

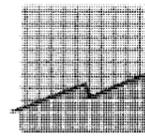
This table must be completed and used by the fieldworker whenever there is more than one household at a visiting point

Household Number	Names of all persons at a visiting point	Cumulative Total	Household Number	Names of all persons at a visiting point	Cumulative Total
		1			16
		2			17
		3			18
		4			19
		5			20
		6			21
		7			22
		8			23
		9			24
		10			25
		11			26
		12			27
		13			28
		14			28
		15			30

For official use only

	Initials	Date	ID
Cover Page			
Classify			
Check			
Control			
Capture			
Control			

P	B	D



**Statistics
South Africa**

October household survey 1998

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:

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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:

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Interview details

Name of Fieldworker:

Date of interview:

DD	MM	YY

Name of Fieldwork Supervisor

Date when checked:

DD	MM	YY

FLAP

This section covers particulars of each person in the household

The following information must be obtained in respect of every person who normally resides at least 4 nights a week in this household.

Do not forget babies.

Please make sure that you ask who the Head or Acting head of the household is. Look up the definition of the Head of Household in the fieldworker's manual.	Person (Respondent number)									
	1 (Head/ Acting head)	2	3	4	5	6	7	8	9	10
A. First name or initials Write down the name or initials of each member of the household, starting with the Head or Acting head)										
B. Gender 1 = MALE 2 = FEMALE	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
C. Age in completed years (Less than 1 year = 0) Year of birth	..... 19.....	..... 19.....	..... 19.....	..... 19.....	..... 19.....	..... 19.....	..... 19.....	..... 19.....	..... 19.....	..... 19.....
D. Is (the person) 1 = African/Black 2 = Coloured 3 = Indian/Asian 4 = White 5 = Griqua 6 = Other	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

Go to section 1. Keep flap unfolded so that it forms a heading for each page.

1

SECTION 1

This section covers particulars of each person in the household

Start from the left (person No.1) and complete Section 1 (pages 2 to 10) for each person in the household separately. Circle the applicable code.

Please ask who the head of household is	1	2	3	4	5	6	7	8	9	10
1.1 What is (each individual's) relationship to (the person listed in column 1)? 1 = HEAD/ACTING HEAD OF HOUSEHOLD 2 = HUSBAND/WIFE/PARTNER 3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD 4 = BROTHER/SISTER 5 = FATHER/MOTHER 6 = GRANDPARENT 7 = GRANDCHILD 8 = OTHER RELATIVE, E.G. IN-LAWS OR AUNT/UNCLE 9 = NON-RELATED PERSONS	1 2 3 4 5 6 7 8 9									
1.2 Is (the person's) own mother by birth still alive? 1 = YES 2 = NO 3 = DO NOT KNOW	1 2 3									
1.3 Is (the person's) own father by birth still alive? 1 = YES 2 = NO 3 = DO NOT KNOW	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
1.4 (a) How many sisters born to the same mother has (the person) ever had (including those who are now dead)? (b) How many of those sisters ever reached age 15 (including those who are now dead)? (c) How many of those sisters who ever reached age 15 are alive now?										

Section 1

	1	2	3	4	5	6	7	8	9	10
(d) How many of those sisters who ever reached age 15 are now dead?										
(e) How many of these dead sisters died during the time while they were pregnant, or during childbirth, or during the six weeks after the end of pregnancy?										
1.5 What is (the person's) present marital status? 1 = MARRIED - CIVIL 2 = MARRIED - TRADITIONAL (CUSTOMARY) 3 = LIVING TOGETHER WITH PARTNER 4 = WIDOWER/WIDOW 5 = DIVORCED/SEPARATED } Go to 1.7 6 = NEVER MARRIED	1 2 3 4 5 6									
1.6 If (the person) is married or living with a partner, give respondent number of spouse if he/she is part of the household (e.g. if respondent No.1 is married to respondent No.2, then write "2" in column 1 and "1" in column 2).
1.7 If (the person) has ever been married or lived with a partner, is the first spouse/partner still alive? 1 = YES 2 = NO 3 = DO NOT KNOW 4 = NOT APPLICABLE Go to 1.9	1 2 3 4									
1.8 How old was (the person) when he/she first married or lived with any partner?
1.9 Which language does (the person) speak most often at home?	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
1.10 What is the highest school class/standard that (the person) completed? <i>If no schooling, or currently in sub A/Grd 1 write none</i>										
1.11 Does (the person) presently attend school, college, technikon or university? <i>(This includes study by correspondence but excludes crèche and pre-school)</i> 1 = YES, FULL-TIME 2 = YES, PART-TIME 3 = NO	1 2 3									
1.12 Does (the person) have a technical or artisan certificate, diploma or degree, completed at an educational institution (e.g. teachers diploma, BA degree or NTC 111)? 1 = YES 2 = NO 3 = DO NOT KNOW	1 2 3									
<i>If "Yes",</i> (a) What is the highest qualification he/she has? <i>Specify, e.g. BA, HED</i>										
(b) What is (the person's) main field of study? <i>(e.g. plumbing, teaching, law, etc)</i>										

