



0317-E

October household survey 1996

Particulars of the visiting point

Physical address of the visiting point:

Suburb/village/settlement:

City/town/farm/tribal authority:

Magisterial district: (name)

Magisterial district No:

| | | |
|--|--|--|
| | | |
|--|--|--|

Enumerator area No:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Visiting point No:

| | | |
|--|--|--|
| | | |
|--|--|--|

Substitute visiting point No: (if applicable)

| | | |
|--|--|--|
| | | |
|--|--|--|

Reason for substitution: (if applicable)

Telephone number of enumerated household: (if any)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Number of households at the enumerated visiting point:

| |
|--|
| |
|--|

Interview details

Name of Interviewer:

| | | | | | | |
|--------------------------|----|--|----|--|----|--|
| Date of Interview: | DD | | MM | | YY | |
| | | | | | | |

Name of Fieldwork Controller:

| | | | | | | |
|----------------------------------|----|--|----|--|----|--|
| Date of fieldwork control: | DD | | MM | | YY | |
| | | | | | | |

Flap

This section covers particulars of each person in the household

Interviewer: Start from the left (person No.1) and complete Section 2 (pages ... to ...) for each person in the household separately. Circle the applicable code

| Question | Person (Respondent number) | | | | | | | | | |
|--|--------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | 1 (Head/ Acting head) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| A. First name (Write down the name of each member of the household) | | | | | | | | | | |
| B. Is (the person) present during interview? (Circle only one code) 1 = Yes 2 = No | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| C. Gender (Circle only one code) 1 = Male 2 = Female | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| D. Age in completed years (Less than 1 year = 0) Year of birth..... | 19..... | 19..... | 19..... | 19..... | 19..... | 19..... | 19..... | 19..... | 19..... | 19..... |
| E. (For women 10 years and older but younger than 55 years). <i>[Ask]</i> Has (the person) ever given birth? (Circle only one code) 1 = Yes 2 = No | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| F. All persons 16 years and older but younger than 55 years. <i>[Ask]</i> What does (the person) consider to be the ideal family size? (State number of children) | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

Go to section 2. Keep flap unfolded so that it forms a heading for each page.

Section 1

Household information

This section covers information regarding the dwellings, services and perceived quality of life of the household.

Interviewer: Please start with this section and complete each section separately

1.1 How many dwellings does this household occupy on this particular site? *By household we mean a person or a group of persons who live together at least four nights a week at the same address, eat together and share resources.*

| | |
|---|---|
| Less than one dwelling (sharing a dwelling with other households) | 1 |
| One dwelling | 2 |
| Two dwellings | 3 |
| Three dwellings | 4 |
| More than three dwellings | 5 |

0317-E

1

1.2 Which type of dwelling(s) does this household occupy?
dwelling. (Circle only one code)

If the household lives in more than one dwelling,

indicate the type of the **main**

| | |
|--|--|
| | |
|--|--|

| | |
|---|---|
| Formal house or brick structure on a separate stand or yard | 1 |
| Traditional dwelling/hut/structure made of traditional materials | 2 |
| Flat or apartment in a block of flats | 3 |
| Town/cluster/semi-detached house (simplex, duplex or triplex) | 4 |
| Formal dwelling/house/flat/room, in back yard | 5 |
| Informal dwelling/shack, in back yard | 6 |
| Informal dwelling/shack NOT in back yard, e.g. in an informal/squatter settlement | 7 |
| Room in hostel/compound for workers provided by employer or municipality | 8 |
| Other (specify) | 9 |

1.3 What is the **MAIN material** used for the roof and the

| Material | Roof | Walls |
|----------|------|-------|
| Bricks | | 01 |
| | | |

walls of the (*main*) dwelling? (Circle one code in each column)

| | | |
|---------------------------|-------|-------|
| Cement block/concrete | 02 | 02 |
| Prefab | 03 | 03 |
| Corrugated iron/zinc | 04 | 04 |
| Wood | 05 | 05 |
| Plastic | 06 | 06 |
| Cardboard | 07 | 07 |
| Mixture of mud and cement | 08 | 08 |
| Wattle and daub | 09 | 09 |
| Tile | 10 | |
| Mud | | 11 |
| Thatching | 12 | 12 |
| Asbestos | 13 | 13 |
| Other (specify) | ..... | ..... |

