
- E.6. WHAT TYPE OF MATERIAL IS USED TO MARK OFF THE PERIMETER OF THE STAND?**
- |                       |    |                      |
|-----------------------|----|----------------------|
| NONE                  | 01 | CODE                 |
| CHICKEN WIRE          | 02 | <input type="text"/> |
| METAL FENCE WITH GATE | 03 |                      |
| WALL                  | 04 |                      |
| OTHER (SPECIFY) _____ | 05 |                      |
- E.7. DOES THIS DWELLING HAVE WINDOWS THAT CAN OPEN?**
- |     |    |                      |
|-----|----|----------------------|
| YES | 01 | CODE                 |
| NO  | 02 | <input type="text"/> |
- E.8. DOES THIS DWELLING HAVE A CHIMNEY?**
- |     |    |                      |
|-----|----|----------------------|
| YES | 01 | CODE                 |
| NO  | 02 | <input type="text"/> |
- E.9. HOW WOULD YOU DESCRIBE THE CLEANLINESS OF THE INSIDE OF THE DWELLING?**
- |  |    |                      |
|--|----|----------------------|
| VERY CLEAN AND WELL KEPT   | 01 |                      |
| REASONABLY CLEAN, BUT SIGNS OF DIRT AND / OR RUBBISH UNKEMPT, RUBBISH AND / OR DIRT CLEARLY VISIBLE / NOTICEABLE SMELL | 02 | CODE                 |
|  | 03 | <input type="text"/> |
| VERY DIRTY, WITH RUBBISH AND INSECTS VISIBLE / BAD SMELL   | 04 |                      |
- E.10. HOW WOULD YOU DESCRIBE THE CLEANLINESS OF THE STAND, OUTSIDE OF THE DWELLING?**
- |  |    |                      |
|--|----|----------------------|
| VERY CLEAN AND WELL KEPT   | 01 |                      |
| REASONABLY CLEAN, BUT SIGNS OF DIRT AND / OR RUBBISH UNKEMPT, RUBBISH AND / OR DIRT CLEARLY VISIBLE / NOTICEABLE SMELL | 02 | CODE                 |
|  | 03 | <input type="text"/> |
| VERY DIRTY, WITH RUBBISH AND INSECTS VISIBLE / BAD SMELL   | 04 |                      |
- E.11. HOW MANY ROOMS ARE DEDICATED SOLELY TO SLEEPING (BEDROOMS)?**
- |  |  |                      |
|--|--|----------------------|
|  |  | NUMBER               |
|  |  | <input type="text"/> |
- E.12. WHERE IS THE KITCHEN LOCATED?**
- |  |    |                      |
|--|----|----------------------|
| IN A ROOM ON ITS OWN                               | 01 |                      |
| IN A ROOM WHERE PEOPLE ALSO SLEEP                  | 02 | CODE                 |
| OUTSIDE  | 03 | <input type="text"/> |
| IN A ROOM USED FOR OTHER ACTIVITIES (NOT SLEEPING) | 04 |                      |
| OTHER (SPECIFY) _____                              | 05 |                      |

**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)
	NAME		
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