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR EVERY PERSON 7 YEARS OR OLDER WHO <ul style="list-style-type: none"> has never attended school, OR has dropped out of school (i.e. has not completed Std 10 and is not attending school) 										
1.13 Would (the person) wish to continue with his/her education or training?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
3 = DO NOT KNOW	3	3	3	3	3	3	3	3	3	3
<i>If "Yes",</i>										
What prevents (the person) from continuing with his/her education or training?										
1 = NOT ENOUGH MONEY	1	1	1	1	1	1	1	1	1	1
2 = DISTANCE FROM SCHOOL/COLLEGE, ETC.	2	2	2	2	2	2	2	2	2	2
3 = CHILD CARE	3	3	3	3	3	3	3	3	3	3
4 = OTHER RESPONSIBILITIES TOWARDS THE FAMILY	4	4	4	4	4	4	4	4	4	4
5 = PREGNANCY DURING CURRENT EDUCATION YEAR	5	5	5	5	5	5	5	5	5	5
6 = POOR HEALTH	6	6	6	6	6	6	6	6	6	6
7 = LACK OF FACILITY FOR ADULT SCHOOLING	7	7	7	7	7	7	7	7	7	7
8 = WORK COMMITMENTS	8	8	8	8	8	8	8	8	8	8
9 = OTHER (SPECIFY IN COLUMN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
ASK FOR EVERY PERSON 6 YEARS OR YOUNGER										
1.14 Which of the following institutions does (the person) attend?										
1 = Pre-primary or reception class at primary school	1	1	1	1	1	1	1	1	1	1
2 = Grade one at a primary school	2	2	2	2	2	2	2	2	2	2
3 = Crèche/educare centre/pre-school	3	3	3	3	3	3	3	3	3	3
4 = Daymother/gogo	4	4	4	4	4	4	4	4	4	4
5 = None	5	5	5	5	5	5	5	5	5	5

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR EVERY PERSON ATTENDING PRIMARY SCHOOL 1.15 Does (the person) get free food through the school feeding scheme? 1 = YES 2 = NO	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
ASK FOR EVERY PERSON IN THE HOUSEHOLD PRIMARY HEALTH CARE 1.16 Has (the person) been ill during the past month? (Exclude injury) 1 = YES 2 = NO	1 2									
1.17 Has (the person) been injured during the past month? 1 = YES 2 = NO	1 2									
1.18 Has (the person) been admitted to a hospital during the past month? 1 = YES 2 = NO If "Yes" Was the care received in the hospital satisfactory? 1 = YES 2 = NO	1 2 1 2									
1.19 Does (the person) have access to a medical aid scheme? 1 = YES 2 = NO	1 2									

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
1.20 During the past month did (the person) go to any health worker such as a nurse, doctor or traditional healer as a result of illness or injury?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO <i>Go to 1.24</i>	2	2	2	2	2	2	2	2	2	2
<i>If "Yes", indicate which type of health worker</i>										
<i>Circle the applicable codes</i>										
1 = NURSE	1	1	1	1	1	1	1	1	1	1
2 = DOCTOR	2	2	2	2	2	2	2	2	2	2
3 = MEDICAL SPECIALIST	3	3	3	3	3	3	3	3	3	3
4 = PHARMACIST/CHEMIST	4	4	4	4	4	4	4	4	4	4
5 = DENTIST	5	5	5	5	5	5	5	5	5	5
6 = SPIRITUAL HEALER (CHURCH RELATED)	6	6	6	6	6	6	6	6	6	6
7 = TRADITIONAL HEALER (SANGOMA/ INYANGA)	7	7	7	7	7	7	7	7	7	7
8 = ANY OTHER HEALTH CARE PROVIDER (INCLUDING PSYCHOLOGIST, PHYSIOTHERAPIST, CHIROPRACTOR, HOMEOPATH, OPTOMETRIST)	8	8	8	8	8	8	8	8	8	8
9 = COMMUNITY HEALTH WORKER	9	9	9	9	9	9	9	9	9	9

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR ALL PERSONS WHO CONSULTED A HEALTH WORKER DURING THE PAST MONTH										
1.21 Where did this consultation take place?										
<i>1 - 3 = Public sector (i.e. government, provincial or community institution)</i>										
1 = HOSPITAL	1	1	1	1	1	1	1	1	1	1
2 = CLINIC	2	2	2	2	2	2	2	2	2	2
3 = OTHER	3	3	3	3	3	3	3	3	3	3
<i>4 - 8 = Private sector (including private clinics, surgery, private hospitals and sangomas)</i>										
4 = HOSPITAL	4	4	4	4	4	4	4	4	4	4
5 = CLINIC	5	5	5	5	5	5	5	5	5	5
6 = PRIVATE DOCTOR/SPECIALIST	6	6	6	6	6	6	6	6	6	6
7 = TRADITIONAL HEALER	7	7	7	7	7	7	7	7	7	7
8 = PHARMACY/CHEMIST	8	8	8	8	8	8	8	8	8	8
9 = HEALTH FACILITY PROVIDED BY EMPLOYER	9	9	9	9	9	9	9	9	9	9
10 = OTHER	10	10	10	10	10	10	10	10	10	10
1.22 How satisfied was (the person) with the care received from the health worker?										
1 = VERY SATISFIED	1	1	1	1	1	1	1	1	1	1
2 = SATISFIED	2	2	2	2	2	2	2	2	2	2
3 = SLIGHTLY SATISFIED	3	3	3	3	3	3	3	3	3	3
4 = NOT AT ALL SATISFIED	4	4	4	4	4	4	4	4	4	4
5 = DO NOT KNOW	5	5	5	5	5	5	5	5	5	5
1.23 How much did the household have to pay for this service? (If the service was free, write 00)										
<i>NB: Include amount paid by medical aids</i>										
	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
1.24 Which members of the household smoke?										
<i>Circle the appropriate person number</i>										
	1	2	3	4	5	6	7	8	9	10