0317-E

2

1.4 What is the total number of rooms in the dwelling(s) that the household occupies?

| | |
|--|--|
| Total number of rooms including living rooms, | |
|--|--|

| | |
|--|--|
| bedrooms and kitchens (excluding bathrooms and toilets) | |
|--|--|

1.5 Is this dwelling (main dwelling, if more than one) owned by the household (even if not yet fully paid) ?

| | |
|------------------------------------|---|
| Yes (Go to question 1.11) | 1 |
| No (Continue) | 2 |

IF THE HOUSEHOLD **DOES NOT OWN** THE DWELLING(S), ANSWER QUESTIONS 1.6 TO 1.10

1.6 If the dwelling(s) is/are not owned by the

household, [Ask] Are you required to pay rent for the dwelling(s)?

| | |
|-----------------------------------|---|
| Yes (continue) | 1 |
| No (Go to question 1.10) | 2 |

1.7 What was the rent that was **charged last month**?

| |
|--------|
| R..... |
|--------|

1.8 Is this rent subsidised?

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

1.9 Do you rent this dwelling with or without furniture ?

| | |
|-------------------|---|
| With furniture | 1 |
| Without furniture | 2 |

1.10 Is the dwelling the property of:

| | |
|--|---|
| Landlord/private owner | 1 |
| Employer (eg. Eskom, AE&CI, Transnet). | 2 |
| Government (national, provincial or local) | 3 |
| Charity organisation | 4 |
| Other (specify)..... | 5 |

IF THE HOUSEHOLD **DOES OWN** THE DWELLING(S), ANSWER QUESTIONS 1.11 TO 1.12)

1.11 Since this dwelling is owned by the household,

| | |
|---|---|
| Full title (including free-hold and lease-hold) | 1 |
| Sectional title | 2 |
| Do not know | 3 |

[Ask] Is this ownership:

If 'Sectional title' what was the levy paid last month?

R.....

1.12 Is this household presently paying off a bond on the

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

dwelling(s)?

If 'Yes' how much did you pay last month?

R.....

ASK EVERY HOUSEHOLD

Services available for the dwelling:

1.13 What is this household's **main** source of water?

(Circle only one code)

| | |
|---------------------------------------|----|
| Piped (tap) water, in dwelling | 1 |
| Piped (tap) water, on site or in yard | 2 |
| Public tap | 3 |
| Water-carrier/tanker | 4 |
| Borehole on site | 5 |
| Borehole: off site/communal | 6 |
| Rain-water tank on site | 7 |
| Flowing water/stream | 8 |
| Dam/pool/stagnant water | 9 |
| Well | 10 |
| Spring | 11 |
| Other (specify). | 12 |

1.14 Is the water obtained enough for normal household

purposes? (Circle only one code)

| | |
|------------|---|
| Always | 1 |
| Mostly yes | 2 |
| Mostly no | 3 |
| No | 4 |

1.15 **If the water source is outside the dwelling(s)** [Ask]

How far is the water source from the dwelling(s)?

| | |
|--------------------------------|---|
| Less than 100 m | 1 |
| 100 m - less than 200 m | 2 |
| 200 m - less than 500 m | 3 |
| 500 m - less than 1 km | 4 |
| 1 km or more | 5 |
| Not applicable (water on site) | 6 |

1.16 Does the household have to pay for its water?

| | |
|-----------|---|
| Yes | 1 |
| Sometimes | 2 |
| No | 3 |

ASK EVERY HOUSEHOLD

1.17 What is the **main** source of energy/fuel for this

household? (Circle one code for each source)

| Energy/fuel source | Cooking | Heating | Lighting |
|--------------------|----------------|----------------|----------------|
| Electricity | 1 | 1 | 1 |
| Gas | 2 | 2 | 2 |
| Paraffin | 3 | 3 | 3 |
| Wood | 4 | 4 | |
| Coal | 5 | 5 | |
| Candles | | | 6 |
| Animal dung | 7 | 7 | |
| Other (Specify) | ..... ..... | ..... ..... | ..... ..... |

IF **WOOD** IS THE **MAIN SOURCE** OF FUEL FOR THE HOUSEHOLD, (FOR EITHER COOKING OR HEATING OR BOTH, ANSWER QUESTIONS 1.18 TO 1.22)

1.18 From where does the household get its wood? Indicate the **main** source. (Circle one code)

| | |
|------------------------|---|
| Woodlot | 1 |
| Commercial plantations | 2 |
| Indigenous trees | 3 |
| Veld | 4 |
| Home yard trees | 5 |
| Merchants | 6 |

1.19 Is the wood obtained enough for normal household purposes?

| | |
|------------|---|
| Always | 1 |
| Mostly yes | 2 |
| Mostly no | 3 |
| No | 4 |

1.20 Does the household have to pay for the wood?

| | |
|-----------|---|
| Always | 1 |
| Sometimes | 2 |
| Never | 3 |

1.21 Does the household have to fetch wood?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

1.22 How far is the wood if it has to be fetched?

| | |
|-----------------------|---|
| Less than 100m | 1 |
| 100m - less than 200m | 2 |
| 200m - less than 500m | 3 |
| 500m - less than 1km | 4 |
| 1 km or more | 5 |

ASK EVERY HOUSEHOLD

Sanitation

1.23 What type of toilet facility is available for this household? (Circle only one code)

| Toilet facility | In dwelling | On site | Off site |
|--------------------|-------------|---------|----------|
| 1. Flush toilet | 1 | 1 | 1 |
| 2. Chemical toilet | | 2 | 2 |
| 3. Pit latrine | | 3 | 3 |
| 4. Bucket toilet | | 4 | 4 |
| 5. Other/None | | | 5 |

1.24 Is the toilet facility shared with other households?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

1.25 If the toilet is not in the dwelling [*Ask*] How far is access?

| | |
|---------------------|---|
| Less than 25m | 1 |
| 25m- less than 50m | 2 |
| 50m- less than 100m | 3 |
| 100m or more | 4 |

the nearest toilet facility to which the household has

1.26 If the facility is a bucket toilet [*Ask*] How frequently

| | |
|------------------------------|---|
| Once a week or more often | 1 |
| About once a fortnight | 2 |
| About once a month | 3 |
| Less often than once a month | 4 |

is it removed?

ASK EVERY HOUSEHOLD

Refuse disposal:

1.27 How is the refuse or rubbish of this household

disposed of? (Circle only one code)

| | |
|---|---|
| Removed by local authority at least once a week | 1 |
| Removed by local authority less often | 2 |
| Removed by community members at least once a week | 3 |
| Removed by community members less often | 4 |
| Communal refuse dump/communal container | 5 |
| Own refuse dump | 6 |
| No rubbish removal | 7 |
| Other (Specify) | |

Telecommunication

1.28 Does anyone in this household have a cellular

telephone?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

1.29 Is there a telephone in this dwelling?(Please **DO NOT**

include cellular telephones)

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

1.30 **If there is no telephone in the dwelling(s)** [*Ask*] How

far from this household is the nearest available

telephone?

| | |
|-------------------------|---|
| Less than 100 m | 1 |
| 100 m - less than 200 m | 2 |
| 200 m - less than 1 km | 3 |
| 1 km - less than 5 km | 4 |
| 5 km - less than 10 km | 5 |
| 10 km or more | 6 |
| Do not know | 7 |

ASK EVERY HOUSEHOLD

Let us talk about your safety and perceived quality of life

1.31 How safe do you feel living in this particular

neighbourhood?

| | |
|---------------|---|
| Very safe | 1 |
| Rather safe | 2 |
| Rather unsafe | 3 |
| Very unsafe | 4 |