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR EVERY PERSON IN THE HOUSEHOLD										
DISABILITY										
I am now going to ask about major disabilities experienced by any persons within the household.										
1.25 Is (the person) limited in his/her daily activities (at home, at work or at school) because of a long term physical or mental condition (lasting six months or more)?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = No <i>Go to the next person</i>	2	2	2	2	2	2	2	2	2	2
<i>If "last person" Go to Question 1.26</i>										
<i>If "Yes",</i>										
Describe the difficulty or difficulties that (the person) has? (circle each applicable code for each person)										
1 = SEEING (EVEN WITH GLASSES, IF WORN)	1	1	1	1	1	1	1	1	1	1
2 = HEARING (EVEN WITH HEARING AID, IF USED)	2	2	2	2	2	2	2	2	2	2
3 = COMMUNICATING (TALKING, CONVEYING INFORMATION, LISTENING)	3	3	3	3	3	3	3	3	3	3
4 = MOVING (WALKING, CLIMBING STAIRS)	4	4	4	4	4	4	4	4	4	4
5 = STANDING (UNABLE TO STAND FOR A SHORT TIME)	5	5	5	5	5	5	5	5	5	5
6 = GRASPING (USING FINGERS TO GRASP OR HANDLE OBJECTS)	6	6	6	6	6	6	6	6	6	6
7 = INTELLECTUAL (DIFFICULTY IN LEARNING, RETARDATION)	7	7	7	7	7	7	7	7	7	7
8 = EMOTIONAL (PSYCHOLOGICAL, BEHAVIOURAL PROBLEMS)	8	8	8	8	8	8	8	8	8	8
9 = OTHER (EXPLAIN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 1 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR EVERY PERSON IN THE HOUSEHOLD										
CRIME										
I am now going to ask about crimes, which may have been experienced by some members of the household.										
1.26 In the past 12 months has (the person) been a victim of any crime?										
1 = YES										
2 = NO <i>Go to the next person,</i>										
<i>If "last person" Go to Section 2</i>	1	1	1	1	1	1	1	1	1	1
<i>If "Yes",</i>	2	2	2	2	2	2	2	2	2	2
Which of the following crimes has (the person) experienced?										
<i>Circle each applicable code for each person</i>										
1 = Mugging	1	1	1	1	1	1	1	1	1	1
2 = Rape	2	2	2	2	2	2	2	2	2	2
3 = Domestic violence (e.g. child abuse, woman abuse)	3	3	3	3	3	3	3	3	3	3
4 = Abduction/kidnapping	4	4	4	4	4	4	4	4	4	4
5 = Car hijacking	5	5	5	5	5	5	5	5	5	5
6 = White collar crime (e.g. fraud, scam)	6	6	6	6	6	6	6	6	6	6
7 = Other (Specify in column)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

9.50	<i>Please indicate the respondent number of the person who answered the questions in this section</i>
.....	

***You have come to the end of the interview for this household.
Thank the respondent for his/her co-operation.***

9.45	How far is the hospital/clinic/doctor/traditional healers where the household members usually go? <i>Circle only one code</i>
1	LESS THAN 1 KM
2	1 KM - LESS THAN 5 KM
3	5 KM - LESS THAN 10 KM
4	10 KM - LESS THAN 15 KM
5	15 KM OR MORE
9.46	How long does it usually take to get there?
1	LESS THAN 15 MINUTES
2	15 MINUTES - LESS THAN 30 MINUTES
3	30 MINUTES - LESS THAN 1 HOUR
4	1 HOUR - LESS THAN 2 HOURS
5	2 HOURS OR MORE

9.47	What means of transport do the members of this household <u>mainly</u> use to get to the health facility? (<i>mainly = longest distance</i>) <i>Circle only one code</i>
1	AMBULANCE
2	OWN TRANSPORT (CAR, MINIBUS, ETC.)
3	TRAIN
4	TAXI
5	BUS (PUBLIC)
6	ON FOOT
7	OTHER TRANSPORT (SPECIFY)

9.48	Where is this health care person/facility where household members usually go?		
	Town/place name	Magisterial district	Province (New)

9.49	How far is the nearest social welfare service point?
1	LESS THAN 1 KM
2	1 KM - LESS THAN 5 KM
3	5 KM OR MORE
4	DO NOT KNOW

SECTION 2

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first 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:

2.1 How many children (live births) have you ever given birth to?	<input type="text"/>
2.2 How many of your children are still living?	<input type="text"/>
2.3 How many children (live births) have you had in the past 12 months?	<input type="text"/>

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
List of children (from the eldest to the youngest) <i>Record twins on separate lines and mark with a bracket</i>	Is/Was the child a boy or a girl?		In what year, month and day was the child born?			Where was the child born?			Was the birth registered?		If not registered Why? 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			Is the child still alive?		If alive Is the child currently living with this household?		If alive How old is he/she?	If dead How old was the child when he/she died?	For office use only Respondent No
	Boy	Girl	Year	Mon	Day	In a hospital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first 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 (b): Respondent No:

- 2.1 How many children (live births) have you ever given birth to?
- 2.2 How many of your children are still living?
- 2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the eldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	Is/Was the child a boy or a girl?		In what year, month and day was the child born?			Where was the child born?			Was the birth registered?		If not registered Why? 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			Is the child still alive?		If alive Is the child currently living with this household?		If alive How old is he/she? <i>Record age in completed years Less than 1 year = 0</i>	If dead How old was the child when he/she died? <i>Record age in completed years Less than 1 year = 0</i>	For office use only Respondent No
Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hospital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

9.42		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		
1	1	YES	
2	2	NO	
9.43		If there were any unusual cash purchases during the past month or past year	
		How much did the household spend on them all together?	
R		Past month	
R		Past year (please do not include purchases for the past month)	

9.44		If anyone in this household gets ill or injured and decides to seek medical help, where do they usually go first?	
		<i>Circle only one code</i>	
1	HOSPITAL	Public Sector	
2	CLINIC		
3	OTHER (SPECIFY)		
4	HOSPITAL	Private Sector	
5	CLINIC		
6	PRIVATE DOCTOR/SPECIALIST		
7	TRADITIONAL HEALER		
8	OTHER (SPECIFY)		

9.34	During the past 12 months, has this household experienced any burglaries, robberies or housebreaking?
1	YES
2	NO
9.35	During the past 12 months, has anyone been murdered while he/she was a member of this household?
1	YES
2	NO
9.36	Do you have any street lighting where you live?
1	YES
2	NO
9.37	In the past year, was there ever a time when you could not afford to feed the children in the household?
1	YES
2	NO
3	NOT APPLICABLE (NO CHILDREN)

9.38	Taking everything into account, how satisfied is this household with the way it lives these days?
1	VERY SATISFIED
2	SATISFIED
3	NEITHER SATISFIED NOR DISSATISFIED
4	DISSATISFIED
5	VERY DISSATISFIED
9.39	Compared to one year ago, how would you say things are this household?
1	THINGS ARE BETTER
2	THINGS ARE ABOUT THE SAME
3	THINGS ARE WORSE
9.40	How much money did this household spend <u>in total</u> , on all items (including food, clothing, housing, transport, medical care, etc), during the past month?
R.....	
9.41	How much money did this household spend on <u>food</u> , during the past month?
R.....	

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first 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 (c): Respondent No:

- 2.1 How many children (live births) have you ever given birth to?
- 2.2 How many of your children are still living?
- 2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
List of children (from the eldest to the youngest) Record twins on separate lines and mark with a bracket	Is/Was the child a boy or a girl?		In what year, month and day was the child born?			Where was the child born?			Was the birth registered?		If not registered Why? 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			Is the child still alive?		If alive Is the child currently living with this household?		If alive How old is he/she?	If dead How old was the child when he/she died?	For office use only Respondent No
	Boy	Girl	Year	Mon	Day	In a hospital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years Less than 1 year = 0	Age in years Less than 1 year = 0	
Name of child (optional) BIRTH ORDER																				
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first 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 (d): Respondent No:

- 2.1 How many children (live births) have you ever given birth to?
- 2.2 How many of your children are still living?
- 2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the eldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	<i>Is/Was the child a boy or a girl?</i>		<i>In what year, month and day was the child born?</i>			<i>Where was the child born?</i>			<i>Was the birth registered?</i>		<i>If not registered Why?</i> 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			<i>Is the child still alive?</i>		<i>If alive Is the child currently living with this household?</i>		<i>If alive How old is he/she?</i>	<i>If dead How old was the child when he/she died?</i>	<i>For office use only</i> <i>Respondent No</i>
Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hospital	In a clinic	Else where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years	
											1	2	3	1	2	1	2			
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

TELECOMMUNICATION

9.28	Does anyone in this household have a cellular telephone?
1	YES
2	NO
9.29	Is there a telephone in this dwelling? <i>Please DO NOT include cellular telephones</i>
1	YES
2	NO
9.30	<i>If there is no telephone in the dwelling(s)</i> How many minutes do you have to travel to the nearest telephone you can use (by your usual means of transport)?
1	0 - 5 MINUTES
2	6 - 15 MINUTES
3	16 - 30 MINUTES
4	31 - 60 MINUTES
5	1 - 2 HOURS
6	OVER 2 HOURS

ASK EVERY HOUSEHOLD

Let us talk about your safety and perceived quality of life

9.31	How safe do you feel living in the neighbourhood where you live?
1	VERY SAFE
2	RATHER SAFE
3	RATHER UNSAFE
4	VERY UNSAFE
9.32	How safe do you feel in the dwelling where you live?
1	VERY SAFE
2	RATHER SAFE
3	RATHER UNSAFE
4	VERY UNSAFE
9.33	Do you feel safer, about the same, or less safe, than you felt a year ago?
1	SAFER
2	THE SAME
3	LESS SAFE

ASK EVERY HOUSEHOLD

REFUSE DISPOSAL

9.25	<i>If the toilet is not in the dwelling</i> How far is the nearest toilet facility to which the household has access?
1	LESS THAN 25M
2	25M- LESS THAN 50M
3	50M- LESS THAN 100M
4	100M OR MORE
9.26	<i>If the facility is a bucket toilet</i> How frequently is it removed?
1	ONCE A WEEK OR MORE OFTEN
2	ABOUT ONCE A FORTNIGHT
3	ABOUT ONCE A MONTH
4	LESS OFTEN THAN ONCE A MONTH

9.27	How is the refuse or rubbish of this household disposed of? <i>Circle only one code</i>
1	REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK
2	REMOVED BY LOCAL AUTHORITY LESS OFTEN
3	REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK
4	REMOVED BY COMMUNITY MEMBERS LESS OFTEN
5	COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER
6	OWN REFUSE DUMP
7	NO RUBBISH REMOVAL
8	OTHER (SPECIFY)

Section 2 (continued)

This section covers information regarding births.

A separate form must be completed for each woman who has ever given birth

Record all live births starting with the first 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 (e): Respondent No:

- 2.1 How many children (live births) have you ever given birth to?
- 2.2 How many of your children are still living?
- 2.3 How many children (live births) have you had in the past 12 months?

Now let us talk about each of your children

2.4	2.5		2.6			2.7			2.8		2.9			2.10		2.11		2.12	2.13	2.14
<i>List of children (from the oldest to the youngest)</i> <i>Record twins on separate lines and mark with a bracket</i>	Is/Was the child a boy or a girl?		In what year, month and day was the child born?			Where was the child born?			Was the birth registered?		If not registered Why? 1 = FAR DISTANCE 2 = LACK OF KNOWLEDGE 3 = DOES NOT SEEM IMPORTANT			Is the child still alive?		If alive Is the child currently living with this household?		If alive How old is he/she?	If dead How old was the child when he/she died?	For office use only Respondent No
	Name of child (optional) BIRTH ORDER	Boy	Girl	Year	Mon	Day	In a hospital	In a clinic	Eise where	Yes	No	Reasons for not Registering			Yes	No	Yes	No	Age in years	Age in years
1	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
2	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
3	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
4	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
5	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
6	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
7	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
8	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
9	1	2				1	2	3	1	2	1	2	3	1	2	1	2			
10	1	2				1	2	3	1	2	1	2	3	1	2	1	2			

SECTION 3

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

Start from the left (person No. 1) and complete Section 3 (pages 16 to 31) for each person 15 years and older separately.