1.32 How safe do you feel living in your **own dwelling?**

| | |
|---------------|---|
| Very safe | 1 |
| Rather safe | 2 |
| Rather unsafe | 3 |
| Very unsafe | 4 |

1.33 Do you feel **safer**, about **the same**, or **less safe**, than

you felt a year ago?

| | |
|-----------|---|
| Safer | 1 |
| The same | 2 |
| Less safe | 3 |

1.34 In the past 12 months, has any member of this

household been a victim of crime? (**this crime could**

have happened anywhere)

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

If any member of the household has been a victim of crime, [Ask] Which type of crime?

[READ OUT the list below and circle **all** applicable codes]

| | |
|--|---|
| Mugging | 1 |
| Robbery/burglary/housebreaking | 2 |
| Rape | 3 |
| Domestic violence (e.g child abuse, woman abuse) | 4 |
| Murder | 5 |
| Abduction/kidnapping | 6 |
| Car hijacking | 7 |
| White collar crime (e.g. fraud, scam) | 8 |
| Other (Specify)..... | 9 |

ASK EVERY HOUSEHOLD

1.35 Do you have any **street** lighting where you live?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

1.36 In the past year, was there ever a time when you

could not afford to feed the children in the household?

| | |
|------------------------------|---|
| Yes | 1 |
| No | 2 |
| Not applicable (no children) | 3 |

1.37 Taking everything into account, how satisfied is this

household with the way it lives these days?

| | |
|------------------------------------|---|
| Very satisfied | 1 |
| Satisfied | 2 |
| Neither satisfied nor dissatisfied | 3 |
| Dissatisfied | 4 |
| Very dissatisfied | 5 |

ASK EVERY HOUSEHOLD

1.38 Compared to one year ago, how would you say things

are for this household?

| | |
|---------------------------|---|
| Things are better | 1 |
| Things are about the same | 2 |
| Things are worse | 3 |

1.39 How much money did this household spend **in total, the past month?**

on all items (including food, clothing, housing,

transport, medical care, etc), **during**

R.....

1.40 How much did the household spend on **food** during

the past month?

R.....

1.41 Were there any unusual **cash purchases** (e.g. car,

fridge, furniture, etc.) during the **past month** and/or

the past year?

| | Past month | Past year |
|-----|------------|-----------|
| Yes | 1 | 1 |
| No | 2 | 2 |

1.42 If there were any unusual cash purchases during them all together?

| | |
|---|--------|
| Past month | R..... |
| Past year (please do not include purchases for the past month) | R..... |

the past month or past year, [Ask] How much did

the household spend on

ASK EVERY HOUSEHOLD

1.43 If anyone in this household gets ill or injured and

decides to seek medical help, where do they **usually**

go first? (Circle only one code)

| | | |
|----------------|---------------------------|---|
| Public Sector | Hospital | 1 |
| | Clinic | 2 |
| | Other (specify)..... | 3 |
| Private Sector | Hospital | 4 |
| | Clinic | 5 |
| | Private doctor/specialist | 6 |
| | Traditional healer | 7 |
| | Other (specify)..... | 8 |

ASK EVERY HOUSEHOLD

1.44 How far is the hospital/clinic/doctor where the

household members usually go? (Circle only one code)

| | |
|-----------------------|---|
| Less than 1 km | 1 |
| 1km - less than 5km | 2 |
| 5km - less than 10km | 3 |
| 10km - less than 15km | 4 |
| 15km or more | 5 |

1.45 How long does it usually take to get there?

| | |
|-----------------------------------|---|
| Less than 15 minutes | 1 |
| 15 minutes - less than 30 minutes | 2 |
| 30 minutes - less than 1 hour | 3 |
| 1 hour - less than 2 hours | 4 |
| 2 hours or more | 5 |

1.46 What means of transport do the members of this household use to get to the health facility? (Circle only one code).

| | |
|------------------------------------|---|
| Ambulance | 1 |
| Own transport (car, minibus, etc.) | 2 |
| Train | 3 |
| Taxi | 4 |
| Bus (public) | 5 |
| On foot | 6 |
| Other transport (specify) | 7 |

household **mainly** use to get to the health facility?