	1 (Head/ Acting head)	2	3	4	5	6	7	8	9	10
<i>ASK FOR ALL PERSONS 15 YEARS OR OLDER</i>										
3.1 During the <u>past 7 days</u>, did (the person) do work for pay, profit, or family gain, for example <ul style="list-style-type: none"> • formal work for a salary, wage or profit • informal work such as making things for sale, selling things or providing a service • work on a farm or land, whether for a wage or as part of the household's farming activities • casual work 										
1 = YES, FULL TIME	1	1	1	1	1	1	1	1	1	1
2 = YES, PART TIME	2	2	2	2	2	2	2	2	2	2
3 = YES, CASUAL	3	3	3	3	3	3	3	3	3	3
4 = NO	4	4	4	4	4	4	4	4	4	4
} Go to 3.5 Go to 3.2										

9.21	Does the household have to fetch wood?
1	YES
2	NO
9.22	How far is the wood if it has to be fetched?
1	LESS THAN 100 M
2	100 M - LESS THAN 200 M
3	200 M - LESS THAN 500 M
4	500 M - LESS THAN 1 KM
5	1 KM OR MORE

ASK EVERY HOUSEHOLD

SANITATION

9.23			What type of toilet facility is available for this household? <i>Circle only one code</i>
In dwelling	On site	Off site	Toilet facility
1	1	1	FLUSH TOILET
	2	2	CHEMICAL TOILET
	3	3	PIT LATRINE WITH VENTILATION (VIP)
	4		OTHER PIT LATRINE
	5		5.BUCKET TOILET
		6	6. NONE <i>Go to 9.25</i>
7	7		7.OTHER

9.24	Is the toilet facility shared with other households?
1	YES
2	NO

9.17			What is the <i>main</i> source of energy/fuel for this household? <i>Circle one code for each source</i>
Cooking	Heating	Lighting	Energy/fuel source
1	1	1	ELECTRICITY
2	2	2	GAS
3	3	3	PARAFFIN
4	4		WOOD
5	5		COAL
		6	CANDLES
7	7		ANIMAL DUNG
8	8	8	SOLAR ENERGY
.....	.....	.....	OTHER (SPECIFY)

IF WOOD IS THE MAIN SOURCE OF FUEL FOR THE HOUSEHOLD, (FOR EITHER COOKING OR HEATING OR BOTH, ANSWER QUESTIONS 9.18 TO 9.22)

9.18	From where does the household get its wood? <i>Indicate the main source</i> <i>Circle one code</i>
1	WOODLOT
2	COMMERCIAL PLANTATIONS
3	NATURAL FOREST
4	VELD
5	HOME YARD TREES
6	MERCHANTS
9.19	Is the wood obtained enough for normal household purpose?
1	ALWAYS
2	MOSTLY YES
3	MOSTLY NO
4	NO
9.20	Does the household have to pay for the wood?
1	ALWAYS
2	SOMETIMES
3	NEVER

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK FOR ALL PERSONS WHO DID NOT WORK DURING THE PAST 7 DAYS										
3.2 During the <u>past 7 days</u> , did (the person) actually have a full time, part time or a casual job even though he/she was absent from work?										
1 = YES <i>Go to 3.3</i>	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
If "No",										
In which of the following categories does (the person) fall?										
3 = Going to school/college/university, etc.	3	3	3	3	3	3	3	3	3	3
4 = Not working (but looking for work)	4	4	4	4	4	4	4	4	4	4
5 = Not working, not looking for work but available for work	5	5	5	5	5	5	5	5	5	5
6 = full time househusband/ housewife	6	6	6	6	6	6	6	6	6	6
7 = Retired (pensioner)	7	7	7	7	7	7	7	7	7	7
8 = Permanently unable to work	8	8	8	8	8	8	8	8	8	8
9 = Not working, not looking for work not available for work	9	9	9	9	9	9	9	9	9	9
10 = Other (specify in column) <i>Go to 3.4</i>	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
<i>ASK EVERY PERSON WHO WAS ABSENT FROM WORK</i>										
3.3 Why did (the person) not work during the <u>past week</u>?										
01 = ILLNESS OR INJURY RELATED TO WORK	01	01	01	01	01	01	01	01	01	01
02 = ILLNESS OR INJURY NOT RELATED TO WORK	02	02	02	02	02	02	02	02	02	02
03 = STRIKE OR STAY-AWAY	03	03	03	03	03	03	03	03	03	03
04 = BAD WEATHER	04	04	04	04	04	04	04	04	04	04
05 = PROBLEMS WITH TRANSPORT	05	05	05	05	05	05	05	05	05	05
06 = VACATION, LEAVE	06	06	06	06	06	06	06	06	06	06
07 = STUDY OR TRAINING LEAVE	07	07	07	07	07	07	07	07	07	07
08 = MATERNITY OR PATERNITY LEAVE	08	08	08	08	08	08	08	08	08	08
09 = OFF-SEASON ACTIVITY	09	09	09	09	09	09	09	09	09	09
10 = UNREST (VIOLENCE)	10	10	10	10	10	10	10	10	10	10
11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY, SUCH AS: <ul style="list-style-type: none"> • LOWER PRODUCTION DUE TO LESS DEMAND; • SHORTAGE OF IRRIGATION WATER, OR • SHORTAGE OF RAW MATERIALS 	11	11	11	11	11	11	11	11	11	11
12 = OTHER REASON (SPECIFY IN COLUMN) Go to 3.5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