-mainly = longest distance

1.47 Where is this health care person/facility where household members usually go? (State place name, province).

household members usually go? (State place name,

magisterial district and

| Town/place name | Magisterial district | Province (New) |
|-----------------|----------------------|----------------|
| | | |

ASK EVERY HOUSEHOLD

1.48 How far is the nearest social welfare service point?

| | |
|---------------------|---|
| Less than 1km | 1 |
| 1km - less than 5km | 2 |
| 5km or more | 3 |
| Do not know | 4 |

Go to flap

This section covers particulars of each person in the household

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

Section 2 (continued)

[illegible]

This section covers information regarding workers (formal and informal), the unemployed and persons who are not economically active.

[illegible]

Section 3 (continued)

[illegible]

[illegible]

Section 3 (continued)

[illegible]

Section 3 (continued)

[illegible]

Section 3 (continued)

[illegible]

[illegible]

0317-E
30

Section 3 (continued)

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

0317-E

33

Section 3 (continued)

[illegible]

5

5

5

5

5

**Go to next person at
Section 3. If**

If “3” (Go to 3.27)

Section 3 (continued)

[illegible]

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 4 = Supported by persons not in the household | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 5 = Supported by charity, church, welfare, etc. | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 6 = Unemployment benefit fund | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 7 = Savings or money previously earned | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 8 = Old age or disability pension | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 9 = Other e.g. bursary, study loan | | | | | | | | | | |
| <p>If any of the codes 2-9 in question 3.33 above is the answer:</p> <p><i>then, Section 3 is complete for this person. Go to the next person at the beginning of Section 3.</i></p> | | | | | | | | | | |
| <p>If last person : <i>Go to Section 4.</i></p> | | | | | | | | | | |

SECTION 4

This section covers information regarding migrant workers

4.1 Are there any persons who are usually regarded as members of this household, but who were away for a month or more in the last year because they are migrant workers? (A migrant worker is someone who is absent from home for more than a month each year to work or seek work).

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

If “Yes”, please complete the following table for all the migrant workers.

| | Migrant worker 1 | Migrant worker 2 | Migrant worker 3 | Migrant worker 4 |
|--|------------------|------------------|------------------|------------------|
| 4.2 First name | | | | |
| 4.3 Is this person the: 1 = Head of the household 2 = Other member of the household | 1 2 | 1 2 | 1 2 | 1 2 |
| 4.4 Gender 1 = Male 2 = Female | 1 2 | 1 2 | 1 2 | 1 2 |
| 4.5 What kind of work is (the person) doing as a migrant worker. <i>(Describe the type of work in as much detail as possible)</i> | | | | |

Section 4 (continued)

| | | | | |
|--|---|---|---|---|
| <p>4.6 What is the highest level of education that (the person) has completed?</p> <p>00 = No schooling 01 = Sub A/ grade 1 02 = Sub B/grade 2 03 = Std 1 04 = Std 2 05 = Std 3 06 = Std 4 07 = Std 5 08 = Std 6 09 = Std 7 10 = Std 8 11 = Std 9 12 = Std 10 13 = NTC I 14 = NTC II 15 = NTC III 16 = Diploma/certificate with Std 9 or lower 17 = Diploma/certificate with Std 10 18 = Degree</p> <p>19 = Other (specify in column)</p> | <p>00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 </p> | <p>00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 </p> | <p>00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 </p> | <p>00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 </p> |
| <p>4.7 How much money if any has (the person) given to this household during the past 12 months.</p> | <p>R.....</p> | <p>R.....</p> | <p>R.....</p> | <p>R.....</p> |

Section 4 (continued)

| | | | | |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 4.8 Where does/did (the person) work? Town/place name Magisterial district Province (new) Country (only if not RSA) | | | | |
| 4.9 What is the main activity of (the person's) firm, institution or private employer? <i>(Describe the activity in as much detail as possible)</i> | | | | |
| 4.10 How often does (the person) come home? 1 = Every weekend 2 = About once in 2 weeks 3 = About once a month 4 = About once in 3 months 5 = About once in 6 months 6 = About once a year 7 = Less frequently than once a year | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |

**This section covers information regarding deaths
in the household**

Interviewer:- This section must be answered by a senior member of the household (PREFERABLY A WOMAN)

- Record all the deaths of household members that occurred since **1 January 1995**
- Make sure that **babies** and **elderly persons** are not omitted.
- Stillbirths must **NOT** be included.

5.1 Were there any deaths in this household since **1 January 1995**?

1 = Yes (Go to 5.2)

.....

2 = No (Go to Section 6)

.....

| |
|---|
| 1 |
| 2 |

[illegible]

| | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|---|---|---|--|--|--|--|--|--|--|---|---|---|---|---|
| 3. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| 4. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| 5. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| 6. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| 7. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| 8. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| 9. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| 10. | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |

SECTION 6

Interviewer: Please read the instructions on this page before you start with Question 6.1.

First name of woman (a): **Respondent No:**

| | | | | | | | | Years | Months | Days | Year | Month | Day | | | | Yes | No |
|--|---|---|---|---|---|---|--|-------|--------|------|------|-------|-----|---|---|---|-----|----|
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |

SECTION 6

This section covers information regarding births.

This section must be completed for all women younger than 55 years who have ever given birth

A separate form must be completed for each woman

Interviewer:Please read the instructions on this page before you start with Question 6.1.

Record all live births starting with the last born. Do not include still births and children adopted by the mother. Remember to include children who have died and children who are not currently part of the household.

First name of woman (a):

Respondent No:

| 6.1 | 6.2 | 6.3 | 6.4 | 6.5 | 6.6 | 6.7 | 6.8 | 6.9 |
|--|-------------------------------------|-----------------------------|--|--|--|--|---|---------------------|
| <div>with last born)</div> <div> Interviewer: Record separate lines with a bracket </div> | Is/was (the child) a boy or a girl? | Is (the child) still alive? | If alive: Is (the child) currently living with this household? | If alive: How old is he/she? Interviewer: Record age in completed years. Less | If dead: How old was (the child) when he/she died? Interviewer: Record in as much detail as possible. | All children: In what year and month was (the child) born? | All children: Where was (the child) born? | All children |

| | | | | | | | | | | | | | | | | | | |
|------------------|-----|------|-----|----|-----|----|--------------------|--------------|--------|------|---------------|-------|-----|------------------|----------------|----------------|------------------------------|----|
| | | | | | | | than 1 year = 0 | | | | | | | | | | | |
| Child (optional) | Boy | Girl | Yes | No | Yes | No | Age in years | Age at death | | | Date of birth | | | In a hospital | At a clinic | Else- where | Was the birth registered? | |
| | | | | | | | | Years | Months | Days | Year | Month | Day | | | | Yes | No |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | | 1 | 2 | 3 | 1 | 2 |

SECTION 6

This section covers information regarding births.

This section must be completed for all women younger than 55 years who have ever given birth

A separate form must be completed for each woman

Interviewer:Please read the instructions on this page before you start with Question 6.1.

Record all live births starting with the last born. Do not include still births and children adopted by the mother. Remember to include children who have died and children who are not currently part of the household.