ASK EVERY HOUSEHOLD

SERVICES AVAILABLE FOR THE DWELLING

9.13	What is this household's <u>main</u> source of water? <i>Circle only one code</i>
1	PIPED (TAP) WATER, IN DWELLING
2	PIPED (TAP) WATER, ON SITE OR IN YARD
3	PUBLIC TAP
4	WATER-CARRIER/TANKER
5	BOREHOLE ON SITE
6	BOREHOLE: OFF SITE/COMMUNAL
7	RAIN-WATER TANK ON SITE
8	FLOWING WATER/STREAM
9	DAM/POOL/STAGNANT WATER
10	WELL
11	SPRING
12	OTHER (SPECIFY)

9.14	<i>If the water source is outside the dwelling(s)</i> How far is the water source from the dwelling(s)?
1	LESS THAN 100 M
2	100 M - LESS THAN 200 M
3	200 M - LESS THAN 500 M
4	500 M - LESS THAN 1 KM
5	1 KM OR MORE
6	NOT APPLICABLE (WATER ON SITE)
9.15	Does the household have to pay for its water?
1	ALWAYS
2	SOMETIMES
3	NEVER
9.16	<i>If the household has to pay for its water</i> How much does the household pay?
1	LESS THAN R50
2	R 50 OR MORE
3	DO NOT KNOW

9.9	Do you rent this dwelling with or without furniture?
1	WITH FURNITURE
2	WITHOUT FURNITURE
3	DO NOT KNOW
9.10	Is the dwelling owned by
1	EMPLOYER (EG ESKOM, AECI, TRANSNET, FARMER)
2	GOVERNMENT (NATIONAL, PROVINCIAL OR LOCAL)
3	CHARITY ORGANISATION
4	PRIVATE OWNER
5	OTHER (SPECIFY)

IF THE HOUSEHOLD DOES OWN THE DWELLING(S), ANSWER QUESTIONS 9.11 TO 9.12

9.11	Is this ownership
1	Full title (including free-hold and lease-hold)
2	Sectional title
3	DO NOT KNOW
	<i>If 'Sectional title', What was the levy paid last month?</i>
R	
9.12	Is this household presently paying off a bond on the dwelling(s)?
1	YES
2	NO
	<i>If 'Yes', How much did you pay last month?</i>
R	

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
<i>ASK ALL PERSONS WHO DID NOT WORK DURING THE PAST 7 DAYS BECAUSE THEY DID NOT HAVE A JOB</i>										
3.4 During the <u>past year</u> did (the person) work for <u>pay</u>, <u>profit</u> or <u>family gain</u>, for example										
• formal work for a salary, wage or profit										
• informal work such as making things for sale, selling things or providing a service										
• work on a farm or land, whether for a wage or as part of the household's farming activities										
• casual work										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO Go to 3.32	2	2	2	2	2	2	2	2	2	2
<i>If "Yes",</i>										
How long ago was it since (the person) last worked?										
3 = LESS THAN 1 MONTH	3	3	3	3	3	3	3	3	3	3
4 = 1 MONTH - LESS THAN 6 MONTHS	4	4	4	4	4	4	4	4	4	4
5 = 6 MONTHS - 1 YEAR	5	5	5	5	5	5	5	5	5	5
Go to 3.20										

Section 3 (continued)

			1	2	3	4	5	6	7	8	9	10
ASK ALL EMPLOYERS AND SELF-EMPLOYED PERSONS												
3.25 For how many months during the past 12 months has/was (the person's) business/enterprise operated?			.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.26 What is/was (the person's) total income/turnover (before deducting expenses) from his/her own activities/ business?			R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
Is this												
1 = Weekly			1	1	1	1	1	1	1	1	1	1
2 = Monthly			2	2	2	2	2	2	2	2	2	2
3 = Annual			3	3	3	3	3	3	3	3	3	3
<i>If refusal or don't know then show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on the show card and circle the applicable categories.</i>												
Weekly	Monthly	Annually										
01 = None	01 = None	01 = None	01	01	01	01	01	01	01	01	01	01
02 = R1 - R46	02 = R1 - R200	02 = R1 - R2 400	02	02	02	02	02	02	02	02	02	02
03 = R47 - R115	03 = R201 - R500	03 = R2 401- R6 000	03	03	03	03	03	03	03	03	03	03
04 = R116 - R231	04 = R501 - R1 000	04 = R6 001 - R12 000	04	04	04	04	04	04	04	04	04	04
05 = R232 - R346	05 = R1 001 - R1 500	05 = R12 001 - R18 000	05	05	05	05	05	05	05	05	05	05
06 = R347 - R577	06 = R1 501 - R2 500	06 = R18 001 - R30 000	06	06	06	06	06	06	06	06	06	06
07 = R578 - R808	07 = R2 501 - R3 500	07 = R30 001 - R42 000	07	07	07	07	07	07	07	07	07	07
08 = R809 - R1 039	08 = R3 501 - R4 500	08 = R42 001 - R54 000	08	08	08	08	08	08	08	08	08	08
09 = R1 040 - R1 386	09 = R4 501 - R6 000	09 = R54 001 - R72 000	09	09	09	09	09	09	09	09	09	09
10 = R1 387 - R1 848	10 = R6 001 - R8 000	10 = R72 001 - R96 000	10	10	10	10	10	10	10	10	10	10
11 = R1 849 - R2 540	11 = R8 001 - R11 000	11 = R96 001 - R132 000	11	11	11	11	11	11	11	11	11	11
12 = R2 541 - R3 695	12 = R11 001 - R16 000	12 = R132 001 - R192 000	12	12	12	12	12	12	12	12	12	12
13 = R3 696 - R6 928	13 = R16 001 - R30 000	13 = R192 001 - R360 000	13	13	13	13	13	13	13	13	13	13
14 = R6 929 - R10 393	14 = R30 001 - R45 000	14 = R360 001 - R540 000	14	14	14	14	14	14	14	14	14	14
15 = R10 394 - R13 857	15 = R45 001 - R60 000	15 = R540 001 - R720 000	15	15	15	15	15	15	15	15	15	15
16 = R13 858 or more	16 = R60 001 or more	16 = R720 001 or more	16	16	16	16	16	16	16	16	16	16