First name of woman (a): **Respondent No:**

| | | | | | | | | |
|-----------------|-----------------------------|-----------------------------|------------------------------------|--------------------------------|---|--|----------------------|---------------------|
| 6.1 | 6.2 | 6.3 | 6.4 | 6.5 | 6.6 | 6.7 | 6.8 | 6.9 |
| With last born) | Is/was (the child) a boy or | Is (the child) still alive? | If alive: Is (the child) | If alive: How old is | If dead: How old was (the child) when | All children: In what year and month | All children: | All children |

| | | | | | | | | | | | | | | | | | | |
|--|---------|------|--------------|----|---------------------------------------|----|---|--|------|------|-----------------------|-----|-----|-----------------------------|-------------|-----------|---------------------------|--|
| Interviewer: Record separate lines with a bracket | a girl? | | still alive? | | currently living with this household? | | he/she? Interviewer: Record age in completed years. Less than 1 year = 0 | he/she died? Interviewer: Record in as much detail as possible. | | | was (the child) born? | | | Where was (the child) born? | | | | |
| | Boy | Girl | Yes | No | Yes | No | Age in years | Age at death | | | Date of birth | | | In a hospital | At a clinic | Elsewhere | Was the birth registered? | |
| | | | | | | | Years | Months | Days | Year | Month | Day | Yes | | | | No | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |
| | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | 1 | 2 | 3 | 1 | 2 | |

SECTION 6

This section covers information regarding births.

This section must be completed for all women younger than 55 years who have ever given birth

A separate form must be completed for each woman

Interviewer:Please read the instructions on this page before you start with Question 6.1.

Record all live births starting with the last born. Do not include still births and children adopted by the mother. Remember to include children who have died and children who are not currently part of the household.

First name of woman (a):

Respondent No:

[illegible]

SECTION 7

This section covers information regarding **household income** from other sources (**excluding income from employment and self-employment**)

| [READ OUT] You have already told me about the income earned by members of this household from employment and self-employment. Many households also receive income from various other sources. Now, I would like to know how much income the household received from each of the following sources. (<i>Enter either monthly or annual income in the appropriate column</i>) | Monthly | Annual |
|--|---------|--------|
| 7.1 Financial support from relatives/persons not in the household | R..... | R..... |
| 7.2 State pensions (including old age/civil pension) | R..... | R..... |
| 7.3 Private pensions | R..... | R..... |
| 7.4 Social grants/disability grants | R..... | R..... |
| 7.5 Other grants (including old age grants, maintenance grants, care dependant grants) | R..... | R..... |
| 7.6 Gratuities and other lumpsum payments | R..... | R..... |
| 7.7 Unemployment benefits | R..... | R..... |
| 7.8 Any other source of income (specify) | R..... | R..... |

SECTION 8

This section covers information regarding domestic workers employed by the household in the past month

8.1 Did this household make use of a domestic worker during the past month?

Yes = 1

No = 2

If “Yes” Go to 8.2

If “No” *You have come to the end of the interview for this household. Thank the respondent for his/her cooperation .*

8.2 PARTICULARS OF DOMESTIC WORKERS AS AT THE END OF PAST MONTH

This question must be completed only for those who answered “Yes” to question 8.1.

| Particulars of Domestic workers | | | Total monthly remuneration to domestic workers during past month (to the nearest rand) | | | | |
|---------------------------------|----------------------------|--|--|--|------------------------------|---------------------------------------|--------------------------------|
| Type of domestic work | Number of domestic workers | Total number of hours usually worked per month | Cash wage, including transport allowance | Contributions to personnel funds (such as pension and medical aid) | Estimated value of free food | Estimated value of free accommodation | Free clothing, health care etc |
| General | 01 | 08 | 15 R..... | 22 R..... | 29 R..... | 36 R..... | 43 R..... |
| Nurse maid | 02 | 09 | 16 R..... | 23 R..... | 30 R..... | 37 R..... | 44 R..... |
| Chauffeur | 03 | 10 | 17 R..... | 24 R..... | 31 R..... | 38 R..... | 45 R..... |
| Clothes washer or ironer | 04 | 11 | 18 R..... | 25 R..... | 32 R..... | 39 R..... | 46 R..... |
| Gardener | 05 | 12 | 19 R..... | 26 R..... | 33 R..... | 40 R..... | 47 R..... |
| Other | 06 | 13 | 20 R..... | 27 R..... | 34 R..... | 41 R..... | 48 R..... |
| Total | 07 | 14 | 21 R..... | 28 R..... | 35 R..... | 42 R..... | 49 R..... |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|