Section 5 (continued)

	Migrant worker 1	Migrant worker 2	Migrant worker 3	Migrant worker 4	Migrant worker 5	Migrant worker 6
5.6 What is the highest school class/standard that (the person) completed? <i>If no schooling, or currently in sub A/Grd 1, write "none"</i>						
5.7 Does (the person) have a technical or artisan certificate, diploma or degree, completed at an educational institution (e.g. teachers diploma, BA degree or NTC 111)?						
1 = YES	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2
3 = DO NOT KNOW	3	3	3	3	3	3
If "Yes",						
(a) What is the highest qualification he/she has? <i>Specify, e.g. BA, HED</i>						
(b) What is (the person's) main field of study? <i>(e.g. plumbing, teaching, law, etc)</i>						
5.8 How much money, if any, has (the person) given to this household during the past 12 months?	R.....	R.....	R.....	R.....	R.....	R.....

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
<i>ASK ALL PERSONS WHO WORKED ANY TIME DURING THE PAST 12 MONTHS</i>										
3.29 Have you stayed away from work during the past 12 months due to any health problems <u>related to your work</u>?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
<i>Go to 3.31</i>										
<i>If "Yes",</i>										
What was the health problem?										
01 = UPPER RESPIRATORY ILLNESS (LARYNX, THROAT, NOSE, SINUS)	01	01	01	01	01	01	01	01	01	01
02 = LOWER RESPIRATORY ILLNESS (ASTHMA, TUBERCULOSIS, PNEUMONIA)	02	02	02	02	02	02	02	02	02	02
03 = PNEUMOCONIOSIS (LUNG DISEASE DUE TO DUST EXPOSURE)	03	03	03	03	03	03	03	03	03	03
04 = HEARING LOSS DUE TO WORK	04	04	04	04	04	04	04	04	04	04
05 = UPPER LIMB DISORDERS DISEASE/CONDITION OF ARMS)	05	05	05	05	05	05	05	05	05	05
06 = LOWER LIMB DISORDERS DISEASE/CONDITION OF LEGS)	06	06	06	06	06	06	06	06	06	06
07 = OTHER MUSCULOSKELETAL CONDITIONS	07	07	07	07	07	07	07	07	07	07
08 = SKIN DISEASES	08	08	08	08	08	08	08	08	08	08
09 = HEADACHE/EYE STRAIN	09	09	09	09	09	09	09	09	09	09
10 = STRESS/DEPRESSION	10	10	10	10	10	10	10	10	10	10
11 = OTHER REASON (SPECIFY IN COLUMN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<i>If "Yes", to the above question, Go to 3.30</i>										

Section 4 (continued)

	1	2	3	4	5	6	7	8	9	10
4.7 Care dependency grant?(Single care grant)										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
4.8 Foster care grant?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
4.9 Unemployment insurance Fund/Maternity benefit?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
4.10 Remittance/financial support from relatives/persons not in the household?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
4.11 Gratuities/other lump sums?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
4.12 Other sources (Specify)										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
<i>If "Yes", specify source and amount</i>										
Source	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Amount	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....

SECTION 4

This section must be answered by or for every member of the household

	1	2	3	4	5	6	7	8	9	10
During the past year (12 months) did (the person) get income from any of the following sources? <i>If "Yes", state annual amount</i>										
4.1 Old age pension from the state/government? 1 = YES 2 = NO	1 2 R.....									
4.2 Pension from his/her specific work/retirement benefits? 1 = YES 2 = NO	1 2 R.....									
4.3 Disability grant? 1 = YES 2 = NO	1 2 R.....									
4.4 Worker's Compensation? 1 = YES 2 = NO	1 2 R.....									
4.5 State maintenance grant (for parents or for children)? 1 = YES 2 = NO	1 2 R.....									
4.6 Private maintenance by father/former spouse (not living in the household)? 1 = YES 2 = NO	1 2 R.....									

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL PERSONS WHO WORKED ANY TIME DURING THE PAST 12 MONTHS										
3.30 Have you stayed away from work during the past 12 months due to any health problems that became worse due to work? 1 = YES 2 = NO	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
<i>If "Yes",</i>										
What was the health problem?										
01 = UPPER RESPIRATORY ILLNESS (LARYNX, THROAT, NOSE, SINUS)	01	01	01	01	01	01	01	01	01	01
02 = LOWER RESPIRATORY ILLNESS (ASTHMA, TUBERCULOSIS, PNEUMONIA)	02	02	02	02	02	02	02	02	02	02
03 = PNEUMOCONIOSIS (LUNG DISEASE DUE TO DUST EXPOSURE)	03	03	03	03	03	03	03	03	03	03
04 = HEARING LOSS DUE TO WORK	04	04	04	04	04	04	04	04	04	04
05 = UPPER LIMB DISORDERS DISEASE/CONDITION OF ARMS)	05	05	05	05	05	05	05	05	05	05
06 = LOWER LIMB DISORDERS DISEASE/ CONDITION OF LEGS)	06	06	06	06	06	06	06	06	06	06
07 = OTHER MUSCULOSKELETAL CONDITIONS	07	07	07	07	07	07	07	07	07	07
08 = SKIN DISEASES	08	08	08	08	08	08	08	08	08	08
09 = HEADACHE/EYE STRAIN	09	09	09	09	09	09	09	09	09	09
10 = STRESS/DEPRESSION	10	10	10	10	10	10	10	10	10	10
11 = OTHER REASON (SPECIFY IN COLUMN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.31 From what I have been told so far, I just want to make sure in which of the following categories (the person) falls 1 = Worked during the past 7 days 2 = Has a job but was absent from work for some reason 3 = Other	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
<i>If "1" or "2" Section 3 is complete for (the person). Go to next person at the beginning of Section 3. If "last person", go to Section 4.</i>										
<i>If "3" Go to 3.32</i>										

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
ASK ALL PERSONS 15 YEARS AND OLDER WHO DID NOT WORK DURING THE PAST 7 DAYS BECAUSE THEY DID NOT HAVE A JOB										
3.32 Since (the person) did not work for the past 7 days and does not have any job; if a suitable job is offered, will he/she accept it?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
<i>(Go to 3.35)</i>										
If "Yes"										
How soon can (the person) start work?										
3 = WITHIN A WEEK	3	3	3	3	3	3	3	3	3	3
4 = WITHIN 2 WEEKS	4	4	4	4	4	4	4	4	4	4
5 = AFTER 2 WEEKS	5	5	5	5	5	5	5	5	5	5
3.33 How long has (the person) been seeking work?										
1 = LESS THAN A MONTH	1	1	1	1	1	1	1	1	1	1
2 = 1 MONTH - LESS THAN 6 MONTHS	2	2	2	2	2	2	2	2	2	2
3 = 6 MONTHS - LESS THAN 1 YEAR	3	3	3	3	3	3	3	3	3	3
4 = 1 YEAR - LESS THAN 3 YEARS	4	4	4	4	4	4	4	4	4	4
5 = MORE THAN 3 YEARS	5	5	5	5	5	5	5	5	5	5
3.34 In the past 4 weeks, what has (the person) done to find work?										
1 = NOTHING, BUT STILL WANTS WORK	1	1	1	1	1	1	1	1	1	1
2 = NOTHING, WANTS WORK BUT ALREADY HAS A JOB TO START AT A DEFINITE DATE IN THE FUTURE	2	2	2	2	2	2	2	2	2	2
3 = WAITED/ REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION	3	3	3	3	3	3	3	3	3	3
4 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS	4	4	4	4	4	4	4	4	4	4
5 = PLACED/ANSWERED ADVERTISEMENT(S)	5	5	5	5	5	5	5	5	5	5
6 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS	6	6	6	6	6	6	6	6	6	6
7 = LOOKED FOR LAND, BUILDING, EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING	7	7	7	7	7	7	7	7	7	7
8 = SOUGHT/UNDERWENT TRAINING	8	8	8	8	8	8	8	8	8	8
9 = WAITING AT THE STREET SIDE	9	9	9	9	9	9	9	9	9	9
3.35 Has (the person) ever worked in the past for pay, profit or family gain?										
1 = YES	1	1	1	1	1	1	1	1	1	1
2 = NO	2	2	2	2	2	2	2	2	2	2
<i>(Go to 3.37)</i>										

Section 3 (continued)

	1	2	3	4	5	6	7	8	9	10
3.36 What was (the person's) last occupation (nature of work)? <i>Describe the nature of work in as much detail as possible</i>										
3.37 Why did (the person) not work during the past 7 days?										
01 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS	01	01	01	01	01	01	01	01	01	01
02 = HAS FOUND A JOB, BUT ONLY STARTING AT A DEFINITE DATE IN THE FUTURE	02	02	02	02	02	02	02	02	02	02
03 = SCHOLAR OR STUDENT, PREFERS NOT TO WORK	03	03	03	03	03	03	03	03	03	03
04 = HOUSEWIFE/HOMEMAKER, PREFERS NOT TO WORK	04	04	04	04	04	04	04	04	04	04
05 = RETIRED AND PREFERS NOT TO SEEK FORMAL WORK	05	05	05	05	05	05	05	05	05	05
06 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED)	06	06	06	06	06	06	06	06	06	06
07 = TOO YOUNG OR TO OLD TO WORK	07	07	07	07	07	07	07	07	07	07
08 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER	08	08	08	08	08	08	08	08	08	08
09 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY)	09	09	09	09	09	09	09	09	09	09
10 = CONTRACT WORKER E.G. MINE WORKER RESTING ACCORDING TO CONTRACT	10	10	10	10	10	10	10	10	10	10
11 = OTHER REASON (SPECIFY IN COLUMN)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.38 How does (the person) support him/herself?										
1 = DID ODD JOBS DURING THE PAST WEEK <i>(Go back to 3.1)</i>	1	1	1	1	1	1	1	1	1	1
2 = SUPPORTED BY PERSONS IN THE HOUSEHOLD	2	2	2	2	2	2	2	2	2	2
3 = SUPPORTED BY RELATIVES NOT IN THE HOUSEHOLD.	3	3	3	3	3	3	3	3	3	3
4 = SUPPORTED BY PERSONS NOT IN THE HOUSEHOLD	4	4	4	4	4	4	4	4	4	4
5 = SUPPORTED BY CHARITY, CHURCH, WELFARE, ETC.	5	5	5	5	5	5	5	5	5	5
6 = UNEMPLOYMENT BENEFIT FUND	6	6	6	6	6	6	6	6	6	6
7 = SAVINGS OR MONEY PREVIOUSLY EARNED	7	7	7	7	7	7	7	7	7	7
8 = OLD AGE OR DISABILITY PENSION	8	8	8	8	8	8	8	8	8	8
9 = OTHER E.G. BURSARY, STUDY LOAN	9	9	9	9	9	9	9	9	9	9
If any of the codes 2-9 in question 3.38 above is the answer: then, Section 3 is complete for this person. Go to the next person at the beginning of Section 3.										
If last person: Go to Section 4.										